Case management

Authors & year	Design	Total Sample Size	Intervention (I) and Comparison (C) and participants for I and C	Focus of intervention Method of delivery Type of professional delivering service	Population Mean age (SD) Gender (%)	Primary Outcome domain (Measure(s))	Secondary Outcome domain (Measure(s))
Bruce et al. (2015)	Cluster randomised controlled trial. Assessment conducted during intervention at 3, 6 and 12 months.	306	(I) Depression Care for Patients at Home (Depression CAREPATH) *n* = 185. (C) Enhanced usual care *n* = 121.	(I) Depression CAREPATH involves assessment of depressive symptoms, coordination of care, monitoring of adherence and management of adverse effects from antidepressant medication, education for patients and their families, and assistance with meeting patients' short-term goals. Delivered in weekly home visits by trained nurses. (C) Enhanced usual care entailed depression management following standard procedures (not described). Delivered in weekly home visits by a nurse.	Medicare home health care patients (eligible due to presence of a medical condition) ≥ 65 years of age who screened positive for depression. USA Mean age: 76.5(8) 69.6% Female	- Depressive symptoms (HAM-D)	
Results: No significant group differences in depression severity was found at 3-month or 6-month follow up. A significant group difference was identified at 12-month follow up ($p < .05$). Among the subgroup with moderate to severe depression (i.e. a HAM-D score ≥ 10, $n = 208$), depression severity decreased over time for both the intervention and comparison groups, but significantly more in the intervention group. Significant group differences were found at 3-month (effect size not reported), 6-month ($d = .32$), and 12-month ($d = .49$) follow up. This effect occurred irrespective of medication use (half of the sample were taking antidepressants at baseline). Among those with mild depression (i.e. HAM-D score ≤ 10, $n = 98$) there were no significant betweengroup differences.							

Comprehensive

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CBT-informed interventions							
Ammerman et al. (2011)	Cohort study. Assessment conducted postintervention (4.5 months).	359	(I) In-home CBT comprising 15, 60-min weekly sessions + 1 booster session a month following treatment, + standard home visiting *n* = 118 (C) Standard home visiting n = 241. **NB:** 19.9% of comparison group received mental health treatment elsewhere.	(I) CBT included behavioural activation, identification of automatic thoughts and schemas, thought restructuring, relapse prevention. Delivered by social workers. (C) Standard home visiting targeted child health and development, nurturing the mother-child relationship, maternal health and self-sufficiency, and links to community services. Delivered by nurses, social workers, or related professionals or paraprofessionals.	First time mothers ≥ 18 years of age enrolled in a home visitation program with depression USA Mean age: (I) 22.57 (4.96) (C) 20.15 (3.94) 100% Female	- Depression symptoms (BDI-II) - Depression diagnosis (PRIME-MD)	- Maternal attitudes (MAQ) - Panic disorder (BPHQ subscale) - Functional impairment (BPHQ item) - Psychosocial stressors (BPHQ subscale)
Results: BDI-II scores reduced significantly in both groups, with significantly larger reductions in the intervention group (p < .01). The intervention group was significantly more likely to show a 50% reduction in BDI-II scores than the comparison group (*p* < .01), and was significantly more likely to become asymptomatic (*p* < .05). Additionally, 46.9% and 32.8% of the intervention group showed partial or full resolution of major depressive disorder respectively on the PRIME-MD. Within the comparison group, there was no significant difference in depression scores between mothers who did (*n* = 48) and mothers who did not (*n* = 193) receive external mental health treatment (*p* > .05). The intervention group showed significant improvement in maternal attitudes (*p* < .01), reduced stress associated with most of the psychosocial stressors assessed (*p* < .01), and reduced functional impairment (*p* < .001). There was no significant reductions in diagnostic status of panic disorder. Interactions between pre-post outcomes and number of home visits received were not significant.							

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Ammerman et al. (2013)	Cluster randomised controlled trial. Assessment conducted postintervention (5 months) and 3 months following intervention.	93	(I) In-home CBT comprising 15, 60-min weekly sessions + 1 booster session a month following treatment, + standard home visiting *n* = 47. (C) Standard home visiting (frequency of sessions at discretion of provider) *n* = 46.	(I) CBT included behavioural activation, identification of automatic thoughts and schemas, thought restructuring, relapse prevention. Delivered by social workers. (C) Standard home visiting targeted child health and development, nurturing the mother-child relationship, maternal health and self-sufficiency, and links to community services. Delivered by nurses, social workers, or related professionals or paraprofessionals.	Mothers ≥ 16 years 2-10 months postpartum enrolled in community-based home visiting program diagnosed with depression USA Mean age: 21.9(4.8) (I) 22.4(5.2) (C) 21.5(3.9) 100% Female	- Depressive symptoms (HDRS, EPDS, BDI-II) - Depression diagnosis (SCID) - General functioning (GAF)	- Consumer satisfaction

Results: Significant improvements in depressive symptoms and general functioning were found for both groups at post treatment and at 3-month follow up. There was no further significant change from post-treatment to 3 month follow-up. The intervention was significantly more effective than the comparison condition on all outcome measures. Effect sizes post-treatment varied between .65 - .90, and between .55 - .6 at follow up. No significant between group differences in dropout rates were identified.

Post treatment, 70.7% of participants in the intervention group compared to 30.2% of participants in control group did not meet criteria for major depressive disorder. Participants reported high levels of satisfaction with the intervention and the retention rate was relatively high (48.9%). Treatment outcomes were not moderated by comorbidity, therapist, home visitation model, or type of depression diagnosis (i.e. single episode versus recurrent episode). Close to one third of participants in the comparison group (34.9%) obtained treatment for depression (either medication or psychotherapy) during the treatment period, and 44.7% did likewise between post-treatment and follow up periods.

* A second article by Ammerman et al. (2015) titled 'Depression improvement and parenting in low-income mothers in home visiting' reports additional findings from the same trial. In this article the authors report results concerning parenting stress, nurturing parenting and child adjustment, and analyse the relationships between these variables and depression. No significant differences in parenting stress, nurturing parenting, or child adjustment were identified between groups.

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Gitlin et al. (2013)	Cluster randomised controlled trial. Assessment conducted postintervention (4 months) and 4 months following intervention (intervention group only).	208	(I) Behavioural intervention (Beat the Blues), entailing 10 x 1-hour home visits delivered over 4 months, initially weekly then fortnightly, *n* =106 (C) Wait-list control, *n* = 102	(I) The intervention was delivered by social workers trained in the intervention. It targets care management, referral and linkage, depression knowledge, stress reduction techniques, and behavioural activation. (C) The comparison group were permitted to receive external treatment during the trial.	African Americans with depressive symptoms Mean age: 69.6(8.57) (I) 68.9(8.9) (C) 70.3(8.4) 78.4% Female	- Depressive symptoms (PHQ-9)	- Depressive symptoms (CES-D) - Behavioural activation (modified Behavioural Activation Scale) - Depression knowledge and efficacy - Well-being - Anxiety (10-item State Anxiety Scale) - Functional difficulties
Results: At 4 months, the intervention group showed significantly greater reductions in depression (PHQ-9 mean change -2.9, p = .001, CES-D mean change -3.7, p < .001), and significantly greater improvements in depression knowledge, quality of life, behavioural activation, anxiety (p < .001), and function (p = .014), relative to comparison group. Effect sizes for all outcomes measures were moderate to large. After treatment, a greater proportion of the intervention group (43.8%) had entered remission (i.e. PHQ-9 score between 0 and 4) relative to the comparison group (26.9%), p = .02, and a greater percentage of intervention participants (64%) showed clinically meaningful reductions in depression severity (i.e. a decrease of ≥ 5 points) relative to the comparison group (40.9%). Five participants in the intervention group and 11 participants in the comparison group worsened by 4 months. The withdrawal rate was significantly greater for the intervention group. In total, 182 participants completed the 4-month assessments and 160 participants completed the 8 month assessments (4 months post intervention) respectively. When the intervention was repeated at 4 months with a subset of the comparison group, participants showed similar levels of benefit to those reported above.							

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* A second article by Gitlin, Roth & Huang (2014) titled 'Mediators of the impact of a home-based intervention (Beat the Blues) on Depressive Symptoms among Older African Americans' reports on mediators of the relationship between the intervention and depression outcomes, with participants who completed 4-month follow up assessment (*n* = 179). Mediators examined were depression knowledge and efficacy, state anxiety, behavioural activation, and formal care service utilisation. The intervention was found to have a significant positive effect on depression outcomes and three of the four mediating factors (*p* < .001). Service utilisation was not affected by the intervention. Behavioural activation, depression knowledge increase, and anxiety reduction were independent mediators of the relationship between intervention and depression symptoms and together accounted for over 60% of interventions total effect on depression.							
Smelson et al. (2013)	Cohort study. Assessment conducted during intervention at 6 and 12 months.	333	(I) Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION), plus TAU *n* = 218 (C) TAU *n* = 115	MISSION is a 12-month wraparound intervention designed for homeless veterans with psychopathology aiming to facilitate rapid community engagement and achievement of personal goals, including engaging in mental health and substance abuse treatment services. Delivery is via a case manager and peer specialist team, commencing while the veteran is in residential care. 2.5 hours of individual and group sessions a week for 10 months reducing to two times per month during months 11–12. TAU: Housing and psychosocial support	Chronically homeless veterans with a diagnosis of substance abuse or dependence and a co-occurring mental health problem USA Mean age: 46.5 (8.35) 3.9% Female	- Rehospitalisation rates / treatment engagement (self-reported inpatient psychiatric admissions; outpatient treatment attendance) - Alcohol and drug use, and related behavioural health outcomes (ASI)	

Results: Compared with TAU alone, individuals receiving MISSION demonstrated significantly greater outpatient session attendance within the 30 days before the 12-month follow up assessment. Participants in the intervention group, but not those in the control group, showed a significant decline from baseline in the number of psychiatric hospitalisation nights. Individuals in both groups both showed statistically significant improvements in substance use and related problems at 12 months, with those in MISSION less likely to drink to intoxication and experience

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serious tension or anxiety. However, there were no significant differences between groups at 12-month follow-up. Compared with TAU alone, the intervention was effective in augmenting usual care and engaging and retaining homeless veterans in treatment, however, the augmented program resulted in no additional improvement in substance abuse problems.							
Supportive interventions							
Flemington, Water & Fraser (2015)	Retrospective case file review. Assessment conducted during intervention at infant age 6 weeks, 12 weeks, and 6 months.	40	(I) Nurse home visiting program entailing weekly home visits from birth to infant age 6 weeks, then fortnightly home visits until infant age 6 months.	(I) Targeted the establishment of trusting relationship between nurse and family, promotion of maternalinfant attachment, parent adoption of health promoting behaviours, promotion of positive parenting practices, reduced parental stress, improved maternal mood, reduced potential for child abuse, and promotion of available support systems. Delivered by trained nurses.	Mothers enrolled in a nurse home visiting program who met one of the following criteria: history of mental illness, in a violent relationship, with drug or alcohol problems Australia Mean age: NR 100% Female	- Suitability of home environment (HOME) - Maternal responsivity (HOME)	- Depression (EPDS)
Results: The manner in which results were reported prohibits meaningful interpretation of depression outcomes.							

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Segre, Brock, & O'Hara (2015)	Randomised controlled trial. Assessment conducted postintervention (8 weeks).	66	(I) Listening Visits + usual home visits or social services *n* = 41 C: Wait list control (delayed LV) + TAU *n* = 25	(I) Key therapeutic components were empathic listening and collaborative problem-solving. Listening visits comprised 6 visits (30-50 minutes) within 8 weeks (*M* = 4.78 visits). Delivered during home visits (3 sites, 25 providers) or in an ob-gyn clinic (1 site, 1 provider) by trained providers all of whom had low levels of prior counselling experience (C) Usual social or prenatal/postpartum health care services	Depressed pregnant women or mothers of young children USA (I) Mean age: 27.4(5.49) (C) Mean age: 24.6(6.10) 100% Female	- Depression diagnosis (SCIDI/NP) - Depressive symptoms (EPDS; IDASGD) - Depression severity (HRSD) - Quality of life (Q-LES-Q)	- Impairment of function because of sad mood (WSAS)
Results:. Depression for both groups improved significantly from pre- to post-treatment. Depression severity, depressive symptoms, and quality of life improved significantly more for the LV group compared with the WLC group from baseline to the 8-week assessment. Using reliable change indices, a greater percentage of women in the LV group compared to the WLC group were found to experience clinically significant improvements from the baseline to the 8-week assessment on all primary measures.							

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Zolnoski, Stacks, KohlHanlon, & Dykehouse (2012)	Pre-post comparison. Assessment conducted postintervention (10 months).	17	(I) Home visitation program, modelled off the Health Families America and Parents as Teachers programs.	Program offered primary health care, mental health treatment and parent education. Family goals were established at commencement of intervention. Home visits scheduled 2/month with phone assistance as required. Delivered by nurse, social worker and paraprofessional. Primary home	Parents (child 0-5 years) referred due to concerns regarding any of: food, housing, parent mental health, parent knowledge, parent-child relationship, child	- Parenting behaviours and attitudes (AAPI-2) - Parent mental health (BSI, depression and anxiety subscales)	
				visitor assigned to family was decided based upon family's needs.	health or development. Nearly half of sample scored in clinically significant range for depression or anxiety (41.2% and 58.8% respectively). USA Mean age: 32.5 (11.1) 82.4% Female	- Child language development (Bayley III) - Child problem behaviour (BITSEA)	

Results: Frequency of visitation varied from 0.47 to 1.66 visits per month (*M* = .86). Significant reductions were found for depression (p = .022) and anxiety (p =.02) post-intervention. Fifteen percent of parents showed consistently high depression levels, 23% showed a decrease in depression, and 53.5% showed a decrease in anxiety. No significant changes were identified in parenting behaviours and attitudes, child language improvements or reductions in problematic child behaviours. Half of the participants demonstrated greater high-risk parenting postintervention.

Exercise interventions

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Prick, de Lange, Twisk, & Pot (2015)	Randomised controlled trial. Assessment conducted postintervention (3 months) and 3	111 dyads	(I) Multi-component dyadic intervention delivered during 8, 1 -hour home visits over 3 months n = 57 dyads	(I) Education about dementia, communication skills for caregivers, pleasant activity scheduling, and physical exercise, conducted by a trained home-visiting coach	Dyads (n = 111) comprising community-dwelling people with dementia and a family caregiver with some depressive	- Caregiver's mood (CES-D)	- Caregiver's burden - Caregiver's general health

	months following intervention.		(C) TAU *n* = 54 dyads	(C) Routine medical care plus information bulletins and monthly telephone calls	symptoms (CES-D score > 5). The Netherlands Caregivers: Mean age: 72(10.09) 72% female. Care receivers: Mean age: 77(7.46) 70% Male		
Results: Analyses showed no benefits to caregivers over time on any of the outcome measures. Self-reported depression was assessed at baseline (M = 10.84, SD = 6.85), and at 3-month (M = 13.71, SD = 8.18) and 6-month (M = 13.62, SD = 7.18) follow-up post-intervention using the Dutch version of the CES-D. Depression scores rose over time in the intervention group. One reason proposed for this was that the intervention may have raised caregivers' awareness of the physical and mental incapacities of care recipients. Additionally, adherence to some components of the intervention was low.							

Targeted

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CBT-informed interventions							

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Ciechanowski et al. (2010)	Randomised controlled trial. Assessment conducted 6 and 12 months following baseline assessment.	80	(I) Problem-solving treatment targeting depression (PEARLS Program) *n* = 40 (C) Usual care *n* = 40	(I) PEARLS is a collaborative care intervention involving problemsolving skills, behavioural activation, and psychiatric consultation, comprising 8, 50-minute in-home sessions weekly then fortnightly across 19 weeks, followed by monthly telephone calls. Delivered by a trained social worker (C) Usual care involved sending a letter reporting depression diagnosis to participant's physician encouraging treatment Both groups received pharmacotherapy review and management from study psychiatrist.	Persons with epilepsy ≥ 18 years of age with depression USA Mean age: 43.9 (11) 52.5% Female	- Depressive symptoms (HSCL-20)	- Quality of life (QOLIE-31) - Frequency of seizures
Results: Participants in the intervention group received a mean of 6.2 visits (*SD* = 3.0) during the 19-week active phase of treatment, and a mean of 2.5 telephone contacts (*SD* = 2.3) during the subsequent follow-up period. There was a significant group by time interaction (*p* = .005). At 6 months, the average change in depressive symptoms from baseline was -.18 (*SD* = .7) for the comparison group, and -.48 (*SD* = .7) for the intervention group. Between 6- and 12-months, symptoms increased for the comparison group but decreased further for the invention group. At 12							

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<table>
<tr><td colspan="8">months, the average change in depressive symptoms from baseline was -.11 (SD = .5) for the comparison group and -.56 (SD = .56) for the intervention group. The proportion of participants whose symptoms as measured by the HSCL-20 reduced by >50% did not differ significantly between groups. Three participants in the intervention group achieved remission by 6 months and a further two participants in the intervention group achieved remission by 12 months.

There was a significant group by time interaction (p = .01) for emotional well-being with improvements at 6 months and further improvements at 12 months for the intervention group, compared to a worsening of symptoms at 6 months and negligible change at 12 months for the comparison group. No significant group differences were found for any other subscale of the QOLIE-31.

*A second article by Chaytor et al. (2011) titled ‘Long-term outcomes from the PEARLS randomised trial for the treatment of depression in patients with epilepsy’ reports additional findings from the same trial concerning longer-term outcomes from the intervention (including an 18-month post-treatment assessment). The intervention group showed significantly lower scores on depression (HSCL-20, p < .05) and suicidal ideation (HSCL-20, p < .02), and higher scores on emotional wellbeing (QOLIE-31, p < .02) (but not overall wellbeing ratings) post-treatment and at each follow-up time period over 18 months. Seven participants in total achieved >50% reduction in symptoms by 18 months, six of who achieved remission. Three of these participants belonging to the intervention group and 3 belonged to the comparison group. 33.3% of intervention participants versus 10.7% of comparison participants received > 40% reduction in symptoms by 18 months. No significant differences in parenting stress, nurturing parenting, or child adjustment were identified between groups.</td></tr>
<tr><td>Sampson, Villarreal, & Rubin (2016)</td><td>Pre-post comparison.

Assessment conducted postintervention (5 weeks) and 3 months following intervention.</td><td>14</td><td>(I) Problem-Solving Therapy (PST)</td><td>PST was adapted for low-income women at risk of post-partum depression, delivered across 5 home visits. It comprised motivational interviewing (1 session) and problem-solving therapy (4 sessions).

Delivered by case workers</td><td>Low-income pregnant mothers at risk for post-partum depression

USA

Mean age: 24(5.0)

100% Female</td><td>- Depression symptoms (EPDS)
- Depression severity (PHQ-9)</td><td></td></tr>
<tr><td colspan="8">Results: There was a significant reduction in the average EPDS score from pre-test (M = 13.36, SD not reported) to post-test (after the fourth PST session) (M = 7.69, SD not reported), p < .05, with a within-group effect size of 1.03. Depression severity was measured with the PHQ-9 at the beginning of each PST session. Assessments were conducted at four time points: the start of the first three sessions of PST and at the end of the fourth session of PST. There was a significant reduction in depressive symptoms from pre-test (M = 10.85, SD not reported) to time point 4 (M = 5.23 SD not reported), p < .05, within-group effect size = 1.24. The intervention had a 93% retention rate.</td></tr>
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Supportive interventions							
Goodman, Guarino & Prager (2013)	Pre-post comparison. Assessment conducted postintervention (timing NR) and following intervention (timing NR).	6	(I) Perinatal Dyadic Psychotherapy (PDP)	PDP included a mother-infant psychotherapy component and an infant-oriented component focused on promoting positive mother-infant interactions, entailing 8, 1-hour home visits delivered over 3 months weekly then fortnightly. Delivered by trained nurses trained	Mothers ≥ 18 years of age with acute postpartum depression USA Mean age: 32(5.02) 100% Female	- Depression (EPDS, SCID-I)	- Anxiety diagnosis (SCID-I) - Anxiety symptoms (STAI) - Self-esteem (MSRI) - Parenting stress (PSI-SF) - Mother-infant interaction - Infant social emotional development (Still Face Procedure)
Results: All participants achieved remission of depression, which was maintained at follow-up. Significant differences in mean scores at baseline, post-treatment and follow up were found for depression (p = .02), state anxiety (p < .01), self-esteem (p = .01). Follow-up tests identified differences between baseline and post-treatment, which were maintained at follow up for depression and anxiety, and partially maintained at follow up in the case of self-esteem.							

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Tamaki (2008)	Randomised controlled trial. Assessment conducted 1 week and 6 weeks following intervention.	18	(I) Home visits, in addition to usual care *n* = 9 (C) Usual care *n* = 9	(I) Session content included active listening, providing support and acceptance, depression psychoeducation, and advice on coping. 4, 1-hour weekly home visits delivered by a mental health nurse (C) A post-partum visit at home with a midwife or public health nurse, and a 4-month post-partum checkup at a community-based centre.	Women ≥ 18 years of age with depression recruited 1-2 months post birth. Japan Mean age: 33.81(4.34). 100% Female	- Depression (EPDS, SCIDPND) - Quality of life (WHO/QOL-26)	- Satisfaction and meaning derived from home visits

Results: The intervention group showed a significant amelioration of depressive symptoms by 1 week and 6 weeks post-intervention (based upon mean EPDS score) (p<.05). Reduction in depressive symptoms across time for the control group were not significant. Between-group differences in depression scores, however, were not significant. At 1 week, 5 of 7 women in the intervention group, compared to 3 of 9 women in the control group, no longer met criteria for depression (SCID-PND). At week 6, 0 women in the intervention group, compared to 3 women in the control group, no longer met criteria for depression (SCID-PND).

The intervention group showed significant improvements by 1 week post intervention in average quality of life scores (WHO/QOL-26, p=.02), and on four subscales of quality of life: physical (p=.02), psychological (p=.02), environmental (p=.03), and global (p=.02) subscales. They also showed significant improvements by 6 weeks post intervention in average quality of life scores (WHO/QOL-26, p=.03), and on three of the same four subscales: physical (p=.03), environmental (p=.02), and global (p=.03). No significant group differences were found for the control group on any quality of life parameter across time. Between-group differences were evident at 1 week post-intervention on the WHO/QOL-26 psychological subscale (p-.04), and at 1 week and 6 weeks post-intervention on average scores and the physical, environment, ad global subscales.

Qualitative findings showed perceived benefits from the intervention, attributed to setting mind at ease, clarifying thoughts, improving coping abilities, and removing feelings of withdrawal from others. Two women in the intervention group ceased prematurely.

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Thome & Arnardottir (2013)	Pre-post comparison. Assessment conducted postintervention (timing NR)	39 couples	(I) Antenatal family nursing home-visiting intervention	(I) Four home visits delivered weekly or monthly, involving parenting couple (sessions 1 and 4) or mother only (sessions 2 and 3). Session content focused on discussion of parenthood as a transitional period, importance of partner support, and infant-parent interaction (with audio-visual material to stimulate discussion). Delivered by nurse.	Women in last two trimesters of pregnancy who reported experiencing distress, and their partners. Iceland. Mean age: women 27 (5.1), men 30 (5.6) 54% Female	- Depression and anxiety (EDS, STAI) symptoms self-esteem (RSES) - Dyadic adjustment (DAS)	

Results: At entry, 57.3% of women who completed pre-test EDS (*n*=61) scored ≥ 12 on the EDS. Twenty-four of the 49 women (49%) who completed pre-post tests showed clinically significant improvements on the EDS (4 - 14 points), but five of these women remained in the clinical range (score ≥ 12). In total, 14 women remained in clinical range post intervention on the EDS, and 26 women remained in the clinical range post intervention on either EDS or STAI scales.

At entry, 25% of men who completed pre-test EDS (*n* = 40) scored ≥ 9 on the EDS. Ten of the 40 men (25%) who completed pre-post tests showed clinically significant improvements on the EDS (drop in score between 4 and 10 points). Two men below clinical range pre-test progressed into the clinical range by post-test, rising by 4-10 points. Only one-third of male participants followed the recommendation to attend a minimum of 2 home-visiting sessions, meaning results are not clearly attributable to the intervention. In total, six men reported high scores postintervention on either EDS or STAI, of whom 6 lived with partners who also maintained high scores on either the EDS or STAI.