Characteristics of included studies

Study Number	Reference	Country	Methods	Participating service users	PAD inclusion criterion to study?	Type of PAD	Quality Rating
1	Ambrosini et al., 2012a (1)	Canada (Quebec)	Qualitative interviews	Total n=12 Schizophrenia n=5 Bipolar n=3 Depression n=4	No, but PAD creation part of study	Facilitated by lawyer	QUAL 5
2	Ambrosini et al., 2012b (2)	Canada (Quebec)	Mixed methods	Adults with serious mental illness Quantitative: Total n=59 Schizophrenia n=19 Bipolar n=16 Depression n=24	No, but PAD creation part of study	Mostly created by service user alone, partly facilitated by lawyer	QUAL 4 QUAN 5 MM 5
				Qualitative: Total n=12 Schizophrenia n=5 Bipolar n=3 Depression n=4			
3	Amering et al., 2005 (3)	USA (New York (state))	Qualitative interviews, focus groups	Adults with extensive experience with mental health services and crisis interventions, including hospitalisation Total n=33	No, but PAD created in the context of study	Not specified	QUAL 5
4	Atkinson et al., 2003 (4)	UK (Scotland)	Qualitative interviews, focus groups	Total n=6	No	Not specified	QUAL 3
5	Backlar et al., 2001 (5)	USA (Oregon)	Qualitative interviews	Severe and persistent mental disorders Total n=40 Schizophrenia n=28 Other n=12	No, but PAD creation offered as part of study	Not specified	QUAL 2,5
6	Borda and Zuleta, 2020 (6)	Colombia	Qualitative interviews	Substance use disorders n=3	No	Ulysses agreement	QUAL 4,5

7	Borschmann et al., 2014 (7)	UK (England)	Qualitative document analysis	Adults with Borderline Personality Disorder Total n=41	Yes, but PAD creation part of prior study	Joint Crisis Plan	QUAL 5
8	Buscemi, 2003 (8)	USA (Missouri)	Quantitative survey	Adults with mental illness, mostly diagnosis of bipolar, depression and schizophrenia Total n=137	No	Not specified	QUAN 2
9	Easter et al., 2020 (9)	USA (North Carolina)	RCT	Adults with serious mental illness, diagnosis of schizophrenia, bipolar or other psychotic or mood disorder Total n=145	No, but PAD creation part of study	Facilitated by peers or treatment team	QUAN 5
10	Elbogen et al., 2007 (10)	USA (North Carolina)	Mixed methods	Total n=125 Schizophrenia or schizoaffective disorder n=76 Bipolar or Major depression n=49	No, but PAD creation part of study	Facilitated by researcher	QUAL 4,5 QUAN 4,5 MM 1,5
11	Farrelly et al., 2015 (11)	UK (England)	Qualitative interviews and focus groups	Adults with psychotic disorder, psychiatric admission within the last 2 years, focus on older service users Total n=35	No, but PAD creation part of study	Joint Crisis Plan	QUAL 5
12	Farrelly et al., 2016 (12)	UK (England)	Qualitative interviews and focus groups	Adults with psychotic disorder, psychiatric admission within the last 2 years Total n=51	No, but PAD creation part of study	Joint Crisis Plan	QUAL 5
13	Foy et al., 2007 (13)	UK (Scotland)	Qualitative survey	Adults with severe and enduring mental illness Total n=58	No	Not specified	QUAL 2
14	Gergel et al., 2021 (14)	UK	Qualitative survey	Bipolar Total n=565	No	Ulysses agreement	QUAL 5
15	Gowda et al., 2018 (15)	India	Quantitative survey	Total n=182 Schizophrenia n=86 Affective disorders n=80 Other n=16	No, but PAD creation part of study	Not specified	QUAN 4

16	Grätz and Brieger, 2012 (16)	Germany	Mixed methods	Total n=36 Schizophrenia n=8	Yes	Joint Crisis Plan	QUAL 2 QUAN
				Schizoaffective disorder n=17 Affective disorder n=8 Neurotic or anxiety disorder n=2			3,5 MM 1,5
17	Henderson et al., 2009 (17)	UK (England)	RCT	Personality disorder n=6 Adults with psychotic illness or Bipolar Total n=160	No, but PAD creation part of study	Joint Crisis Plan	QUAN 3,5
18	Hindley et al., 2019 (18)	UK	Quantitative survey	Bipolar Total n=932	No	Not specified	QUAN 4
19	Hiu et al., 2020 (19)	Singapore	Qualitative interviews	Psychotic related disorders Total n=28	No	Not specified	QUAL 5
20	Hotzy et al., 2020 (20)	Switzerland	Mixed Methods	Psychiatric disorder, ongoing treatment Total n=110	No	Not specified	QUAL 1 QUAN 2,5 MM 1,5
21	Kim et al., 2007 (21)	USA (North Carolina)	Qualitative interviews	Severe mental illness Total n=28	No, but PAD creation part of study	Facilitated by researcher	QUAL 5
22	Lenagh-Glue et al., 2018 (22)	New Zealand	Quantitative survey	Total n=23	No	Not specified	QUANT 3
23	Lequin et al., 2021 (23)	Switzerland	Mixed methods	Documents (quan. and qual.): Total n=184 Substance use disorder n=83 Psychosis n=66 Mood disorder n=28 Other n=7	Yes	Joint Crisis Plan	QUAL 5 QUAN 3 MM 2,5
				Interviews (qual. and quan.): Total n=12 Mood disorders n=4 Psychosis n=3 Other n=4			

24	Morriss et al., 2020 (24)	UK (England and Wales)	Mixed methods	Bipolar Quantitative survey: Total n=544 Qualitative interviews: Total n=18	No	Not specified	QUAL 5 QUAN 3,5 MM 2,5
25	Morrissey, 2015 (25)	Ireland	Mixed methods	Total n=111	No	Not specified	QUAL 3 QUAN 4,5 MM 4,5
26	O'Connell and Stein, 2005 (26)	USA (Ohio)	Mixed methods	Total n=32	No	Not specified	QUAL 4,5 QUAN 3 MM 2
27	O'Donoghue et al., 2010 (27)	Ireland	Quantitative survey	Total n=67 Schizophrenia/Schizoaffective disorder n=38 Affective disorders n=24 Other n=5	No	Not specified	QUAN 4,5
28	Papageorgiou et al., 2004 (28)	UK (England)	Quantitative document analysis	In-patients due to discharge from involuntary treatment Documents: Total n=79 Questionnaire: Total n=59	No, but PAD creation part of study	Mostly created by service user alone, partly facilitated by researcher	QUAN 5
29	Papageorgiou et al., 2002 (29)	UK (England)	RCT	In-patients due to discharge from involuntary treatment Total n=59	No, but PAD creation part of study	Mostly created by service user alone, partly facilitated by researcher	QUAN 4,5
30	Peto et al., 2004 (30)	USA (Washington)	Quantitative survey	Total n=106 Schizophrenia n=55 Bipolar n=28 Depression n=27	No, but PAD creation part of study	Facilitated by peers and researchers	QUAN 4,5

31	Quinlivan et al., 2019 (31)	UK (England)	Qualitative focus groups	Lived experience with mental illness, self-harm and/or psychiatric services Total n=13	No	Not specified	QUAL 5
32	Scheyett, 2008 (32)	USA (North Carolina)	RCT	Schizophrenia, schizoaffective disorder, other psychotic disorder, or major mood disorder with psychotic features Total n=469 [same data as Swanson et al., 2006b]	No, but PAD creation part of study	Facilitated by researcher	QUAN 3,5
33	Scheyett and Rooks, 2012 (33)	USA (South Carolina)	Mixed methods	Students with severe mental illness Total n=40	No	Not specified	QUAL 5 QUAN 3 MM 3
34	Shields et al., 2013 (34)	India	Qualitative interviews	Severe mental illness Total n=39	No, but PAD creation part of study	Facilitated by external person (health worker)	QUAL 5
35	Srebnik et al., 2003 (35)	USA (Washington)	Mixed methods	Total n=303 Schizophrenia n=155 Bipolar n=77 Depression n=61 Other n=10	No	Not specified	QUAL 3,5 QUAN 4,5 MM 2
36	Srebnik et al., 2005 (36)	USA (Washington)	Quantitative and qualitative document analysis	Psychiatric outpatients with at least two major psychiatric crises within the last two years Total n=106 Schizophrenia n=47 Bipolar n=28 Depression n=23 Other n=8	No, but PAD creation part of study	Not specified	QUAL 3,5 QUAN 4 MM 2,5
37	Stephenson et al., 2020 (37)	UK	Qualitative focus groups	Bipolar Total n=10	No, but PAD creation part of study	Prototype PAD template developed	QUAL 5

						(similar to JCP)	
38	Sutherby et al., 1999 (38)	UK (England)	Mixed methods	Psychotic and/or bipolar disorder Total n=40	No, but PAD creation offered as part of study	Facilitated by researcher	QUAL 2,5 QUAN 4 MM 2
39	Swanson et al., 2006a (39)	USA	Quantitative survey	Schizophrenia, depression and bipolar Total n=1011	No	Not specified	QUAN 5
40	Swanson et al., 2006b (40)	USA (North Carolina)	RCT	Schizophrenia, schizoaffective disorder, other psychotic disorder, or major mood disorder with psychotic features Total n=469	No, but PAD creation part of study	Facilitated by researcher	QUAN 3,5
41	Swanson et al., 2003 (41)	USA (North Carolina)	Quantitative survey	Schizophrenia and related disorders Total n=104	No	Not specified	QUAN 2
42	Tekkalaki et al., 2018 (42)	India	Quantitative survey	Total n=50 Schizophrenia n=30 Bipolar n=20	No	Not specified	QUAN 3,5
43	Thom et al., 2019 (43)	New Zealand	Qualitative focus groups	Total n=25	No	Not specified	QUAL 5
44	Thom et al., 2015 (44)	New Zealand	Quantitative survey	Total n=110	No	Not specified	QUAN 3,5
45	Thornicroft et al., 2013 (45)	UK (England)	RCT	Relapsing psychotic illness, aged over 16 Total n=569	No, but PAD creation part of study	Joint Crisis Plan	QUAN 5
46	Valentine et al., 2021 (46)	Australia	Qualitative interviews	First episode psychosis (young people) Total n=12	No	Not specified	QUAL 5
47	Van der Ham et al., 2013 (47)	Netherlands	Qualitative interviews	Total n=4	Yes	Crisis Card	QUAL 3,5
48	Van Dorn et al., 2008 (48)	USA (North Carolina)	RCT	Schizophrenia, Bipolar, Depression with psychotic features Total n=469	No, but PAD creation part of study	Facilitated by research assistant	QUAN 2
49	Van Dorn et al., 2009 (49)	USA (Florida)	Quantitative interview	Total n=85 Schizophrenia n=28	No	Not specified	QUAN 4,5

				Bipolar or depression n=57			
50	Varekamp, 2004 (50)	Netherlands	Qualitative interviews	Total n=18 Schizophrenia n=6 Bipolar n=11 Borderline personality disorder n=1	Partly (1/3 of participants)	Ulysses agreement	QUAL 5
51	Wauchope et al., 2011 (51)	Australia	Mixed methods	Serious mental illness Total n=33	No, but PAD creation part of study	Facilitated by clinician	QUAL 3 QUAN 3,5 MM 3
52	Wilder et al., 2013 (52)	USA (Virginia)	Quantitative survey	Total n=40	No	Not specified	QUAN 3
53	Williams et al., 2014 (53)	Australia	Qualitative focus groups	Not specified	No, but PAD creation part of study	Joint Crisis Plan	QUAL 3

References

- 1. Ambrosini DL, Bemme D, Crocker AG, et al.: Narratives of individuals concerning psychiatric advance directives: Qualitative study. Journal of Ethics in Mental Health 6:1-9, 2012
- 2. Ambrosini DL, Crocker G A, Latimer E: Preferences for instructional or proxy advance directives in mental health: an exploratory mixed methods study. Journal of Ethics in Mental Health 6:1-19, 2012
- 3. Amering M, Stastny P, Hopper K: Psychiatric advance directives: qualitative study of informed deliberations by mental health service users. The British Journal of Psychiatry 186:247-52, 2005
- 4. Atkinson JM, Garner HC, Stuart S, et al.: The development of potential models of advance directives in mental health care. Journal of Mental Health 12:575-84, 2003
- 5. Backlar P, McFarland BH, Swanson JW, et al.: Consumer, provider, and informal caregiver opinions on psychiatric advance directives. Administration and Policy in Mental Health 28:427-41, 2001
- 6. Borda JP, Zuleta P: Ulysses Coercion through Psychiatric Advanced Directives in Homeless People with Substance Use Disorder: A Qualitative Study of the Colombian Perspective. Addict Disord Treat, 2020
- 7. Borschmann R, Trevillion K, Henderson RC, et al.: Advance statements for borderline personality disorder: a qualitative study of future crisis treatment preferences. Psychiatric Services 65:802-7, 2014
- 8. Buscemi BAH: The theory of planned behavior and the health belief model applied to mental health consumers' attitudes toward advance directives applying to psychiatric care: ProQuest Information and Learning, 2003
- 9. Easter MM, Swanson JW, Robertson AG, et al.: Impact of psychiatric advance directive facilitation on mental health consumers: empowerment, treatment attitudes and the role of peer support specialists. Journal of Mental Health, 2020

- 10. Elbogen EB, Swanson JW, Swartz MS, et al.: Effectively implementing psychiatric advance directives to promote self-determination of treatment among people with mental illness. Psychology Public Policy and Law 13:273-88, 2007
- 11. Farrelly S, Lester H, Rose D, et al.: Improving Therapeutic Relationships: Joint Crisis Planning for Individuals With Psychotic Disorders. Qualitative Health Research 25:1637-47, 2015
- 12. Farrelly S, Lester H, Rose D, et al.: Barriers to shared decision making in mental health care: qualitative study of the Joint Crisis Plan for psychosis. Health Expectations 19:448-58, 2016
- 13. Foy J, MacRae A, Thorn A, et al.: Advance statements: Survey of patients' views and understanding. Psychiatric Bulletin 31:339-41, 2007
- 14. Gergel T, Das P, Owen G, et al.: Reasons for endorsing or rejecting self-binding directives in bipolar disorder: a qualitative study of survey responses from UK service users. Lancet Psychiatry 8:599-609, 2021
- 15. Gowda GS, Noorthoorn EO, Lepping P, et al.: Factors influencing advance directives among psychiatric inpatients in India. International Journal of Law and Psychiatry 56:17-26, 2018
- 16. Grätz J, Brieger P: Implementation of joint-crisis plans A study of health care users and professionals. [German]. Psychiatrische Praxis 39:388-93, 2012
- 17. Henderson C, Flood C, Leese M, et al.: Views of service users and providers on joint crisis plans: single blind randomized controlled trial. Social Psychiatry and Psychiatric Epidemiology 44:369-76, 2009
- 18. Hindley G, Stephenson LA, Ruck Keene A, et al.: "Why have I not been told about this?": a survey of experiences of and attitudes to advance decision-making amongst people with bipolar. Wellcome Open Research 4:16, 2019
- 19. Hiu S, Su A, Ong S, et al.: Stakeholder perspective on barrier to the implementation of Advance Care Planning in a traditionally paternalistic healthcare system. PLoS One 15:e0242085, 2020
- 20. Hotzy F, Cattapan K, Orosz A, et al.: Psychiatric advance directives in Switzerland: Knowledge and attitudes in patients compared to professionals and usage in clinical practice. International Journal of Law and Psychiatry 68:N.PAG-N.PAG, 2020
- 21. Kim MM, Van Dorn RA, Scheyett AM, et al.: Understanding the personal and clinical utility of psychiatric advance directives: a qualitative perspective. Psychiatry: Interpersonal and Biological Processes 70:19-29, 2007
- 22. Lenagh-Glue J, O'brien A, Dawson J, et al.: A MAP to mental health: The process of creating a collaborative advance preferences instrument. New Zealand Med J 131:18-26, 2018
- 23. Lequin P, Ferrari P, Suter C, et al.: The Joint Crisis Plan: A Powerful Tool to Promote Mental Health. Front Psychiatry 12:621436, 2021
- 24. Morriss R, Mudigonda M, Bartlett P, et al.: National survey and analysis of barriers to the utilisation of the 2005 mental capacity act by people with bipolar disorder in England and Wales. Journal of Mental Health 29:131-8, 2020
- 25. Morrissey FE: The introduction of a legal framework for advance directives in the UN CRPD era: The views of Irish service users and consultant psychiatrists. Ethics Med Public Health 1:325-38, 2015
- 26. O'Connell MJ, Stein CH: Psychiatric advance directives: perspectives of community stakeholders. Administration and Policy in Mental Health 32:241-65, 2005
- 27. O'Donoghue B, Lyne J, Hill M, et al.: Patient attitudes towards compulsory community treatment orders and advance directives. Irish Journal of Psychological Medicine 27:66-71, 2010
- 28. Papageorgiou A, Janmohamed A, King M, et al.: Advance directives for patients compulsorily admitted to hospital with serious mental disorders: directive content and feedback from patients and professionals. Journal of Mental Health 13:379-88, 2004

- 29. Papageorgiou A, King M, Janmohamed A, et al.: Advance directives for patients compulsorily admitted to hospital with serious mental illness: Randomised control trial. The British Journal of Psychiatry 181:513-9, 2002
- 30. Peto T, Srebnik D, Zick E, et al.: Support needed to create psychiatric advance directives. Administration and Policy in Mental Health 31:409-19, 2004
- 31. Quinlivan L, Nowland R, Steeg S, et al.: Advance decisions to refuse treatment and suicidal behaviour in emergency care: 'it's very much a step into the unkrown'. Bjpsych Open 5, 2019
- 32. Scheyett AM: Clinician impact on consumer decisions regarding psychiatric advance directives: ProQuest Information & Learning, 2008
- 33. Scheyett AM, Rooks A: University Students' Views on the Utility of Psychiatric Advance Directives. Journal of American College Health 60:90-3, 2012
- 34. Shields LS, Pathare S, van Zelst SDM, et al.: Unpacking the psychiatric advance directive in low-resource settings: an exploratory qualitative study in Tamil Nadu, India. International Journal of Mental Health Systems 7, 2013
- 35. Srebnik DS, Russo J, Sage J, et al.: Interest in psychiatric advance directives among high users of crisis services and hospitalization. Psychiatric services (Washington, DC) 54:981-6, 2003
- 36. Srebnik DS, Rutherford LT, Peto T, et al.: The content and clinical utility of psychiatric advance directives. Psychiatric Services 56:592-8, 2005
- 37. Stephenson LA, Gergel T, Ruck Keene A, et al.: The PACT advance decision-making template: preparing for Mental Health Act reforms with coproduction, focus groups and consultation. International Journal of Law and Psychiatry 71:N.PAG-N.PAG, 2020
- 38. Sutherby K, Szmukler GI, Halpern A, et al.: A study of 'crisis cards' in a community psychiatric service. Acta Psychiatrica Scandinavica 100:56-61, 1999
- 39. Swanson J, Swartz M, Ferron J, et al.: Psychiatric advance directives among public mental health consumers in five U.S. cities: prevalence, demand, and correlates. Journal of the American Academy of Psychiatry and the Law 34:43-57, 2006
- 40. Swanson JW, Swartz MS, Elbogen EB, et al.: Facilitated psychiatric advance directives: a randomized trial of an intervention to foster advance treatment planning among persons with severe mental illness. American Journal of Psychiatry 163:1943-51, 2006
- 41. Swanson JW, Swartz MS, Hannon MJ, et al.: Psychiatric advance directives: A survey of persons with schizophrenia, family members, and treatment providers. Int J Forensic Ment Health 2:73-86, 2003
- 42. Tekkalaki B, Patil VY, Patil S, et al.: How do Our Patients Respond to the Concept of Psychiatric Advance Directives? An Exploratory Study From India. Indian Journal of Psychological Medicine 40:305-9, 2018
- 43. Thom K, Lenagh-Glue J, O'Brien AJ, et al.: Service user, whānau and peer support workers' perceptions of advance directives for mental health. International Journal of Mental Health Nursing 28:1296-305, 2019
- 44. Thom K, O'Brien AJ, Tellez JJ: Service user and clinical perspectives of psychiatric advance directives in New Zealand. International Journal of Mental Health Nursing 24:554-60, 2015
- 45. Thornicroft G, Farrelly S, Szmukler G, et al.: Clinical outcomes of Joint Crisis Plans to reduce compulsory treatment for people with psychosis: a randomised controlled trial. Lancet 381 North American Edition:1634-41, 2013
- 46. Valentine L, Grace D, Pryor I, et al.: "When I'm Thinking Straight, I Can Put Things in Place for When I'm Not." Exploring the Use of Advance Statements in First-Episode Psychosis Treatment: Young People, Clinician, and Carer Perspectives. Community Ment Health J 57:18-28, 2021
- 47. van der Ham AJ, Voskes Y, van Kempen N, et al.: The implementation of psychiatric advance directives: Experiences from a Dutch crisis card initiative. Psychiatric Rehabilitation Journal 36:119-21, 2013
- 48. Van Dorn RA, Swanson JW, Swartz MS, et al.: Reducing barriers to completing psychiatric advance directives. Administration and Policy in Mental Health 35:440-8, 2008

- 49. Van Dorn RA, Swanson JW, Swartz MS, et al.: Preferences for psychiatric advance directives among Latinos: views on advance care planning for mental health. Psychiatric Services 60:1383-5, 2009
- 50. Varekamp I: Ulysses directives in The Netherlands: opinions of psychiatrists and clients. Health Policy 70:291-301, 2004
- 51. Wauchope B, O'Kearney R, Bone L, et al.: Advance agreements for mental health care: an examination of process and outcomes. Australian and New Zealand Journal of Psychiatry 45:281-8, 2011
- 52. Wilder CM, Swanson JW, Bonnie RJ, et al.: A survey of stakeholder knowledge, experience, and opinions of advance directives for mental health in Virginia. Administration and Policy in Mental Health 40:232-9, 2013
- 53. Williams TM, Smith GP, Lumbus AM: Evaluating the introduction of joint crisis plans into routine clinical practice in four community mental health services. Australasian Psychiatry 22:476-80, 2014

PubMed Search String

The following search strategy was used for PubMed:

("advance directive*"[Title/Abstract] OR "advance agreement*"[Title/Abstract] OR "advance care plan*"[Title/Abstract] OR "advance decision*"[Title/Abstract] OR "advance statement*"[Title/Abstract] OR "psychiatric will*"[Title/Abstract] OR "Ulysses contract*"[Title/Abstract] OR "Ulysses agreement*"[Title/Abstract] OR "Mill's Will*"[Title/Abstract] OR "voluntary commitment contract*"[Title/Abstract] OR "nexum contract*"[Title/Abstract] OR "crisis plan*"[Title/Abstract] OR "self-binding"[Title/Abstract]) AND ("mental disorder*"[Title/Abstract] OR "mental health"[Title/Abstract] OR "mental illness"[Title/Abstract] OR "psychiatr*"[Title/Abstract])

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram

