**Appendix Table E-4. Data abstraction of randomized controlled trial of assertive community treatment**

| **Author, Year** | **Setting****Country** | **Inclusion****Criteria** | **Interventions and Ns per Group** | **Description of Intervention** | **Description of Comparator** | **Duration (intervention and longest followup)** | **Age Gender Race/Ethnicity** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sytema2007 | Winchschoten,Netherlands; local mental health organization | Long-termseverely mentally ill patients with Health of the Nation Outcomes Scales totalscore of ≥15 . | Assertivecommunity treatment (n=59)vs. standard community mental health care (n=59) | Assertive community treatmentteams included the following characteristics: maximum FTE caseload of 10 patients; work style: shared caseload. All patients are discussed in weekly and daily team meetings Location: Always there where the patient isEngagement with client: Assertive;keep trying to make contact; no drop-out policy. Working hours: office hours24-h arrangement: The 24-h service of the instituteSkills: Multidisciplinary team; all skills are available for each client because all team members may have contact with each client Disciplines available: Psychiatrist, PsychologistPsychiatric Nurse, Social Worker, Client WorkerDependency Specialist | Community mental healthteams included the following characteristics:maximum FTE caseload: 40 patientsWork style: Individual caseloadsLocation: Mostly at the office, partly at home of the patient Engagement with client: Not assertive; the client should express a need for care;client will drop out of contact when contact is refuses or when the client does not show upWorking hours: Office hours24-hour arrangement: The 24- hour service of the institute Skills: Client and practitioner are matched according to the needs of the patient and the skills of the practitioner Disciplines available: Psychiatrist, Psychologist, Psychiatric Nurse, Social Worker | April 2004-June1, 2005Followup until August 2006, maximum of 2 years of followup | Demographics(intervention, control)Age, mean years:41.5, 37Gender, %female:56%, 63% Ethnicity, % NR |

| **Author, Year** | **Other Population****Characteristics** | **Total N** | **Benefits Outcomes** | **Harms****Outcomes** | **Funding** | **Quality****Rating** |
| --- | --- | --- | --- | --- | --- | --- |
| Sytema2007 | Years in treatment(intervention, control)7.9, 8.6 | 118 | Patients out of contact with mental health services (last 12 months of observation): 0vs.13; Peto OR 0.10 95% Cl 0.03 to 0.33Homeless patients (end of observation): 1 vs. 5; Peto OR 0.24 95% Cl 0.05 to 1.25BRPS (intervention, control) Baseline: 42, 45After 12 months: 38, 42MANSABaseline: 4.7, 4.5After 12 months: 4.5, 4.3SFSBaseline: 102, 103After 12 months: 102, 103 | NR | ZonMW, TheNetherlands Organization for Health Research and Development | Fair |

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

BPRS=Brief Psychiatric Rating Scale, FTE=full time employment, GAF=global assessment functioning, MANSA=Manchester Short Assessment of Quality of Life, SFS=Social Functioning Scale