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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Chatterjee S, Naik S, John S, et al. Effectiveness of a community-based intervention for people with schizophrenia and their caregivers in India (COPSI): a randomised controlled trial. *Lancet* 2014; published online March 5. http://dx.doi. org/10.1016/S0140-6736(13)62629-X.

This online appendix has been corrected. The corrected version first appeared at thelancet.com on June 13, 2014

Online Table A. Association of complete/almost complete adherence with intervention arm

	CBCC arm	arm FBC arm Adjusted OR (95%CI)		P-value
Participant				
Baseline	108/163 (66%)	61/85 (72%)	1	
6 months	142/162 (88%)	61/83 (73%)	3.11 (1.49-6.48)	0.002
12 months	146/164 (89%)	64/84 (76%)	2.93 (1.34-6.39)	0.01
Caregiver				
Baseline	107/166 (64%)	57/85 (67%)	1	
6 months	148/165 (90%)	65/83 (78%)	2.75 (1.28-5.96)	0.01
12 months	143/163 (88%)	64/83 (77%)	2.27 (1.10-4.69)	0.03

Online Table B. Intervention and service costs by group and site.

	FBC				ССВС			
Cost component	Whole sample	Tamil Nadu	Goa	Satara	Whole sample	Tamil Nadu	Goa	Satara
Number of sessions with patients	-	-	-	-	17.1 (6.9)	16.6 (4.9)	20.6 (8.3)	14.1 (5.6)
Travel time (hours)	-	-	-	-	35.0 (28.3)	51.9 (30.8)	30.1 (23.8)	19.3 (15.8)
Cost of sessions	-	-	-	-	1209 (524)	1195 (408)	1434 (627)	990 (435)
Cost of travel	-	-	-	-	2135 (1726)	3169 (1884)	1839 (1453)	1178 (964)
Cost of supervision	-	-	-	-	3481 (1396)	3386 (1002)	4181 (1690)	2859 (1138)
Total intervention cost	-	-	-	-	6825 (3001)	7750 (2658)	7454 (3315)	5027 (2200)
Other service costs	5685 (6500)	4864 (8981)	5892 (5033)	6451 (4030)	8163 (16,876)	4237 (5922)	14,804 (27,762)	6184 (6068)
Total costs	5685 (6500)	4864 (8981)	5892 (5033)	6451 (4030)	15,250 (17,179)	12,242 (6108)	22,636 (27,901)	11,393 (6779)

¹ Costs are measured in Indian Rupees

Box 1. Components of the COPSI CCBC intervention

- Structured needs assessments at enrolment and, every three months thereafter, to develop matched individualized treatment plans
- Structured clinical reviews by treating team and supervision for CHWs
- Psycho-educational information for both participants and caregivers
- Adherence management strategies
- Health promotion strategies to address physical health problems in participants
- Individualized rehabilitation strategies to improve the personal, social and work functioning of participants
- Specific efforts with participants and caregivers to deal with experiences of stigma and discrimination
- Linkage to self-help groups and other methods of user led support
- Networks with community agencies to address social problems, to facilitate social inclusion, access to legal benefits and employment opportunities

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Figure 2. Total PANSS and IDEAS scores over time and across study arms

