BRIEF INDIVIDUAL INTERVENTIONS FOR SCHIZOPHRENIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

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1 AIM

To review the literature on brief interventions for schizophrenia and address the following research questions: 1. what brief interventions exist for schizophrenia? And 2. how effective are they?

2 BACKGROUND

Around 24 million people worldwide have Schizophrenia. Cognitive behavioural therapy (CBT) is the NICE recommended treatment for Schizophrenia, however access to this treatment is limited due to workforce capacity, individual and organisational factors. Although CBT is recommended in the NICE guidelines, a range of brief interventions have also been developed.

3 METHODS

A systematic review and meta-analysis of randomised controlled trials using brief individual interventions will be undertaken. A data search will be conducted in the following databases: PsycInfo, MEDLINE, EMBASE, CINAHL, and Web of Science. The search limits are articles published in English in peer reviewed journals. The main search terms are – brief intervention AND Schizophrenia. The inclusion criteria are: 1) studies that address Schizophrenia, 2) focus is on the patient, 3) community treatment, 4) intervention duration less than 16 sessions, 5) adults 18+ years. The exclusion criteria are: 1) study involves medication or supplement treatment, 2) focus is on caregivers or staff, 3) standard CBT (16+ sessions) or established therapy including cognitive remediation therapy, 4) qualitative study or case study, 5) focus is on drug, smoking or alcohol use, 6) focus is on inpatient care or transfer to community, 7) forensic settings, 8) book chapters / editorials, 9) secondary analysis of already published datasets, 10) existing reviews.

4 RESULTS

Effect sizes from individual studies will be extracted and analysed in a meta-analysis model to produce an overall effect size. The methodological quality of eligible papers will be assessed using the Cochrane risk-of-bias tool.

5 CONCLUSION

Based on the findings of this review, we expect to identify and evaluate the range and effectiveness of brief interventions for Schizophrenia, and to discuss future directions for research to improve clinical care for people living with this illness.