

Appendix 3

Table 2: Barriers to Recruitment with regards to Bipolar Disorder.

Paper (authors)	Country of Origin/ Study population	Methods/ study design	Anticipated barriers	Barriers reported on recruitment	Strategies to over come these barriers/results [Proposed, Tested and, Used Strategies]]	Methodological limitations.	Primary factor discussed/
Research with severally mentally ill Latinas: Successful recruitment and retention strategies (Loue and Sajatovic, 2008)See Schizophrenia Table. [26]							
Effect of different recruitment sources on composition of a bi polar case registry. (Scholle <i>et al.</i> 2000) [47]	USA Members of a National voluntary bipolar case registry (April 1995- October 1997) sponsored by a university psychiatry department in Pittsburgh USA. 88% of registrants were in psychiatric treatment. Locally recruited participants were 92% Caucasian, 61% Female. National registrants were 63 % female, & 94 % Caucasian.	Quantitative analysis of demographics of registry patients. Recruitment methods: Health professionals; patient support groups; general public relations and other i.e. (word of mouth). Mean ages are listed in the paper across recruitment source.	Recruitment source.	Local Registrants: Not significant however patients recruited through patient support groups tended to be older, better educated, more likely to be married, and Caucasian. National Registrants: Those recruited through the internet were more likely to be younger and better educated.	Local registrants (n = 684) were primarily recruited through health professionals (44%), and a general public relations effort by the centre staff (22%). Recruitment by public relations efforts was the most expensive method of recruitment. National registrants (n = 823) were mostly recruited through the internet (32%) and patient support groups (31%). No sig gender differences were cited by recruitment source.		Barriers to registering on the voluntary bipolar case registry.