Data extraction forms

|  |  |
| --- | --- |
| **Study ID** |  |
| **Study Details** |  |
| Citation |  |
| Year of publication(s) |  |
| Author(s) |  |
| Contact details of lead author  |  |
| Funder / sponsoring organisation |  |
| Publication typeExample:* 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** |
|  |