Data extraction forms

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| --- | --- |
| **Study ID** |  |
| **Study Details** |  |
| Citation |  |
| Year of publication(s) |  |
| Author(s) |  |
| Contact details of lead author |  |
| Funder / sponsoring organisation |  |
| Publication type  Example:   * Journal article * Report (specify) * Case study * Other | Journal article |
| **Publication Source** |  |
| Methodology (if applicable)   * Study design |  |
| * Type of data |  |
| * Data collection |  |
| * Sampling |  |
| * Data analysis |  |
| * Participants/No. of studies included |  |
| Age range |  |
| Sex |  |
| Study setting |  |
| The objective of the study |  |
| Study type  Please specify the focus of the paper?   * Recovery * Disability support |  |
| Sector  The paper may focus on one or more sectors, for example,   * Occupational therapy * Recreational activities * Social care * Treatment |  |
| **Disability support** | **Please identify the model of disability support services for adult with mental illness?** |
|  | |
| **Interventions** | **Please identify any disability support interventions implemented for adult with mental illness?** |
|  | |
| **Period of project implementation** | **Please state the period (months/years) of implementing the intervention** |
|  | |
| **Outcome of intervention** | **Please state the outcome of the disability support intervention for adult with severe mental illness?** |
|  | |
| **Concept of Recovery** | **Please specify the concept of recovery in treating adult with severe mental illness?** |
|  | |
| **Please describe the role of recovery in the social inclusion and community acceptance of adult with severe mental illness?** | |
|  | |
| **Recovery intervention** | **Please identify any recovery interventions implemented for adult with mental illness?** |
|  | |
| **Period of project implementation** | **Please state the period (months/years) of implementing the intervention** |
|  | |
| **Outcome of intervention** | **Please state the outcome of the recovery intervention for adult with severe mental illness?** |
|  | |
| **Please report on any additional information on disability support and recovery services** | |
|  | |
| **Recommendation** | |
|  | |
| **Identifiable references to follow up** | |
|  | |