1.1.1 Characteristics of included studies

CHANDLER2006[1]

Bibliographic reference	Chandler, D. W. & Spicer, G. (2006) Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. *Community Mental Health Journal*, 42, 405–425.
Methods	Allocation: randomised (computer-generated). Blindness: not stated. Duration: 36 months. Setting: community and jail. Consent: given. Raters: not applicable (outcomes were administrative). Country: US.
Participants	Diagnosis: 66% DSM-IV schizophrenia, schizoaffective disorder, bipolar or psychotic disorder NOS and 100% current substance-use disorder (34% alcohol dependence, 47% drug dependence)*. N = 182. Age: 18 to 78 years. Sex: 131 male, 51 female. Ethnicity: 66% African–American. Inclusion criteria: current serious mental illness and substance-use disorder, US resident, not sentenced to prison, not on parole, not currently enrolled in another program, GAF ≤50, English or Spanish speaking, have at least two jail episodes in 2 years prior.
Interventions	1. In-custody standard care + brief aftercare + integrated dual disorders treatment. Post-custody; motivational interviewing, substance abuse counselling, group treatment oriented to both disorders, family psychoeducation regarding dual disorders, multidisciplinary team, integrated substance abuse specialists, stage-wise interventions, time unlimited services, outreach and so on. n = 103. 2. Control group: In-custody standard care + usual post-custody services + 60 days of post-release case management and housing assistance. n = 79.
Outcomes	Lost to treatment. Lost to evaluation. Relapse: hospitalisation (data skewed). Other: arrests, convictions, felonies, jail days, hours of medication services (data skewed).
Notes.	*Not ITT analysis.* *Authors have kindly provided further data.* **Some participants had more than one dependence.*

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[1] The information contained in this table is derived from the review developed for the Cochrane Collaboration by Cleary and colleagues (2008), with additional information extracted from the primary study publication.

DRAKE1998[2]

Bibliographic reference	Drake, R. E., McHugo, G. J., Clark, R. E., *et al*. (1998) Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: a clinical trial. *American Journal of Orthopsychiatry*, *68*, 201–215.
Methods	Allocation: randomised (no further description)*. Blindness: not stated (raters blind to allocation, see below). Duration: 36 months. Setting: community. Consent: given. Raters: independent, blind to group allocation. Country: US.
Participants	Diagnosis: 53% DSM-III–R schizophrenia with active DSM-III-R substance-use disorder (73% alcohol abuse, 42% drug abuse)**. N = 223. Age: 18 to 60 years, mean ~34 years. Sex: 165 male, 58 female. Ethnicity: 96% white. Inclusion criteria: active DSM-III-R substance-use disorder in past 6 months; no other medical conditions or mental retardation.
Interventions	1. Integrated ACT: community-based, high-intensity, direct substance abuse treatment by team members, use of stage-wise dual-disorder model, dual-disorder treatment groups and exclusive team focus on patients for those with dual disorders. Caseload ~12. n = 109. 2. Control group: standard case management: community-based, team working with client's support system and vigorously addressing co-occurring substance use. Caseload ~25. n = 114.
Outcomes	Lost to treatment. Lost to evaluation. Death. Substance use: Substance Abuse Treatment Scale, not in remission, progress towards recovery. Other: number of days living in stable community residences, QOLI (General Life Satisfaction Scale). Substance use: AUS, Clinical Drug Use Scale, number of days when misusing (data skewed). Mental state: BPRS (data skewed). Relapse: hospitalisation (data skewed). Unable to use: Other: QOLI (subscales).
Notes.	*Not ITT analysis.* **May be prone to bias.* *Authors have kindly provided further data.* ***Some participants had more than one dependence.*

ESSOCK2006[3]

Bibliographic reference	Essock, S. M., Mueser, J. K. T., Drake, R. E., *et al.* (2006) Comparison of ACT and standard case management for delivering integrated treatment for co-occurring disorders. *Psychiatric Services*, 57, 185–196.
Methods	Allocation: randomised (using computer-generated tables at two sites). Blindness: not stated (raters blind to allocation, see below). Duration: 36 months. Setting: community. Consent: given. Raters: independent, blind to the study condition. Country: US.
Participants	Diagnosis: 76% DSM-III-R schizophrenia, 17% mood disorder with co-occurring DSM-III-R substance-use disorder (74% alcohol abuse, 81% other substances)*. N = 198. Age: mean ~37 years. Sex: 142 adult male, 56 adult female. Ethnicity: 55% African–American, 27% white, 14% hispanic, 4% other. Inclusion criteria: major psychotic disorder and active substance-use disorder within past 6 months, high service use in the past 2 years, homelessness or unstable housing, poor independent living skills, no pending legal charges, no medical conditions or mental retardation that would preclude participation; if inpatient, discharge scheduled.
Interventions	1. Integrated ACT with a direct substance use component. n = 99. 2. Control group: standard case management.** (some services provided directly and teams had training from study authors in integrated treatment, including comprehensive assessment, individual motivational interviewing, group treatments, and stage-wise interventions). n = 99.
Outcomes	Lost to treatment. Lost to evaluation. Death. Relapse: number of patients hospitalised during study. Other: number of days living in stable community residences, QOLI (General Life Satisfaction Scale), GAS (see GAF). Substance use: AUS, Clinical Drug Use Scale, Substance Abuse Treatment Scale, number of days using in the past 6 months (skewed data). Mental state: expanded BPRS hospitalisation: days in hospital and days in hospital or in jail (skewed data).
Notes.	*Not ITT analysis.* ** Some participants had more than one dependence.* **Participants paid US$15 for each interview and additional US$5 for each urine and saliva sample.* *** Refer to correspondence regarding clinical case management team (Kanter, J. [2006] Clinical case management, case management and ACT.* *Psychiatric Services, 57, 578).* *Authors kindly provided additional data.*

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[3] The information contained in this table is derived from the review developed for the Cochrane Collaboration by Cleary and colleagues (2008), with additional information extracted from the primary study publication.

MORSE2006[4]

Bibliographic reference	Morse, G. A., Calsyn, R. J., Klinkenberg, W. D., *et al.* (2006) Treating homeless clients with severe mental illness and substance use disorders: costs and outcomes. *Community Mental Health Journal*, 42, 377–404.
Methods	Allocation: randomised (no further description)*. Blindness: not stated. Duration: 24 months. Setting: community. Consent: given. Raters: not clear if independent or blind*. Country: US.
Participants	Diagnosis: DSM-IV 48% schizophrenia, 19% schizo-affective, 11% atypical psychotic disorder, 11% bipolar disorder, 9% major depression-recurrent disorder, 2% other. All had one or more substance-use disorders; 46% substance-dependence disorder for alcohol and/or drugs; 64% substance-abuse disorder for alcohol and/or drugs, 40% an alcohol-only diagnosis, 18% drug-only diagnosis, 42% had both drug and alcohol disorders (cocaine being the most frequently used drug [34%], followed by cannabis [19%])**. N = 196*. Age: 18 to 66 years, mean ~40 years. Sex: 119 male, 30 female. Ethnicity: 73% African–American, 25% caucasian, 2% other. Inclusion criteria: homeless, severe mental illness, DSM-IV substance-use disorder, and not currently enrolled in an intensive case-management program.
Interventions	1. Integrated ACT. n = 46. 2. ACT only. Referred clients to other community providers for outpatient or individual substance abuse services and to 12-step groups. n = 54. 3. Control group: provided with a list of community agencies (mental health and substance abuse treatment) and staff provided linkage assistance to facilitate access. n = 49.
Outcomes	Substance use: Substance Use Severity Scale (data skewed). Number of days in stable housing (data skewed). Unable to use: Lost to treatment (not reported by group). Lost to evaluation (not reported by group). Substance use: number of days using substances (unclear measure). Mental state: BPRS (averaged item scores reported, not totals). Other: client satisfaction (not peer-reviewed scale).
Notes.	*Not ITT analysis* **May be prone to bias. Also, figures are based on the 149 participants who received treatment.* ***Participants paid US$5 for short and US$10 for long interview.* ****No usable data, only skewed data reported.*

[4] The information contained in this table is derived from the review developed for the Cochrane Collaboration by Cleary and (2008), with additional information extracted from the primary study publication.