

# Best Evidence Summaries of Topics in Mental Healthcare

**BEST** *in* **MH** *clinical question-answering service*

## Question

“In adults with severe and enduring mental health conditions, how effective are interventions which aim to improve social inclusion and social support, compared to any other intervention, in improving patient functioning, health and wellbeing?”

## Clarification of question using PICO structure

*Patients:* Adults with severe and enduring mental health conditions  
*Intervention:* Interventions which aim to improve social inclusion and social support (not social skills training)  
*Comparator:* Any other intervention or no intervention  
*Outcome:* Improved patient functioning, health and wellbeing

## **Clinical and research implications**

No definite clinical implications can be made from the available evidence. As the authors of one systematic review aptly state: “The current evidence is insufficient to conclude that peer support interventions are ineffective, but also insufficient to recommend peer support in general or any particular type of peer intervention.”

The authors of the various studies included in this BEST summary consistently stated the need for further high-quality research on peer support. It has been variously suggested that new studies should focus on different types of peer support (i.e. emotional, appraisal, and information support), that there is a need to develop and test theory-based interventions, that the studies should evaluate factors that influence intervention adherence, and that the studies should include a process evaluation to help understand mechanisms of effectiveness.

## **What does the evidence say?**

### *Number of included studies/reviews (number of participants)*

One systematic review (SR) (Lloyd-Evans et al. 2014) and two randomised controlled trials (RCTs) (Castelein et al. 2008; Simpson et al. 2014) met the inclusion criteria for this BEST summary.

### *Main Findings*

A recently published SR by Lloyd-Evans et al. (2014) evaluated trials of community-based, peer-provided support for people with severe mental illness. In this review, the results were categorised by the type of peer support: mutual support groups, peer-support services, and peer mental health service providers. Eighteen RCTs – including 5,597 participants, were included in their review. Overall, there was little or no evidence that peer support was associated with positive effects on hospitalisation, overall symptoms or satisfaction with services. There was some evidence that peer support had positive effects on measures of hope (SMD -0.14 [95% CI: -0.27 to -0.02], n=4), recovery (SMD -0.24 [95% CI: -0.39 to -0.09], n=4) and empowerment (SMD -1.44 [95% CI: -2.79 to -0.09], n=3), although the authors noted that these results were based on low-grade evidence.

A RCT by Castelein et al. (2008) investigated the effect of a (minimally) guided peer support group (GPSP) with usual care, compared with a waiting-list plus usual care condition, for 106 people with psychosis. After eight months, the authors found no significant difference between groups on the outcomes self-efficacy, self-esteem, and quality of life, but participants in both conditions improved over the study period. The authors noted, however, that those who attended more sessions had more positive outcomes. Hospitalisation rates did not differ between the groups, and those who were randomised to GPSP reported significantly fewer ‘negative symptoms’.

A recently published pilot RCT (Simpson et al. 2014) aimed to evaluate whether peer support, in addition to usual aftercare, compared with usual aftercare only, improved outcomes for 46 mental health patients during the transition from hospital to home. They observed no significant differences in hopelessness, loneliness, or quality of life between the groups after one month.

### *Authors Conclusions*

After conducting a SR, Lloyd-Evans et al. (2014) concluded that there was little evidence on the effectiveness of peer support for people with severe mental illness. They also stated that although there were a few positive findings, the current evidence did not support recommendations or mandatory requirements from policy makers for mental health services to provide peer support programmes.

Castelein et al. (2008) concluded that peer support groups are useful for people suffering from psychosis by improving their social network.

Based on their pilot study, Simpson et al. (2014) concluded that there was no statistically significant clinical or cost benefits between patients who received peer support and those who received usual care. They stressed, however, that there is merit in conducting further research on peer support in the transition from hospital to home.

### *Reliability of conclusions/Strength of evidence*

The SR by Lloyd-Evans et al. (2014) was very well-conducted, and the results and conclusions are likely to be reliable. The RCTs by Castelein et al. (2008) and Simpson et al. (2014) had some methodological limitations, so that the reliability of their results are uncertain.

### **What do guidelines say?**

Although not referring to a specific type of intervention, the NICE guideline *Service user experience in adult mental health: Improving the experience of care for people using adult NHS mental health services* (CG136; 2011) makes the following recommendation regarding incorporating social inclusion activities as part of a patient's care plan:

“Develop care plans jointly with the service user, and:

- include activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants
- provide support to help the service user realise the plan” (p.18).

**Date question received:** 15/02/2008  
**Date searches conducted:** 12/08/2014, updated from 25/02/2008  
**Date answer completed:** 18/09/2014

### **References**

#### **SRs**

Lloyd-Evans, B., Mayo-Wilson, E., Harrison, B., Istead, H., Brown, E., Pilling, S., Kendall, T. (2014). A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry*, 14, 1-12.

#### **RCTs**

Castelein, S., Bruggeman, R., van Busschbach, J. T., van der Gaag, M., Stant, A. D., Knegtering, H., & Wiersma, D. (2008). The effectiveness of peer support groups in psychosis: A randomised controlled trial. *Acta Psychiatrica Scandinavica*, *118*, 64-72.

Simpson, A., Flood, C., Rowe, J., Quigley, J., Henry, S., Hall, C., Bowers, L. (2014). Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK. *BMC Psychiatry*, *14*, 1-14.

### **Guidelines**

National Institute for Health and Care Excellence (2011) *Service user experience in adult mental health: Improving the experience of care for people using adult NHS mental health services*. CG136. [London: National Institute for Health and Care Excellence.

<http://www.nice.org.uk/guidance/cg136/resources/guidance-service-user-experience-in-adult-mental-health-improving-the-experience-of-care-for-people-using-adult-nhs-mental-health-services-pdf>

## Results

### Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Lloyd-Evans et al. (2014)	07/2013	<p><i>Participants:</i> Adults with severe mental illness including schizophrenia, bipolar disorder, and mixed populations of people using secondary mental health services. Exclusion criteria: diagnosis of unipolar depression, and personality disorders.</p> <p><i>Intervention:</i> Included community-based peer support designed to facilitate recovery from severe mental illness. Excluded interventions: residential and inpatient peer-run programmes; peer support programmes focusing exclusively on areas other than overall mental health recovery; interventions led by mental health professionals.</p> <p><i>Comparator:</i> Any other intervention, such as treatment as usual, or another peer support intervention.</p> <p><i>Outcome:</i> Including: hospitalisation, employment, overall psychiatric symptoms, symptoms of psychosis, depression and anxiety, quality of life, recovery, hope, empowerment, and satisfaction with services.</p>	18 RCTs (n=5597 participants)	<p>Trials that evaluated <b>mutual support</b> (n=4): No significant effect was observed for the following outcomes: hospitalisation, overall psychiatric symptoms, recovery, or hope (although only one study reported on these outcomes). There was a significant effect in favour of mutual support for quality of life (SMD -1.42 [95% CI: -1.69 to -1.16], n=1), depression and anxiety (SMD -0.42 [95% CI: -0.66 to -0.18], n=1), and empowerment (SMD -1.44 [95% CI: -2.79 to -0.09], n=3) (but the evidence for this latter comparison was very low-graded and there was considerable heterogeneity).</p> <p>Trials that evaluated <b>peer support</b> (n=11): No significant effect was observed for the following outcomes: hospitalisation, duration of admission, symptoms of psychosis, quality of life, depression and anxiety, overall psychiatric symptoms, empowerment, satisfaction. There was a</p>	Low

				<p>significant effect in favour of peer support for recovery (SMD -0.24 [95% CI: -0.39 to -0.09], n=4) (but there was moderate heterogeneity and evidence was graded low), and hope (SMD -0.14 [95% CI: -0.27 to -0.02], n=4) (low-graded evidence).</p> <p>Trials that evaluated <b>peer delivered services</b> (n=3): No significant effect was observed for the following outcomes: hospitalisation, employment, quality of life (although only one study reported on these outcomes). Another study reported a small negative effect for satisfaction (SMD 0.48 [95% CI: 0.05 to 0.91), but the evidence was graded low.</p>	
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## RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Castelein et al. (2008)	<i>Participants:</i> Aged 18 years and older with a diagnosis of schizophrenia or a related psychotic disorder according to DSM-IV criteria. <i>Exclusion criteria:</i> drug and/or alcohol dependency, language difficulties, and severe psychotic symptoms which could possibly affect communication with	106 (peer support, 56; control, 50)	After 8 months, participants in the peer support group had significantly higher scores on the SSL-D Esteem support score (i.e. asked for advice, received a compliment, asked for help) than the control group (p=0.02), but no other outcome scores were significantly different between the two groups: SSL-I total score; SSL-D total score; MHCS total score; Rosenberg total score; WHO QoL total score. Participants in	Some (the study was not blinded)





	<p>peers.</p> <p><i>Intervention:</i> Closed peer support group of approximately 10 patients, 16 sessions of 90 minutes, bi-weekly over 8 months. Participants decided the topic of each session. Each session had the same structure, discussing daily life experiences in pairs and groups. Nurses guided the groups with minimal involvement. Participants also received usual care.</p> <p><i>Comparator:</i> Waiting list with usual care.</p> <p><i>Outcome:</i> Social network (Personal Network Questionnaire); social interactions (Social Support List); self-efficacy (Mental Health Confidence Scale); self-esteem (Rosenberg Self-Esteem Scale); quality of life (WHO Quality of Life Bref).</p>		<p>the experimental condition had statistically significant, fewer negative symptoms (<math>p=0.02</math>) and less distress from these symptoms (<math>p=0.04</math>) in comparison with participants in the control condition. No between-condition differences were found in hospitalisation rates.</p>	
<p>Simpson et al. (2014)</p>	<p><i>Participants:</i> Patients aged 18-65, discharged from mental health wards, with a diagnosis of mental illness (including schizophrenia or other psychotic disorder, depression, and bipolar disorder).</p> <p>Exclusion criteria: considered serious risk to others, alcohol or drug dependence, primary diagnosis of substance use, serious personality disorder, pregnant or caring for children.</p> <p><i>Intervention:</i> Peer support, led by peer</p>	<p>46 (23 in each arm)</p>	<p>At one month follow-up, no significant difference was observed between the groups for hopelessness, loneliness, or quality of life.</p> <p>Cost data were also reported, but this has not been extracted as it is not directly relevant to this BEST summary.</p>	<p>High (small sample size)</p>

	<p>support workers, for four weeks. This could be in addition to usual care. <i>Comparator:</i> Usual care. <i>Outcome:</i> Hopelessness (Beck Hopelessness Scale); loneliness (UCLA Loneliness Scale), quality of life (EuroQol EQ-5D); service use (Client Service Receipt Inventory); type and level of support (Peer Support Activity Diaries).</p>			
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









**Risk of Bias:**


**SRs**


Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Lloyd-Evans et al. (2014)					

**RCTs**

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Castelein et al. (2008)						
Simpson et al. (2014)						

 Low Risk

 High Risk

 Unclear Risk

## Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<b>SRs and Guidelines</b>			
NICE	social support inclusion interventions severe mental health adults	81	1
DARE	<p>1 (Depress* OR bipolar OR manic OR mania OR (mood adj3 disorder*) OR (affective adj3 disorder*)) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 1565 Delete</p> <p>2 (Anxiety* OR anxious OR Phobi* OR obsess* OR compuls* OR OCD) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 873 Delete</p> <p>3 (Personality adj3 disorder*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 62 Delete</p> <p>4 ((antisocial OR borderline OR compulsive OR dependent OR histrionic OR hysteria OR multiple OR paranoid OR passive-aggressive OR schizoid OR schizotypal OR asocial* OR antisocial*OR dissocial* OR psychopath* OR sadist* OR sociopath*) adj3 person*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 51 Delete</p> <p>5 (schizo* OR psycho*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 3188 Delete</p> <p>6 (Mental adj3 (health OR illness* OR condition*)) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 620 Delete</p> <p>7 (Psychiatr*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 859 Delete</p> <p>8 MeSH DESCRIPTOR Bipolar Disorder EXPLODE ALL TREES 161 Delete</p> <p>9 MeSH DESCRIPTOR Bipolar Disorder EXPLODE ALL TREES 161 Delete</p> <p>10 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 513 Delete</p> <p>11 MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 922 Delete</p> <p>12 MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 292 Delete</p> <p>13 MeSH DESCRIPTOR Depressive Disorder, Treatment-Resistant EXPLODE ALL TREES 9 Delete</p> <p>14 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 240 Delete</p> <p>15 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 421 Delete</p> <p>16 MeSH DESCRIPTOR Obsessive-Compulsive Disorder EXPLODE ALL TREES 46 Delete</p> <p>17 MeSH DESCRIPTOR Antisocial Personality Disorder EXPLODE ALL TREES 9 Delete</p>	304	1

<p>18 MeSH DESCRIPTOR Borderline Personality Disorder EXPLODE ALL TREES 27 Delete</p> <p>19 MeSH DESCRIPTOR Compulsive Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>20 MeSH DESCRIPTOR Dependent Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>21 MeSH DESCRIPTOR Histrionic Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>22 MeSH DESCRIPTOR Multiple Personality Disorder EXPLODE ALL TREES 0 Delete</p> <p>23 MeSH DESCRIPTOR Histrionic Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>24 MeSH DESCRIPTOR Paranoid Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>25 MeSH DESCRIPTOR Personality Disorders EXPLODE ALL TREES 63 Delete</p> <p>26 MeSH DESCRIPTOR Schizoid Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>27 MeSH DESCRIPTOR Schizotypal Personality Disorder EXPLODE ALL TREES 1 Delete</p> <p>28 MeSH DESCRIPTOR Psychotic Disorders EXPLODE ALL TREES 148 Delete</p> <p>29 MeSH DESCRIPTOR Schizophrenia and Disorders with Psychotic Features EXPLODE ALL TREES 581 Delete</p> <p>30 MeSH DESCRIPTOR Schizophrenia EXPLODE ALL TREES 485 Delete</p> <p>31 MeSH DESCRIPTOR Mental Disorders EXPLODE ALL TREES 4625 Delete</p> <p>32 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 7571 Delete</p> <p>33 (peer* adj3 (support* or group* or expert* or worker* or advisor* or consultant* or leader* or educator* or tutor* or instructor* or facilitat*)) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 80 Delete</p> <p>34 (social* adj3 (support* or inclus*)) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 224 Delete</p> <p>35 (befriend*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 2 Delete</p> <p>36 ((social* adj (contact* or relationship* or isolat* or network* or connection*)) ) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 59 Delete</p> <p>37 ((social* or partner* or spous* or famil* or peer or emotional* or instrumental*) adj support*) IN DARE WHERE LPD FROM 25/02/2008 TO 22/07/2014 281 Delete</p> <p>38 MeSH DESCRIPTOR Social Support EXPLODE ALL TREES 264 Delete</p> <p>39 #33 OR #34 OR #35 OR #36 OR #37 OR #38 496 Delete</p>		
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	40 #32 AND #39 304 Delete		
<b>Primary studies</b>			
CENTRAL	#1 "social inclusion" 19 #2 "social interaction"721 #3 "social integration"86 #4 "social support"3909 #5 "social networks"192 #6 "social life"187 #7 "social activities"312 #8 access near/3 education213 #9 access near/3 health*704 #10 access near/3 benefits51 #11 employment or employed14312 #12 citizenship25 #13 income4219 #14 poverty1440 #15 civic217 #16 {or #1-#15}23303 #17 "serious mental"384 #18 "enduring mental"27 #19 "severe mental"694 #20 "long-term mental"60 #21 "chronic mental"133 #22 "persistent mental"83 #23 {or #17-#22}1147 #24 #16 and #23 480 62 in CENTRAL	62	2
PsycINFO	1. PsycINFO; social-integration.ti,ab; 3005 results. 2. PsycINFO; SOCIAL INTEGRATION/; 3301 results. 3. PsycINFO; SOCIAL ACCEPTANCE/; 4734 results. 4. PsycINFO; social-inclusion.ti,ab; 1102 results. 5. PsycINFO; social-support.ti,ab; 31878 results.	23	0

	<p>6. PsycINFO; social-network*.ti,ab; 13860 results.</p> <p>7. PsycINFO; social-life.ti,ab; 4619 results.</p> <p>8. PsycINFO; social-activit*.ti,ab; 3517 results.</p> <p>9. PsycINFO; (access* adj2 health*).ti,ab; 4036 results.</p> <p>10. PsycINFO; (access* adj2 education).ti,ab; 648 results.</p> <p>11. PsycINFO; benefits-system.ti,ab; 19 results.</p> <p>12. PsycINFO; welfare.ti,ab; 20616 results.</p> <p>13. PsycINFO; poverty.ti,ab; 14425 results.</p> <p>14. PsycINFO; citizenship.ti,ab; 6296 results.</p> <p>15. PsycINFO; income.ti,ab; 37571 results.</p> <p>16. PsycINFO; (employed OR employment).ti,ab; 99703 results.</p> <p>17. PsycINFO; civic.ti,ab; 3569 results.</p> <p>19. PsycINFO; serious-mental-illness.ti,ab; 2459 results.</p> <p>20. PsycINFO; severe-mental.ti,ab; 5474 results.</p> <p>21. PsycINFO; enduring-mental.ti,ab; 227 results.</p> <p>22. PsycINFO; long-term-mental.ti,ab; 447 results.</p> <p>23. PsycINFO; serious-mental.ti,ab; 3616 results.</p> <p>24. PsycINFO; chronic-mental.ti,ab; 1329 results.</p> <p>25. PsycINFO; persistent-mental.ti,ab; 856 results.</p> <p>26. PsycINFO; CHRONIC MENTAL ILLNESS/; 1326 results.</p> <p>27. PsycINFO; HOMELESS MENTALLY ILL/; 525 results.</p> <p>28. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17; 227772 results.</p> <p>29. PsycINFO; 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27; 12365 results.</p> <p>30. PsycINFO; 28 AND 29; 1782 results.</p> <p>31. PsycINFO; 30 [Limit to: (Methodology 2000 Treatment Outcome/Clinical Trial) and Publication Year 2008-2014]; 23 results.</p>		
EMBASE	<p>32. EMBASE; social-integration.ti,ab; 2165 results.</p> <p>33. EMBASE; social-inclusion.ti,ab; 703 results.</p>	42	0

	<p>34. EMBASE; social-support.ti,ab; 26693 results.</p> <p>35. EMBASE; social-network*.ti,ab; 9314 results.</p> <p>36. EMBASE; social-life.ti,ab; 3739 results.</p> <p>37. EMBASE; social-activit*.ti,ab; 4447 results.</p> <p>38. EMBASE; (access* adj2 health*).ti,ab; 13229 results.</p> <p>39. EMBASE; (access* adj2 education).ti,ab; 955 results.</p> <p>40. EMBASE; benefits-system.ti,ab; 32 results.</p> <p>41. EMBASE; welfare.ti,ab; 25854 results.</p> <p>42. EMBASE; poverty.ti,ab; 16245 results.</p> <p>43. EMBASE; citizenship.ti,ab; 1590 results.</p> <p>44. EMBASE; income.ti,ab; 68724 results.</p> <p>45. EMBASE; (employed OR employment).ti,ab; 283790 results.</p> <p>46. EMBASE; civic.ti,ab; 1289 results.</p> <p>47. EMBASE; INTEGRATION/; 3802 results.</p> <p>48. EMBASE; SOCIAL SUPPORT/; 58025 results.</p> <p>49. EMBASE; 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48; 471728 results.</p> <p>50. EMBASE; serious-mental-illness.ti,ab; 1971 results.</p> <p>51. EMBASE; severe-mental.ti,ab; 7090 results.</p> <p>52. EMBASE; enduring-mental.ti,ab; 237 results.</p> <p>53. EMBASE; long-term-mental.ti,ab; 486 results.</p> <p>54. EMBASE; serious-mental.ti,ab; 2883 results.</p> <p>55. EMBASE; chronic-mental.ti,ab; 1275 results.</p> <p>56. EMBASE; persistent-mental.ti,ab; 570 results.</p> <p>57. EMBASE; 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56; 12066 results.</p> <p>58. EMBASE; 49 AND 57; 1769 results.</p> <p>59. EMBASE; 58 [Limit to: (Clinical Trials Randomized Controlled Trial or Controlled Clinical Trial) and Publication Year 2008-2014]; 42 results.</p>		
Cinahl	31. CINAHL; social-integration.ti,ab; 639 results.	250	0

- |   |  |  |
|---|--|--|
| <p>32. CINAHL; social-inclusion.ti,ab; 585 results.</p> <p>33. CINAHL; social-support.ti,ab; 11028 results.</p> <p>34. CINAHL; social-network*.ti,ab; 3406 results.</p> <p>35. CINAHL; social-life.ti,ab; 690 results.</p> <p>36. CINAHL; social-activit*.ti,ab; 1066 results.</p> <p>37. CINAHL; (access* adj2 health*).ti,ab; 6680 results.</p> <p>38. CINAHL; (access* adj2 education).ti,ab; 736 results.</p> <p>39. CINAHL; benefits-system.ti,ab; 22 results.</p> <p>40. CINAHL; welfare.ti,ab; 5928 results.</p> <p>41. CINAHL; poverty.ti,ab; 5056 results.</p> <p>42. CINAHL; citizenship.ti,ab; 744 results.</p> <p>43. CINAHL; income.ti,ab; 18490 results.</p> <p>44. CINAHL; (employed OR employment).ti,ab; 30126 results.</p> <p>45. CINAHL; civic.ti,ab; 499 results.</p> <p>46. CINAHL; exp EMPLOYMENT/; 28563 results.</p> <p>47. CINAHL; INCOME/; 8354 results.</p> <p>48. CINAHL; EDUCATION/; 4207 results.</p> <p>49. CINAHL; POVERTY/; 12286 results.</p> <p>50. CINAHL; SOCIAL RESPONSIBILITY/; 2863 results.</p> <p>51. CINAHL; SOCIAL PARTICIPATION/; 630 results.</p> <p>52. CINAHL; 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51; 114708 results.</p> <p>53. CINAHL; serious-mental-illness.ti,ab; 1049 results.</p> <p>54. CINAHL; severe-mental.ti,ab; 1679 results.</p> <p>55. CINAHL; enduring-mental.ti,ab; 204 results.</p> <p>56. CINAHL; long-term-mental.ti,ab; 211 results.</p> <p>57. CINAHL; serious-mental.ti,ab; 1414 results.</p> <p>58. CINAHL; chronic-mental.ti,ab; 344 results.</p> <p>59. CINAHL; persistent-mental.ti,ab; 330 results.</p> <p>60. CINAHL; MENTAL DISORDERS, CHRONIC/; 1669 results.</p> <p>61. CINAHL; 53 OR 54 OR 55 OR 56 OR 57 OR 58 OR 59 OR 60; 3964 results.</p> <p>62. CINAHL; 52 AND 61; 815 results.</p> |  |  |
|---|--|--|

	63. CINAHL; 62 [Limit to: Publication Year 2008-2014 and (Publication Type Clinical Trial)]; 6 results. 64. CINAHL; (RCT OR trial OR study OR random* OR blind*).ti,ab; 594943 results. 65. CINAHL; 62 AND 64; 500 results. 66. CINAHL; 65 [Limit to: Publication Year 2008-2014]; 250 results.		
<b>Summary</b>	<b>NA</b>	<b>NA</b>	



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