## Title:

The role of trust and hope in antipsychotic medication reviews in primary care settings: a realist review.

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## Additional Files

### 1. Additional File: Search strategy

**1.2 Main Search Strategy**

**: ~"**(((antipsychotic\*).ti,ab OR (exp "TRANQUILIZING AGENTS"/ OR exp "ANTIPSYCHOTIC AGENTS"/) OR (anti-psychotic\*).ti,ab OR (neuroleptic\*).ti,ab OR ("major tranquiliser\*").ti,ab OR ("major tranquilizer\*").ti,ab OR (atypical\*).ti,ab) AND (("general practice\*").ti,ab OR ("general practitioner\*").ti,ab OR exp PHYSICIANS/ OR exp "GENERAL PRACTITIONERS"/ OR exp "GENERAL PRACTICE"/ OR exp "GENERAL PRACTICE"/ OR exp "GENERAL PRACTITIONERS"/ OR (GP\*).ti,ab OR ("family practice\*").ti,ab OR exp "GENERAL PRACTICE"/ OR exp "FAMILY PRACTICE"/ OR (physician\*).ti,ab OR \*PHYSICIANS/ OR \*"GENERAL PRACTITIONERS"/ OR \*PHYSIATRISTS/ OR \*"PHYSICIANS, FAMILY"/ OR \*"PHYSICIANS, PRIMARY CARE"/ OR ("primary care").ti,ab OR exp "PRIMARY HEALTH CARE"/ OR ("primary health care").ti,ab OR (pharmacy).ti,ab OR \*PHARMACY/ OR \*"PHARMACY RESEARCH"/ OR exp \*"COMMUNITY PHARMACY SERVICES"/ OR (pharmacist\*).ti,ab OR exp PHARMACISTS/ OR ("nurse prescriber").ti,ab)) [DT 1954-2018] [Human age groups Young adult OR Adult OR Middle Aged OR Aged OR Aged,80 and over] [Languages English] [Humans]**"**

**1.2 Iterative Search Strategy – conducted in google scholar**

(GP OR General practitioner OR Primary care) AND (stigma OR stereotype) AND (severe mental illness OR SMI OR schizophrenia OR psychosis)

### 2. Additional File : Overall Quality Appraisal

**Overall quality appraisal** – sorted by quality appraisal tool.

Table 2 Papers assessed using CASP

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author | country | setting | Aim | Study Design and data collection | Traffic light score | Relevance & Usefulness | S1 | S2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Britten, 2010 | UK | SC | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies | Green(C,M,O) | High | y | y | y | n | y | y | y | y | n | n/a |

Table 3 Papers assessed using MMAT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First author | country | setting | Aim | Study Design and data collection | Traffic light score | Relevance & Usefulness | Qual Appraisal |  S1 | S2 | 1 | 2 | 3 | 4 | 5 |
| Adams,2007 | USA | SC | Perceived roles and preferences were explored for shared decision making among persons with severe mental illnesses. | Questionnaire | Amber (C,O) | Low | MMAT | y | y | y | y | y | n | y |
| Aref-Adib, 2016 | UK | SC | To explores the nature, extent and consequences of online mental health information seeking behaviour by people with psychosis and to investigate the acceptability of a mobile mental health application (app). | Qualitative interviews | Green (C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Boardman, 2008 | Australia | SC + GP | To describe SUs’ access to and satisfaction with health care professionals, including nurses, as related to users’ antipsychotic medication concerns. | Questionnaire | Green(C,M,O) | High | MMAT | y | y | y | m | y | m | y |
| Carr, 2004 | Australia | PC  | To examines the attitudes and roles of Australian GPs in the treatment of schizophrenia and their relationships with specialist services. | Questionnaires (completed by GPs, mental health staff and service users) | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | m | ? |
| Carrick, 2004 | UK | SC  | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group | Amber (C,M) | Moderate | MMAT | y | y | y | y | y | m | y |
| Crawford, 2014 | UK | SC + GP | To examine the quality of assessment and treatment of physical health problems in people with schizophrenia. | Audit of routine data + questionnaire | Amber(C,O) | Low | MMAT | Y | y | y | y | y | n | y |
| Delman, 2015 | USA | SC | To explore factors influencing active participation of young SU in psychotropic medication decision making  | Qualitative interviews | Green (C,M,O) | High | MMAT | y | y | y | y | y | y | y |
| Dixon, 2008 | UK | PC | We describe a study of the attitudes and predicted behaviours of medical students towards patients with mental illness in primary care. To investigate the effects that level of undergraduate medical training and personal characteristics might have on responses. | Vignettes (either schizophrenia, depression, diabetes or no illness) and questionnaire | Amber (C,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Feeney, 2006 | Ireland | SC | To examine the knowledge and experiences of side-effects and their monitoring in patients prescribed atypical antipsychotic medications. | Questionnaire | Green (C,M,O) | Moderate | MMAT | Y | Y | Y | Y | Y | Y | y |
| Galon, 2012 | USA | PC | To describe the social process of engagement in primary care treatment from the perspective of persons with SPMI. | Qualitative interviews | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Happell, 2004 | Australia | SC | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | Y |
| Johnson, 1997 | UK | mixed | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | Y | n |
| Kendrick, 1995 | UK | PC | To assess the impact of teaching general practitioners to carry out structured assessments of their long term mentally ill patients. | RCT of structured assessments vs TAU | Green(C,M,O) | Moderate | MMAT | y | y | n | y | y | n | Y |
| Lawrie, 1998 | UK | PC | To examine the attitudes of general practitioners to patients with diﬀerent psychiatric and medical illnesses. | Vignettes  | Green(C,M,O) | High | MMAT | y | y | y | y | n | y | y |
| LeGeyt, 2016 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | Y |
| Lester, 2005 | UK | PC | To explore the experience of providing and receiving primary care from the perspectives of primary care health professionals and patients with SMI respectively | Focus group | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | Y |
| Lester, 2003 | UK | PC | This study aimed to explore the elements of satisfaction with primary care for people with schizophrenia. | Qualitative interviews | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | y |
| Magliano, 2017 | Italy | PC | To investigate GPs’ views of schizophrenia and whether they were influenced by a ‘schizophrenia’ label, passively accepted or actively used. | Vignette + Questionnaire |  | High | MMAT | y | y | y | y | y | y | y |
| Maidment, 2011 | UK |  | To develop understandings of the nature and inﬂuence of trust in the safe management of medication within mental health services | Focus groups | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | y |
| McDonnell, 2011 | USA | PC | This study assessed barriers to metabolic care for persons with serious mental illness (SMI) by surveying experienced healthcare providers. | Questionnaire | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Mortimer, 2005 | UK  | PC | To audit and intervene in the suboptimal prescribing of antipsychotic drugs to primary care patients. | Audit + intervention study | Amber (C,O) | Moderate | MMAT | y | y | y | ? | y | n | Y |
| Morrison, 2015 | Australia | SC | The present study explores people’s experience of living with antipsychotic medication side-effects  | Qualitative interview | Green (C,M,O) | High | MMAT | y | y | y | y | y | n | y |
| Oud, 2009 | UK | PC | Responsibility and nature of care for people with SMI was explored from a GP perspective | Questionnaire | Amber (C,O) | Moderate | MMAT | y | y | y | y | y | n | y |
| Pereira, 1997 | UK | SC | To assess the acceptability of depot among those patients receiving medication via this route and, finally, to assess the views of subjects receiving oral medication about depot.  | Questionnaire | Amber (C,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Pilgrim, 1993 | UK | PC | positive and negative views about general practitioners (GPs) and psychiatrists are examined. | Questionnaire (with open ended Q) | Green(C,M,O) | High | MMAT | y | y | y | y | y | y | ct\* |
| Roe, 2009 | Israel | SC | The purpose of the present study was to explore why and how people with a serious mental illness (SMI) choose to stop taking prescribed medication | Qualitative interviews  | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Rogers,1998 | UK | SC | To describe the meaning and management of neuroleptic medication by people who have received a diagnosis of schizophrenia.  | Qualitative interviews | Green(C,M,O) | High | MMAT | y | y | y | y | y | ? | n |
| Salomon,2013 | Australia | SC | The purpose of the survey was to better understand the experiences of people who attempt antipsychotic discontinuation. | Questionnaire | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Schachter, 1999 | Canada | PC | To educate about informed consent | Survey | Amber(C,M) | Moderate | MMAT | y | y | y | y | y | y | y |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Toews,1996 | Canada | PC | To assess family physician learning needs related to the care of patients with schizophrenia. | Questionnaire | Green(C,M,O) | Moderate | MMAT | y | y | y | ? | y | n | y |
| Tranulis,2011 | Canada | SC | To explore views on illness and medication use and emphasized key turning points, such as periods of nonadherence and illness relapses. | Qualitative interviews | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | Y |
| Usher, 2001 | Australia | SC | To explore the experience of taking neuroleptic medications from the individual’s perspective | Qualitative interviews | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |
| Younas,2016 | UK | PC | To explore the views and experiences of UK mental health pharmacists regarding the use of SDM in antipsychotic prescribing in people diagnosed with SMI. | Qualitative Interviews | Green(C,M,O) | Moderate | MMAT | y | y | y | y | y | y | y |

* ct = can’t tell

Table ‑4 Non quality assessed papers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First author | country | setting | Aim | Study Design and data collection | Traffic light score | Relevance & Usefulness |
| BMJ News, 1995 | UK | SC | news report | News report | Green(C,M,O) | Moderate |
| Burns, 1997 | UK | PC | To develop practice for establishing a register and organizing regular reviews; comprehensive assessments; information and advice for patients and carers; indications for involving specialist services; and crisis management. | Consensus group developed good practice guidelines based on current literature | Green (C,M,O) | High |
| Corrigan, 2000 | USA | G | To illustrate how attribution model advances research questions related to mental health stigma | Non-systematic literature review | Green (C,M,O) | High |
| Corrigan, 2013 | USA | G | Review of existing research regarding public stigma reduction, looking at approaches within mental health and other stigmatised communities. | Non-systematic literature review | Green (C,M,O) | High |
| Donlon,1987 | USA | PC | Overview of care of schizophrenia in primary care | Non – systematic literature review | Amber(C,O) | Moderate |
| Hustig, 1998 | Australia | PC | Overview of care of schizophrenia in primary care | MJA Practice Essentials (non systematic literature review) | Amber (C,M) | low |
| Jones, 1987 | USA | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | Amber(C,M) | Moderate |
| Jones, 2015 | UK (but studies from all over) | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | Green(C,M,O) | High |
| Katschnig, 2018 | Austria | SC | To discuss the origins of the idea of a chronic brain disease, of the split personality concept derived from the term “schizophrenia” , and the craziness idea reflected in the “first rank symptoms”, which are all hallucinations and delusions . | Non – systematic literature review | Amber (C –“split personality”, Lack of expectations, M fear) | Moderate |
| Lambert, 2009 | USA mostly | PC | barriers of physical health testing in primary care | Non systematic literature review | Green(C,M,O) | Moderate |
| Royal College of Psychiatrists | UK | SC | Report to combat and reduce stigmatisation of people with mental disorders. | Non – systematic literature review | Amber (C,M) | Moderate |
| Mitchel & Selmes, 2007 | UK | SC | To discuss patients’ reasons for failure to concord with medical advice, and predictors of and solutions to the problem of nonadherence. | Non – systematic literature review | Green(C,M,O) | Moderate |
| Morant, 2016 | UK | SC | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review | Green(C,M,O) | High |
| Mortimer, 2004 | UK | PC | Review on antipsychotic prescribing | Non – systematic literature review | Green(C,M,O) | Low |
| NICE, 2014 | UK | SC | Guidelines on treatment and management | Evidence based guideline | Amber (C,O) | Low |
| Rasmussen2006 | UK | PC | Overview of care of people with SMI for GPs | Non – systematic literature review | Green(C,M,O) | High |
| Schizophrenia Commission, 2012 | UK | G | To examine the provision ofcare for people living with psychotic illness. | Non-systematic literature review + survey + visits to services | Amber (C,M) | Low |
| Schulze,2017 | Switzerland | SC | To explore ways in which mental health professionals are‘entangled’ in anti-stigma activities. It will outline the complex relationships between stigma and the psychiatric profession,presenting evidence on how its members can stigmatizers, stigma recipients and powerful agents of de-stigmatization. | Non – systematic literature review | Green(C,M,O) | Moderate |
| Viron,2012 | USA | PC | This review provides primary care providers with a general understanding of the psychiatric and medical issues speciﬁc to patients with schizophrenia and a clinically practical framework for engaging and assessing this vulnerable patient population  | Non- systematic literature review | Green(C,M,O) | Moderate |

### 3. Additional File: Individual CMOC quality appraisal

Table 5 CMOC1 Low expectations

| **First author, year** | **Country** | **Setting** | **Aim** | **Study design and data collection** | **Dimensions of relevance** | **Strength of relevance** | **Methodological quality** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Burns, 1997 | UK | PC | To develop practice for establishing a register and organizing regular reviews; comprehensive assessments; information and advice for patients and carers; indications for involving specialist services; and crisis management. | Consensus group developed good practice guidelines based on current literature | B (C- aware of risks, medication indefinitely, O - do not intervene often) | B relevant, no M though | B vague methodology but regardless finding from study |
| Carrick, 2004 | UK | SC  | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group | C - lack of hope, uncertainty of treatment and trajectory, M fear of relapse, low expectations | C little relevance | A from findings |
| Dixon, 2008 | UK | PC | We describe a study of the attitudes and predicted behaviours of medical students towards patients with mental illness in primary care. To investigate the effects that level of undergraduate medical training and personal characteristics might have on responses. | Vignettes (either schizophrenia, depression, diabetes or no illness) and questionnaire | A (C - diagnosis, M - stigma, negative views O - GP less likely to take action | B - not GPs but trainees | A (taken from results section, empirical finding) |
| Donlon,1987 | USA | PC | Overview of care of schizophrenia in primary care | Non – systematic literature review | B ( C - low expectations, medication required indefinitely O - no action taken) | B thin on M | C (non systematic lit review) |
| Galon, 2012 | USA | PC | To describe the social process of engagement in primary care treatment from the perspective of persons with SPMI. | Qualitative interviews | C- stereotype, don't value treatment despite evidence otherwise | B relevant but thin | C from intro |
| Happell, 2004 | Australia | SC | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group | B (C - medication required indefinitely M - patients feel hopeless | B not GP | A (taken from study findings) |
| Hustig, 1998 | Australia | PC | Overview of care of schizophrenia in primary care | MJA Practice Essentials (non systematic literature review) | B (C- low expectations, M - feel hopeless "not much you can do") | B (plenty of low expectations, but little on what action results) | C (non systematic lit review) |
| Johnson, 1997 | UK | mixed | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary | **C** (C - medication required indefinitely) | C low relevance, but shows that medication is required indefinitely for most | A - finding from results |
| Jones, 1987 | USA | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | A ( C low expectations, M - hopeless, burnout O don't see too many with SMI, refusal to provide treatment) | A high relevance, SMI in primary care | C (non systematic lit review) |
| Jones, 2015 | UK (but studies from all over) | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | A (low expectations, feeling hopeless, not confident, O -don’t see) | A high relevance, setting specific | C (non systematic lit review) |
| Katschnig, 2018 | Austria | SC | To discuss the origins of the idea of a chronic brain disease, of the split personality concept derived from the term “schizophrenia” , and the craziness idea reflected in the “first rank symptoms”, which are all hallucinations and delusions . | Non – systematic literature review | C(C - "death sentence", no recovery, split personality) | B (relevant, little on M or O though) | C (non systematic lit review) |
| Kendrick, 1995 | UK | PC | To assess the impact of teaching general practitioners to carry out structured assessments of their long term mentally ill patients. | RCT of structured assessments vs TAU | C (lack of time for assessments, reviews don’t result in changes) | B (probably won't do assessments if changes aren’t obvious) | A (RCT) |
| Lambert, 2009 | USA mostly | PC | barriers of physical health testing in primary care | Non systematic literature review | **A** (C - barriers M - therapeutic nihilism O - tests not performed) | B (in physical health mainly rather than MH) | C (non systematic lit review) |
| Lawrie, 1998 | UK | PC | To examine the attitudes of general practitioners to patients with diﬀerent psychiatric and medical illnesses. | Vignettes  | A (C neg views of schizophrenia - M - low expectations/ scared/ avoid O - unclear what outcomes of these negatives stereotypes are , to what degree do they interfere) | A (primary care, SMI | A study finding |
| LeGeyt, 2016 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | C (medication main option M - risk aversion O - little to do in terms of recovery) | B not GP | C from intro |
| Lester, 2005 | UK | PC | To explore the experience of providing and receiving primary care from the perspectives of primary care health professionals and patients with SMI respectively | Focus group | A (C - chronic long term condition, meds for life, unrealistic expectations M no hope given, low expectations O "write him off"  | A - highly relevant | A (findings from study) |
| Lester, 2003 | UK | PC | This study aimed to explore the elements of satisfaction with primary care for people with schizophrenia. | Qualitative interviews | A (low expectations, feeling hopeless, not confident O - don’t have goals) | A high relevance, setting specific | A (study finding) |
| Magliano, 2017 | Italy | PC | To investigate GPs’ views of schizophrenia and whether they were influenced by a ‘schizophrenia’ label, passively accepted or actively used. | Vignette + Questionnaire | A (negative views of schizophrenia, diagnostic label specific, worse outcomes, prefer others to deal, risk) | A v relevant | A (study findings) |
| Morant, 2016 | UK | SC | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review | C (professional pessimism) | B (relevant, but little detail and no M or O) | C (non systematic lit review) |
| Morrison, 2015 | Australia | SC | The present study explores people’s experience of living with antipsychotic medication side-effects  | Qualitative interview | **B** (M=hopelessness, O = give up) | **B** ( relevant but in secondary care, not GP) | **A** (taken from results section, empirical finding of interview study) |
| Mortimer2005 | UK  | PC | To audit and intervene in the suboptimal prescribing of antipsychotic drugs to primary care patients. | Audit + intervention study | **A** (C - lack of GP interest, lack of diagnosis, sec advising against changes , institutional barriers, M - fear of making change against advice, M - unawareness (institutional barrier, oversight, O - no changes made) | **B (**relevant, but not 100% on stereotypes) | **A (**largely taken from findings, only last comment from discussion). |
| Pereira, 1997 | UK | SC | To assess the acceptability of depot among those patients receiving medication via this route and, finally, to assess the views of subjects receiving oral medication about depot.  | Questionnaire | C (C -indefinite medication) | C (low relevance) | A from findings |
| Pilgrim, 1993 | UK | PC | positive and negative views about general practitioners (GPs) and psychiatrists are examined. | Questionnaire (with open ended Q) | A( C- (perceived?) lack of empathy, stigma? M- indifference, O- lack of engagement) | A high relevance,  | A from findings |
| Toews,1996 | Canada | PC | To assess family physician learning needs related to the care of patients with schizophrenia. | Questionnaire | **B** (C see very few patients -M - SMI is problematic/ negative views O - prefer not to see | **A** high relevance, SMI in primary care | **A** taken from findings of study |
| Tranulis,2011 | Canada | SC | To explore views on illness and medication use and emphasized key turning points, such as periods of nonadherence and illness relapses. | Qualitative interviews | B (C -chemical imbalance, M - medication considered helpful O - taking medication indefinitely) | B relevant, impact of chemical imbalance theory rather than acutely unwell vs stable | A taken from findings of study |
| Viron,2012 | USA | PC | This review provides primary care providers with a general understanding of the psychiatric and medical issues speciﬁc to patients with schizophrenia and a clinically practical framework for engaging and assessing this vulnerable patient population  | Non- systematic literature review | **A** (C- limited experience, complex regimen M - feel SU cannot manage, therapeutic nihilism O - effective measures not offered to patient | **A** v relevant, PC, SMI | **C** (non systematic lit review) |

Table 6 CMOC2 Lack of capability

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First author, year | Country | Setting | Aim | Study design and data collection | Dimensions of relevance | Strength of relevance | Methodological quality |
| Adams,2007 | USA | SC | Perceived roles and preferences were explored for shared decision making among persons with severe mental illnesses. | Questionnaire | **C** (M - wishing for more active role) | **C (active role - but why/how etc).** | **A** (taken from findings) |
| Boardman, 2008 | Australia | SC + GP | To describe SUs’ access to and satisfaction with health care professionals, including nurses, as related to users’ antipsychotic medication concerns. | Questionnaire | **B** (C - not satisfied with GP, stigma, M trust in relationships, SDM) | **B** (trust is important facilitator, largely not in PC though) | **C** ( largely taken from intro and discussion) |
| Britten, 2010 | UK | SC | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies | C - focus on adherence, coercion M -non adherence = lack of insight or lack of comprehension/ irrational, doctor knows best , C- nonadherence O - no access to future care, M fear of coercion/social sanctions O - covert medication use | A v relevant, good model of medication | A (largely taken from findings) |
| Carrick, 2004 | UK | SC  | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group | A (C - power imbalance, doctors priorities different to SU, lack of adherence O sectioning, M fear of sectioning O people might not take what they are prescribed, C issues of control | B (relevant but not specific enough)  | B came from findings but potentially biased sample - all authors and then convenience sample, |
| Delman, 2015 | USA | SC | To explore factors influencing active participation of young SU in psychotropic medication decision making  | Qualitative interviews | A( C-barriers to communication is a lack of M- trust, C cognitive issues, psychiatrist paternalism, M - youth cannot make good decisions, O - do not ask youth about choices, C- issues around capacity, M not treated equally) | A v relevant | B mixture of intro findings and discussion |
| Donlon,1987 | USA | PC | Overview of care of schizophrenia in primary care | Non – systematic literature review | C (C - need for doctors guidance) | C – vague | C (non systematic lit review) |
| Galon, 2012 | USA | PC | To describe the social process of engagement in primary care treatment from the perspective of persons with SPMI. | Qualitative interviews | B (C- diagnosis of SMI, O - more likely to go to A&E than GP; fear of sectioning prevents them from going to seek help | B - relevant, no M though | B from discussion |
| Happell, 2004 | Australia | SC | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group | C (C - diagnosis -M - undermines SU credibility O - queries dismissed, requests "questionable" M - feel like have no voice, M - SU fear of repercussions O - did not discuss medication with doctors, O - alter medications without consultation to deal with side effects | A - v relevant | A taken from findings |
| Schachter, 1999 | Canada | PC | To educate about informed consent | Survey | C - doctors know patients, many are not symptomatic | C- low relevance, GPs not likely to know patients now maybe?  | A (taken from findings) |
| Johnson, 1997 | UK | mixed | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary | C- medication prescribed long term, any relapse to be seen as evidence of non compliance, doctors seen as non compliant if they don’t prescribe | B - high relevance, illustrates pressure, fear of consequences, tension between GP and patient, tension between GP and GP as want to be seen as doing a good job | B - discussion section |
| Kendrick, 1995 | UK | PC | To assess the impact of teaching general practitioners to carry out structured assessments of their long term mentally ill patients. | RCT of structured assessments vs TAU | C (C-proactive care) | B ( not the most relevant as its just about proactive care, but its SMI and GP) | B (taken intro, authors are GPs) |
| LeGeyt, 2017 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | C- in primary care, GP not confident and O - do not act, in C of MH services, M - fear of sectioning, uncertainty over help from GP O - go rouge | B v relevant, but largely secondary care, then again they didn’t even consider GP as person to discuss this with/said GP would get involved | A largely taken from findings |
| Lester, 2005 | UK | PC | To explore the experience of providing and receiving primary care from the perspectives of primary care health professionals and patients with SMI respectively | Focus group | A (C- diagnosis O - difficulties in talking, M lack of knowledge and confidence, C - historical pessimism, lifelong illness) | B primary care, SMI, thin on mechanism though | B - largely taken from findings/ discussions, some anecdotal/interpretation in discussion |
| Lester, 2003 | UK | PC | This study aimed to explore the elements of satisfaction with primary care for people with schizophrenia. | Qualitative interviews | A ( C- diagnosis O - not participating in discussions, M fear of coercion, stereotyped view, not included in conversations, do not influence outcome | B v relevant, GP, SMI, primary care | A - study findings |
| Maidment, 2011 | UK |  | To develop understandings of the nature and inﬂuence of trust in the safe management of medication within mental health services | Focus groups | A (C coercion, uncertainty, M – trust, O – adherence, better relationship) | B not PC | A - largely findings |
| McDonnell, 2011 | USA | PC | This study assessed barriers to metabolic care for persons with serious mental illness (SMI) by surveying experienced healthcare providers. | Questionnaire | B - C patient psychosis/depression, o - no review/barrier to review | B important context, mainly given by GPs, but no M | B - taken from study findings, but study methodologically not the best |
| Royal College of Psychiatrists | UK | SC | Report to combat and reduce stigmatisation of people with mental disorders. | Non – systematic literature review | B ( M- stigmatisation, O- do not talk, o- devalue views, C - SU seen as not having capacity, M - paternalistic behaviour) | A v relevant | C (non systematic lit review) |
| Katschnig, 2018 | Austria | SC | To discuss the origins of the idea of a chronic brain disease, of the split personality concept derived from the term “schizophrenia” , and the craziness idea reflected in the “first rank symptoms”, which are all hallucinations and delusions . | Non – systematic literature review | C(C - "death sentence", no recovery, split personality) | B (relevant, little on M or O though) | C (non systematic lit review) |
| Mitchel & Selmes, 2007 | UK | SC | To discuss patients’ reasons for failure to concord with medical advice, and predictors of and solutions to the problem of nonadherence. | Non – systematic literature review | B ( O stop medication without consultation, M side effects, fear of rejection or being disbelieved) | B - relevant, but not GP specific, (would they tell their GP?) | C (non systematic lit review) |
| Morant, 2016 | UK | SC | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review | A ( C history of coercion, M not taken seriously, O – changes to medication without prior consultation)  | B not GP | C (non systematic lit review) |
| Mortimer, 2005 | UK  | PC | To audit and intervene in the suboptimal prescribing of antipsychotic drugs to primary care patients. | Audit + intervention study | C (C- people who were identified in an audit as needing medication changes were all mildly symptomatic (maybe that's why changes in medication were needed) | C (GP and SMI, but little relevance) | A (finding of empirical study) |
| NICE, 2014 | UK | SC | Guidelines on treatment and management | Evidence based guideline |  |  |  |
| Oud, 2009 | UK | PC | Responsibility and nature of care for people with SMI was explored from a GP perspective | Questionnaire | C (C - call for more practice care, C SU with SMI seen as having disturbances and retardation (paper is from 2009!!?) | B - SMI and GP, but not as relevant) | B - taken from intro and discussion of paper |
| Pereira, 1997 | UK | SC | To assess the acceptability of depot among those patients receiving medication via this route and, finally, to assess the views of subjects receiving oral medication about depot.  | Questionnaire | C (C doctors chose medication, medication helpful, no perceived benefit from medication | C – no M or O, low relevance | A - findings |
| Pilgrim, 1993 | UK | PC | positive and negative views about general practitioners (GPs) and psychiatrists are examined. | Questionnaire (with open ended Q) | A (C - experience of not being taken seriously, O - told to go away, M- diagnostic overshadowing. | A v relevant | A – taken from findings |
| Roe, 2009 | Israel | SC | The purpose of the present study was to explore why and how people with a serious mental illness (SMI) choose to stop taking prescribed medication | Qualitative interviews  | A ( C- coercion, M fearful, O - do not discuss/ hide decision, C - stigma, M - doctors frustrations at not taking medication, O- SU not part of decision making process, questioning medication means getting their sanity questioned | B v relevant but not GP | A largely taken from findings |
| Rogers,1998 | UK | SC | To describe the meaning and management of neuroleptic medication by people who have received a diagnosis of schizophrenia.  | Qualitative interviews | A ( history of coercion, fearful of sectioning, do not discuss medication, reduce in secret) not taken seriously | B relevant but not GP | A taken from findings |
| Salomon,2013 | Australia | SC | The purpose of the survey was to better understand the experiences of people who attempt antipsychotic discontinuation. | Questionnaire | A (C - side effects M indifference/zombie O - do not want to talk / come across as high? ) | B thin on M | A taken from findings |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | A M fear of sectioning, O - not discuss with doctors, M fear that not taking medication would mean no more specialist services, fear of repercussions, C coercion | B relevant but not GP | A taken from findings & discussion |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | A (C- side effects, M- side effects prevent you from coming across as "competent"? and O stop conversations. some of the cognitive impairment could come from side effects | B not GP specific | A from findings |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | B ( C - side effects, patient visit, M denial or avoidance of complaints) | B – not GP specific | A from findings |

Table 7 CMOC 4 Perceived Risk

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First author, year** | **Country** | **Setting** | **Aim** | **Study design and data collection** | **Dimensions of relevance** | **Strength of relevance** | **Methodological quality** |
| BMJ News, 1995 | UK | SC | news report | News report | C person with schizophrenia committed homicide, risk continues, need detaining, at the same time attack described as random and unpredictable, medication would have prevented risk behaviour | C - low | C news report |
| Corrigan, 2000 | USA | G | To illustrate how attribution model advances research questions related to mental health stigma | Corrigan, 2000 | B (C- symptoms of schizophrenia, M – frightened)  | B relevant but not GP specific | C non systematic literature review |
| Corrigan, 2013 | USA | G | Review of existing research regarding public stigma reduction, looking at approaches within mental health and other stigmatised communities. | Non-systematic literature review | B ( C – reports of violence, M – seen as more violent than they actually are) | B relevant but not GP specific | C non- systematic literature review |
| Dixon, 2008 | UK | PC | We describe a study of the attitudes and predicted behaviours of medical students towards patients with mental illness in primary care. To investigate the effects that level of undergraduate medical training and personal characteristics might have on responses. | Vignettes (either schizophrenia, depression, diabetes or no illness) and questionnaire | B (C - concerns of violence, affects of media M - more concerned through media dramatization) | B (relevant, but not GP specific) | B - taken from discussion |
| Hustig, 1998 | Australia | PC | Overview of care of schizophrenia in primary care | MJA Practice Essentials (non systematic literature review) | C (C- medication reduces suicide attempts, C medication controls aggressive behaviour) | C low - but connotation that aggressive behaviour needs to be remedied with medication warrants inclusion) | C - non systematic lit review |
| Johnson, 1997 | UK | mixed | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary | C (C - prophylactic treatment based on inquiry of homicides - M - scared?) | B (relevant, but not GP specific) | B - taken from discussion |
| Katschnig, 2018 | Austria | SC | To discuss the origins of the idea of a chronic brain disease, of the split personality concept derived from the term “schizophrenia” , and the craziness idea reflected in the “first rank symptoms”, which are all hallucinations and delusions . | Non – systematic literature review | B (C- stereotypes, M - people seen as crazy, insanity) | B (relevant, but nothing on outcomes, nothing on GPs) | C- non systematic lit review |
| Lawrie, 1998 | UK | PC | To examine the attitudes of general practitioners to patients with diﬀerent psychiatric and medical illnesses. | Vignettes  | A (C diagnosis, M fear, O prefer psychiatrist to treat) | A (v relevant) | A - results and discussion |
| LeGeyt, 2017 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | C - concerns about medication, lack of choice, doctors risk aversion, M limits recovery approaches | B – not GP specific, thin on what M would look like in practice | B - taken from discussion |
| Lester, 2003 | UK | PC | This study aimed to explore the elements of satisfaction with primary care for people with schizophrenia. | Qualitative interviews | A( stereotype, M - scared O - refuse to see) | A (v relevant) | A - results and discussion |
| Magliano, 2017 | Italy | PC | To investigate GPs’ views of schizophrenia and whether they were influenced by a ‘schizophrenia’ label, passively accepted or actively used. | Vignette + Questionnaire | A ( M - lack of hope for complete recovery, C medication taken indefinitely, M fear, C SMI are risky, C notion that reduction will result in relapse | A (v relevant) | A - taken from findings |
| McDonnell, 2011 | USA | PC | This study assessed barriers to metabolic care for persons with serious mental illness (SMI) by surveying experienced healthcare providers. | Questionnaire | B ( C - not my responsibility, M - scared) | B ( v relevant but not O) | A - taken from findings |
| Oud, 2009 | UK | PC | Responsibility and nature of care for people with SMI was explored from a GP perspective | Questionnaire | B ( scared, threatening, O- prefer psychiatrist input) | B (v relevant, but no C, ) | C- taken from intro |
| Schulze,2017 | Switzerland | SC | To explore ways in which mental health professionals are‘entangled’ in anti-stigma activities. It will outline the complex relationships between stigma and the psychiatric profession,presenting evidence on how its members can stigmatizers, stigma recipients and powerful agents of de-stigmatization. | Non – systematic literature review | A (C -media fuels perception of danger, M – threatening, scared, O – stigma prevents help seeking) | B (relevant, but not GP specific) | C – taken from non systematic lit review |
| Rasmussen2006 | UK | PC | Overview of care of people with SMI for GPs | Non – systematic literature review | B ( diagnosis, stereotype, scared, view that more dangerous, O - prefer not to get involved) | B (v relevant, but no C, ) | C - non systematic lit review |
| The Schizophrenia Commission | UK | SC | Report | Report | B (C -role of the media, focus on MH difficulty, M - fear, frightening O - stereotypes  | B (relevant, but not GP specific, more popular view of SMI) | C - non systematic lit review |
| Royal College of Psychiatrists | UK | SC | Report to combat and reduce stigmatisation of people with mental disorders. | Non – systematic literature review | A ( C- stereotyped views, M- maybe fear? but nothing in text O - isolation, "cannot communicate") | B (relevant, but no GP and no M) | C - non systematic lit review |

Table 8 CMOC 3 Lack of information sharing

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First author, year** | **Country** | **Setting** | **Aim** | **Study design and data collection** | **Dimensions of relevance** | **Strength of relevance** | **Methodological quality** |
| Aref-Adib, 2016 | UK | SC | To explores the nature, extent and consequences of online mental health information seeking behaviour by people with psychosis and to investigate the acceptability of a mobile mental health application (app). | Qualitative interviews | A ( lack of info - M break trust - O discontinue alone, Facilitator: collaborative care | A highly relevant | A study findings |
| Boardman, 2008 | Australia | SC + GP | To describe SUs’ access to and satisfaction with health care professionals, including nurses, as related to users’ antipsychotic medication concerns. | Questionnaire | B ( C GP lack knowledge, C SU feel that GP lack knowledge and are not satisfied with GP management of queries, M SU feel uncomfortable O - may not discuss medication with GP, lack of info given | B low relevance | B - taken from intro and from findings |
| Britten, 2010 | UK | SC | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies | A (C- lack of info given, M - worries about medication, assess pros and cons but with incomplete info O- stopping abruptly (as they have incomplete knowledge) | A - v relevant, little on GPs action though | B - taken from intro and from findings |
| Burns, 1997 | UK | PC | To develop practice for establishing a register and organizing regular reviews; comprehensive assessments; information and advice for patients and carers; indications for involving specialist services; and crisis management. | Consensus group developed good practice guidelines based on current literature | C (C acceptable to have honest discussion) | C low relevance | C non systematic lit review |
| Carrick, 2004 | UK | SC  | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group | C (C - move towards more info, less paternalistic treatment, increasing emphasis) | C low relevance | C from intro |
| Crawford, 2014 | UK | SC + GP | To examine the quality of assessment and treatment of physical health problems in people with schizophrenia. | Audit of routine data + questionnaire | B (C-lack of info, no action taken for patients with SMI and physical health issues, M - not taken seriously, O necessary treatment not given) | B moderate relevance | B - taken from findings and summarised in discussion |
| Delman, 2015 | USA | SC | To explore factors influencing active participation of young SU in psychotropic medication decision making  | Qualitative interviews | B (C- seek info online, M - reassure about effects of medication, double check info given  | B - relevant but unclear of outcome, says they would not speak to doctors about info online, but not stated why. Also all psychotropics, not just AP | A from findings |
| Feeney, 2006 | Ireland | SC | To examine the knowledge and experiences of side-effects and their monitoring in patients prescribed atypical antipsychotic medications. | Questionnaire | B (unaware of side effects, do not tell doctor as perception is that doctor is too busy, or embarrassing to tell them, did not know blood tests were recommended, did not have them, cognitive impairment not a reason | C ( relevant, but little on M) | B-taken from intro and study findings |
| Happell, 2004 | Australia | SC | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group | A (C- some people lack of info given at start of taking AP, others not , C - some health professionals trivialise effects of medication C - full info -> O - deal with it better as know what to expect, C - more info about reasons for medication given than side effects, C - MH professionals don’t give end date for medication, M - SU feel less in control. C- doctors evasive - O - SU see doctors until they feel comfortable -> so M is feeling uncomfortable??, C- pharmacists provide great info, either verbally or via leaflets, O- informed consent cannot exist if too little info is given. C- lack of knowledge of medication? M- too worried about potential bad outcome?  | A- v relevant | A - taken from findings |
| Schachter, 1999 | Canada | PC | To educate about informed consent | Editorial | A (C - responsibility to inform SU of risks, SU need capacity and voluntary decision to take it. O- 83% explained reasons for prescribing, less than half explained serious side effects. M - fear of issues with GP doctor relationship, C - consent for medication not documented (but does it need to be?) M - fear of decreased compliance?, C- sign lack in GPs in discussing negative side effects, C- variability in info given, C pharmacists and nurses stepping in C - few SU actively psychotic in primary care, C - software can help give info about medication, C - in PC, GPs have opportunity to revisit consent when SU is well | A - highly relevant, barriers to care, facilitators, GP and SMI and AP | A – taken from findings |
| Jones, 2015 | UK (but studies from all over) | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | A( C SU think physical health well catered for, when this is not the case, C high risk of other illness when diagnosed with SMI, O- physical health checks fall below standards, M - GP lack confidence, do not know how to talk to people with schizophrenia) | B relevant, thin on mechanisms though | C non systematic lit review |
| LeGeyt, 2017 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | C - lack of info given, need to learn by yourself through experience, lack of info on side effects, surprised when experienced side effects, not given options with regards of medication, don't allow to question it M, C- wrong information given (chemical imbalance which is cured with medication), M wish to regain control, O explore other options, O lack of discussion, lack of trust | B relevant, thin on mechanisms though | A taken from findings |
| Maidment, 2011 | UK |  | To develop understandings of the nature and inﬂuence of trust in the safe management of medication within mental health services | Focus groups | A( C mental health care, more uncertainty, M trust is harder to achieve, C lack of info given M doctors worried about compliance , O - if SU then does not trust clinician, they won’t seek help or give accurate history, C lack of info & SU experiences side effect they weren’t warned about -> M trust is broken O- increased risk for SU taking this medication , C education O decreases vulnerability, C GP not providing info, O do not get involved | A v relevant | B taken from intro, findings and discussion |
| Mitchel & Selmes, 2007 | UK | SC | To discuss patients’ reasons for failure to concord with medical advice, and predictors of and solutions to the problem of nonadherence. | Non – systematic literature review | C - lack of info given, lack of acknowledgement that medication has bad side effects and that prescribing isn't always great, being told how long to take meds for O improved taking it for longer , C- Su cannot recall info sometimes, C - SU not involved in process M- rationale is that they do things because they are being told to, M - importance of good therapeutic alliance, C SU misunderstand medical terms. C people not told their diagnosis, C lack of info given about meds and side effects | B - v relevant, little on GP though and M are not evidenced but presumptions | C non systematic lit review |
| Morant, 2016 | UK | SC | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review | A( C Lack of information, psychiatrist dominated, little known about GP views, less info given out of fear M that knowing about side effects could O - result in nonadherence) | B relevant but not GP specific | C non systematic lit review |
| Pereira, 1997 | UK | SC | To assess the acceptability of depot among those patients receiving medication via this route and, finally, to assess the views of subjects receiving oral medication about depot.  | Questionnaire | C (C - medication from GP or nurse, prefer to have this from them. C would like more info about medication and illness in written form and would read it)  | C low relevance | A findings |
| Pilgrim, 1993 | UK | PC | positive and negative views about general practitioners (GPs) and psychiatrists are examined. | Questionnaire (with open ended Q) | C - SU not satisfied with info given, lack of info, GPs do not consider alternatives, M lack of empathy, C seen as over reliant on medication O - no convo about medication, just repeat prescription, some more flexible and sensitive | A v relevant | A taken from findings |
| Salomon,2013 | Australia | SC | The purpose of the survey was to better understand the experiences of people who attempt antipsychotic discontinuation. | Questionnaire | C - lack of info given, m - fear of side effects occurring o- discontinue medication. C - side effects, M - worried O - go to doctor, O2 - doctor doesn’t do anything, M - breakdown in communication, O - isolation of this population | A ( v relevant) | A - from findings |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | B -(C- lack of info given, variance in info given, M doctors optimistic , C recall bias in studies, C SU might forget, M reluctance and discomfort in engaging with psychotic symptoms, M not taken seriously) | A ( v relevant) | C from intro |
| Tranulis,2011 | Canada | SC | To explore views on illness and medication use and emphasized key turning points, such as periods of nonadherence and illness relapses. | Qualitative interviews | C - medication first given when in crisis without much explanation M - trusting doctors, coercion, pressure O - medication was taken | B relevant but not GP specific | A from findings |

Table 9 CMOC5 Uncertainty about medication and illness trajectory

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First author, year** | **Country** | **Setting** | **Aim** | **Study design and data collection** | **Dimensions of relevance** | **Strength of relevance** | **Methodological quality** |
| Britten, 2010 | UK | SC | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies | B ( C lack of info M uncertainty) | B moderately relevant, not AP specific | A taken from findings |
| Britten, 2010 | UK | SC | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies | A (C- lack of info given, M - worries about medication, assess pros and cons but with incomplete info O- stopping abruptly (as they have incomplete knowledge) | A - v relevant, little on GPs action though | B - taken from intro and from findings |
| Burns, 1997 | UK | PC | To develop practice for establishing a register and organizing regular reviews; comprehensive assessments; information and advice for patients and carers; indications for involving specialist services; and crisis management. | Consensus group developed good practice guidelines based on current literature | ( C need for individual treatment, stable after a few years, lack of guidance, M - GPs feel uncomfortable O - no med change without secondary care, C uncertainty as to how long to continue meds for, need for continuous reviews of medication | B relevant, shows some of the uncertainty, thin on mechanisms | C non systematic literature review |
| Carr, 2004 | Australia | PC  | To examines the attitudes and roles of Australian GPs in the treatment of schizophrenia and their relationships with specialist services. | Questionnaires (completed by GPs, mental health staff and service users) | A( M - uncomfortable, lacking confidence, O - reluctant to treat, C not my responsibility, MH medication is more specialist work) | C low relevance | B - take from mixture of intro, findings and discussion |
| Carrick, 2004 | UK | SC  | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group | B (C - unpredictable illness, side effects, SU and doctors in same uncertainty, M - lucky to be well, M mistrust in medical institution) | B relevant but not GP specific | A - taken from findings |
| Donlon,1987 | USA | PC | Overview of care of schizophrenia in primary care | Non – systematic literature review | C - close monitoring, reduce dose after a while, rough guidance, need to know relapse symptoms to reinstate medication, chronic illness and limitations, need empathy | C low | C non systematic literature review |
| Happell, 2004 | Australia | SC | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group | C misconception about being unwell, blame SU, GP have different priorities to SU, O -SU manage own medication without consultation, M - not listened to/blamed, M fear of repercussions | B relevant but not GP specific | A taken from findings |
| Johnson, 1997  | UK | mixed | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary | C (unable to say who can come off meds) | B relevant, illustrates uncertainty | C - taken from discussion |
| Jones, 2015 | UK (but studies from all over) | PC | overview of care of schizophrenia in primary care | Non – systematic literature review | C (lack of confidence managing SMI) | C- low relevance, unclear what O and M is | C non systematic lit review |
| LeGeyt, 2017 | UK | SC | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews | C( C - GP does not feel comfortable, no option but doing it on your own, discontinuation not an option, wishing for alternatives, lack of communication) | B - relevant, but little on O and M | A finding from study |
| Maidment, 2011 | UK | SC | To develop understandings of the nature and inﬂuence of trust in the safe management of medication within mental health services | Focus groups | A (C uncertainty, M - affects trust O doctors do not consider reduction possible, relapse is possible with reduction of dose) | B - relevant, but little on M | A finding from study |
| Morant, 2016 | UK | SC | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review | B (C - risk adverse culture, favouring relapse avoidance over issues with long term medication, M lack of confidence in stopping or reducing) | B relevant, but little on GP | C non systematic lit review |
| Mortimer, 2004 | UK | PC | Review on antipsychotic prescribing | Non – systematic literature review | B (no gain in changing things? scared of what might happen/rocking the boat esp. in this group of people) | A – valuable M | C non specific lit review |
| Morrison, 2015 | Australia | SC | The present study explores people’s experience of living with antipsychotic medication side-effects  | Qualitative interview | A (C requests to change medication as way to deal with side effects, doctors dissuade, M Su just resigned to taking meds, O - nothing changes C coercion? F- nurses could help rebalance) | B relevant, different to papers from uk | A largely taken from study findings |
| Mortimer, 2005 | UK  | PC | To audit and intervene in the suboptimal prescribing of antipsychotic drugs to primary care patients. | Audit + intervention study | A( C - CPN as other agent, M -fear of relapse in staff despite evidence that medication was inappropriate O - medication wasn’t taken) | B moderate relevance | A taken from findings |
| Roe, 2009 | Israel | SC | The purpose of the present study was to explore why and how people with a serious mental illness (SMI) choose to stop taking prescribed medication | Qualitative interviews  | A ( M - fear that there will be repercussions, question sanity, O - changes made alone C stigma) | C low | A taken from findings |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | C- power imbalance, O concern not taken seriously, M question ability to say that reduction in medication might be appropriate | B - not GP | A from findings |
| Seale,2007 | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis | C -reductions are happening, but it's secondary care | C low | A - taken from findings |
| Usher | Australia | SC | To explore the experience of taking neuroleptic medications from the individual’s perspective | Qualitative interviews | A (C struggle to stay well, frequent relapses M - fear of relapse, O continue to take medication) | B moderate relevance | A taken from findings |
| Younas,2016 | UK | PC | To explore the views and experiences of UK mental health pharmacists regarding the use of SDM in antipsychotic prescribing in people diagnosed with SMI. | Qualitative Interviews | C medication working M reluctance to make changes, scary  | B relevant but not GP specific | A taken from findings |

### 4. Additional File: List of included papers

Table: List of included papers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First author | Title | Country | Setting\* | Aim | Study Design and data collection |
| Adams,2007 | Shared Decision-Making Preferences Of People With Severe Mental Illness | USA | G | Perceived roles and preferences were explored for shared decision making among persons with severe mental illnesses. | Questionnaire |
| Aref-Adib, 2016 | A Qualitative Study Of Online Mental Health Information Seeking Behaviour By Those With Psychosis | UK | G | To explores the nature, extent and consequences of online mental health information seeking behaviour by people with psychosis and to investigate the acceptability of a mobile mental health application (app). | Qualitative interviews |
| BMJ News, 1995 | Mental Health Law Obsolete, Says Inquiry. | UK | G | news report | News report |
| Boardman, 2008 | Accessing Health Care Professionals About Antipsychotic Medication Related Concerns | Australia | G | To describe SUs’ access to and satisfaction with health care professionals, including nurses, as related to users’ antipsychotic medication concerns. | Questionnaire |
| Britten, 2010 | Resisting Psychotropic Medicines: A Synthesis Of Qualitative Studies Of Medicine - Taking | UK | G | Describe lay perspectives on prescribed psychotropic medicines.  | Systematic review of qualitative studies |
| Burns, 1997 | The Primary Care Of Patients With Schizophrenia: A Search For Good Practice | UK | PC | To develop practice for establishing a register and organizing regular reviews; comprehensive assessments; information and advice for patients and carers; indications for involving specialist services; and crisis management. | Consensus group developed good practice guidelines based on current literature |
| Carr, 2004 | Attitudes And Roles Of General Practitioners In The Treatment Of Schizophrenia Compared With Community Mental Health Staff And Patients | Australia | PC  | To examines the attitudes and roles of Australian GPs in the treatment of schizophrenia and their relationships with specialist services. | Questionnaires (completed by GPs, mental health staff and service users) |
| Carrick, 2004 | The Quest For Well-Being: A Qualitative Study Of The Experience Of Taking Antipsychotic Medication | UK | G | To outline the experience of taking antipsychotic medication | Qualitative interviews + focus group |
| Corrigan, 2000 | Mental Health Stigma as Social Attribution: Implications for Research Methods and Attitude Change | USA | n/a | To illustrate how attribution model advances research questions related to mental health stigma | Non- systematic literature review |
| Corrigan, 2013 | Erasing the Stigma; Where Science Meets Advocacy | USA | n/a | Review of existing research regarding public stigma reduction, looking at approaches within mental health and other stigmatised communities. | Non- systematic literature review |
| Crawford, 2014 | Assessment And Treatment Of Physical Health Problems Among People With Schizophrenia: National Cross-Sectional Study | UK | G | To examine the quality of assessment and treatment of physical health problems in people with schizophrenia. | Audit of routine data + questionnaire |
| Delman, 2015 | Facilitators And Barriers To The Active Participation Of Clients With SMI In Medication Decision Making: The Perceptions Of Young Adult Clients | USA | G | To explore factors influencing active participation of young SU in psychotropic medication decision making  | Qualitative interviews |
| Dixon, 2008 | Medical Students’ Attitudes To Psychiatric Illness In Primary Care | UK | PC | We describe a study of the attitudes and predicted behaviours of medical students towards patients with mental illness in primary care. To investigate the effects that level of undergraduate medical training and personal characteristics might have on responses. | Vignettes (either schizophrenia, depression, diabetes or no illness) and questionnaire |
| Donlon,1987 | "The Schizophrenias: Medical Diagnosis And Treatment By The Family Physician" | USA | PC | Overview of care of schizophrenia in primary care | Non – systematic literature review |
| Feeney, 2006 | Atypical Antipsychotic Monitoring: A Survey Of Patient Knowledge And Experience | Ireland | G | To examine the knowledge and experiences of side-effects and their monitoring in patients prescribed atypical antipsychotic medications. | Questionnaire |
| Galon, 2012 | Engagement In Primary Care Treatment By Persons With Severe And Persistent Mental Illness | USA | PC | To describe the social process of engagement in primary care treatment from the perspective of persons with SPMI. | Qualitative interviews |
| Happell, 2004 | Wanting To Be Heard: Mental Health Consumers’ Experiences Of Information About Medication | Australia | G | To examine the experiences of consumers, specifically in relation to education and decision making with regards to medication. | Focus group |
| Hustig, 1998 | Managing Schizophrenia In The Community | Australia | PC | Overview of care of schizophrenia in primary care | MJA Practice Essentials (non systematic literature review) |
| Johnson, 1997 | Professional Attitudes In The UK Towards Neuroleptic Maintenance Therapy In Schizophrenia | UK | G | To assess length of time considered suitable for treatment of schizophrenia | Teleconference between consultant psychiatrists, GPs, pharmacists and CPNs + Questionnaire + commentary |
| Jones, 1987 | Educating Family Physicians To Care For The Chronically Mentally Ill | USA | PC | overview of care of schizophrenia in primary care | Non – systematic literature review |
| Jones, 2015 | Schizophrenia In A Primary Care Setting | UK (but studies from all over) | PC | overview of care of schizophrenia in primary care | Non – systematic literature review |
| Katschnig, 2018 | Psychiatry's Contribution To The Public Stereotype Of Schizophrenia: Historical Considerations | Austria | G | To discuss the origins of the idea of a chronic brain disease, of the split personality concept derived from the term “schizophrenia” , and the craziness idea reflected in the “first rank symptoms”, which are all hallucinations and delusions . | Non – systematic literature review |
| Kendrick, 1995 | Randomised Controlled Trial Of Teaching General Practitioners To Carry Out Structured Assessments Of Their Long Term Mentally Ill Patients | UK | PC | To assess the impact of teaching general practitioners to carry out structured assessments of their long term mentally ill patients. | RCT of structured assessments vs TAU |
| Lambert, 2009 | Are The Cardiometabolic Complications Of Schizophrenia Still Neglected? Barriers To Care | USA mostly | PC | barriers of physical health testing in primary care | Non systematic literature review |
| Lawrie, 1998 | General Practitioners’ Attitudes To Psychiatric And Medical Illness | UK | PC | To examine the attitudes of general practitioners to patients with diﬀerent psychiatric and medical illnesses. | Vignettes  |
| LeGeyt, 2016 | Personal Accounts Of Discontinuing Neuroleptic Medication For Psychosis | UK | G | To explore personal accounts of making choices about taking medication prescribed for the treatment of psychosis (neuroleptics).  | Qualitative Interviews |
| Lester, 2003 | Satisfaction With Primary Care: The Perspectives Of People With Schizophrenia | UK | PC | This study aimed to explore the elements of satisfaction with primary care for people with schizophrenia. | Qualitative interviews |
| Lester, 2005 | Patients’ And Health Professionals’ Views On Primary Care For People With Serious Mental Illness: Focus Group Study | UK | PC | To explore the experience of providing and receiving primary care from the perspectives of primary care health professionals and patients with SMI respectively | Focus group |
| Magliano, 2017 | Effects Of The Diagnostic Label ‘Schizophrenia’, Actively Used Or Passively Accepted, On General Practitioners’ Views Of This Disorder | Italy | PC | To investigate GPs’ views of schizophrenia and whether they were influenced by a ‘schizophrenia’ label, passively accepted or actively used. | Vignette + Questionnaire |
| Maidment, 2011 | An Exploratory Study Of The Role Of Trust In Medication Management Within Mental Health Services | UK | SC | To develop understandings of the nature and inﬂuence of trust in the safe management of medication within mental health services | Focus groups |
| McDonell, 2011 | Barriers To Metabolic Care For Adults With Serious Mental Illness: Provider Perspectives | USA | PC | This study assessed barriers to metabolic care for persons with serious mental illness (SMI) by surveying experienced healthcare providers. | Questionnaire |
| Mitchel & Selmes, 2007 | Why Don’t Patients Take Their Medicine? Reasons And Solutions In Psychiatry | UK | G | To discuss patients’ reasons for failure to concord with medical advice, and predictors of and solutions to the problem of nonadherence. | Non – systematic literature review |
| Morant, 2016 | Shared Decision Making For Psychiatric Medication Management: Beyond The Micro-Social | UK | G | This conceptual review argues that several aspects of mental health care that diﬀer from other health-care contexts may impact on processes and possibilities for SDM. | Conceptual review |
| Morrison, 2015 | Living With Antipsychotic Medication Side-Effects: The Experience Of Australian Mental Health Consumers | Australia | G | The present study explores people’s experience of living with antipsychotic medication side-effects  | Qualitative interview |
| Mortimer2004 | Atypical Antipsychotics As First-Line Treatments For Schizophrenia Advantages For Stakeholders In The UK Healthcare System | UK | G | Review on antipsychotic prescribing | Non – systematic literature review |
| Mortimer2005 | Primary Care Use Of Antipsychotic Drugs: An Audit And Intervention Study | UK  | PC | To audit and intervene in the suboptimal prescribing of antipsychotic drugs to primary care patients. | Audit + intervention study |
| NICE, 2014 | PSYCHOSIS And Schizophrenia In Adults | UK | G | Guidelines on treatment and management | Evidence based guideline |
| Oud, 2009 | Care For Patients With Severe Mental Illness: The General Practitioner's Role Perspective | UK | PC | Responsibility and nature of care for people with SMI was explored from a GP perspective | Questionnaire |
| Pereira, 1997 | A Survey Of The Attitudes Of Chronic Psychiatric Patients Living In The Community Toward Their Medication | UK | G | To assess the acceptability of depot among those patients receiving medication via this route and, finally, to assess the views of subjects receiving oral medication about depot.  | Questionnaire |
| Pilgrim, 1993 | Mental Health Service Users’ Views Of Medical Practitioners | UK | PC | positive and negative views about general practitioners (GPs) and psychiatrists are examined. | Questionnaire |
| Rasmussen2006 | Improving Practice | UK | PC | Overview of care of people with SMI for GPs | Non – systematic literature review |
| Roe, 2009 | Why And How People Decide To Stop Taking Prescribed Psychiatric Medication: Exploring The Subjective Process Of Choice | Israel | G | The purpose of the present study was to explore why and how people with a serious mental illness (SMI) choose to stop taking prescribed medication | Qualitative interviews  |
| Rogers, 2002 | Some National Service Frameworks Are More Equal Than Others: Implementing Clinical Governance For Mental Health In Primary Care Groups And Trusts | UK | PC | To reports on Primary Care Groups (PCGs) and Primary Care Trusts (PCTs) engaged with the Mental Health National Service Framework (NSF) as part of their remit to implement clinical governance. | Multiple case study |
| Rogers,1998 | The Meaning And Management Of Neuroleptic Medication: A Study Of Patients With A Diagnosis Of Schizophrenia | UK | G | To describe the meaning and management of neuroleptic medication by people who have received a diagnosis of schizophrenia.  | Qualitative interviews |
| Royal College of Psychiatrists | Mental Illness: Stigmatisation And Discrimination Within The Medical Profession | UK | SC | Report to combat and reduce stigmatisation of people with mental disorders. | Non – systematic literature review |
| Salomon,2013 | “All Roads Lead To Medication?” Qualitative Responses From An Australian First-Person Survey Of Antipsychotic Discontinuation | Australia | G | The purpose of the survey was to better understand the experiences of people who attempt antipsychotic discontinuation. | Questionnaire |
| Schachter1999 | Documenting Informed Consent For Antipsychotic Medication What Family Physicians Should Know | Canada | PC | To educate about informed consent | Editorial |
| Schizophrenia Commission, 2012 | The abandoned illness: a report from the Schizophrenia Commission | UK | G | To examine the provision ofcare for people living with psychotic illness. | Non-systematic literature review + survey + visits to services |
| Schulze,2017 | Stigma And Mental Health Professionals: A ReviewOf The Evidence On An Intricate Relationship | Switzerland | SC | To explore ways in which mental health professionals are‘entangled’ in anti-stigma activities. It will outline the complex relationships between stigma and the psychiatric profession,presenting evidence on how its members can be stigmatizers, stigma recipients and powerful agents of de-stigmatization. | Non – systematic literature review |
| Seale,2007 | Antipsychotic Medication, Sedation And Mental Clouding: An Observational Study Of Psychiatric Consultations | UK | SC | To explore how discussions about side effects are managed in practice | Observational study + Conversation Analysis |
| Toews,1996 | Improving The Management Of Patients With Schizophrenia In Primary Care: Assessing Learning Needs As A First Step | Canada | PC | To assess family physician learning needs related to the care of patients with schizophrenia. | Questionnaire |
| Tranulis,2011 | Becoming Adherent To Antipsychotics: A Qualitative Study Of Treatment Experienced Schizophrenia Patients | Canada | G | To explore views on illness and medication use and emphasized key turning points, such as periods of nonadherence and illness relapses. | Qualitative interviews |
| Usher, 2001 | Taking Neuroleptic Medications As The Treatment For Schizophrenia: A Phenomenological Study | Australia | G | To explore the experience of taking neuroleptic medications from the individual’s perspective | Qualitative interviews |
| Viron,2012 | Schizophrenia For Primary Care Providers: How To Contribute To The Care Of A Vulnerable Patient Population | USA | PC | This review provides primary care providers with a general understanding of the psychiatric and medical issues speciﬁc to patients with schizophrenia and a clinically practical framework for engaging and assessing this vulnerable patient population  | Non- systematic literature review |
| Younas,2016 | Mental Health Pharmacist’s Views On Shared Decision-Making For Antipsychotics In Serious Mental Illness | UK | G | To explore the views and experiences of UK mental health pharmacists regarding the use of SDM in antipsychotic prescribing in people diagnosed with SMI. | Qualitative Interviews |

\*PC =primary care, SC= secondary care, G = about care or treatment in general, without specifically looking at service provision in secondary or primary care services, n/a = setting unrelated to mental health