The Durability of the Efficacy of Integrated Care in Schizophrenia: A Five-year Randomized Controlled Study/Online appendix

Table 1 The characteristics, main elements, ingredients and general context of the two community-based programs studied, the 'Integrated care' (IC), and 'Rational rehabilitation' (RR), respectively. The services were provided by either of two similar multidisciplinary routine teams specialized for patients with psychotic disorders. They were both out-patients clinics located within the uptake area although at separate locations. The common context was a university hospital services responsible for a central urban sector of about 100.000 inhabitants.

Elements	Program ingredients	
	IC	RR
Service delivery	Clinical case management Assertive outreach by outpatient routine care community mental health teams for patients with psychotic disorders	Clinical case management Assertive outreach by outpatient routine care community mental health team for patients with psychotic disorders
Main strategies	Combined and co-ordinated treatments Psychiatrist in teams Early detection and crisis intervention A manualised cognitive behavioral approach Stress management	Combined and co-ordinated treatments Psychiatrist in teams Early detection and crisis intervention A cognitive behavioral approach outlined by guidelines
Treatment methods	Antipsychotic medication with minimally effective doses Psychoeducation of patients and families Multiple family groups not involving the patient Living skills and work training Individual supportive psychotherapies Cognitive behavioral therapies* Body awareness training Traditional vocational rehabilitation*	Antipsychotic medication with minimally effective doses Psychoeducation of patients and families Multiple family groups not involving the patient Living skills and work training Individual supportive psychotherapies Individual dynamic psychotherapies (for selected cases) Communication oriented group therapy Body awareness training Traditional vocational rehabilitation*
Clinical decision making management	Shared decision making within a resource group clinical microsystem for each patient. Systematic communication and problem-solving training	Clinical decision making as usual involving psychiatrist, case manager, patient and informal carers Social network meetings
Program fidelity	An IC work book manual shared by patients and professionals IC focused methodological supervision Yearly audits by an external reviewer	Guidelines for strategies and treatment Monitoring by supervision as usual of psychiatrist and team manager Generic methodological supervision

*CBT and IPS not available during study due to service short-comings