

Running title: MAD MAPS AND RECOVERY TOOLS: A SCOPING REVIEW

Mapping mad maps and recovery tools developed by mental health service users and survivors of psychiatry: A scoping review

Supplemental material: (a) Complete data collection strategy and study selection detailed; (b) Descriptive characteristics of the studies

From July 21 to September 3, 2021, we started the searching process contacting international and national **networks of users and survivors**, and international **mental health organizations**, with the aim of identifying suggested tools to be included in our Scoping Review. In addition, we ask for suggestions from new networks, organizations, activists, or academics to whom we could send our query.

Finally, we contacted 29 networks or entities (numbers 1 to 20 and 31 to 39 in Supplementary Table 1), of which 20 responded (69%). We also contacted at least one of the authors of each of the identified tools (except Mary Ellen Copeland).

Supplementary Table 1: International organizations and networks of users and survivors contacted

International Mental Health Organizations contacted		
1	World Health Organization	Michelle Funk
2	Mental Health Europe	Catherine Brogan
3	Disability Rights International	Laurie Ahern ¹
Organizations and networks of users and survivors contacted		
4	World Network of Users and Survivors of Psychiatry	Salam Gómez
5	European Network of Users and Survivors of Psychiatry	Olga Kalina
6	Redesfera Latinoamericana de la Diversidad Psicosocial	Cecilia Guillén
7	Transforming Communities for Inclusion – Asia Pacific	Bhargavi Davar
8	Center for the Human Rights of Users and Survivors of Psychiatry	Tina Minkowitz
9	Global Mental Health Peer Network	Charlene Sunkel
10	Taiwan Mad Alliance	Lee Yun
11	Korean Alliance for Mobilizing Inclusion of the people with psychosocial disabilities	Oh Yong Kweon

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12	Inclusive Asia, Hong Kong	Chine Chan Yan
13	Fireweed Collective, USA	Agustina Vidal ²
14	The Icarus Project NYC, USA	Kevin Mark
15	Balance Aotearoa, New Zealand	Leo McIntyre
16	Intentional Peer Support	Chris Hansen
17	Hearing Voices Network	Olga Runciman
18	We shall overcome, Norway	Mette Ellingsdalen
19	Sagatun Brukerstyrt Senter, Norway	Kårhild Husom Løken
20	ActivaMent Catalunya Associació, Spain	Carla Gavaldà-Castet ³
Other activists and academics contacted		
21	Mapping our Madness (author)	Momo
22	Personal Assistance in Community Existence (author)	Laurie Ahern* ¹
23	Madness & Oppression (author)	Agustina Vidal* ²
24	Transformative Mutual Aid Practices (author)	Sascha Altman DuBrul
25	Manual per a la Recuperació i Autogestió del Benestar (author)	Carla Gavaldà-Castet* ³
26	Peer Services and Research, Yale School of Medicine	Chyrell Bellamy
27	Collaborative Support Programs of New Jersey	Margaret Peggy Swarbrick
28	University of Nottingham	Mike Slade
29	University of Pittsburgh	Nev Jones
30	Mental Health Engagement & Recovery Office, Ireland	Michael John Norton
Other Organizations contacted (without answer)		
31	Pan African Network of People with Psychosocial Disabilities	
32	Users and Survivors of Psychiatry in Kenya	
33	Tanzania Users and Survivors of Psychiatry Organization	
34	Advocacy Centre of Persons with Psychosocial Disability, Japan	
35	Copeland Center for Wellness and Recovery	

¹ Laurie Ahern, co-author of Personal Assistance in Community Existence, and President of Disability Rights International

² Agustina Vidal, coordinator of Madness & Oppression, and contact of Fireweed Collective.

³ Carla Gavaldà-Castet, co-author of Manual per a la Recuperació i Autogestió del Benestar, and member of the research team of ActivaMent Catalunya Associació.

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36	National Empowerment Center
37	Monash University
38	UKE Hamburg
39	OnTrack NY

At this step, 9 tools (with 12 documents) were suggested for the Scoping Review.

Supplementary Table 2: Tools suggested, and decisions made

	Tool suggested	Inclusion	
1	Wellness Recovery Action Plan (Copeland, 1997)	Yes	1
2	Personal Assistance in Recovery Existence (Ahern & Fisher, 1999)	Yes	1
3	Madness & Oppression (The Icarus Project, 2015)	Yes	1
4	Mapping our Madness (Momo, 2015)	Yes	1
5	Transformative Mutual Aid Practices. (McNamara & Dubrul, 2018)	Yes	2
6	Manual per a la Recuperació i Autogestió del Benestar (Sampietro & Gavalda Castet, 2018)	Yes	3
7	Pathways to Recovery: A Strengths Recovery Self-Help Workbook (Ridgway et al., 2011)	No	1
8	Better Days - A Mental Health Recovery Workbook (Lewis, 2013)	No	1
9	The Toolbox of Sagatun User-Led Centre (n.d.)	No	1

Two of these suggested materials did not meet the inclusion criteria. Pathways to Recovery (Ridgway et al., 2011) is not a tool developed by people who are experiencing or have experienced a mental health issue and/or by users, ex-users and survivors' movements. Better Days (Lewis, 2013) it is a tool designed to promote a personal reflection and self-learning, but it is not made to elaborate a personalized strategy or a plan (that can be implemented and evaluated). Finally, the Toolbox of Sagatun User-Led Centre (n.d.) was suggested, but it is not available for private use or download, and we could not assess its inclusion in our research.

From September 4 to September 7, 2021, we made a searching using Boolean operators, in 7 **academic electronic databases** and 2 **grey literature databases**. The following separate searches were performed:

Database: **Scopus**. Data searched: 2021-09-04.

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Search terms: (Search in Title, Abstract, Keywords) ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR TITLE ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND TITLE-ABS-KEY ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map* mad*" OR "own pace") AND NOT TITLE ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease" OR "Bowel disease" OR "cultural").

Database: **PsycInfo**. Data searched: 2021-09-04.

Search terms (Search in Abstract): ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map* mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").

Database: **PsycArticles**. Data searched: 2021-09-04.

Search terms (Search in Abstract): ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery

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plan*" OR "recovery program*" OR "map* mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").

Database: **PubMed**. Data searched: 2021-09-04.

Search terms (Search in Title, Abstract): ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map* mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").

Database: **CINAHL**. Data searched: 2021-09-05.

Search terms (Search in Topic + Search in Abstract):

- a- In Topic ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").
- b- In Abstract ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map* mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*")

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"Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR
"Parkinson" OR "Cardiovascular disease").

Database: **Cochrane Library**. Data searched: 2021-09-06

Search terms (Search in Title, Abstract, Keywords):

- a- ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar").
- b- ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*" OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map* mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").

Database: **Web of Science**. Data searched: 2021-09-07.

Search terms (Search in Topic + Search in Abstract):

- a- In Topic ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") NOT ("diabetes" OR "asthma" OR "epilep*" OR "Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR "Parkinson" OR "Cardiovascular disease").
- b- In Abstract ("Wellness Recovery Action Plan*" OR "Personal Assistance in Community Existence" OR "Mapping Our Madness" OR "Transformative mutual aid practices" OR "Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la Recuperació i Autogestió del Benestar") OR ("empower*" OR "self determination" OR "self-determination" OR "wellness" OR "self manag*" OR "self-manag*" OR "get better" OR "mak* choice*" OR "tak* action") AND ("crisis plan*" OR "action plan*" OR "action program*")

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OR "crisis program*" OR "recovery plan*" OR "recovery program*" OR "map*
mad*" OR "own pace") NOT ("diabetes" OR "asthma" OR "epilep*"
"Dementia" OR "pulmonary disease" OR "COPD" OR "Alzheimer" OR
"Parkinson" OR "Cardiovascular disease").

Database: **Ethos**. Data searched: 2021-09-07.

Search terms (Search in Abstract): ("Transformative mutual aid practices" OR
"Mapping our Madness" OR "Wellness Recovery Action Plan" OR "Wellness
Recovery Action Planning" OR "Personal Assistance in Community Existence" OR
"Madness & Oppression" OR "Madness and Oppression" OR "Manual per a la
Recuperació i Autogestió del Benestar").

Database: **SIGLE**. Data searched: 2021-09-07.

Search terms (Search in all): "Transformative mutual aid practices", "Mapping our
Madness", "Wellness Recovery Action Plan", "Wellness Recovery Action Planning",
"Personal Assistance in Community Existence", "Madness & Oppression", "Madness
and Oppression", "Manual per a la Recuperació i Autogestió del Benestar".

Results:

268 documents = Scopus

325 documents = PsycInfo

045 documents = PsycArticles

743 documents = PubMed

352 documents. (27 + 325) = CINAHL

448 documents (17 + 431) = Cochrane Library

795 documents (47 + 748) = Web of Science

002 documents = Ethos

001 document = SIGLE

At this step, a list of **2.979 potentially relevant documents** retrieved from
electronic databases and grey literature databases was created.

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On September 8, 2021, the **1,233 duplicate** documents were removed from academic and grey literature databases, and **1,746 documents were included** to be reviewed by title.

Decisions made:

0. Included.
1. Not included. **It is not the object of study** = it is not mental health
2. Not included. **It is not the topic** = it is about mental health, but not about recovery, empowerment, and self-determination (in relation to mental health).
3. Not included. **It is not a tool** = it is about mental health, it talks about recovery, empowerment, and self-determination (in relation to mental health), but it does not talk about materials and/or workshops to promote personalized plans.
4. Not included. **It is not made by users and survivors** = it is about mental health, it talks about recovery, empowerment, and self-determination (in relation to mental health), it talks about materials and/or workshops to promote personalized plans, but the tool was not created by users and survivors of psychiatry,
5. Not included. **It is not a printed or printable material** = It is an App or an Internet intervention.
6. Not included. **It is not the design** = they are systematic reviews, metanalysis, essays, clinical trial registrations, books reviews, tools presentation (without new information), letters to the editor, etc.
7. Not included. **It is not the participants** = The study was not made with adult people or/and with users of mental health services or with mental health problems.

From September 9 to September 10, 2021, 1,746 documents were **reviewed by title**. At this step, **159 documents were included** and 1,587 were discarded.

0 = 0159 included
1 = 1419 discarded
2 = 0101 discarded
3 = 0041 discarded
4 = 0008 discarded
5 = 0012 discarded

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6 = 0006 discarded

From September 13 to September 14, 2021, 159 documents were **reviewed by Abstract**. At this step, **40 documents were included** and 119 were discarded.

0 = 40 included
1 = 29 discarded
2 = 07 discarded
3 = 36 discarded
4 = 13 discarded
5 = 03 discarded
6 = 30 discarded
7 = 01 discarded

From September 10 to September 16, 2021, 40 documents were **reviewed by complete text**. At this step, **31 documents were included** and 9 were discarded.

0 = 31 included
3 = 03 discarded
4 = 03 discarded
6 = 03 discarded

From September 17 to September 18, 2021, we conducted a search in **Google Scholar**, with no date restriction, any language, ordered by relevance. Only the first 100 outcomes were included.

Search terms: “Transformative mutual aid practices”, “Mapping our Madness”, “Wellness Recovery Action Plan”, “Wellness Recovery Action Planning”, “Personal Assistance in Community Existence”, “Madness & Oppression”, “Madness and Oppression”, “Manual per a la Recuperació i Autogestió del Benestar”.

Results:

WRAP: 1.510 results (first 100 results included)

PACE: 161 results (first 100 results included)

MoM: 14 results

T-MAPs: 4 results

M&O: 5 results

MRAB: 0 result

At this step, a complementary list of **233 potentially relevant documents** retrieved from Google Scholar was created. Of them, 9 duplicate documents were

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removed, and 224 documents were included to be **reviewed by title and abstract**. At this step, **48 documents were included**, and 176 were discarded.

0 = 48
1 = 08
2 = 55
3 = 67
4 = 07
5 = 03
6 = 25
7 = 01

Of these 48 documents, **28 were repeated** with the ones included at the academic databases search. They were discarded. The last 20 documents were **reviewed by complete text**. At this step, **11 documents were included** and 9 were discarded.

0 = 11
3 = 01
4 = 01
6 = 07

From September 19 to September 20, 2021, we conducted a **manual review of journals**. All the numbers published in 2021, of the 24 journals in which a paper was previously found were reviewed.

Supplementary Table 3: Manually reviewed journals

1	American Journal of Psychiatric Rehabilitation	Vol. (Issue)	N ^o
2	Aotearoa New Zealand Social Work	33(2) 33(1)	-
3	Australasian Psychiatry	29(1) 29(2) 29(3) 29(4)	-
4	British Journal of Mental Health Nursing	10(1) 10(2) 10(3)	-
5	British Journal of Social Work	51(1) 51(2) 51(3) 51(4) 51(5)	-
6	Community Mental Health Journal	57(1) 57(2) 57(3) 57(4) 57(5)	-

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		57(6) 57(7)	
7	Ethical Human Psychology and Psychiatry	23(1)	-
8	Evaluation Studies in Social Sciences	10(1) 10(2)	-
9	International Journal of Psychiatry	6(1)	
10	International Journal of Psychosocial Rehabilitation	25(1) 25(2) 25(3)	-
11	Irish journal of psychological medicine	38(1) 38(2) 38(3)	-
12	Issues in Mental Health Nursing	42(1) 42(2) 42(3) 42(4) 42(5) 42(6) 42(7) 42(8) 42(9)	-
13	Journal of Advanced Nursing	77(1) 77(2) 77(3) 77(4) 77(5) 77(6) 77(7) 77(8) 77(9) 77(10)	-
14	Journal of Humanistic Psychology	61(1) 61(2) 61(3) 61(4) 61(5)	-
15	Journal of Psychiatric and Mental Health Nursing	28(1) 28(2) 28(3) 28(4) 28(5)	-
16	Journal of Psychosocial Nursing & Mental Health Services	59(1) 59(2) 59(3) 59(4) 59(5) 59(6) 59(7) 59(8) 59(9)	-

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17	Occupational Therapy in Mental Health	37(1) 37(2) 37(3)	-
18	Psychiatric Rehabilitation Journal	44(1) 44(2) 44(3)	-
19	Psychiatric Services	72(1) 72(2) 72(3) 72(4) 72(5) 72(6) 72(7) 72(8) 72(9)	1
20	Qualitative Health Research	31(1) 31(2) 31(3) 31(4) 31(5) 31(6) 31(7) 31(8) 31(9) 31(10)	1
21	Rehabilitation Counselling Bulletin	64(2) 64(3) 64(4) 65(1)	-
22	Schizophrenia Bulletin	47(1) 47(2) 47(3) 47(4) 47(5)	-
23	The Scientific World Journal	Vol. 2021	-
24	Journal of Future Social Work Research - 미래사회복지연구	12(1) 12(2)	-

Nº: number of registers identified by each journal

Two papers were found at the **manual review of journals**, but both of them were repeated with the papers previously found in the academic databases and they were discarded.

From September 21 to September 22, 2021, the **list of references** of all the documents already included were revised. At this step, 23 references were found to be reviewed. Of these new documents, **2 accomplished the criteria to be included**.

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0 = 4

3 = 1

6 = 17

7 = 1

New documents = 2

Repeated documents = 2

After all these steps, finally **53 documents** were included to the scoping review:
37 publications from 35 studies and 6 tools (with 8 documents) and 8 tools presentations.

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Supplementary Table 4: Descriptive characteristics of the studies

	Authors	Country	Tool	Design	Data collection/Data analysis	Participant definitions ^a /Sample characteristics
1	Afzal, Bashir, & Perveen, 2020 (60)	Pakistan	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	8 patients with psychiatric disorders, 50% female, aged from 26 to 55 years, 38.4 mean age (SD: 10.6)
2	Ali, 2013 (61)	Palestine	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	33 chronic female schizophrenic patients (WRAP:15, Usual care:18), 69.0% more than 30
3	Aljeesh & Shawish, 2018 (62)	Palestine	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	8 Patients with major depressive disorder (WRAP: 4, Usual treatment: 4), 50.0% female
4	Ashman, Halliday, & Cunnane, 2017 (63)	UK	WRAP	Qualitative	Semi-structured interview /Interpretative phenomenological analysis	6 adults with at least one episode of crisis care from Mental Health Crisis Resolution and Home Treatment Teams, 66.7% female, aged from 25 to 59 years, 83.3% Caucasian
5	Ben-zeev et al., 2018 (64)	USA	WRAP	RCT	Questionnaire/Descriptive and inferential statistical analysis	163 adults with serious mental illness (WRAP: 81, FOCUS: 82), 49 mean age (SD:9.6), 61.0% High School or less, 41.1% female, 68.2% African American

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6	Carpenter-Song, Jonathan, Brian, & Ben-Zeev, 2020 (65)	USA	WRAP	Qualitative	In-depth semi structured interviews/ Braun and Clarke thematic analysis	31 adults with serious mental illness (WRAP: 15, FOCUS: 16), 58.1% High School or less, 35.5% female, 48.4% African American
7	Cook et al., 2009 (55)	USA	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	80 individuals with serious mental illness, 63.8% female, 46.6 mean age (SD: 10.4), 81.2% High School diploma, 66.2% Caucasian
8	Cook et al., 2010 (53)	USA	WRAP	Pre-post-test	Survey/Descriptive and inferential statistical analysis	381 consumers or survivors of psychiatric services (Vermont: 147, Minnesota: 234), 64.3% female, 32.8% aged from 41 to 50, 66.0% Caucasian
9	Cook, Copeland, Jonikas, et al., 2012 (56); Cook, Copeland, Floyd, et al., 2012 (57); Jonikas et al., 2013 (58)	USA	WRAP	RCT	Questionnaire/Descriptive and inferential statistical analysis	519 individuals with serious mental illness (WRAP: 251, Usual services and waiting list: 268), 66.0% female, 45.8 mean age (SD: 9.9), 47.0% college or more, 63.0% Caucasian
10	Cook et al., 2013 (66)	USA	WRAP	RCT	Questionnaire/Descriptive and inferential statistical analysis	143 individuals with serious mental illness (WRAP:72, Choosing Wellness: 71), 50.3% female, 45.9 mean age (SD: 11.2), 37.8% High School, 67.1% African American

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11	Davidson, 2018 (67)	Scotland	WRAP	Cross-Sectional	Questionnaire/Descriptive and inferential statistical analysis	109 participants, 66.7% people who have experienced mental health challenges, 56% mental health services professionals, 30.3% WRAP facilitators, 17.4% relatives, 46.5 mean age (SD: 11.79), 67% female, 29.3% bachelor's degree
12	Doughty, Tse, Duncan, & McIntyre, 2008 (52)	New Zealand	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	157 participants, 31.8% consumers of mental health services, 47.8% mental health services professionals, 86% aged from 31 to 60
13	Elhelou, 2018 (68)	Palestine	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	36 chronic depressed patients, 100% women, 58.3% more than 30, 47.2% university education, 66.7% married
14	Fukui et al., 2011 (69)	USA	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	114 people with severe mental illness (EG: 58, CG: 56), 62.3% female, 44.5 mean age (SD: 11.0), 67.5% High School or less, 64.9% White people
15	Gordon & Cassidy, 2009 (70)	USA	WRAP	Qualitative	Semi-structured interview, focus group/Inductive thematic analysis	7 women linked to the Scottish Recovery Network and/or National Health System services, more than 18, Black and South Asian (Pakistani or Indian background)
16	Higgins et al., 2012 (71)	Ireland, UK	WRAP	Mixed methods	Questionnaire, focus group/Descriptive and inferential statistical	194 participants who attended the WRAP education programmes, with different profiles, including 31.0% Mental health practitioner only,

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					analysis, Braun and Clarke thematic analysis	25.0% people with self-experience only, 64.9% female, most participants aged from 30 to 59
17	Horan & Fox, 2016 (72)	Ireland	WRAP	Qualitative	Semi-structured interview/Attride-Stirling thematic analysis	4 individuals with mental health difficulties who attended to WRAP programme, 25.0% female, aged from 35 to 61
18	Jung, Ju, Kim, & Heo, 2019 (73)	Korea	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	20 users from a club house (community recovery service) (WRAP: 10, usual care:10, 40.0% younger than 40, 70.0% university degree, 30.0% women, 100% Korean people
19	Katayama, Morita, & Mori, 2019 (74)	Japan	WRAP	Qualitative	Survey/Sato's qualitative analysis based on five key recovery concepts from WRAP (hope, personal responsibility, education, self- advocacy, support)	5 students from University of Nagano who had multiple difficulties in their student life and wanted <i>to have well-being</i> , mean age 22.0, 60% female, undergraduate students
20	Keogh et al., 2014 (75)	Ireland, UK	WRAP	Qualitative	Focus group/Braun and Clarke thematic analysis	22 group participants (who participated in study by Higgins et al. 2011), including 36.00% mental health practitioner only, 18.0% person with self-experience only, 45.0% self-experience of mental health difficulties, 63.6% female
21	Mak et al., 2016 (59)	China	WRAP	Matched controls	Questionnaire/Descriptive and inferential statistical analysis	118 Chinese mental health consumers (WRAP: 59, No WRAP: 59), 57.6% female, 42.9 mean age (SD: 11.4), 77.9% secondary education

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22	Matsuoka, 2015 (76)	Canada	WRAP	Qualitative	Questionnaire, interview, participant observation/Thematic analysis based on constructivist version of grounded theory	8 Japanese-Canadian older adults from community, 75.0% female, aged from 64 to 89, first generation of post-Second World War immigrants
23	McIntyre, 2005 ^b	New Zealand	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	76 participants, 51.1% identified as having personal experience of mental illness, 66.0% employed in mental health related jobs, and of those 44% also identified as having personal experience of mental illness, 86.0% aged from 31 to 60
24	O'Dwyer, 2015 (77)	UK	WRAP	Quasi-experimental	Questionnaire/Descriptive and inferential statistical analysis	WRAP1: 30 adults with acquired brain injury, aged from 19 to 59; WRAP2: 27 mental health services users, aged from 19 to 65; Mental health wait list: 31, aged from 22 to 55
25	O'Keeffe et al., 2016 (78)	Ireland, UK	WRAP	RCT	Questionnaire/Descriptive and inferential statistical analysis	36 inpatients and outpatients with a diagnosis of a mental or behavioural disorder, 48.1 mean age (SD: 10.5), 52.7% higher education, 52.8% female
26	Olney & Emery-Flores, 2017 (79)	USA	WRAP	Qualitative	Semi-structured interview/Phenomenology and grounded theory	10 adults who had a psychiatric diagnosis and received employment services, that had completed 8 weeks of WRAP training, aged from 48 to 69, 50.0% college degrees, 60.0% women, 80.0% White

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27	Petros, 2017 (80)	USA	WRAP	Qualitative design (from a mixed method study)	In-depth interview, focus group/Braun and Clarke thematic analysis	36 adults, self-identify as having experienced serious mental illness, who have completed WRAP programming and WRAP facilitator training, 47.2% female, 50.6 mean age (SD: 7.9), 77.8% black people
28	Petros & Solomon, 2020 (81)	USA	WRAP	Cross sectional design (from a mixed method study)	Survey/Descriptive and inferential statistical analysis	82 adults with serious mental illness who had completed WRAP in the previous 6–24 months, 68.2% women, 46.8 mean age (SD: 11.00), 43.9% African American
29	Pratt, Macgregor, Reid, & Given, 2012 (82)	Scotland, USA	WRAP	Qualitative	Interview, focus group/Thematic analysis based on constructivist version of grounded theory	8 WRAP facilitators, 87.5% female
30	Pratt, Macgregor, Reid, & Given, 2013 (83)	Scotland, USA	WRAP	Mixed methods	Interview, focus groups, questionnaires/Descriptive analysis based on frequencies and means, Thematic analysis based on constructivist version of grounded theory	21 WRAP groups participants, members of Self-Help and Mutual Support Groups, at the Scottish Recovery Network
31	Starnino et al., 2010 (84)	USA	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	30 participants who had attended WRAP workshops, 41.6 mean age (SD: 10.9), 60.0% female, 66.6% equal to or less than High School, 93.3% White people

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32	Stokoe & Bradbury, 2013 (85)	England	WRAP	Pre-post-test	Questionnaire/Descriptive and inferential statistical analysis	26 adults with a mental health diagnosis receiving treatment in a community mental health service, 39.6 mean age (SD: 13.1), 76.9% female.
33	Wilson, Hutson, & Holston, 2013 (86)	USA	WRAP	Mixed methods	Survey, interview/Descriptive and inferential statistical analysis, content analysis by Corbin and Strauss	26 outpatients of mental health facility that uses WRAP, 18 of them made the Qualitative Interviews, 50.0% women, 42.2 mean age (SD: 14.00), 60.0% Caucasian
34	Zahniser, Ahern, & Fisher, 2005 (49)	USA	PACE	Qualitative	Survey (open ended questions)/Qualitative content analysis	70 participants: 37.1% consumers/survivors, 37.5% administrators, 30.4% direct providers, 24.3% family members (some respondents identified with more than one category)
35	Zhang, Wong, Li, Yeh, & Zhao, 2010 (54)	New Zealand	WRAP	Qualitative	Semi-structured interviews, focus group/Analysis not specified	17 participants, including 47.1% Chinese mental health consumers, 17.6% mental health professionals and 35.3% family members, 50.0% of the consumers aged from 36 to 60, 75.0% female

^a Corresponds to definitions made by the authors regarding study participants

^b McIntyre L. WRAP Around New Zealand. Unpublished Paper. Wellington: Victoria University of Wellington; 2005. p. 28

FOCUS: a smartphone-delivered intervention; RCT: Randomized controlled trial

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Supplementary Table 5: Variables and results of the studies

	Authors	Variables measured/explored	Principal findings
1	Afzal, Bashir, & Perveen, 2020 (60)	Symptom's frequency and intensity.	The WRAP is effective in reducing the severity and frequency of psychiatric symptoms.
2	Ali, 2013 (61)	(a) Self-perceived recovery; (b) perceived utility of the course and overall satisfaction.	(a) The WRAP participants improve the self-perceived recovery; (b) Most participants are satisfied with the WRAP workshop and consider it useful for recovery.
3	Aljeesh & Shawish, 2018 (62)	Depression symptoms severity.	The severity of symptom was decreased significantly after intervention using WRAP.
4	Ashman, Halliday, & Cunnane, 2017 (63)	How WRAP supports learning from crisis, and resilience-building.	The WRAP has potential in supporting recovery from crisis, revealing insights into the nature of crisis, and has a positive effect on participants' mental health self-management capacity (reducing possible new crisis).
5	Ben-zeev et al., 2018 (64)	(a) Post-treatment Satisfaction; (b) Clinical symptoms Improvement; (c) Subjective Recovery; (d) Quality of life.	The FOCUS mHealth intervention (experimental group) produced clinical and subjective outcomes and patient satisfaction ratings that are comparable to those of WRAP (control group). Both interventions produced significant gains.
6	Carpenter-Song, Jonathan, Brian, & Ben-Zeev, 2020 (65)	Benefits of participation in two kinds of illness self-management interventions.	Both FOCUS and WRAP participants described gaining new information about mental illness and new skills for managing symptoms. FOCUS participants emphasized the intervention's accessibility, and WRAP participants highlighted the importance of community and shared experiences.

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7	Cook et al., 2009 (55)	(a) Symptom's improvement; (b) Self-perceived recovery; (c) Hopefulness; (d) Self-advocacy; (e) Empowerment; (f) Perceived social support; (g) Self-perceived physical health.	Study revealed significant improvement in self-reported symptoms, Self-perceived recovery, hopefulness, self-advocacy, and self-perceived physical health; empowerment decreased significantly, and no significant changes were observed in perceived social support.
8	Cook et al., 2010 (53)	(a) Attitudes, Knowledge, and Skills for Recovery; (b) Satisfaction with the intervention.	(a) WRAP participants reported significant increases in: hopefulness for recovery, awareness of the own early warning signs of decompensation, use of wellness tools in daily life, awareness of the own symptom triggers, having a crisis plan, having a plan for dealing with symptoms, having a social support system, ability to take responsibility for their own wellness; (b) High satisfaction with the intervention.
9	Cook, Copeland, Jonikas, et al., 2012 (56)	(a) Reduction of symptoms of depression and anxiety; (b) Increasing self-perceived recovery.	WRAP is effective to reduce depression and anxiety, and to improve participants' self-perceived recovery.
10	Cook, Copeland, Floyd, et al., 2012 (57)	(a) Reduction of psychiatric symptoms; (b) Increased hopefulness; (c) Enhanced quality of life.	WRAP is effective to reduce psychiatric symptoms, to enhance participants' hopefulness, and to improve Quality of Life.
11	Cook et al., 2013 (66)	(a) Self-reported mental health service utilization and need; (b) Level of psychiatric symptom	WRAP is effective to reduce mental health service utilization and need, to reduce the psychiatric symptoms severity, and to improve self-perceived recovery.

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		severity; (c) Self-perceived Recovery.	
12	Davidson, 2018 (67)	(a) Knowledge, attitudes and beliefs about WRAP; (b) Recovery; (c) Cognitive Defusion; (d) Social problem solving; (e) Social Identification.	WRAP Knowledge, attitudes and beliefs, social problem solving, and cognitive defusion all predicted recovery, but social identification with the WRAP group did not significantly predict or mediate recovery.
13	Doughty, Tse, Duncan, & McIntyre, 2008 (52)	Attitudes and knowledge about recovery.	The WRAP is effective to change consumers' and mental health professionals' knowledge and attitudes about recovery.
14	Elhelou, 2018 (68)	Depression Symptoms.	The WRAP program participants reduce the severity of depression from the moderate to mild depression.
15	Fukui et al., 2011 (69)	(a) Self-report psychological symptoms; (b) Hope; (c) Recovery outcomes (goal-oriented thinking, self-agency, self-efficacy, social support, and basic resources).	WRAP is effective for symptoms reduction and hope improvement, but non-significant changes occurred in recovery outcomes.
16	Gordon & Cassidy, 2009 (70)	(a) The cultural relevance and appropriateness of the WRAP Programme for Black and Minority Ethnic (BME)	The BME Women strongly valued the experience of the WRAP training. Specially, to have the opportunity to hear what other women had to say about their recovery and being able to contribute their ideas and experiences in order to help others. Regarding the cultural appropriateness of the program, it was

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		Women; (b) The WRAP effectiveness on improving insight into the own mental health, and to managing the own recovery and wellness.	observed that some key concepts underpinning the WRAP evidence difficulties to be applied. For example, the concept of self-advocacy for women with some roles cultural proscribed, or the emphasis on individuals developing a personal written 'tool'.
17	Higgins et al., 2012 (71)	Changes in people's Knowledge, skills and attitudes towards recovery.	Training in recovery principles using the WRAP approach leads to positive changes in participants knowledge, skills, and attitudes towards recovery principles, and increases the participants' self-rated ability to manage their own mental health and recovery.
18	Horan & Fox, 2016 (72)	Participant perspectives on the therapeutic elements of the WRAP, and its role in recovery.	The WRAP was found by participants to foster recovery in three ways; alleviating symptoms, preventing hospitalisation, and reducing service utilisation. The content of the WRAP, the group format of the workshops, and peer support was valued by participants.
19	Jonikas et al., 2013 (58)	Propensity for patient self-advocacy.	To receipt of the WRAP led to significantly greater propensity to engage in patient self-advocacy behaviours.
20	Jung, Ju, Kim, & Heo, 2019 (73)	(a) Personal confidence and hope; (b) Willingness to ask for help; (c) Goal and success orientation; (d) Reliance on others; (e) Symptom coping.	The WRAP programme is effective to improve personal confidence and hope, willingness to ask for help, goal and success orientation, and symptom coping; and to reduce reliance on others.
21	Katayama, Morita, & Mori, 2019 (74)	(a) Hope; (b) Personal Responsibility; (c) Self-Knowledge; (d) Social Support; (e) Self-Advocacy.	The WRAP program is useful to promote a process of reflection and improvement in relation to hope in recovery, the need to take responsibility in the recovery process, the importance of self-knowledge, the existence of other

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			people who can support the process, and the knowledge of the own rights and the need to defend them.
22	Keogh et al., 2014 (75)	Participants' experience of participating in a facilitator's WRAP Programme and self-perceived skills to deliver Recovery-based programmes within a community context.	Participants were positive about the programme and felt that their knowledge of Recovery and WRAP had improved, but they felt that they still lacked confidence in terms of the presentation skills required for facilitating WRAP programmes.
23	Mak et al., 2016 (59)	(a) Empowerment; (b) Hope; (c) Self-stigma; (d) Social support and network size; (e) Clinical symptoms; (f) Recovery; (g) Users' perceived usefulness of WRAP.	Compared with their matched controls, WRAP participants reported significant increase in perceived social support. No significant change was noted in empowerment, hope, self-stigma, social network size, symptom severity, and recovery.
24	Matsuoka, 2015 (76)	(a) Applicability of the WRAP to an ethnic/racial minority older adults (Japanese-Canadians); (b) the concept of recovery from the perspective of Japanese-Canadian older adults.	(a) Japanese-Canadian participants found WRAP helpful and applicable to their experiences. (b) For Japanese-Canadian older adults recovery means: a process in which they affirmed their sense of self-worth and were able to be positive (hopeful), self-reflective and mindful, to support themselves and others and to advocate for their rights.
25	McIntyre, 2005 ^b	Attitudes and knowledge about recovery.	The WRAP workshop is effective in presenting the information they contained and has a significant influence on the opinions of the participants regarding

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			recovery concepts. The WRAP workshop is effective in influencing even the strongly held attitudes both for Consumers and Non-Consumers.
26	O'Dwyer, 2015 (77)	(a) Severity of anxiety and depression symptoms; (b) Overall knowledge of Recovery and WRAP, in adult users of mental health services or with Acquired Brain Injury.	The WRAP is effective to reduce the anxiety and depression symptoms, and to increase the knowledge of recovery, in both groups.
27	O'Keeffe et al., 2016 (78)	(a) Personal recovery; (b) Personal recovery life areas; (c) Quality of life; (d) Anxiety and depression symptoms reduction.	The WRAP improves personal recovery in the areas of addictive behaviour, identity, and self-esteem. WRAP did not have a significant effect on personal recovery, quality of life, or psychiatric symptoms.
28	Olney & Emery-Flores, 2017 (79)	(a) How does WRAP impact employment; (b) How are employees using tools or strategies learned through WRAP on the job.	The WRAP has a positive impact on participant employment outcomes. There is a strong relationship between participants' employment success and their use of the tools and strategies learned through WRAP. Being aware of their triggers and knowing how to respond when things were not going well are strategies that contributed to participants' ability to successfully deal with work stresses.
29	Petros, 2017 (80)	(a) How participants learn and utilize WRAP's framework; (b) Major facilitators and barriers to learning and using WRAP.	Participants use WRAP to increase self-reflection and insight about their recovery needs and goals; to develop effective strategies to restore, maintain, and advance wellness; and to rebuild a positive outlook of themselves and their interactions with others, augmented by increased hope and empowerment about their abilities to successfully pursue recovery. Problem-solving and

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			social support were identified as major facilitators and barriers to learning and using WRAP.
30	Petros & Solomon, 2020 (81)	(a) Perceived recovery; (b) Problem-solving appraisal and confidence; (c) Self-reflection and insight; (d) symptoms; (e) social support.	The WRAP alone is modestly efficacious to improve perceived recovery and reduce psychiatric symptoms. Problem-solving confidence and social support were associated with degree of perceived recovery. It may be that adding a problem-solving intervention for small groups of adults with serious mental illness will increase the magnitude of change.
31	Pratt, Macgregor, Reid, & Given, 2012 (82)	Benefits on participants who trained as WRAP facilitators and delivered WRAP training to others.	Delivering WRAP training to groups can make a positive contribution to the mental health and well-being of facilitators themselves. This positive impact includes learning more about recovery, developing improved self-awareness, to integrating a WRAP approach into daily life.
32	Pratt, Macgregor, Reid, & Given, 2013 (83)	(a) Improvement in self-reported recovery and well-being; (b) The role of self-help and mutual support groups in supporting recovery and wellness planning.	The participants of WRAP workshops have more positive views in relation to their own sense of recovery and well-being. The WRAP approach used in groups and delivered by trained peer facilitators is very effective and appeared to have a substantial and positive impact.
33	Starnino et al., 2010 (84)	(a) Hope; (b) Recovery orientation; (c) Level of symptoms.	The WRAP workshops participants had a statistically significant improvement in hope and recovery orientation, but not in symptoms.
34	Stokoe & Bradbury, 2013 (85)	(a) Coping self-efficacy; (b) Confidence to manage mental health difficulties; (c) Anxiety	The WRAP programme improves coping self-efficacy and confidence in ability to self-manage and reduces levels of distress and low mood. Improvements in ability to seek support and cope related to improvements in

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		and Depression symptoms; (d) Overall clinical presentation.	all but one of the clinical outcomes: participant's levels of anxiety did not significantly change over the WRAP programme.
35	Wilson, Hutson, & Holston, 2013 (86)	Factors related to patient satisfaction with WRAP.	Satisfaction with recovery programs is multi-factorial, and it is strongly correlated to Patient Autonomy, Significant Services, and Length of Program Participation.
36	Zahniser, Ahern, & Fisher, 2005 (49)	(a) The original reason to use a PACE/Recovery Program; (b) Changes in thinking about recovery from "mental illness"; (c) Successes implementing PACE/Recovery Program principles; (d) Helpfulness of the program's discussion about the empowerment model as an alternative to the biological/medical model of mental illness; (e) Types of assistance that might be helpful in further implementing PACE principles.	The most common reasons for using the PACE Program are an interest in learning more about consumer/survivor perspectives and a desire to learn more about recovery. Participants experience increased hope that recovery was possible, and they came to realize the importance of believing in the person and of self-determination. Most respondents found the discussion of the empowerment model a helpful antidote to what they perceived to be an overemphasis on the biological/medical aspects of mental illness. Half of all respondents indicated that the program aided them in being more helpful to others in their recovery. Learning more about successful examples of PACE implementation would be helpful to their own implementation.
37	Zhang, Wong, Li, Yeh, & Zhao, 2010 (54)	The acceptability, the applicability, and the effectiveness of the Western concept of mental health recovery including in the Wellness Recovery Action	The WRAP programme helps Chinese mental health consumers in New Zealand to have a more positive attitude and understanding of mental health and recovery. Some adaptations are suggested to make WRAP more acceptable, applicable, and effective to this population: (a) Use simple language and not too much jargon, (b) Introduce more Chinese-style wellness tools, (c) Have longer sessions or more sessions, (d) Give more explanations

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Plan (WRAP) programme in improving the effectiveness of recovery among Chinese mental health consumers' self-help organisation in New Zealand.

about the content, (d) Use the media to make the programme is more accessible, (e) Include family members in learning WRAP.
