

Protocol: Effectiveness of interventions to support people with mild-moderate mental health conditions gain paid work – systematic review.

Review title

The effectiveness of vocational interventions to help adults with mild-moderate mental health conditions gain and maintain paid work.

Working group

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Background

People who experience health conditions and/or disability often also have difficulty accessing employment due to a number of complex factors. These factors are very often associated with broader societal issues. They include stigma, poorly-informed judgements about what makes somebody ‘work-able’, fear of negatively affecting health and safety in the workplace and/or making the workplace vulnerable to higher costs, and challenges in negotiating work arrangements that are outside the norm when needed (Fadyl & Payne, 2016; Harlan & Robert, 1998; Louvet, 2007; Pacheco, Page, & Webber, 2014; Schur, Kruse, Blasi, & Blanck, 2009). Case management, vocational rehabilitation and employment support can all help to address these challenges and improve work outcomes for people experiencing health conditions and/or disability, and various approaches exist within these broad categories that have been tested in research (e.g. Fadyl, McPherson, & Nicholls, 2015; Fleming, Del Valle, Kim, & Leahy, 2013; Trexler, Trexler, Malec, Klyce, & Parrott, 2010). Some aspects of what is effective and relevant will be the same across conditions. However, particular conditions, cultural contexts or circumstances can affect what is most relevant to address for an individual (Brannelly, Boulton, & te Hiini, 2013; Corrigan, 2004; Leutz, 1999). Furthermore, the type of condition and the relationship between this and the job goal can affect what the primary barriers to work may be (Andersen, Nielsen, & Brinkmann, 2012; Yorkston et al., 2003). Because of this, service providers need to be aware of the specific and unique issues that might affect individuals depending on their circumstances, and service design.

There already exists a number of systematic reviews of research investigating the effectiveness of strategies to support people with long-term health conditions and/or disability gain and sustain employment (e.g. Hedley et al., 2017; Lindsay, R. Hartman, & Fellin, 2016; Mani, Cater, & Hudlikar, 2017; Modini et al., 2016; Smith, Atmatzidis, Capogreco, Lloyd-Randolfi, & Seman, 2017). We are conducting an overview of systematic reviews on this topic combined with update reviews in four

specific areas. One of these areas is support for gaining employment and maintaining that employment for people with mild to moderate mental health conditions. We will conduct an update of the evidence from the date of the last high-quality systematic review that covers the topic adequately, or we will look at the evidence from the last 15 years if there is no such review within this time period.

Review questions

The objective of this review is to assess the evidence for effectiveness of vocational interventions for people with mild to moderate mental health conditions for gaining paid work and sustaining that work. The review questions are as follows:

1. What is the effectiveness of vocational interventions to help adults with mild to moderate mental health condition(s) gain paid work and maintain that work, and in what contexts?
2. What is the quality of evidence on vocational interventions to help adults with mental health condition(s) gain and maintain paid work?
3. What evidence gaps exist in relation to vocational interventions to help people with mild-moderate mental health condition(s) gain and maintain paid work?

Condition or domain being studied

For the purpose of this review we will consider someone with a mild to moderate mental health condition to be a person living with symptoms sufficient for diagnosis of a mild to moderate mental health condition (e.g. anxiety, depression as defined in the DSM 5) regardless of whether or not they have a formal diagnosis. E.g. validated screening tools are sufficient. 'Serious' or 'severe' mental illness includes conditions that frequently require specialist intervention (e.g. inpatient, community mental health team) such as bipolar, schizophrenia and psychotic conditions. By contrast, mild-moderate mental health conditions such as mild to moderate anxiety and depression more commonly either go un-diagnosed or are managed in general practice.

Participants/population

We will include any study about adults (16 years or older) living with a mild to moderate mental health condition as defined above, who are not in paid work or who have only recently begun paid work (e.g. within three months of a new job placement).

Because of the difficulty in capturing mild-moderate severity using keywords, we will not limit the search by severity, but we will exclude studies that focus on 'severe' diagnoses at the assessment of relevance stage. Where studies include a mix of participants who meet our definition of mild-moderate severity and participants with greater severity, we will include the study if the proportion of participants meeting our inclusion criteria is 60% or greater. We are making an assumption that where the intervention is appropriate for a range of severities, participants with more severe diagnoses are more likely to affect results negatively rather than positively.

Interventions

We will include studies on vocational interventions to assist people with mild to moderate mental health condition(s) who are not in work to gain and sustain paid work. For the purposes of this review vocational interventions will include the following:

- Training or education to prepare people to apply for employment (e.g. preparation of resumes; development of work skills; job-specific skills training and licencing (e.g.

drivers licence), training in employment interview techniques; motivational and behavioural interventions to help people increase their self-efficacy for employment and engage in work)

- Vocational counselling to help people identify their work skills and aptitudes, seek work, or find and apply for jobs
- Provision of support for people to apply for jobs or to actively seek employment in other ways (including peer support programmes).
- Identification of barriers to employment (e.g. workplace, transport, or attitudinal barriers) and implementation of supports and/or strategies to reduce or remove those barriers (e.g. job accommodation, workplace modification – including access, provision of equipment, employer education, supporting workplace relationships and other psychosocial interventions, negotiating health and safety requirements, providing adapted transport)
- Job development (e.g. working with employers to create non-standard or modified positions)
- Job placement schemes
- Provision of support for people newly in paid work
- Job coaching (short or long-term) to develop skills and strategies to manage a job
- Provision of financial and related supports to move into employment (e.g. appropriate clothing, equipment, transportation, transitional loans, etc).
- Community development specifically focused on creating employment opportunities for people living with long-term conditions and/or disabilities (e.g. development of business initiatives that need employees with lived experience of disability, employer awareness, incentive programmes, social enterprises focused on work for this population).
- Community and family support initiatives focused on enabling participation in paid work.
- Work-readiness training or transitional employment where the focus is on transitioning into paid work or providing skills for people to immediately enter paid work at the completion of the training.

We will exclude sheltered workshops where the expectation is that participants will earn less than minimum wage and retain social welfare benefits for the foreseeable future. We will also exclude general primary, secondary, or tertiary education that has not been designed specifically for people with long-term health conditions and/or disability. We will exclude stay-at-work interventions for people who are currently in paid work and needing to maintain that work in the context of a newly acquired health condition or disability. We will exclude reviews that primarily focus on helping people to gain or maintain occupational roles and activities that are unpaid and unlikely to provide a livelihood.

Comparator(s)/control

We will include studies which include a no intervention control, an attention control (i.e. a Hawthorne control), or a comparison to 'usual care' as defined by the study authors. We will also include studies that compare two different approaches to vocational rehabilitation.

Types of studies to be included

We will include controlled trials including parallel design randomised controlled trials (RCTs), cluster RCTs, pseudo-randomised controlled trials, and non-randomised controlled trials.

Context

For the purposes of this review, we will consider studies of any vocational intervention regardless of where the intervention is delivered, provided the aim of the intervention is to help adults with mild to moderate mental health conditions gain and maintain paid work (as defined below).

Main outcomes

The main outcomes for this review will be:

- Commencement of either full- or part-time paid work as defined in the *Resolution concerning statistics of the economically active population, employment, unemployment and underemployment, adapted by the Thirteenth International Conference of Labour Statisticians (1982)*.
- Commencement of legal occupation that generates a livelihood (e.g. indigenous practices that generate resources to live on but are not paid employment).
- Successful maintenance of new paid work for six months or longer.

Although measurement of work-ability is of interest, especially in contexts where there may be limited employment opportunities, we do not consider the measures in this area to be sufficiently developed for unemployed populations to justify inclusion as a main outcome separate from commencement of paid work.

Timing and effect measures (for main outcomes)

We will collect data on rates of work placement in any type of paid work, and whether these placements are full-time or part-time; casual, fixed term, or permanent. For the purposes of this review, we will consider part-time work to be working less than 30 hours. We will not consider gaining an employment contract alone to constitute commencing work if no paid work is carried out. We will collect data on maintenance of new work using count data (e.g. number of people maintaining employment at 6 months) and continuous data (e.g. duration of time employment has been maintained by the end of a study) as reported by the study authors. We will consider work to be successfully maintained if paid work has been continuously sustained over a period of time regardless of whether or not that work was in the same job. We will consider any gap greater than 4 weeks between jobs to be non-continuous employment. Where the type of work itself requires alternative measures of maintenance (e.g. for indigenous practices or seasonal workers), we will report on the measures given by study authors.

We will consider outcomes at three time points: the end of intervention (as reported by study authors); up to one year after the end of an intervention; more than one year after end of an intervention.

Additional outcomes

Secondary outcomes for this review will be:

- Proportion of full time work
- Satisfaction of employers with employment outcomes or work performance

- Satisfaction of participants with work outcomes
- Pay rates
- Cost of vocational interventions
- Cost of ongoing work support
- Quality of life
- Happiness
- Cost-benefit analyses
- Community participation
- Financial autonomy for person with long-term condition
- Self-esteem
- Self-efficacy

We will also report on negative outcomes if they are reported by study authors:

- Deterioration in health status
- Tensions between work expectations and requirements for rehabilitation, treatment or health care needs (e.g. time to go to specialist appointments etc).

Timing and effect measures

We will report proportion of full time work in terms of number of hours employed as a proportion of a standard working week as reported by the study authors. We will also report absolute hours worked each week by participants. We will report employer and participant satisfaction with employment, and employer satisfaction with work performance, on the basis of scores on standardised job satisfaction surveys. We will report costs and pay rates in the currency reported in studies, noting the year that study authors reported these figures. We will report on standardised measures of quality of life such as the Euroqual or Short Form-36. We will consider outcomes at three time points: the end of intervention (as reported by study authors); up to one year after the end of an intervention; more than one year after end of an intervention.

Study identification and selection

Search methods for identification of studies

We will identify relevant studies by searching

- MEDLINE (OvidSP)
- EMBASE (OvidSP)
- PsychINFO (OvidSP)
- AMED (OvidSP)
- CINAHL (EBSCOhost)
- Proquest Dissertations and Theses database.
- Business Source Complete (EBSCO)
- ERIC (Ovid)

Search strategies for these databases are presented as Appendices. We will search all databases from the latest date covered by the last high-quality systematic review identified in our overview of systematic reviews (to be conducted prior), or 2004 to the date of the search. Fifteen years is considered an appropriate timeframe for interventions to retain relevance, as beyond this the socio-

cultural employment context is likely to be significantly different. We will include only studies reported in English, as our research group are English speakers and we do not have the resources for translation services. We will seek full reports of any potentially eligible studies that are published as abstracts or conference proceedings only.

Selection of studies

Two review authors will independently consider the title and abstracts from the identified reviews and apply the inclusion criteria described above. Disagreement or uncertainty about relevance at this stage will be resolved through consideration and discussion of full study reports, involving a third review author where necessary.

Risk of bias (quality) assessment

Risk of bias assessment

We will use the Cochrane Risk of Bias tool (Higgins et al., 2011) to assess risk of bias for each included study. This will contribute to grading of quality of evidence.

External validity

We will review the evidence in light of feedback from our mental health stakeholder reference group regarding specific areas of interest. In particular, we will reflect on:

- How interventions operate in terms of choice and control of users
- The contracting environment and other contextual information (including information about policy disincentives for working)
- The timing of the intervention – e.g. in relation to employment status, diagnosis, accessing health services, etc.
- Eligibility for the intervention
- Who is able to access the intervention
- Length of measures being applied post-intervention
- What works best for whom
- Impact of satisfaction on outcome
- How much participant satisfaction is paid attention to in the research

Grading of quality of evidence in included studies

Two review authors will determine whether the evidence arising from each comparison is of high, moderate, low or very low quality, based on the following definitions from the GRADE approach (Guyatt et al., 2008):

- High quality: when further research is very unlikely to change our confidence in the estimate of effect.
- Moderate quality: when further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- Low quality: when further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

- Very low quality: when we are very uncertain about the estimate.

The review authors resolve the disagreements through discussion and will involve the third author when necessary.

Data extraction

Two review authors will independently extract data. Disagreements will be resolved by discussion, with assistance from a third review author where necessary. We will extract data on review methodology and characteristics, and data on study findings.

For review methodological and content characteristics, we will extract data on:

- Full citation
- Year published
- Corresponding author
- Country (or countries) of affiliation with the authors of the review
- Methodological characteristics:
 - Methodology and study design
 - Study aims
- Content characteristics:
 - PICO components of the study, as defined by study authors
 - Population
 - Intervention(s)
 - Comparison(s)
 - Outcomes – primary and secondary
 - Setting of the rehabilitation interventions researched (e.g. home, community service, workplace)
 - Number of participants included in the study
 - Type and number of analyses conducted
- Study authors' comments on methodological issues
 - Study limitation as stated by authors
 - Study authors' conclusions regarding the effectiveness of the interventions under consideration
 - Study authors' recommendations for future research
- Information on interventions (refer to page 2 for additional detail):
 - Training or education initiatives
 - Development of work skills
 - Job-specific skills training and licencing
 - Training in employment interview techniques
 - Motivational and behavioural interventions for self-efficacy
 - Vocational counselling to identify work skills and aptitudes
 - Support provision (e.g. peer support programs)
 - Identification and/or strategies to remove or reduce barriers
 - Job development

- Job placement schemes
- Job coaching
- Financial and related supports
- Community development
- Community and family support
- Work-readiness training or transitional employment

For study findings we will extract data on:

- Information on specific outcomes relevant to the objectives of our review
 - Number of participants behind each outcome presented
 - Intervention effects for the outcomes presented by the study authors
 - risk ratios (RRs), odds ratios (ORs), or mean differences (MDs), or standardised mean differences (SMDs); 95% confidence intervals (CIs)
 - Narrative text of results if no statistical results presented.
 - Population behind the outcome – age, severity, time post-diagnosis – as reported by the study authors
 - Intervention behind the outcome as reported by the study authors, using the TIDieR Checklist (see Appendix 1) (Hoffmann et al., 2014)
 - In addition to the standard TIDieR checklist, we will specifically extract information on the following:
 - Description of the broader system the intervention sits within
 - Which stakeholders received the intervention – potential workers / employers / families / communities / other (who)
 - Timing of the intervention in relation to diagnosis and treatment
 - Eligibility for the intervention – including mandated or by choice
 - Limits to accessing the intervention – e.g. referral pathways, location, etc.
 - At what point is the intervention discontinued?
 - What other support is the intervention linked into?
 - How does the intervention deal with existing skills/experience of the participants?
 - Comparison for the intervention with the outcome as stated by the review authors
 - Reason for evidence being downgraded or upgraded for the outcomes presented as stated by the review authors

- Information on outcomes (refer to page 4 for additional detail):
 - Primary outcomes for our review
 - Commencement of full- or part-time paid employment
 - Moving into legal occupation that generates a livelihood
 - Successful maintenance of new employment for 6 months or longer
 - Other outcomes of interest (as reported)

- Rates of work placement
 - Proportion of full-time employment
 - Satisfaction of employers with employment outcomes or work performance

- Satisfaction and/or perceived 'success' of participants with employment outcomes
- Pay rates
- Cost of vocational interventions
- Cost of ongoing work support
- Quality of life
- Happiness
- Cost-benefit analyses
- Community participation
- Financial autonomy for person with long-term condition
- Self-esteem
- Self-efficacy
- Type of employment arrangement (casual, fixed term, permanent)
- Satisfaction with socio-cultural context at work
- Deterioration in health status
- Tensions between demands and other areas of life
- Tensions between employment expectations and requirements for rehabilitation, treatment or health care needs (e.g. time to go to specialist appointments etc).

Data synthesis

We will report findings from the studies descriptively. We will not re-analyse data from primary studies. We will provide a report on the characteristics of all included studies using simple statistical analysis and narrative accounts. We will report on publication trends, the range of study topics (i.e. types of populations, types of interventions, and their contexts), the range of outcomes reported, and the quality of included studies. We will synthesise information on common problems with quality of reporting, quality of methodology, and quality of evidence.

We will present a main summary of intervention effectiveness according to a framework adapted from Shepherd et al. (2018) and Farquhar and Marjoribanks (2018). Specifically, we will report on

- Effective interventions: indicating that the review found evidence of effectiveness for an intervention.
- Promising interventions (more evidence needed): indicating that the review found some evidence of effectiveness for an intervention, but that more evidence is needed.
- Ineffective interventions: indicating that the review found evidence of lack of effectiveness for an intervention.
- Probably ineffective interventions (more evidence needed): indicating that the review found evidence suggesting lack of effectiveness for an intervention, but that more evidence is needed.
- No conclusions possible: indicating that the review found insufficient evidence for review authors to comment on the effectiveness of an intervention.

We will base our categorisation on our grading for quality of evidence. High quality evidence will be needed to classify an intervention as "effective" or "ineffective", moderate quality evidence will be needed to classify an intervention as "promising" or "probably ineffective", and low to very low quality evidence will be needed to report that "no conclusion are possible". The review authors will discuss the categorisation of the effectiveness of intervention, resolving any disagreements by discussion, until a consensus is reached.

In collaboration with our Stakeholder Reference Groups, we will examine the spread of evidence across the review to identify any large evidence gaps that exist for particular populations or people, types of interventions, or types of outcomes relevant to this review.

Subgroup analysis

We do not plan to do any subgroup analyses.

Dissemination plans

We will publish a report on the review findings in a peer-reviewed journal, and make the raw data from the review available in an open-access online repository (AUT's 'Tuwhera' database). We aim to present the review findings at national and/or international research meeting on rehabilitation and work. Reports will be made available to stakeholder reference groups, the New Zealand Ministry of Social Development, and scholarly community (via journal articles). Stakeholder reference groups may suggest further dissemination opportunities that will be pursued as possible.

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Appendix 1. TiDieR checklist



The TiDieR (Template for Intervention Description and Replication) Checklist*

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	BRIEF NAME Provide the name or a phrase that describes the intervention.	_____	_____
2.	WHY Describe any rationale, theory, or goal of the elements essential to the intervention.	_____	_____
3.	WHAT Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	_____	_____
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	_____	_____
5.	WHO PROVIDED For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	_____	_____
6.	HOW Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	_____	_____
7.	WHERE Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	_____	_____

TiDieR checklist

8.	WHEN and HOW MUCH Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	_____	_____
9.	TAILORING If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	_____	_____
10.*	MODIFICATIONS If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	_____	_____
11.	HOW WELL Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_____	_____
12.*	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_____	_____

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TiDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TiDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TiDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TiDieR checklist. When a **randomised** trial is being reported, the TiDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TiDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TiDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org).

TiDieR checklist

Appendix 2: MEDLINE (OvidSP) search strategy (adapted for other databases as appropriate)

((mental* or psych*) adj (ill* or disorder* or disease* or distress* or disab* or problem* or stress or health* or patient* or treatment)).tw

exp anxiety/

exp depression/

anxiety.tw

depress*.tw

or/1-5

exp Rehabilitation, Vocational/

(occupational adj (counsel* or training or intervention* or rehabilitation)).tw

(vocational adj (counsel* or training or intervention* or rehabilitation)).tw

(work adj (counsel* or intervention* or accommodation or adjustment or ability or disabil* or retention or maintenance or rehabilitation or placement)).tw

(job adj (counsel* or intervention* or accommodation or adjustment or ability or disabil* or retention or maintenance or modification or trial or placement or development or coaching or creation)).tw

(employ* adj (support* or transition*)).tw

(individual placement).tw

(Supported employment).tw

(transitional employment).tw

(diversified placement).tw

or/7-16

(controlled trial).tw

(control trial).tw

(RCT).tw

exp "clinical trial"/

(randomised or randomized).ab,ti

randomized controlled trial.pt

controlled clinical trial.pt

or/18-24

6 and 17 and 25

limit 26 to English language

limit 27 to yr="2004 -Current"