

Transition between inpatient mental health settings and community and care home settings

Review questions and review protocols

1. (a) What are the views and experiences of people using services in relation to their admission to inpatient mental health settings from community or care home settings?

(b) What are the views and experiences of people using services in relation to their discharge from inpatient mental health settings into community or care home settings?
2. (a) What are the views and experiences of families and carers of people using services in relation to their admission to inpatient mental health settings from community or care home settings?

(b) What are the views and experiences of families and carers of people using services in relation to their discharge from inpatient mental health settings to community or care home settings?
3. (a) What are the views and experiences of health, social care and other practitioners (for example in housing and education services) in relation to admissions to inpatient mental health settings from community or care home settings?

(b) What are the views and experiences of health, social care and other practitioners (for example in housing and education services) in relation to discharge from inpatient mental health settings to community or care home settings?
4. How do different approaches to assessment, care planning and support (including joint working) affect the process of admission to inpatient mental health settings from community or care home settings?
5. What is the effectiveness or impact of interventions, components of care packages and approaches designed to improve discharge from inpatient mental health settings?
6. What is the effectiveness or impact of interventions and approaches delivered as part of discharge and admission processes in reducing or preventing re-admissions to inpatient mental health settings?
7. What is the effectiveness or impact of specific interventions to support people living with dementia during transition between inpatient mental health settings and community or care home settings?

8. What is the effectiveness or impact of specific interventions to support children and young people during transition between inpatient mental health settings and community or care home settings?
9. What is effective in supporting carers of people in transition between inpatient mental health settings and community or care home settings?
10. What is the impact of learning, development and training for mental health and social care staff and others involved in transitions between inpatient mental health settings and community or care home settings?

REVIEW QUESTIONS AND OBJECTIVES:

Views and experiences of transitions (service users)

Question	
1.	<p>(a) What are the views and experiences of people using services in relation to their admission to inpatient mental health settings from community or care home settings?</p> <p>(b) What are the views and experiences of people using services in relation to their discharge from inpatient mental health settings into community or care home settings?</p>
Relevant section(s) in the scope	
<p>4.3.1 'Key areas and issues that will be covered': see scope section 4.3.1 a; b; c; d; e, f (care and support planning and review; self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).</p>	
Objectives	
<ul style="list-style-type: none"> ➤ To describe the self-reported views and lived experiences of people using services about the care and support they receive during (a) admission to inpatient mental health settings and (b) transition from inpatient mental health settings to community or care home settings; ➤ To consider specifically whether people using services think that their care is (i) personalised and (ii) coordinated across inpatient and community mental health, social care, primary care and where appropriate, housing, education and employment services; ➤ To consider what service users think supports good care during transition, and what needs to change. 	
Criteria for including studies in the review	
<p>Population: All children, young people and adults in transition between inpatient mental settings and community or care home settings. Self-funders and people who organise their own care and who are experiencing a transition between inpatient mental health settings and community or care home settings are included.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p> <p>Equality impact assessment</p>	

Intervention: Personalised and integrated inpatient and community mental health, social care and primary care services, including specialist units and community based support. Overarching values, such as continuity and reliability of care, and the ability to develop therapeutic relationships, may be raised as important to service users.

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children, and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs.

Outcomes: Likely to relate to outcomes such as: experience, views and satisfaction of people in transition; quality and continuity of care; independence, choice and control; involvement in decision-making; dignity and independence; quality of life (including social care, mental health and health-related outcome indicators); safety and safeguarding; suicide rates.

The study designs relevant to these questions are likely to include:

- Systematic reviews of qualitative studies on this topic;
- Qualitative studies of user and carer views of social, mental health and integrated care;
- Qualitative components of effectiveness and mixed methods studies;
- Observational, cohort and cross-sectional survey studies of user experience.

Note: Qualitative studies and surveys reporting views of UK service users and carers may be prioritised over those reporting views of users and carers from other countries.

Changes made in the course of the review

As noted above, papers reporting the views and experiences of people who were not UK service users, carers or practitioners were used only where the context appeared similar, and there was insufficient material from the UK. This is detailed in relation to each RQ below.

Views and experiences of transitions (families and carers of people who use services)

Question	
2.	<p>(a) What are the views and experiences of families and carers of people using services in relation to their admission to inpatient mental health settings from community or care home settings?</p> <p>(b) What are the views and experiences of families and carers of people using services in relation to their discharge from inpatient mental health settings to community or care home settings?</p>
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered': see scope section 4.3.1 a; b; c; d; e, f (care and support planning and review; self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To describe the self-reported views and lived experiences of families and carers of people using services about the care and support provided for people using services at (a) admission to inpatient mental health settings and (b) transition from inpatient mental health settings to community or care home settings; ➤ To consider specifically whether families and carers of people using services think that care is (i) personalised and (ii) coordinated across inpatient and community mental health, social care, primary care and where appropriate, housing, education and employment services; ➤ To consider what families and carers think supports good care during transition, and what needs to change. 	
Criteria for including studies in the review	
<p>Population: Families and carers of all children, young people and adults in transition between inpatient mental settings and community or care home settings. Families and carers of self-funders and of people who organise their own care and who are experiencing a transition between inpatient mental health settings and community or care home settings are included.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users and carers may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p>	

Equality impact assessment

Intervention: Personalised and integrated inpatient and community mental health, social care and primary care services including specialist units and community based support. Overarching values, such as continuity and reliability of care, and the ability to develop therapeutic relationships, may be raised as important to service users, families and carers.

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children, and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs.

Outcomes: Likely to relate to outcomes such as: experience, views and satisfaction of people in transition and their carers; quality and continuity of care; independence, choice and control; involvement in decision-making; dignity and independence; quality of life (including social care, mental health and health-related outcome indicators); safety and safeguarding; suicide rates.

The study designs relevant to these questions are likely to include:

- Systematic reviews of qualitative studies on this topic;
- Qualitative studies of user and carer views of social, mental health and integrated care;
- Qualitative components of effectiveness and mixed methods studies;
- Observational, cohort and cross-sectional survey studies of user experience.

Note: Qualitative studies and surveys reporting views of UK service users and carers may be prioritised over those reporting views of users and carers from other countries.

Changes made in the course of the review

As noted above, papers reporting the views and experiences of people who were not UK service users, carers or practitioners were used only where the context appeared similar, and there was insufficient material from the UK. This is detailed in relation to each RQ below.

Views of transitions (practitioners)

Question	
3.	<p>(a) What are the views and experiences of health, social care and other practitioners (for example in housing and education services) in relation to admissions to inpatient mental health settings from community or care home settings?</p> <p>(b) What are the views and experiences of health, social care and other practitioners (for example in housing and education services) in relation to discharge from inpatient mental health settings to community or care home settings?</p>
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered': see scope section 4.3.1 a; b; c; d; e, f (care and support planning and review; self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To describe the views and experiences of people delivering, organising and commissioning mental and general healthcare, social care (and other relevant services such as housing, employment and education) about the care and support provided during (a) admission to inpatient mental health settings and (b) transition from inpatient mental health settings to community or care home settings; ➤ To collect evidence on key practice and workforce issues which may impact on transitions and should be considered within the guideline; ➤ To highlight aspects of (a) admission to inpatient mental health settings and (b) the transition from inpatient mental health settings to community or care home settings which work well, and are (i) personalised and (ii) integrated, as perceived by practitioners, managers and commissioners. 	
Criteria for including studies in the review	
<p>Population: Health and social care commissioners and practitioners involved in delivering care and support to people during transition between inpatient mental health settings and community or care home settings; approved mental health professionals; advocates; personal assistants engaged by people with mental health problems and their families. General practice and other community-based healthcare and mental health practitioners; psychiatrists and ward staff in inpatient mental health settings (especially those with a role in admission and discharge procedures). Where relevant, the views of housing, employment and education practitioners and police and ambulance personnel involved in supporting people during transition into or from inpatient mental health settings will be considered.</p> <p>Intervention: Personalised and integrated mental health (inpatient and community services) and social care.</p> <p>Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children, and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and</p>	

additional needs.

Outcomes: User and carer related outcomes (see questions 1 and 2), plus service and organisational outcomes such as use of mental health and social care services, need for formal and unpaid care and support, delayed transfers of care from inpatient mental health settings and re-admissions, unplanned or inappropriate admissions to inpatient mental health settings and need for formal and unpaid care and support. (see 4.4 in the Scope).

The study designs relevant to these questions are likely to include:

- Systematic reviews of qualitative studies on this topic;
- Qualitative studies of practitioner views of social, mental health and integrated care;
- Qualitative components of effectiveness and mixed methods studies;
- Observational and cross-sectional survey studies of practitioner or commissioner experience.

Note: Qualitative studies and surveys reporting views of UK service practitioners and commissioners may be prioritised over those reporting views of users and carers from other countries.

Changes made in the course of the review

As noted above, papers reporting the views and experiences of people who were not UK service users, carers or practitioners were used only where the context appeared similar, and there was insufficient material from the UK. This is detailed in relation to each RQ below.

Assessment and care planning to support admission

Question	
4.	How do different approaches to assessment, care planning and support (including joint working) affect the process of admission to inpatient mental health settings from community or care home settings?
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered': see scope section 4.3.1 a: care and support planning and review at admission. Also b; c; d; e, f (self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To identify different approaches to assessment, care planning and support during admission to inpatient mental health settings from community or care home settings and the ways in which they improve outcomes and experiences; ➤ To identify and evaluate the effectiveness of models of coordinated assessment and care planning approaches and associated outcomes; ➤ To identify and evaluate variation between formal and informal admissions, and opportunities for improvement, in approaches to admission for people subject to the provisions of the Mental Health Act, Ministry of Justice restrictions or Mental Capacity Act; ➤ To consider the impact of out of area placements (placement in specialist services or to services with available beds) on the process of admission to, and discharge from inpatient mental health settings. 	
Criteria for including studies in the review	
<p>Population: All children, young people and adults experiencing admission to inpatient mental settings from community or care home settings and their families, partners and carers. Self-funders and people who organise their own care and who are experiencing an admission to inpatient mental health settings from community or care home settings.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users and carers may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p> <p>Equality impact assessment</p> <p>Intervention: Personalised and integrated assessment and admission processes including Mental Health Act assessments. Usual treatment compared to the</p>	

effectiveness of an innovative intervention. Admission of people treated under Care Programme Approach, provisions of Mental Health Act, Mental Capacity Act and Ministry of Justice restrictions.

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children, and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs. Additional specialist services such as triage units and crisis or PACT teams may also be considered where they contribute to assessment and care planning for admission.

Outcomes: User and carer related outcomes (such as user and carer satisfaction; quality of life; quality and continuity of care; independence, choice and control; involvement in decision-making; suicide rates) and service outcomes such as use of mental health and social care services, unplanned or inappropriate admissions to inpatient mental health settings, length of inpatient stay and need for unpaid care and support.

The study designs relevant to these questions are likely to include:

- Systematic reviews of studies of different approaches to admission assessment, care planning and support including under the Mental Health Act;
- Randomised controlled trials of different approaches to assessment, care planning and support during admission;
- Economic evaluations;
- Quantitative and qualitative evaluations of different approaches;
- Observational & descriptive studies of process;
- Cohort studies, case control and before and after studies;
- Mixed methods studies.

Changes made in the course of the review

Papers reporting the views and experiences of people dominated those found for this topic – only one paper (Goldberg et al, 2013) on an intervention (a specialist ward which only marginally met topic criteria) was found. As there was plentiful material on the views and experiences of UK service users, carers and practitioners, the GC agreed that we should not include non-UK papers on views.

Effects of service delivery approaches at discharge from inpatient mental health settings)

Question	
5.	What is the effectiveness or impact of interventions, components of care packages and approaches designed to improve discharge from inpatient mental health settings?
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered': see scope section 4.3.1 a: care and support planning and review during discharge. Also b; c; d; e, f (self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To identify the effectiveness of specific services, interventions or approaches through which people are supported through safe and timely transfers of care from inpatient mental health settings to community or care home settings; ➤ To identify models and approaches to care, assessment and discharge planning and associated outcomes; ➤ To assess the cost effectiveness of interventions designed to facilitate transfer of care from inpatient mental health settings; ➤ To identify which services or aspects or components of services improve discharge; ➤ To identify and evaluate variation between people admitted as formal and informal patients, and opportunities for improvement in approaches to discharge for people subject to the provisions of the Mental Health Act, Ministry of Justice restrictions or Mental Capacity Act; ➤ To consider the impact of out of area placements (placement in specialist services or to services with available beds) on the process of discharge from inpatient mental health settings. 	
Criteria for including studies in the review	
<p>Population: All children, young people and adults in transition from inpatient mental settings to community or care home settings and their families, partners and carers. Self-funders and people who organise their own care and who are experiencing a transition from inpatient mental health settings to community or care home settings are included.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users and carers may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p>	

Equality impact assessment

Intervention: Personalised and integrated assessment, discharge planning and care and support. Usual treatment compared to the effectiveness of an innovative intervention. Aspects or components of models and approaches which improve discharge. Discharge of people treated under Care Programme Approach, provisions of Mental Health Act (including s117), Mental Capacity Act and Ministry of Justice restrictions. Access to reviews and Mental Health Tribunals for people detained under Mental Health Act.

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs.

Outcomes: User and carer related outcomes (such as user and carer satisfaction; quality of life; quality and continuity of care; independence, choice and control; involvement in decision-making. Also suicide rates and years of life saved.) Service outcomes such as use of mental health and social care services, delayed transfers of care from inpatient mental health settings, length of inpatient stay, re-admissions and need for unpaid care and support.

The study designs relevant to these questions are likely to include:

- Systematic reviews of studies of different models of assessment, care planning and support at discharge;
- Randomised controlled trials of different approaches to discharge assessment and care planning and support;
- Economic evaluations;
- Quantitative and qualitative evaluations of different approaches;
- Observational & descriptive studies of process;
- Cohort studies, case control and before and after studies;
- Mixed methods studies.

Changes made in the course of the review

We found **296** texts that appeared to be relevant to discharge, either describing a model or component of discharge from mental health units, or reflecting participant views of discharge. As these were too many to order, we carried out a second screening on title and abstract, to identify (as far as possible) which papers were reports of systematic reviews, randomised controlled trials or studies of participant views and experience which related to the UK context. This yielded **98** papers which the information team accessed in full text. There were sufficient numbers of studies of high quality methodological designs - RCTs – to enable us to confine our review of the evidence to these.

It was expected that some of these papers would include trials of discharge interventions which were evaluated with a primary outcome of reducing readmissions. Although there was an overlap (**33** full texts were reviewed for both review questions),

it was generally clear which papers addressed which topic. For example, the primary outcome of reducing readmissions was stated in the title and there were no other measurable outcomes, or the intervention was not delivered as part of the discharge transition but at various points (during the inpatient episode or commencing after discharge).

We also prepared an analysis of the systematic reviews identified for RQ5 and RQ6 (discharge and reducing readmissions). We found **15** that had been identified in some way as reviews, and that might be relevant to either of these questions. We retrieved these in full text, but only one (Omer et al, 2014) met methodological criteria. Reasons for discarding reviews included:

- Methodological criteria of the review: it was not based on wide searches; did not require included studies to meet high standards; or did not synthesise findings.
- We looked at the inclusion criteria for the review, and how many included studies met our inclusion criteria (looking for agreement of >70% of papers). We also considered relevance to topic, as very strong relevance not covered elsewhere could override lack of RCTs in the review.
- We looked at methods, topic, and evidence type of each included study to see whether they met our criteria as individual papers.
- We considered if the synthesis in the review was convincing – or whether the individual studies might tell us more. For example, we found that reviews often did not define interventions clearly, or synthesised findings from quite different interventions. This meant that the review might be weak as a basis for making specific recommendations, or for assessing external validity/generalisability.

One review, Omer et al (2014), met methodological criteria and was relevant to the discharge topic and is therefore reviewed as a single paper in this set. The other reviews yielded individual RCTs, some already captured in our search outputs. The paper on systematic reviews shows our conclusions and identifies the individual relevant papers reviewed for both topics.

At each stage, we recorded (in Eppi-Reviewer 4 programme) any uncertainties in coding, and discussed these with colleagues.

A total of **98** full texts were retrieved and reviewed for this topic. At the full text stage, the major reasons that papers were excluded from full appraisal were:

- The paper was not on topic (i.e. about an intervention delivered as part of discharge);
- The paper was descriptive rather than evaluative, so no conclusions could be drawn;
- Views and experiences were not about experience of discharge.

We fully reviewed **23** papers in full text that appeared to meet methodological and relevance criteria, and these were data extracted and critically appraised. Five papers (see below) are not included in the tables or summaries as they were of very low quality and did not score positively in terms of internal or external validity (-/-). **18** papers were included in this summary. 5 of these papers reported views and

experiences of discharge within a UK setting, and the GC agreed that it was unnecessary to review qualitative material from outside the UK.

Effects of service delivery approaches (reducing hospital readmissions)

Question	
6.	What is the effectiveness or impact of interventions and approaches delivered as part of discharge and admission processes in reducing or preventing re-admissions to inpatient mental health settings?
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered', e: Interventions and approaches to prevent or reduce readmissions to inpatient mental health settings.	
Objectives	
<ul style="list-style-type: none"> ➤ To identify the effectiveness of health and social care (and where relevant housing, education and employment) interventions designed to reduce the likelihood of a person being readmitted following discharge from an inpatient mental health setting; ➤ To identify and evaluate models or aspects of assessment, planning, care and support in relation to outcomes such as prevention or reduction of readmissions and reduction in length of time spent in inpatient settings; ➤ To assess the cost effectiveness of interventions designed to reduce readmission to inpatient mental health settings; ➤ To identify and evaluate variation and opportunities for improvement in approaches to reducing re-admission and time spent in inpatient mental health settings for people subject to the provisions of the Mental Health Act, Ministry of Justice restrictions or Mental Capacity Act; ➤ To consider the impact of out of area placements (placement in specialist services or to services with available beds) on re-admissions and length of stay in inpatient mental health settings. 	
Criteria for including studies in the review	
<p>Population: All children, young people and adults who have been transferred from inpatient mental settings to community or care home settings and their families, partners and carers. Self-funders and people who organise their own care and who are experiencing a transition between inpatient mental health settings and community or care home settings are included.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users and carers may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p> <p>Equality impact assessment</p>	

Intervention: Personalised and integrated assessment, discharge planning and care and support, including application of interventions such as the Care Programme Approach and Community Treatment Orders which support people to live in the community. Usual service compared to the effectiveness of an innovative service or intervention.

In considering evidence for this topic, we will be mindful that the scope included “4.3.1.(e) Interventions and approaches to prevent or reduce readmissions to inpatient mental health settings”, but also that these needed to be consistent with the Review Question, i.e. “*delivered as part of discharge and admission processes*”. This does not necessarily place limitations on the timing of these interventions, as some are delivered to those at risk of re-admission during an inpatient episode, following discharge or (as in restrictive orders) put in place as a condition of discharge. However, evaluations of community-based services such as assertive outreach teams and hospital at home which aim to avert admissions by supporting the person at home are *not* in scope, unless there is evidence of effective practice in their approach to transitions specifically.

Setting: Service users’ own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes and care homes for children.

Outcomes: Readmissions to psychiatric inpatient facilities during a specific time frame, length of stay or cumulative bed days spent in inpatient mental health settings. User and carer related outcomes (such as user and carer satisfaction; quality of life; quality and continuity of care; choice and control; involvement in decision-making. Also suicide rates and years of life saved.) Service outcomes such as use of mental health and social care services and need for unpaid care and support. (see 4.4 in the Scope).

The study designs relevant to these questions are likely to include:

- Systematic reviews of studies of different models of, assessment, planning and care and support on discharge;
- Randomised controlled trials of different approaches to assessment, planning and care and support on discharge;
- Economic evaluations;
- Quantitative and qualitative evaluations of different approaches;
- Observational & descriptive studies of process;
- Cohort studies, case control and before and after studies;
- Mixed methods studies.

Changes made in the course of the review

We found **162** texts that appeared to describe interventions, or component of interventions, designed to reduce the likelihood of readmissions. As these were too many to order, we carried out a second screening on title and abstract, to identify (as far as possible) which papers were reports of systematic reviews, randomised controlled trials or studies of participant views and experience which related to the UK

context. This yielded **82** papers which the information team accessed in full text. Unusually (in contrast to previous evidence found to address review questions), there were sufficient numbers of studies of high quality methodological designs - RCTs – to enable us to confine our findings to these, together with papers reporting participants' views of such interventions.

It was expected that some of these papers would include trials of discharge interventions which were evaluated with a primary outcome of reducing readmissions. Although there was an overlap (**33** full texts were reviewed for both review questions), it was generally clear which papers addressed which topic. For example, the primary outcome of reducing readmissions was stated in the title and there were no other measurable outcomes; and/or the intervention was not delivered as part of the discharge transition but at various alternative points (during the inpatient episode or commencing in the community after discharge).

We also prepared an analysis of the systematic reviews identified for RQ5 and RQ6 (discharge and reducing readmissions). We found **15** that had been identified in some way as reviews, and that might be relevant to either of these questions. We retrieved these in full text, but only one (Omer et al, 2014) met methodological criteria (and is included in the discharge evidence for review question 5). Reasons for discarding reviews included:

- Methodological criteria of the review: it was not based on wide searches; did not require included studies to meet high standards; or did not synthesise findings.
- We looked at the inclusion criteria for the review, and how many included studies met our inclusion criteria (looking for agreement of >70% of papers). We also considered relevance to topic, as very strong relevance not covered elsewhere could override lack of RCTs in the review.
- We looked at methods, topic, and evidence type of each included study to see whether they met our criteria as individual papers.
- We considered if the synthesis in the review was convincing – or whether the individual studies might tell us more. For example, we found that reviews often did not define interventions clearly, or synthesised findings from quite different interventions. This meant that the review might be weak as a basis for making specific recommendations, or for assessing external validity/generalisability.

None of the reviews met methodological and relevance criteria for the reducing readmissions topic. The other reviews yielded individual RCTs, some already captured in our search outputs. The paper on systematic reviews shows our conclusions and identifies the individual relevant papers reviewed for both topics.

At each stage, we recorded (in Eppi-Reviewer 4 programme) any uncertainties in coding, and discussed these with colleagues.

A total of **82** full texts were retrieved and reviewed for this topic. At the full text stage, the major reasons that papers were excluded were:

- The paper was not on topic (i.e. about an intervention delivered as part of discharge);

- The paper was descriptive rather than evaluative, so no conclusions could be drawn;
- Views and experiences were not about experience of discharge.

We found **15** papers reviewed in full text that met methodological and relevance criteria, and were data extracted and critically appraised. One paper (see below) was not included in the tables or summaries (leaving **14** papers) as it was fully reviewed and assessed as of very low methodological quality and did not score positively in terms of internal or external validity (-/-).

We data extracted and critically appraised the remaining 14 included studies, 2 of which were qualitative and derived from UK settings. The GC were supportive of these decisions.

Effects of care and support planning and delivery approaches (dementia)

Question	
7.	What is the effectiveness or impact of specific interventions to support people living with dementia during transition between inpatient mental health settings and community or care home settings?
Relevant section(s) in the scope	
4.2.1 'Settings that will be covered' – Specialist dementia units in adult mental health inpatient settings; 4.3.1 'Key areas and issues that will be covered', a; b; c; d; e; f (care and support planning and review; self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To identify the impact and effectiveness of the different ways (including specific interventions and services to aid integration into community settings and specialist and general services, including those supporting social participation) in which adults living with dementia are supported through safe and timely admission to inpatient mental health settings from community or care home settings; ➤ To identify the impact and effectiveness of the different ways (including specific interventions) in which adults living with dementia are supported through safe and timely transfers of care from inpatient mental health settings to community or care home settings; ➤ To assess the cost effectiveness of interventions designed to improve transitions between inpatient mental health settings and community or care home settings, for people living with dementia; ➤ To identify and evaluate variation and opportunities for improvement in approaches to reducing re-admission and time spent in inpatient mental health settings for people subject to the provisions of the Mental Health Act, Deprivation of Liberty restrictions or the Mental Capacity Act; ➤ To consider the impact of out of area placements (placement in specialist services or in services with available beds) on admissions into, and discharge from, inpatient mental health settings for people living with dementia. 	
Criteria for including studies in the review	
<p>Population: Adults living with dementia who are in transition between inpatient mental health settings and community or care home settings and their families, partners and carers, including self-funders and people who organise their own care or whose families organise their care.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of particular service users and carers may raise issues specific to that population. These include people without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people</p>	

treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).

[Equality impact assessment](#)

Intervention: Personalised and integrated assessment, discharge planning and care and support specifically for people living with dementia. Usual treatment compared to the effectiveness of an innovative intervention.

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, and all inpatient mental health settings for adults and older people (including specialist dementia units in mental health inpatient settings).

Outcomes: User and carer related outcomes (such as user and carer satisfaction; quality of life; quality and continuity of care; independence, choice and control; involvement in decision-making.) Also suicide rates and years of life saved. Service outcomes such as use of mental health and social care services, unplanned or inappropriate admissions, length of hospital stay, re-admissions and need for unpaid care and support.

The study designs relevant to this question are likely to include:

- Systematic reviews of studies of different models of assessment (on admission and discharge), care planning and support for people living with dementia.
- Randomised controlled trials of different approaches to assessment, care planning and support (on admission and discharge) for people living with dementia.
- Economic evaluations;
- Quantitative and qualitative evaluations of different approaches to supporting the transition of people living with dementia;
- Observational & descriptive studies of process;
- Cohort studies, case control and before and after studies;
- Mixed methods studies.

Effects of care and support planning and delivery approaches (children and young people)

Question	
8.	What is the effectiveness or impact of specific interventions to support children and young people during transition between inpatient mental health settings and community or care home settings?
Relevant section(s) in the scope	
4.2.1 'Settings that will be covered' – Tier 4 CAMHS inpatient settings and secure units for children and young people and specialist autism units and specialist units for (children and young) people with mental health problems and additional needs. 4.3.1 'Key areas and issues that will be covered' a; b; c; d; e, f (care and support planning and review; self-directed and peer support; coordination of care and joint working between all providers; effectiveness of components of care packages that contribute to effective and timely transitions; approaches to prevent readmission; support for carers).	
Objectives	
<ul style="list-style-type: none"> ➤ To identify the impact and effectiveness of the different ways (including specific interventions and services aimed at maintaining participation in education) in which children and young people are supported through safe and timely admission to inpatient mental health settings from community or care home settings; ➤ To identify the impact and effectiveness of the different ways (including specific interventions and specific services that support children and young people to participate in mainstream education, employment and social and leisure activities) in which children and young people are supported through safe and timely transfers of care from inpatient mental health settings to community or care home settings; ➤ To assess the cost effectiveness of interventions designed to improve transitions between inpatient mental health settings and community or care home settings, for children and young people; ➤ To consider the impact of out of area placements (placement in specialist services or in services with available beds) on admissions into, and discharge from, inpatient mental health settings for children and young people. 	
Criteria for including studies in the review	
<p>Population: Children and young people who are in transition between inpatient mental health settings and community or care home settings and their families, parents and carers, including self-funders and people who organise their own care, or whose families organise their care.</p> <p>Intervention: Personalised and integrated assessment, admission, discharge planning and care and support specifically for children and young people. Usual treatment compared to the effectiveness of an innovative intervention. Specific services that support children and young people to participate in mainstream education, and social and leisure activities.</p> <p>Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; foster care and care homes for children. All children's inpatient mental health settings, including tier 4 CAMHS, secure mental health</p>	

settings for children and young people and specialist autism units.

Outcomes: User and carer related outcomes (such as user and carer satisfaction; quality of life; quality and continuity of care; choice and control; involvement in decision-making. Also suicide rates and years of life saved.) Service outcomes such as use of mental health and social care services, unplanned or inappropriate admissions, length of hospital stay, re-admissions and need for unpaid care and support.

The study designs relevant to this question are likely to include:

- Systematic reviews of studies of different models of discharge assessment and care planning for children and young people;
- Randomised controlled trials of different approaches to discharge, assessment and care planning for children and young people;
- Economic evaluations;
- Quantitative and qualitative evaluations of different approaches to supporting the transition of children and young people;
- Observational & descriptive studies of process;
- Cohort studies, case control and before and after studies;
- Mixed methods studies.

Changes made in the course of the review

Most of the papers retrieved from the searches reported views and we therefore decided to consider views papers not only from the UK but also those which were about views of care in the EU, United States, Canada, Australia and New Zealand. Similarly, we anticipated that there were unlikely to be any randomised controlled trials on this subject, particularly given some of the ethical problems of setting up RCTs in this area, and, indeed, we found this to be the case. We therefore decided to include comparative studies which used secondary data analysis and non-experimental methods design. It is important to note that all questions to evaluate effectiveness must be comparative and have a comparison group. The GC approved these decisions.

Support for carers

Question	
9.	What is effective in supporting carers of people in transition between inpatient mental health settings and community or care home settings?
Relevant section(s) in the scope	
4.3.1 'Key areas and issues that will be covered', f (support for carers of people moving between inpatient mental health and community or care home settings)	
Objectives	
<ul style="list-style-type: none"> ➤ Drawing on material identified in review questions 1 to 8 (above), identify approaches in care planning and delivery which enable carers, partners and families to participate in care planning and delivery, both in inpatient mental health settings and community or care home settings; ➤ Identify and evaluate interventions and approaches (including information and education) which can be integrated into care planning, admission and discharge processes to support carers in the tasks of caring; ➤ Consider how providers of mental health and social care services can work in partnership and support families and unpaid carers of people during (a) admission to inpatient mental health settings from community or care home settings and (b) transition from inpatient mental health settings to community or care home settings. 	
Criteria for including studies in the review	
<p>Population: Families, partners and unpaid carers of children, young people and adults during admission to inpatient mental health settings from community or care home settings and during a transfer of care from inpatient mental health settings to community or care home settings. Families, partners and unpaid carers of self-funders experiencing a transfer of care to inpatient mental health settings from community or care home settings and vice versa are included.</p> <p>This topic is relevant to the whole population. Protected characteristics under the Equality Act 2010 were considered throughout the development of the scope. In addition, it is recognised that the needs and experience of carers of particular service users may raise issues specific to that population. These include people supporting service users without stable accommodation; people of minority ethnic background; people with co-morbidities including substance misuse; people with communication difficulties, sensory impairment or learning difficulties; people treated under a section of the Mental Health Act (and/or people under Ministry of Justice restrictions and people treated under Mental Capacity Act), and people placed out of area. The review process will both include and seek evidence of any considerations specific to these groups of people. The full list of people considered in this respect is outlined in the Equality Impact Statement published on NICE website (click on link below).</p> <p>Equality impact assessment</p> <p>Intervention: 'Support to care' (involvement in planning and delivery, specific support such as needs assessment and respite, education and training in skills such as psychological support and physical tasks such as lifting; support to enable social participation and reduce isolation of carers).</p>	

Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for children, and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs.

Outcomes: Carer outcomes (such as carer satisfaction; quality and continuity of care; quality of life, perception of carer burden; choice and control for users and carers; involvement in decision-making; dignity and independence; health status of carer; safety and safeguarding; ability to carry on caring). Service outcomes including hospital readmissions, unplanned admissions, length of stay in hospital and need for unpaid care and support.

The study designs relevant to this question are likely to include:

- Systematic reviews of qualitative studies on this topic;
- Qualitative studies of carer views and experience;
- Systematic reviews utilising measures of carer burden and satisfaction;
- Randomised controlled trials (RCTs) and cluster randomised trials of interventions to support carers to care (e.g. education).

Changes made in the course of the review

At first screening of title and abstract from the search outputs, we found 60 texts that appeared to be relevant to one or more of the carer Review Questions set out above. At second screening on title and abstract, 7 of these appeared to concern active interventions to support carers (though not necessarily at transition points); 8 appeared to be UK studies concerning carers' views and experience of transitions, and 12 were non-UK studies of carers' views and experiences. We initially ordered full texts of those 7 papers which might be interventions and the 8 UK views studies. As there were further exclusions from the set when the full text was found to be irrelevant to the Review Question, it was decided by the team that it would be helpful to access non-UK studies if their findings appeared relevant to the Review Question, and generalizable to England. We ordered full texts for these remaining 12 studies of views and experience from outside the UK.

A total of 27 full texts were reviewed for this topic. 3 papers on interventions for carers, 5 on views (3 from UK and one each from Canada and USA) were included in the final review. The GC approved this approach.

Learning and development

Question	
10.	What is the impact of learning, development and training for mental health and social care staff and others involved in transitions between inpatient mental health settings and community or care home settings?
Relevant section(s) of the scope	
4.3.1 'Key areas and issues that will be covered', g (learning, development and support for staff working with people moving between inpatient mental health and community or care home settings.	
Objectives	
<ul style="list-style-type: none"> ➤ To identify the impact and effectiveness of approaches to existing induction, training and continuing personal development delivered to health and social care staff working in inpatient mental health settings and the community, especially those involved in admission and discharge processes. Population of interest includes advocates, including volunteers and peer support workers, and (unregulated) personal assistants, housing and support staff; ➤ To identify the potential for improvement in this area; ➤ To identify possible barriers and facilitators to the implementation of training and support for health and social care staff involved in supporting transitions between inpatient mental health settings and community or care home settings; ➤ To consider whether and how integrated working fosters shared learning between health and social care staff in relation to improving transitions between inpatient mental health settings and community or care home settings. 	
Criteria for including studies in the review	
<p>Population: Social care practitioners (providers, workers, managers, social workers), and health and social care commissioners involved in delivering care and support to people during transition between inpatient mental health settings and community or care home settings; approved mental health professionals; advocates; personal assistants engaged by people with mental health problems and their families. General practice and other community-based healthcare and mental health practitioners: GPs and community psychiatric nurses, occupational therapists, psychologists, psychotherapists and other therapeutic professionals; psychiatrists and ward staff in inpatient mental health settings (especially those with a role in admission and discharge procedures). Where relevant, housing and education practitioners involved in supporting people during transition into or from inpatient mental health settings.</p> <p>Intervention: Organisational skills support; models of integration and cross-agency work and training; personalised services which respond to the needs of the individual, promote understanding of recovery, and identify and respond to existing or evolving problem conditions. Staff support, supervision, training and assessment. Development of and use of protocols.</p> <p>Setting: Service users' own home, including temporary accommodation; supported housing; sheltered housing; care (residential and nursing) homes, care homes for</p>	

children and all inpatient mental health settings for adults, older people, children and young people and specialist units for people with mental health problems and additional needs.

Outcomes: Effectiveness studies of 'training' with follow up; outcomes relating to safeguarding and safety; reduction in suicide rates; reduction in hospital bed days, reduction in hospital re-admissions: implementation of CQC regulations and contract monitoring.

The study designs relevant to this question are likely to include:

- Systematic reviews of qualitative and quantitative studies on relevant interventions;
- Qualitative studies of service user and carer views of training and competencies of staff and themselves (drawing on question 1);
- Standardised scales measuring satisfaction and wellbeing
- Randomised controlled trials (RCTs) and cluster RCTs on training;
- Other comparative studies
- Pre post-test evaluations of training
- Observational & descriptive studies of implementation and process.

Changes made in the course of the review

We ordered all 11 papers with a view to screening them on full text. As stated in the protocol we included before/after evaluations of training interventions and observational and descriptive studies of implementation and process in addition to the usual study designs: systematic reviews, RCTs, other comparative studies, and views and experience papers. On full text screening we excluded a further 4 papers on topic, a further 2 on evidence type and a paper which was felt to be too methodologically poor to include in the review.