

Supplementary table 1. Characteristics of the studies included in this scoping review.

Author., year	Design	Sample (n), country	Intervention/ Evaluation	Main results ^a	Limitations
Schindler et al. [45], 1999	nRCT	36, United States Loss to follow up (n=11)	Psychosocial intervention/ Pre- and post- evaluation	Significant improvement in scores of patients in the activity IG (p=0.002) vs the discussion IG and CG. Participants in CG showed a non-significant decline in social interaction.	Small sample size, short duration of the study, differing numbers of participants within the groups.
Shellwood et al. [20], 1999	RCT	75, UK Loss to follow up (n=10)	Psychosocial intervention/ Pre- and post- evaluation	Decrease in socially embarrassing behavior in IG vs CG (p=0.03) Improve in interpersonal functioning and recreational activities in IG vs CG (p<0.01) Decrease in suspiciousness in IG vs CG (p=0.016)	Small sample size, short follow-up period, patients without family support suffered persistent symptoms that made intervention difficult.
Hadas-Lidor et al. [21], 2001	RCT	72, Israel Loss to follow up (n=14)	Cognitive intervention/ Pre-, post- and 6-month evaluation	Higher memory indices (p<0.001), thought indices (p<0.001), work status (p<0.001), and residence status (p<0.05) in IG vs CG.	Self-reported questionnaires for instrumental ADLs and self-concept.
Wu et al. [46], 2001	nRCT	116, Taiwan Loss to follow up (n=17)	Psychosocial intervention/ Pre- and post- evaluation	There was a marginal significant improvement in the main effect of the IG (p=0.056) vs CG, as well as in the interaction between the IG and the motivation types (p=0.081).	Limitations in the psychometric properties of the instruments used, decreased internal validity of the study due to participant dropouts.
Wykes et al. [22], 2002	RCT	18, UK Loss to follow up (n=0)	Cognitive intervention/ Pre- and post- evaluation	Functional magnetic resonance indicates that cognitive remediation therapy in IG had significantly increased brain activation in regions associated with working memory (p=0.026) vs CG.	Small sample size, only male participants, highly disabled participants, study results are not generalizable.
Brown et al. [47], 2006	nRCT	59, United States	Exercise intervention/ Pre- and post- evaluation	Improve on behavioral measures in IG vs CG (p=0.05). Increase in weight loss (2.7 kg/6 lbs) in IG vs increase in weight gain (0.5 kg/lb) in CG.	Small sample size, non-randomized study, study results not generalizable.

		Loss to follow up (n=23)			
Choi et al. [23], 2006	RCT	34, Korea Loss to follow up (n=16)	Cognitive intervention/ Pre- and post- evaluation	Increase in social behavior in IG vs CG (p<0.05).	Small sample size, high dropout rate in initial participants, heterogeneous sample
McInnis et al. [35], 2006	Quasi	15, UK Loss to follow up (n=1)	Psychoeducational intervention/ Pre- and post- evaluation	Increase in insight in all participants after the intervention (p=0.048).	Small sample size, no follow-up data was collected, no comparison with a control group.
Schene et al. [24], 2006	RCT	62, Netherlands Loss to follow up (n=14)	Psychoeducational intervention/ Pre-, post-, 3- 6- and 12-month evaluation and 42-month follow up	The intervention did not improve depression outcome. Significant increase for work resumption in both groups in months 0–18 (p=0.001) but non-significant for months 19–42 (p=0.387).	Small sample size, limited amount of follow-up data, limited contact between TAU and OT staff.
Chan et al. [25], 2007	RCT	81, China Loss to follow up (n=0)	Psychoeducational intervention/ Pre-, post- and 12-month evaluation	Increase in perceived health in IG vs CG: perception (p=0.033), physical health component (p=0.004) and mental health component (p<0.0001). Lower hospital readmission rate in IG vs CG, it was approximately 1.75 times greater for the CG.	Small sample size, sample was only composed of men.
Dunn et al. [36], 2008	Quasi	178, United States Loss to follow up (n=29)	Psychoeducational intervention/ Pre-, post- and 6-12-month evaluation	Significant improvement in the educational programs' engagement in IG (p=0.35) vs in CG at the 6-month assessment point, although it did not reach statistical significance (p=0.13) at the 12-month assessment point.	Lack of randomization, loss of individuals to follow-up, low course attendance.
Tetlie et al. [37], 2008	Quasi	15, Norway Loss to follow up (n=2)	Exercise intervention/ Pre- and post- evaluation	Increase in well-being and safety in all participants after the intervention (p value not shown)	Small sample size, heterogeneous sample, no comparison with a control group, study results not generalizable.

				Improve in resting heart rate and systolic blood pressure in all participants after the intervention (p value not shown)	
Rouleau et al. [50], 2009	Pilot-Q	26, Canada Loss to follow up (n=0)	Psychosocial intervention/ Pre-, post- and 3-month evaluation	Higher scores on visual attention (p=0.02), verbal learning (p=0.02) and integration to work (p=0.003) in IG vs CG. Lower negative (p=0.017) and general symptoms (p=0.018) in IG vs CG. Increase in the ability to store information (p=0.034) in CG vs IG.	Small sample size, absence of a comparison group at week 30, lack of randomization.
Castle et al. [26], 2010	RCT	84, Australia Loss to follow up (n=12)	Psychoeducational intervention/ Pre-, post-, 3- and 12-month evaluation	There were no significant between-group differences in depressive or maniac symptoms.	Non-blinding study, the questioned suitability of the MADRS for assessing bipolar depression.
Edgelow et al. [51], 2011	Pilot	24, Canada Loss to follow up (n=6)	Psychoeducational intervention/ Pre- and post- evaluation	Increase in the occupational balance in IG vs CG (p=0.05) by spending an average of 47 min more per day in activity.	Small sample size, decreased internal validity of the study due to differential dropout rates of the groups, inability to complete the follow-up measures.
Jahn et al. [27], 2011	RCT	122, Germany Loss to follow up (n=26)	Psychoeducational intervention/ Pre-, post-, 1- and 9-month evaluation	No significant differences were found between IG and CG. Symptom improvement in both groups after the intervention (p<0.001). Increase in mean knowledge of the illness in both groups after the intervention (p<0.001).	Non-blinding study, high dropout rate in initial participants.
Berking et al. [28], 2012	RCT	432, Germany Loss to follow up (n=57)	Cognitive intervention/ Pre- and post- evaluation	Significant time-group interaction in IG (p=0.03) vs CG. Significant time effects in all subscales' scores of the ERSQ (p<0.001) in IG vs CG, decreasing	Self-reported questionnaires, non-evaluation of quantitative data on the integrity and compliance with treatment protocols.

				depression symptoms and increasing well-being and emotion regulation skills.	
Foruzandeh et al. [52], 2012	Pilot	76, Iran Loss to follow up (n=16)	Psychosocial intervention/ Pre- and post- evaluation	Lower positive (p<0.001) and negative symptoms (p<0.001) in IG vs CG.	Small sample size.
Tanaka et al. [53], 2014	Pilot-Q	46, Japan Loss to follow up (n=7)	OT intervention/ Pre-, post- and 1-month evaluation	Increase in FIM cognitive (p=0.012) and total (p=0.016) scores in IG vs CG.	Small sample size, non-blinding study, short follow-up period, study conducted in a single hospital, study results not generalizable.
Ming-De et al. [38], 2016	Quasi	45, China Loss to follow up (n=9)	Cognitive intervention/ Pre- and post- evaluation	There were no significant between-group differences but the data showed medium effect sizes that favored the IG in regard to processing speed, memory and the executive function.	Small sample size, lack of randomization, non-blinding study.
Vizzotto et al. [54], 2016	Pilot	30, Brazil Loss to follow up (n=5)	Psychosocial intervention/ Pre- and post- evaluation	Higher scores on food preparation (p=0.002) and general autonomy (p=0.008) in IG vs CG.	Small sample size, low IQ levels of the subjects in the sample.
Buschert et al. [29], 2017	RCT	38, Germany Loss to follow up (n=8)	Exercise intervention/ Pre- and post- evaluation	Significant improvements of short-term memory (p=0.01) and alertness (p=0.02) in IG vs CG. Decrease of depressive symptoms in both groups (p=0.001)	Small sample size, low duration and intensity of both treatments, different group sizes.
Eklund et al. [30], 2017	RCT	226, Sweden Loss to follow up (n=46)	Psychosocial intervention/ Pre-, post- and 6-month follow-up evaluation	Increase in participation (p<0.001), activity level (p=0.03), activity balance (p<0.04), severity of symptoms (p<0.02) and the level of functioning (p<0.05) in IG vs CG.	Exact participation rate not calculated, non-blinding study, higher dropout rate in the IG.
Pos et al. [31], 2017	RCT	50, Netherlands Loss to follow up (n=7)	Cognitive intervention/ Pre-, post- evaluation	No significant differences were found between IG and CG. Negative affect showed a weaker association with paranoid ideation post-treatment in IG (p<0.001) vs CG.	Small sample size, results partly confined by baseline differences.

Kaizerman-Dinerman et al. [48], 2018	nRCT	94, Israel Loss to follow up (n=10)	Cognitive intervention/ Pre-, post- and 6-week follow-up evaluation	Increase in performance, participation and daily functions (p<0.001) in IG vs CG.	Non-randomized study, the IG received more therapy time, which may influence the validity of the study.
Shimada et al. [32], 2018	RCT	136, Japan Loss to follow up (n=7)	Psychosocial intervention/ Pre- and post- or 3 months following hospitalization evaluation	Increase in verbal memory (p<0.01), working memory (p=0.02), verbal fluency (p<0.01), attention (p<0.01), cognition (p<0.02), enjoyment (p<0.01), usefulness (p<0.01), perceived choice (p<0.01), intrinsic motivation (p<0.01), medication adherence (p<0.01) and in client satisfaction (p <0.01) in IG vs CG.	Non-blinding study, there was no evaluation of long-term effects during hospitalization and the number of OT sessions was not measured.
Singh et al. [39], 2018	Quasi	20, India Loss to follow up (n=0)	Psychoeducational intervention/ Pre- and post- evaluation	Increase in all subscales' scores of the self-prepared social skills checklist in all participants after intervention (p<0.0001) Increase in all subscales scores of Social-occupational functioning scale in all participants after intervention (p<0.0001)	Small sample size, short follow-up period, no comparison with a control group, only male participants.
Kim et al. [40], 2019	Quasi	20, Korea Loss to follow up (n=0)	Psychosocial intervention/ Pre- and post- evaluation	Higher scores on the executive functions test (p<0.001) and the instrumental ADL test (p<0.05) in IG vs CG.	Small sample size, non-blinding study, the study results are not generalizable.
Argentzell et al. [41], 2020	Quasi	226, Sweden Loss to follow up (n=46)	Psychosocial intervention/ Pre-, and post- evaluation	No significant improvement on recovery main effect and interaction was found between both groups.	Exact participation rate not calculated, decreased external validity, no clear cause and effect.
Gökcen et al. [33], 2020	RCT	36, Turkey Loss to follow up (n=4)	Exercise intervention/ Pre- and post- evaluation	Improve in negative symptoms and general psychopathology in IG vs CG (p<0.001) Increase in social functioning in IG vs CG (p=0.021)	Small sample size, no follow-up data was collected, absence of an active comparison group, the study results are not generalizable
Mashimo et al. [34], 2020	RCT	60, Japan Loss to follow up (n=0)	Psychosocial intervention/ Pre-, and post- evaluation	Increase in social functioning in both groups (p<0.001). Increase in social functioning in IG vs CG (p=0.019).	Non-blinding study, no psychiatric symptoms collected, short duration of the intervention.

Ramano et al. [42], 2020	Quasi	100, South Africa Loss to follow up (n=0)	Psychosocial intervention/ Pre- and post- evaluation	Increase in social interaction in both groups, being significant for the IG (p<0.004). 88% of the IG participants reported improvements in social functioning vs to 78% of the CG participants.	Non-blinding study, short duration of the program, no follow-up data was collected, the study results are not generalizable.
Shinozaki et al. [43], 2020	Quasi	117, Japan Loss to follow up (n=0)	Psychoeducational intervention/ Pre- and post- evaluation	Increase in subjective well-being in all participants after the intervention (p<0.001) Improvement in the attitude of patients towards the drugs used in their treatment (p = 0.002)	Absence of a comparison group, short duration of the program.
Yilmaz et al. [49], 2020	nRCT	100, Turkey Loss to follow up (n=36)	Psychosocial intervention/ Pre- and post- evaluation	Lower clinical symptoms in PSST IG vs CMHC IG (p=0.01) Increase in social functioning in IGs vs CG (p =0.01).	Small sample size, non-blinding study, short follow-up period.
Wasmuth et al. [44], 2021	Quasi	27, United States Loss to follow up (n=0)	Psychoeducational intervention/ Pre-, 6-week and post- evaluation	Increase in IG total OCAIRS scores (p<0.001). No significant differences between IG and CG were found.	Small sample size, OCAIRS only used in IG.

ADL: activities of daily living; CG: control group; IG: intervention group; IQ: Intellectual Quotient; nRCT: non-randomized controlled trial; Pilot: Pilot study of a RCT; Pilot-Q: Pilot study of a Quasi; Quasi: Quasi-experimental study; RCT: randomized controlled trial; vs: versus. ^aWe indicate results where there were statistically significant differences between IG vs CG at significance level of p<0.05.