**Appendix Table E-14. Data abstraction of randomized controlled trials of intensive case management**

| **Author, Year** | **Setting**  **Country** | **Inclusion Criteria** | **Interventions and Ns per Group** | **Description of Intervention** | **Description of Comparator** | **Duration** |
| --- | --- | --- | --- | --- | --- | --- |
| Bjorkman 2002 | One case  management service in Sweden | Ages 18-55, a diagnosed mental illness and impairment due to the illness with serious and continuous difficulties in functioning in social relationships, housing or work situation for more than 2 years. | Case  management service (n=33) vs. standard care (n=44) | The case management service included two RNs and two social workers. All members in the team worked full-time and all had experience of working in social services, psychiatric services or vocational rehabilitation. The caseload was on average nine clients considering that four clients not included in the study were later admitted to the service. Clients could get in contact with a case manager after working hours by telephone. A psychiatrist and psychologist were available for supervision. The characteristics of the case management service were a moderate emphasis on skills training, low emphasis on integration of services and a high level of consumer input, where the client had the major input, deciding on the planning and the content of the case management relationship. The clients in the case management services had access to all services in the standard care services. | The psychiatric services were comprehensive with a joint management for outpatient, inpatient and day-care facilities, as well as a couple of small therapeutic communities (with a total number of beds of around 30). One ward was aimed for patients with dual diagnosis (12 beds), another ward for psychiatric patients (not dementia cases) aged 65 years or over (15 beds), and a third ward for general psychiatric cases (19 beds). The outpatient care was organized in two general psychiatric teams and one team for long-term mentally ill patients. The total number of staff mainly working with outpatients was around 65. The local social service offered sheltered accommodation for around 70 people with long-term mental illness. | 18- and 36-  month followup with last followup at 36 months |

| **Author, Year** | **Age Gender Race/Ethnicity** | **Other Population**  **Characteristics** | **Total N** | **Benefits Outcomes** | **Harms**  **Outcomes** | **Funding** | **Quality**  **Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bjorkman 2002 | Demographics  (intervention, control) Age, mean years:  40, 35  Gender, % female:  51%, 54% Ethnicity, % NR | NR | 77 | SCL symptoms, mean (SD) (intervention, control)  Baseline: 124.8-128.0 (70.8-71.5), 101.4-102.0 (53.2-55.0)  18 months: 114.9 (66.8), 93.7 (57.0)  36 months: 102.0 (68.5), 81.4 (55.1)  ISSI social network  Baseline: 11.1-11.2 (6.1-6.3), 15.1-15.2 (6.2-6.3)  18 months: 16.7 (6.3), 18.1 (6.4)  36 months: 14.3 (6.4), 17.5 (5.9)  Strauss Carpenter social functioning  Baseline: 10.6 (2.4), 10.5-10.6 (2.7-2.8)  18 months: 11.5 (2.9), 10.9 (2.9)  36 months: 11.4 (2.5), 11.5 (2.5)  GAF Functioning  Baseline: 55.7-56.3 (11.6-12.3), 46.5-50.2 (14.6-15.4)  18 months: 57.0 (13.0), 60.3 (13.3)  36 months: 52.3 (14.6), 55.3 (17.0)  LQOLP Overall quality of life  Baseline: 4.3 (0.7), 4.5 (0.6)  18 months: 4.6 (0.7), 40.9 (0.7)  36 months: 4.6 (0.7), 40.9 (0.7) | NR | NR | Fair |

**Please see Appendix B. Included Studies for full study references**

GAF=global assessment of functioning, ISSI=Interview Schedule for Social Interaction, LQOLP=Lancashire Quality of Life Profile, RN=registered nurse, SCL=Symptom Checklist, SD=standard deviation