

## Adults with complex needs: social work interventions including assessment, care management and support

**[D] Support during an escalation of need**

*NICE guideline number tbc*

*Evidence reviews underpinning recommendations 1.6.1 to 1.6.7  
and research recommendation 4 in the NICE guideline*

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*These evidence reviews were developed by the  
National Guideline Alliance which is a part of  
the Royal College of Obstetricians and  
Gynaecologists*



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- 1 This evidence report contains information on 2 reviews relating to support during an  
2 escalation of need, the first being an intervention effectiveness review and the second, a  
3 qualitative review.
- 4 • What is the effectiveness of case management and care planning in the event of a crisis  
5 or unplanned escalation of need?
- 6 • Based on the views and experiences of everyone involved, what works well and what can  
7 be improved about case management and care planning in the event of a crisis or  
8 unplanned escalation of need?

# 1 **Support during an escalation of need**

## 2 **Review questions**

- 3 • What is the effectiveness of case management and care planning in the event of a crisis  
4 or unplanned escalation of needs?
- 5 • Based on the views and experiences of everyone involved, what works well and what can  
6 be improved about case management and care planning in the event of a crisis or  
7 unplanned escalation of need?

## 8 **Introduction**

9 Case management and care planning responses to an unplanned escalation of need have  
10 been suggested to improve access to and continuity of care, and consequently reduce  
11 future crisis situations.

12 There is currently little guidance with regard to the effectiveness of social work approaches to  
13 case management and care planning when there is an unplanned escalation of need. The  
14 aim of this review was to determine whether social work case management and care  
15 planning could improve outcomes for adults with complex needs during an escalation of  
16 need, or crisis situation. The review also aims to identify particular aspects of what does and  
17 not does work well for these interventions, in the opinion of all those involved.

## 18 **Summary of the protocol**

19 See Table 1 for a summary of the Population, Intervention, Comparison and Outcome  
20 (PICO) characteristics of the effectiveness review question.

21 Please see Table 2 for a summary of the Population and Phenomenon of interest for the  
22 qualitative review question.

23  
24

1 **Table 1: Summary of the protocol (PICO table) - effectiveness question**

<b>Population</b>	<p>People aged 18 or older with complex needs*.</p> <p>* Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.</p>
<b>Intervention</b>	<p>Social work case management or care planning in the event of a crisis or unplanned escalation of need, which is individualised, collaborative, strengths focussed and/ or focussed and considers professional and informal supporters and environment.</p>
<b>Comparison</b>	<p>Studies using the following comparisons will be included:</p> <ul style="list-style-type: none"> <li>• ‘Standard’ case management and care planning in the event of a crisis or escalation of need.</li> <li>• Different types of the specified intervention</li> </ul>
<b>Outcome</b>	<p><b>Critical</b></p> <p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D</li> <li>• Access to care and support in a crisis measured by contact with services or health or social care practitioners.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Duration of crises</li> <li>• Hospital admissions</li> </ul> <p><b>Important</b></p> <p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Personal resilience – measured using a validated tool such as the Resilience Scale for Adults or the Resilience Scale.</li> <li>• Satisfaction with care planning and case management measured using a validated satisfaction scale.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Timeliness (timing of support to prevent further escalation of need or timing to provide urgent support) - as objectively reported in the study.</li> <li>• Access to a crisis plan (to promote recovery and prevent future crises).</li> </ul>

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 ASCOT: Adult social care outcomes toolkit; ICECAP-A: Investigating choice experiences capability measure for adult population; EQ-5D: European Quality of Life Five Dimension; MANSA: Manchester short assessment of quality of life

1 **Table 2: Summary of the protocol (population and phenomenon of interest) -**  
2 **qualitative question**

3

<b>Population</b>	<ul style="list-style-type: none"><li>• People aged 18 or older with complex needs*.</li><li>• Families and supporters of adults with complex needs</li><li>• Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs.</li></ul> <p>*Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.</p>
<b>Phenomenon of interest</b>	<p>Social work case management or care planning in the event of a crisis or unplanned escalation of need, which is individualised, collaborative, strengths focussed and/ or focussed and considers professional and informal supporters and environment.</p> <p>In order to understand what works and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following aspects of case management and care planning:</p> <ul style="list-style-type: none"><li>• Issues related to accessing case management and care planning in the event of a crisis or escalation of need.</li><li>• Responding to an escalation of need among people with mental health problems.</li><li>• Experiences of case management and care planning responses at key crisis points.</li><li>• Experiences and acceptability of different models of crisis support.</li><li>• The role of contingency plans</li><li>• Positive aspects of case management and care planning and what works well.</li><li>• The extent to which case management and care planning consider professional and informal supporters and environment.</li><li>• Carers satisfaction with case management and care planning.</li><li>• Practitioner satisfaction with case management and care planning.</li></ul>

4

5 For further details see the review protocols in appendix A.

## 6 **Methods and process**

7 This is a mixed-methods review using parallel synthesis. Effectiveness and qualitative data  
8 were analysed and synthesised separately and integrated through the committee's  
9 interpretation of results, described in the committee's discussion of the evidence. This was  
10 supported by a further layer of interpretation by the review team, which is set out in Table 6  
11 and shows how some of the qualitative themes helped to explain or contextualise the  
12 quantitative findings. This table was presented to the committee along with all the  
13 effectiveness and qualitative data to help them to integrate the two data types and make  
14 recommendations.

15 This evidence review was developed using the methods and process described in  
16 [Developing NICE guidelines: the manual](#). Methods specific to this review question are  
17 described in the review protocol in appendix A and the methods document (supplementary  
18 document 1).

19 Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

## 1 Effectiveness evidence

### 2 Included studies

3 For the effectiveness review, we looked for systematic reviews, randomised controlled  
4 trials and observational studies reporting critical outcomes. Two prospective cohort studies  
5 from Canada (Reid 2012 and Semple 2021), 1 retrospective cohort study from the UK  
6 (Timms 2016), and 1 RCT from Australia (Alvarez-Jimenez 2021) were included in this  
7 review. The RCT compared an online social therapy with case management, plus treatment  
8 as usual, to treatment as usual alone. The population was people with a first episode of  
9 psychotic disorder. One cohort study compared a critical time intervention with case  
10 management to a matched control group who did not receive the intervention following  
11 transfer from hospital. The population was adults experiencing homelessness. One cohort study  
12 compared a crisis outreach team consisting of a police officer and a social worker to the  
13 police patrol without a social worker. The population was adults who contacted the police  
14 service in distress, including a mental health related distress. One study compared a cohort  
15 pre and post intervention, where the intervention was outreach by specialist services for  
16 people experiencing homelessness followed by a Mental Health Act assessment and  
17 detention by an approved mental health professional (AMHP).

18 Data were identified for the outcomes quality of life, access to care and support in a crisis  
19 measured by contact with services or health or social care practitioners, duration of crisis and  
20 hospital admissions.

21 No meta-analyses were conducted for the studies as there was heterogeneity between the  
22 interventions.

23 The included studies are summarised in Table 3.

24 See the literature search strategy in [appendix B](#) and study selection flow chart in [appendix C](#).

### 25 Excluded studies

26 Studies not included in this review are listed, and reasons for their exclusion are provided in  
27 appendix J.

### 28 Summary of included studies

29 Summaries of the studies that were included in the effectiveness review are presented in  
30 Table 3.

31 **Table 3: Summary of included studies**

Study	Population	Intervention	Comparison	Outcomes
Alvarez-Jimenez 2021	N=170 total participants with a first episode of psychotic disorder	<u>Horyzons intervention and treatment and usual</u> <ul style="list-style-type: none"> <li>A moderated online social therapy.</li> <li>Expert support provided to individuals by registered mental health clinicians. These include clinical psychologists and social workers. Their role is to tailor</li> </ul>	<u>Treatment as usual only</u> <ul style="list-style-type: none"> <li>Various treatments usually available to young people.</li> <li>This involves referral to adult tertiary community mental health services or primary care depending on</li> </ul>	<ul style="list-style-type: none"> <li>Quality of life</li> <li>Access to care and support in a crisis measure by contact with services or health or social care practitioners</li> <li>Hospital admissions</li> </ul>
Randomised controlled trial	n=86 intervention arm n=84 control arm			
Australia	Age – Mean (SD) = 20.91			

Study	Population	Intervention	Comparison	Outcomes
	(2.88)  Gender: Male= 52.9% Female= 47.1%	evidence-based interventions, monitor participants' clinical status and ensure safety of the social network.  • Participants also received treatment as usual	needs.  • Access to youth mental health services and psychological and psychiatric treatment.  • A leaflet with information on free online youth resources.	
Reid 2021  Matched cohort study  Canada	N=375 total participants who experience homelessness and were discharged from hospital  n=125 homeless adults in the intervention group  n=250 matched controls  Age - Mean (SD): Intervention= 41.1 (12.4) Control= 41 (12.3)  Gender: Male: Intervention= 78.4% Control= 79.2% Female: Intervention= 21.6% Control= 20.8%	<u>Coordinated access to care for homeless adults</u>  • A critical time intervention to support adults who experience homeless and mental health following discharge from hospital  • People are connected to case managers who coordinate access to community-based services, mental health and addiction services, medical care and peer support.	<u>Matched cohort</u>  • Intervention group were matched to individuals who had not received the intervention, but had been hospitalised for mental health or substance use	• Access to care and support in a crisis measure by contact with services or health or social care practitioners  • Duration of crisis  • Hospital admissions
Seiple 2021  Prospective cohort  Canada	N =498 calls (phone call or via patrol) from adults in crisis-related distress	<u>Crisis outreach and support team for people experiencing distress</u>  • Team consisting of a crisis response	<u>General patrol</u>  • General patrol officers without a crisis response worker	• Access to care and support in a crisis measure by contact with services or health or social care

Study	Population	Intervention	Comparison	Outcomes
	<p>n=287 calls responded to by the intervention group</p> <p>n=211 calls responded to by the control group</p> <p>No information on age and gender</p>	<p>worker and a police officer. The team connects people who call in with a distress, including mental illness, to community resources instead of hospital based resources</p>	<p>responding to calls from people in distress, including mental illness</p>	<p>practitioners</p> <ul style="list-style-type: none"> <li>Hospital admissions</li> </ul>
<p>Timms 2016</p> <p>Retrospective cohort</p> <p>UK</p>	<p>N=32 participants, who were rough sleepers, had a Mental Health Act assessment which led to a hospital admission, and had been discharged</p> <p>Age – mean (range) = 44 (24 – 84)</p> <p>Gender: Male= 80% Female= 20%</p>	<p><u>Mental Health Act assessment</u></p> <ul style="list-style-type: none"> <li>Outreach by specialist homeless services, followed by a Mental Health Act assessment and detention by an approved mental health professional.</li> </ul>	<p>Pre-intervention</p>	<ul style="list-style-type: none"> <li>Access to care and support in a crisis measured by contact with services or health or social care practitioners.</li> </ul>

1 See the full evidence tables in appendix D. No meta-analyses were conducted (and so there  
2 are no forest plots in appendix E).

### 3 **Qualitative evidence**

#### 4 **Included studies**

5 A systematic review of the literature was conducted using a combined search for all  
6 qualitative questions. Eight studies were included in this review (Allen 2020, Buckland 2014,  
7 Hall 2017, O'Hare 2013, Smith 2015, Stone 2019, Vicary 2019 and Wickersham 2020).

8 The data provided evidence on what does and does not work well in social work case  
9 management and care planning in the event of a crisis. Data collection methods included  
10 interviews, focus groups, a survey and description of a rich picture, which is a means of  
11 diagrammatically expressing a situation or experience.

1 The studies included the views of social work and healthcare practitioners involved in mental  
2 health act assessments in a mental health crisis, and families of relatives who have been  
3 assessed under the mental health act during a mental health crisis.

4 The included studies are summarised in Table 4.

5 See the literature search strategy in [appendix B](#) and study selection flow chart in [appendix C](#).

## 6 Excluded studies

7 Studies not included in this review are listed, and reasons for their exclusion are provided in  
8 appendix J.

## 9 Summary of included studies

10 Summaries of the studies that were included in the qualitative review are presented in Table  
11 4.

12 **Table 4: Summary of included studies**

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
<p>Allen 2020</p> <p>Phenomenological study</p> <p>UK, Scotland</p> <p><b>Aim of the study</b> To explore factors influencing mental health officers' decision-making in Mental Health Act assessments.</p>	N=8 Mental health officers	<p><b>Data collection:</b> Semi-structured interviews</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>Negative aspects of case management and what doesn't work well</li> <li>Practitioner satisfaction with case management and care planning</li> <li>Responding to an escalation of need among people with mental health problems</li> </ul>
<p>Buckland 2016</p> <p>General qualitative inquiry</p> <p>UK, England</p> <p><b>Aim of the study</b> To explore how AMHPs describe the process of compulsory detention and their own position in detentions.</p>	N=10 Approved Mental Health Professionals	<p><b>Data collection:</b> Semi-structured interviews</p> <p><b>Data analysis:</b> Foucauldian discourse analysis of the language used by participants</p>	<ul style="list-style-type: none"> <li>Positive aspects of case management and what works well</li> <li>Responding to an escalation of need among people with mental health problems</li> </ul>
<p>Hall 2017</p> <p>General qualitative inquiry</p> <p>UK, England</p>	N=15 Approved Social Workers and Home Treatment Professionals	<p><b>Data collection:</b> Semi-structured interviews</p> <p><b>Data analysis:</b> Framework</p>	<ul style="list-style-type: none"> <li>Negative aspects of case management and what doesn't work well</li> <li>Responding to an escalation of need among</li> </ul>

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
<p><b>Aim of the study</b> To observe how the experiences of ASW and HTPs undertaking Mental Health Act assessments fit the conceptual framework of social crisis.</p>		analysis	people with mental health problems
<p>O'Hare 2013</p> <p>General qualitative inquiry</p> <p>UK, England, Scotland and Northern Ireland</p> <p><b>Aim of the study</b> To explore the views of students and experienced mental health social workers about risk, decision-making and compulsory intervention.</p>	<p>N=28</p> <p>n=8 mental health social work students. n=20 mental health social workers.</p>	<p><b>Data collection:</b> Surveys using vignettes and open ended questions relating to a crisis situation</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>• Negative aspects of case management and what doesn't work well</li> <li>• Practitioner satisfaction with case management and care planning</li> </ul>
<p>Smith 2015</p> <p>General qualitative inquiry</p> <p>UK, England</p> <p><b>Aim of the study</b> To explore relative's views of their experiences of mental health crises and if there were any improvements that could be made to AMHP practice.</p>	<p>N=32 relatives of people who were assessed under the Mental Health Act.</p>	<p><b>Data collection:</b> Telephone interviews</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>• Family and carer satisfaction with case management and care planning</li> </ul>
<p>Stone 2019</p> <p>General qualitative inquiry</p> <p>UK, England</p>	<p>N=10 Approved Mental Health Professionals</p> <p>n= 5 social work Approved Mental Health Professionals n= 5 nurse Approved Mental Health Professionals</p>	<p><b>Data collection:</b> Semi-structured interviews using vignettes</p> <p><b>Data analysis:</b> Data was coded and themes were generated</p>	<ul style="list-style-type: none"> <li>• Positive aspects of case management and what works well</li> </ul>

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
<p><b>Aim of the study</b> To explore whether decisions to make a detention following a MHA assessment differs according to the professional background of an AMHP, and exploring decisions to detain.</p>			
<p>Vicary 2019</p> <p>Phenomenological study</p> <p>UK, England</p> <p><b>Aim of the study</b> To explore the experiences of AMHPs including social workers, of carrying out a Mental Health Act assessment</p>	<p>N=12 Approved Mental Health Professionals with varying backgrounds</p> <p>n=5 social worker Approved Mental Health Professionals n=5 nurse Approved Mental Health Professionals n=2 occupational therapist Approved Mental Health Professionals.</p>	<p><b>Data collection:</b> Semi-structured interviews and a “Rich Picture”</p> <p><b>Data analysis:</b> Transcripts were coded and themes were generated</p>	<ul style="list-style-type: none"> <li>• Negative aspects of case management and what doesn't work well</li> </ul>
<p>Wickersham 2020</p> <p>General qualitative inquiry</p> <p>UK, England</p> <p><b>Aim of the study</b> To explore factors the might help or hinder detention minimisation</p>	<p>N=11 mental health professionals with varying backgrounds</p> <p>n=4 Approved Mental Health Professionals n=4 Section 12 (Mental Health Act) Doctors n=3 Approved Mental Health Professional service managers</p>	<p><b>Data collection:</b> Semi-structured interviews and focus group</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>• Negative aspects of case management and what doesn't work well</li> <li>• Positive aspects of case management and what works well</li> <li>• Practitioner satisfaction with case management and care planning</li> <li>• Responding to an escalation of need among people with mental health problems</li> </ul>

1 AMHP: Approved mental health professional; ASW: Approved social worker; HTP: Home treatment professional;  
2 MHA: Mental Health Act

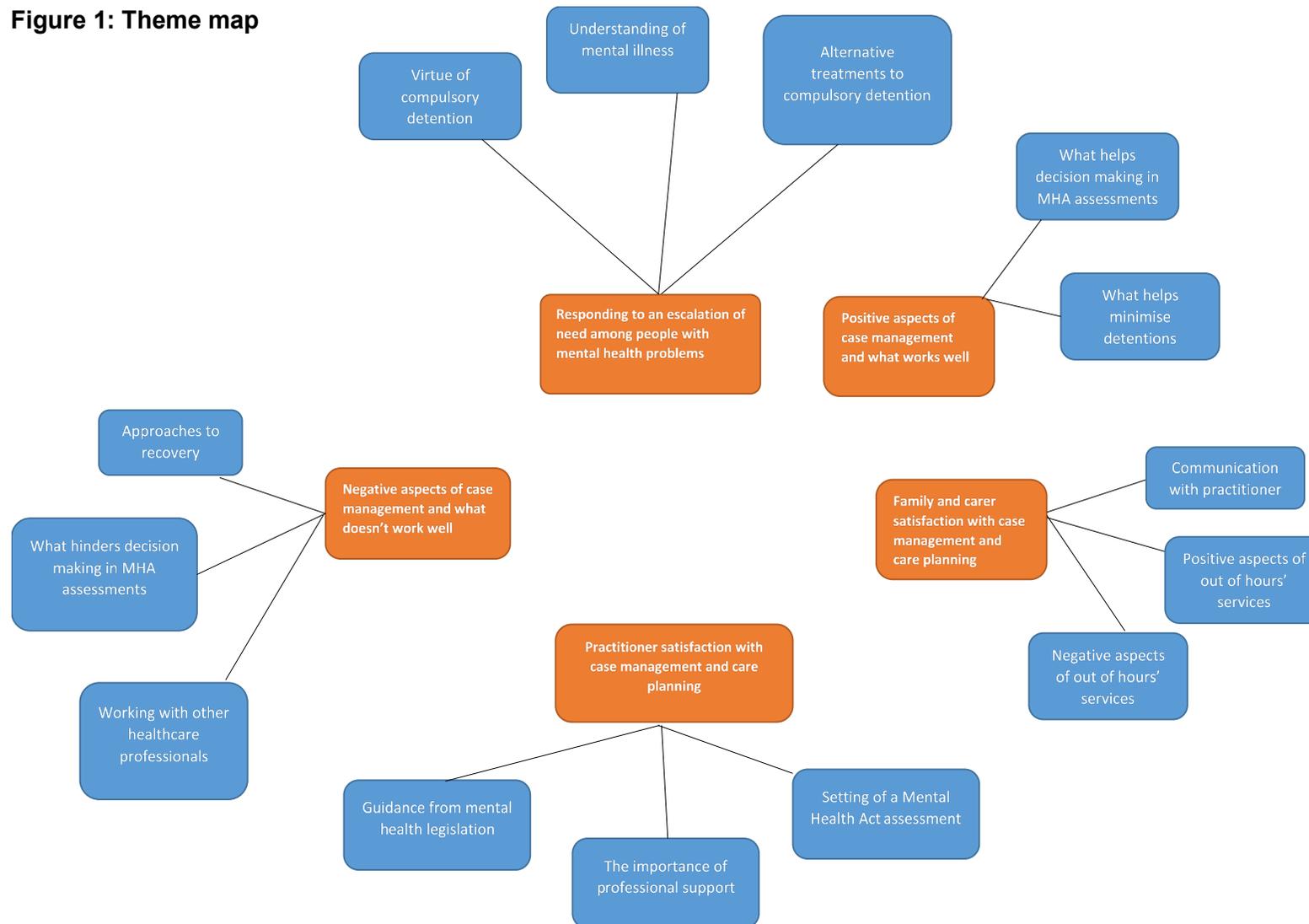
3 See the full evidence tables in appendix D.

4 The themes identified through analysis of all the included studies are listed here:

- 5 • Responding to an escalation of need among people with mental health problems.
- 6     o Alternative treatments to compulsory detention
- 7     o Understanding of mental illness
- 8     o Virtue of compulsory detention
- 9
- 10 • Positive aspects of case management and what works well.

- 1      ○ What helps decision making in MHA assessments
- 2      ○ What helps minimise detention
- 3
- 4      ● Negative aspects of case management and what doesn't work well.
- 5      ○ Approaches to recovery
- 6      ○ What hinders decision making in MHA assessments
- 7      ○ Working with other healthcare professionals
- 8
- 9      ● Practitioner satisfaction with case management and care planning.
- 10     ○ Guidance from mental health legislation
- 11     ○ The importance of professional support
- 12     ○ Setting of a Mental Health Act assessment
- 13
- 14     ● Family and carer satisfaction with case management and care planning.
- 15     ○ Communication with practitioner
- 16     ○ Positive aspects of out of hours service
- 17     ○ Negative aspects of out of hours service
- 18     The theme map (Figure 1) illustrates these overarching themes and their related themes.
- 19     Overarching themes can be seen in orange and central themes in blue.

1 **Figure 1: Theme map**  
2



1 **Summary of the evidence**

2 **Effectiveness evidence**

3 One randomised controlled trial, comparing a moderated online social therapy with expert  
4 support to treatment as usual, identified data for the critical outcomes quality of life and  
5 access to care and support in a crisis, measured by emergency department visits and  
6 hospital admissions. The evidence showed an important harm in terms of quality of life, with  
7 a lower quality of life in the intervention group when compared to the control group. Both  
8 groups showed an increase in quality of life when compared to baseline; however there was  
9 a greater increase in the control group than the intervention group. There was an important  
10 benefit for the intervention when compared to the control for emergency department visits.  
11 There was no important difference for hospital admissions due to mental health but a  
12 possible important benefit from the intervention in terms of hospital admissions due to  
13 psychosis.

14 A matched cohort study compared outcomes for people experiencing homelessness who  
15 had used a critical time intervention and case management approach with those who had  
16 not. Data were reported for the critical outcomes access to care and support in a crisis,  
17 measured by number of emergency department visits and number of outpatient visits; the  
18 duration of crisis, measured by number of days in hospital; and hospital admissions. There  
19 was an important harm for emergency department visits, with the intervention group showing  
20 an increased rate of visits when compared to the control group. There was an important  
21 benefit for the intervention group in terms of the rate of outpatient visits. There was no  
22 important difference between the interventions for the number of days in hospital and  
23 hospital admission.

24 One prospective cohort study comparing a crisis outreach team for people experiencing  
25 distress with a general police response, identified data for the critical outcome access to care  
26 and support in a crisis measured by contact with services or health or social care  
27 practitioners. These were measured by involuntary admissions via apprehension under the  
28 Mental Health Act. Data were also identified for the critical outcome hospital admissions  
29 measured by voluntary admissions to hospital. The data showed an important benefit for the  
30 crisis outreach team when compared to the control group for both outcomes.

31 One retrospective cohort study measured outcomes pre and post intervention where the  
32 intervention was an outreach specialist team for people experiencing homelessness. Data  
33 were reported for the critical outcome access to care and support in a crisis measured by  
34 contact with services or health or social care practitioners. For this study, the outcome was  
35 measured by registration with a general practitioner pre and post intervention. The evidence  
36 showed a benefit from the specialist outreach team, as there was an increase in registration  
37 with a general practitioner post intervention compared to pre intervention.

38 See Appendix F for full GRADE tables.

39 **Qualitative evidence**

40 The evidence generated 5 overarching themes regarding what does and does not work well  
41 in case management and care planning in the event of an escalation of need, from the  
42 perspective of practitioners and families. Five studies provided evidence relating to the  
43 negative aspects or what does not work well. Four studies provided evidence relating to  
44 responding to an escalation of need among people with mental health problems. Three  
45 studies provided evidence for practitioner satisfaction with case management and care  
46 planning. Three studies provided evidence for positive aspects or what works well. One study  
47 provided evidence relating to family satisfaction with case management and care planning.

48 See Appendix F for full GRADE-CERQual tables.

## 1 Synthesis of effectiveness and qualitative data

2 Although the effectiveness and qualitative synthesis were conducted in parallel, some of the  
3 qualitative evidence did help to explain or contextualise the effectiveness findings. In Table 6  
4 relevant themes are listed from the qualitative evidence and are matched to the effectiveness  
5 evidence. The final column of the table provides a possible explanation for the effectiveness  
6 results based on the qualitative findings. The contents of Table 6 are therefore limited to  
7 the effectiveness results for which there was a qualitative explanation.. For the complete  
8 results of the effectiveness synthesis and qualitative synthesis see the GRADE and GRADE-  
9 CERQual tables in appendix F.

10 **Table 5: Evidence synthesis (effectiveness and qualitative data)**

Qualitative Themes	Overall confidence in the findings	Effectiveness evidence	Quality	Explanatory contribution of qualitative findings on effectiveness results
<p><i>D1.1: Alternative treatments to compulsory detention</i></p> <p>Data from 2 studies (Allen 2020, Wickersham 2020) suggested that social work practitioners do not have enough time or resources to try less restrictive alternative options to compulsory detention during a mental health crisis. The studies also suggested there was a lack of alternative treatments for mental illness such as psychotherapeutic, holistic and social methods leading practitioners to choose detention instead.</p>	HIGH	<p><i>Outcome: Hospital admissions; measured by number of involuntary admissions via apprehension.</i></p> <p>Data from 1 study (Semple 2021) showed that crisis outreach and support team had an important benefit over general patrol without social worker input in terms of number of involuntary admissions to hospital via apprehension.</p>	VERY LOW (1 prospective cohort study)	The reduction in number of hospital admissions by apprehension under the Mental Health Act could be attributed to the availability of alternative treatments, as suggested by the qualitative evidence. The qualitative data suggests that practitioners chose detention because there was a lack of alternative treatments such as holistic and social methods. In Semple 2021, people were connected to other community resources when they contacted the crisis outreach team, and the availability of these other alternative methods could explain the reduction in involuntary admissions via apprehension.
<p><i>D1.2: Understanding of mental illness</i></p> <p>Data from 3 studies (Allen 2020, Buckland 2016, Hall 2017) suggested that a lack of understanding about mental health problems, and the classification as an illness in the MHA, established a</p>	HIGH	<p><i>Outcome: Access to care and support in a crisis measured by contact with services or health or social care practitioners; measured by number of people registered to a general practitioner.</i></p> <p>Data from 1 study (Timms 2016) showed that outreach by specialist</p>	VERY LOW (1 retrospective cohort study)	The increase in GP registration post intervention could be explained by the qualitative evidence which suggests classification of mental health problems as illness, as in the MHA, could lead to a relationship between mental health and medical

<p>relationship between mental health and medical treatments. This could result in negative consequences, for example enforced medication.</p>		<p>homeless services, followed by a Mental Health Act assessment and detention by an approved mental health professional, had a benefit over pre-intervention in terms of number of people registered with a GP.</p>		<p>treatments. Following a diagnosis of mental illness or treatment under the Mental Health Act, people may require - or be expected to require - ongoing medical care as well as medication management. Registration with a GP could be a way of ensuring this is fulfilled.</p>
<p><i>D2.1: What helps decision making in MHA assessments</i> <i>D2.1.1: Considering wider support network</i></p> <p>Data from 1 study (Wickersham 2020) suggested that practitioners valued having up to date notes and risk assessments to help increase understanding of a person's background, and help them make decisions in MHA assessments.</p>				<p>As the qualitative evidence suggests practitioners value up to date notes to ensure they have an understanding of a person's background, we might expect that practitioners encourage people who have been assessed under the MHA to register with a GP. A benefit of registration could be ensuring that medical records are up to date with information being accessible if future incidents occur.</p>
<p><i>D2.2: What helps minimise detentions</i></p> <p>Data from 2 studies (Wickersham 2020, Stone 2019) suggested that a MHA assessment itself could lead to more engagement.</p>	<p>HIGH</p>			<p>The qualitative evidence here suggests that an increase in general practitioner registration could be a direct result of the MHA assessment encouraging engagement with health services.</p>

1 GP: General practitioner; MHA: Mental Health Act

## 2 Economic evidence

### 3 Included studies

4 A systematic review of the economic literature was conducted but no economic studies were  
5 identified which were applicable to this review question.

6 A single economic search was undertaken for all topics included in the scope of this  
7 guideline. See Supplement 2 for details.

### 8 Excluded studies

9 A single economic search was undertaken for all topics included in the scope of this  
10 guideline. See Supplement 2 for further information.

1 **Summary of included economic evidence**

2 No economic studies were identified which were applicable to this review question.

3 **Economic model**

4 No economic modelling was undertaken for this review because the committee agreed that  
5 other topics were higher priorities for economic evaluation.

6 **The committee's discussion and interpretation of the evidence**

7 **The outcomes that matter most**

8 For the effectiveness review, subjective quality of life, access to care and support in a crisis,  
9 duration of crises, and hospital admissions were considered to be critical outcomes. The  
10 committee agreed that these outcomes would best reflect whether a person was adequately  
11 supported during an escalation of need, and whether they had access to services that would  
12 ensure longer-term support. Personal resilience, satisfaction with care planning and case  
13 management, timeliness, and access to a crisis plan were considered important outcomes.  
14 The committee chose these outcomes as they would reflect whether the support received  
15 during an escalation of need helped to build resilience for future escalations of need and  
16 would highlight whether people were satisfied with the support. Timeliness was chosen as an  
17 important outcome as the committee agreed that support during an escalation should happen  
18 quickly to minimise the negative outcomes and help to minimise further escalations. The  
19 committee also wanted to find out whether support during an escalation resulted in access to  
20 a crisis plan, as this would give an indication of whether the response to any future  
21 escalations of need had been considered.

22 To address what does and does not work well for those involved, the second part of the  
23 review was designed to include qualitative data and as a result the committee could not  
24 specify in advance the data that would be located. Instead, they agreed, by consensus, on  
25 the following main themes to guide the review, although the list was not exhaustive and the  
26 committee were aware that additional themes could be identified.:

- 27 • Issues related to accessing case management and care planning in the event of a crisis or  
28 escalation of need.
- 29 • Responding to an escalation of need among people with mental health problems.
- 30 • Experiences of case management and care planning responses at key crisis points.
- 31 • Experiences and acceptability of different models of crisis support.
- 32 • The role of contingency plans.
- 33 • Positive aspects of case management and care planning and what works well.
- 34 • The extent to which case management and care planning consider professional and  
35 informal supporters and environment.
- 36 • Carers satisfaction with case management and care planning.
- 37 • Practitioner satisfaction with case management and care planning.

38

39 These themes were chosen as they cover aspects of what works and does not work well  
40 from perspectives of everyone involved.

41 **The quality of the evidence**

42 **Effectiveness evidence**

43 The quality of the evidence for effectiveness outcomes was assessed with GRADE and was  
44 rated as very low to low. This was predominately because of risk of bias in most outcomes

1 from observational studies, due to not controlling for confounding factors, and for bias in the  
2 selection of participants. Other concerns around risk of bias stemmed from participants being  
3 aware of their assignment to the intervention, missing outcome data and retrospective study  
4 designs and lack of a control group. Quality was also downgraded for imprecision around the  
5 effect estimate in some outcomes. Some outcomes were also downgraded for indirectness.  
6 This was due to inclusion of 16 and 17 years olds for some outcomes, inclusion of some  
7 case managers that were not social workers, or in some outcomes no specific mention of  
8 social worker involvement. When this was the case, social worker involvement was assumed  
9 as the intervention was delivered by case managers whose role in the intervention was  
10 similar to the role social workers undertake outside the study context.

11 Inconsistency was not applicable because only 1 study reported data for each outcome.

12 No evidence was identified for the following outcomes: personal resilience, satisfaction with  
13 care planning and case management, timeliness or access to a crisis plan.

14 See appendix F for full GRADE tables with quality ratings of all outcomes.

### 15 **Qualitative evidence**

16 The quality of the evidence for qualitative findings was assessed using GRADE-CERQual  
17 methodology and the overall confidence ranged from very low to high. The review findings  
18 were generally downgraded because of methodological limitations of the included studies,  
19 including, for example not enough information on data analysis, recruitment strategy or  
20 consideration of potential author bias. Some findings were also downgraded for relevance  
21 because in some cases the study context was slightly different to the review protocol and  
22 included the views on non-social worker roles. Finally, some findings were downgraded for  
23 adequacy because together, the relevant studies did not offer rich data.

24 See appendix F for full GRADE-CERQual tables with quality ratings of all review findings.

25

### 26 **Benefits and harms**

#### 27 Responding to an escalation of need, including urgent support

28 The committee discussed that the quantitative and qualitative evidence were both exclusively  
29 focused on mental health crises, and largely on Mental Health Act assessments. They  
30 discussed that a crisis or an unplanned escalation of need can occur for all adults with  
31 complex needs, and recognised this represents a gap in the evidence. Where possible, the  
32 committee tried to make recommendations that would be relevant to all crisis situations. The  
33 committee also highlighted that there was a lack of representation of the views of adults with  
34 complex needs in the qualitative evidence.

35 The committee discussed the quantitative evidence that showed an important harm in terms  
36 quality of life, in people who receive the social therapy with case management intervention,  
37 compared to treatment as usual. They discussed that although quality of life in the  
38 intervention group increased from baseline, it did not increase as much as the treatment as  
39 usual group. The committee discussed that this could be due to a number of reasons and  
40 that the evidence did not sufficiently provide enough information for an explanation. Due to  
41 concerns over the involvement of the social worker in the intervention also, the committee did  
42 not feel confident to use this data to inform recommendations. The committee also discussed  
43 the quantitative evidence that showed an important benefit of social work approaches in  
44 terms of more outpatient visits and more registrations with a GP, for people experiencing  
45 homelessness. They also discussed the evidence that showed an important benefit of a  
46 social work approach in crisis outreach teams, in terms of fewer involuntary admissions via  
47 apprehension under the Mental Health Act, and fewer voluntary admissions to hospital.  
48 However, the committee had concerns over the quality of the evidence, and the degree of

1 social worker involvement in some of the interventions. They agreed that they could not  
2 confidently make a recommendation for the specific approaches described by the studies.  
3 The committee felt the synthesis of the qualitative and quantitative evidence created an  
4 interesting connection between the data, however due to the concerns over quality for the  
5 quantitative evidence they did not feel they could comment on whether this was an accurate  
6 reflection of what happens in practice. They also discussed that some of the results from the  
7 quantitative evidence may be specific to the needs of people experiencing homelessness  
8 and unlikely to reflect the wider population of adults with complex needs.

9 The committee discussed the qualitative evidence (D2.2 What helps minimise detention; high  
10 quality) that suggested that having the involved professionals present during a Mental Health  
11 Act assessment would help avoid detention. They were also aware of statutory requirements  
12 in the Mental Health Act code of practice (14.45) which states that, where possible, the  
13 Approved Mental Health Professional and at least one doctor involved in the Mental Health  
14 Act assessment should assess jointly. They discussed that the evidence was specific to  
15 Mental Health Act assessments, and that from their experience, having all the involved  
16 professionals, present at the same time in other crises was unlikely to be helpful. However,  
17 they agreed that there is value, for most crises, in having a joint assessment with colleagues  
18 who have the most knowledge of the person's care needs. They also agreed that consulting  
19 with colleagues who have the most knowledge of a person's care, would enable social  
20 workers to have the best information available to inform decision-making. The committee  
21 were aware of statutory requirements in the Mental Health Act (14.69) that supported this.  
22 Based on statutory requirements and the evidence available, they agreed that this approach  
23 would help to advocate for interventions that have the least detrimental impact on a person's  
24 rights. The committee highlighted the potential resource impact and logistical issues around  
25 trying to get all the relevant practitioners together in one location and at short notice. To  
26 address these issues, they specified in the recommendation that practitioners should make  
27 joint assessments, as long as it is practical.

28 The committee discussed the importance of upholding the person's preferences, especially  
29 when various practitioners are involved in the response to an unplanned escalation of need,  
30 as supported by the recommendation described above. They agreed that it was essential to  
31 make a recommendation, which was supported by the Mental Health Act, to take into  
32 account the person's wishes and preferences. The committee agreed that this would address  
33 any concerns with regard to decisions made with only the views and opinions of practitioners.  
34 The committee also discussed the importance of upholding the person's preferences and  
35 ensuring a person-centred response to an escalation of need and agreed, from experience,  
36 that this would be a way of improving a person's engagement in their care, and consequently  
37 future outcomes. The review finding (D2.1.2 Professionals' own values; high quality) that  
38 suggested professionals use their own values to help them make decisions during a Mental  
39 Health Act assessment, led the committee to discuss the social work professional capabilities  
40 framework. The framework sets out the ethical principles and critical reflection practices that  
41 a social worker must apply to guide their decision-making. The committee used their  
42 expertise, and drew on this framework to recommend that social workers should take into  
43 account the person's social circumstances and cultural background when planning the best  
44 approach during a crisis situation. The committee discussed that depending on their social  
45 circumstances or cultural background, a person's needs may differ and the appropriateness  
46 and suitability of approaches will differ. They also discussed the importance of respecting  
47 these differences, and ensuring that any approach taken to care following a Mental Health  
48 Act assessment, should have the person in mind and should be able to meet their specific  
49 needs. The committee agreed that the recommendation would achieve this and would  
50 ensure delivery of personalised and appropriate care, and as a result improve engagement in  
51 adults with complex needs. The recommendation is also supported by the Mental Health Act  
52 code of practice (14.8).

53 The committee discussed the evidence (D1.1 Alternative treatments to compulsory detention;  
54 high quality) that suggested there was a lack of time and resources for social workers to

1 consider alternative treatments to detention under the Mental Health Act. They discussed  
2 that a recommendation for more resources was not in the remit of this guideline so they  
3 agreed not to make a recommendation to address this issue. However, the committee were  
4 aware of statutory requirements in the Mental Capacity Act (S1, (6), the Mental Health Act  
5 (14.13 and 14.52) and the Care Act (Chapter 1, 1.14 (h)), that were relevant and state that  
6 the least restrictive options to a person's rights and freedom must be explored. Therefore,  
7 the committee made a strong recommendation to ensure social workers explore the  
8 alternative options. Although the evidence (D1.1 Alternative treatments to compulsory  
9 detention; high quality), which led to the committee discussion, was focused on crises in  
10 mental health, the legislation that supports the recommendation is generalisable to all types  
11 of crises. The committee also discussed the importance of the recommendation focusing on  
12 options that have the least detrimental impact on a person's rights, rather than the least  
13 restrictive option. They discussed non-mental health crises and used an example where an  
14 older person is moved to a care home. They recognised that in this situation moving to a  
15 care home is the most restrictive option. However, this could be the best option to enable  
16 more freedom with the appropriate care and support that would otherwise not have been  
17 possible at home, on their own.

18 The discussion regarding alternative options, led the committee to discuss situations when  
19 people have made an advance statement. The committee were aware of statutory  
20 requirements in the Mental Capacity Act (S4) and the Mental Health Act codes of practice,  
21 which state that a person's advanced statement, must be taken into account. Therefore, the  
22 committee agreed to recommend that in the event of a crisis, social workers establish  
23 whether an advanced statement or a joint crisis plan is in place. They discussed that there  
24 can be times when practitioners do not check whether an advanced statement is in place and  
25 this may be in part due to time pressures. To address this, the committee agreed that it was  
26 essential for the decision making process to be documented, including whether and how an  
27 advanced statement has been used and taken into account. The committee discussed the  
28 importance of considering the views of people important to adults with complex needs, when  
29 planning during a crisis or unplanned escalation of need. The committee discussed the  
30 evidence (D2.1.1 Considering the wider support network; moderate quality) that suggested  
31 practitioners use the wider support network of friends family, carers and people important to  
32 adults with complex needs, to help them make decisions during a Mental Health Act  
33 assessment. Although the evidence was specific to a Mental Health Act assessment, based  
34 on their experience the committee agreed that a wider support network could help in decision  
35 making in other crises. The committee were also aware of statutory requirements, namely in  
36 the Mental Health Act code of practice (4.39, 14.69), which supported their recommendation.  
37 The guidance supports consulting with carers and people who know the person to provide  
38 extra knowledge.

39 The committee discussed the evidence (D3.2.2 Risk aversion; high quality) that suggested  
40 there was a cultural tendency for risk aversion, which might lead to practitioners choosing the  
41 most restrictive treatment option to avoid blame if something were to go wrong. They agreed  
42 it was important to recognise the responsibility of the organisation to support social workers  
43 working in crises. The committee agreed on a recommendation for organisations to provide  
44 social workers with appropriate support after working with someone in crisis. They  
45 highlighted the Social Work England professional standards for social workers (4) which  
46 state social workers should discuss, reflect on and share best practice. The committee  
47 agreed that by reflecting on practice, social workers would be able to identify potential risks  
48 to themselves and others and support decision making in future crisis work, and agreed to  
49 include this in the recommendation. The committee agreed that this recommendation would  
50 address the issues raised in the evidence (D3.2.2 Risk aversion; high quality) regarding risk  
51 aversion leading to choosing the most restrictive option. They agreed that if social workers  
52 had prompt and appropriate support when working in crises, they would be able to address  
53 their concerns as soon as possible, and be able to make decisions that are in the best  
54 interests of the person.

1 The committee also discussed the qualitative evidence (D4.2 The importance of professional  
2 support; low quality) that suggested practitioners value professional support and supervision,  
3 and without this support their own anxiety could be exacerbated after supporting someone  
4 through a crisis. The committee agreed that the recommendation to ensure social workers  
5 are given prompt support and the opportunity for reflection when they have worked with  
6 someone in a crisis would address this. They nevertheless recognised that this may  
7 exacerbate current resource pressures by requiring additional social worker and manager  
8 time. However, they agreed that the benefits of this recommendation to the wellbeing of  
9 social workers outweighed the potential impact on services.

10 The committee discussed statutory guidance in the Mental Health Act (14.35) code of  
11 practice which states that local authorities have a statutory duty to have arrangements in  
12 place to provide a 24-hour service, to respond to a person's needs if they are being  
13 assessed under the Mental Health Act. The committee also discussed the review finding  
14 (D5.3 Negative aspects of out of hours services; low quality) which suggested that relatives  
15 of adults with complex needs were dissatisfied with the availability of out of hour's services  
16 and the time taken for an assessment to take place. They recognised that the evidence, and  
17 statutory guidance were specific for mental health crises, but agreed that it was important to  
18 highlight this with a recommendation. The committee also recognised that any crisis  
19 situation, not only mental health crises. can deteriorate rapidly without timely support, and  
20 that it was essential services were quick to respond to a person's needs and were available  
21 at all times. On the basis of the evidence they therefore expanded the recommended that  
22 local authorities have arrangements in place to provide prompt support to a person's  
23 escalating needs. The committee recommended quick and clear communication between  
24 services as they realised, from their experience, that this continuity was essential.

25 In light of the almost exclusive focus in this evidence review, on mental health crises and  
26 crises interventions provided by professionals other than social workers, the committee  
27 agreed to make a research recommendation to address the gap in evidence on social work  
28 intervention in crises for others with complex needs. In particular, they recommended  
29 research to establish the most effective approach to responding to an escalation of need in  
30 this broader population as well as the acceptability of those approaches to people being  
31 supported and those providing support.

### 32 **Cost effectiveness and resource use**

33 No economic evidence was identified for this topic.

34 The recommendation for a joint assessment may lead an increase in resource use as this is  
35 not currently usual practice in England. Such a recommendation would require relevant  
36 practitioners to be together in the same location or meet via telephone or video conferencing  
37 often at short notice. This may require additional staff time to cover the casework of  
38 practitioners or require them to work outside of their usual working hours. Travel at short  
39 notice is also likely to be needed in circumstances where remote meetings are not  
40 appropriate. Whilst this recommendation will lead to an increase in resource use, such  
41 assessments should only take place where it is both practical and it would be of benefit to the  
42 person. These meetings can be done remotely, where it will not affect the quality of an  
43 assessment or the person's ability to participate, reducing both the time needed and costs.  
44 Such meetings are likely to allow for the people with the most relevant information on a  
45 person's care needs to be present during decision making and will lead to interventions  
46 which minimise any unnecessary detriment to a person's rights and quality of life.

47 The recommendation to allow for 24-hour access to services in relation to detention under  
48 the Mental Helath Act, which can respond promptly to any escalating needs, is already  
49 current practice because it is a legal duty. There is statutory duty to provide a 24-hour to  
50 provide services so decisions on applications for detention under the Mental Health Act can  
51 be made (in line with [section 14.35 of the Mental Health Act Code of Practice](#)). .

1 All other recommendations reinforce current legislation and usual practice. These  
2 recommendations will not lead to any change in resource use or cost.

3 **Other factors the committee took into account**

4 In making recommendations on the basis of this review, the committee used the evidence as  
5 well as their own experiential knowledge to draw on three Acts of parliament; the Mental  
6 Health Act 1983 , the Mental Capacity Act 2005 and the Care Act 2014 as well as their  
7 associated codes of practice. The committee also drew on the Social Work England  
8 professional standards for social workers.

9 **Recommendations supported by this evidence review**

10 This evidence review supports recommendations 1.6.1 to 1.6.7 and the research  
11 recommendation on social work responses to an escalation of need.

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19 **References – included studies**

20

21 **Effectiveness**

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# 1 Appendices

## 2 Appendix A Review protocols

### 3 Review protocol for the review question: What is the effectiveness of case management and care planning in the event of 4 a crisis or unplanned escalation of need?

5 **Table 6: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	CRD42020202384
1.	Review title	Unplanned escalation of needs (quantitative)
2.	Review question	D1. What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need? Note that this review is linked with D2, which is described in a separate review protocol: Based on the views and experiences of everyone involved, what works well and what could be improved about case management and care planning in the event of a crisis or unplanned escalation of needs?
3.	Objective	To assess the effectiveness of case management and care planning when there is a crisis or unplanned escalation of need.
4.	Searches	The following databases will be searched: Cochrane Database of Systematic Reviews (CDSR) Cochrane Central Register of Controlled Trials (CENTRAL) MEDLINE & Medline in Process Embase Applied Social Science Index and Abstracts (ASSIA) International Bibliography of the Social Sciences (IBSS) Social Policy and Practice Social Services Abstracts Sociological Abstracts Social Care Online Searches will be restricted by:

ID	Field	Content
		<ul style="list-style-type: none"> <li>• Date limit: 2010 onwards (see rationale under Section 10)</li> <li>• English language</li> <li>• Human studies</li> <li>• Systematic reviews filter and randomised controlled trials filter</li> </ul> <p>The full search strategies will be published in the final review.</p> <p>Other searches:</p> <ul style="list-style-type: none"> <li>• Additional searching may be undertaken if required.</li> </ul> <p>For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist</p> <p>With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.</p>
5.	Condition or domain being studied	Case management and care planning in social work in the event of a crisis or unplanned escalation of need.
6.	Population	<p>People aged 18 or older with complex needs*.</p> <p>* Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.</p>
7.	Intervention	Social work case management or care planning in the event of a crisis or unplanned escalation of need, which is individualised, collaborative, strengths focussed and/ or focussed and considers professional and informal supporters and environment.
8.	Comparator	<p>Studies using the following comparisons will be included:</p> <ul style="list-style-type: none"> <li>• 'Standard' case management and care planning in the event of a crisis or escalation of need.</li> <li>• Different types of the specified intervention</li> </ul>
9.	Types of study to be included	<p>Experimental studies (where the investigator assigned intervention or control) including:</p> <ul style="list-style-type: none"> <li>• Randomised or quasi-randomised controlled trials</li> <li>• Non-randomised controlled trials</li> <li>• Systematic reviews/meta-analyses of controlled trials.</li> </ul> <p>In the absence of controlled trials reporting critical outcomes, studies using the following designs will be included if they report data on critical outcomes:</p> <p>Other non-randomised studies (where neither control nor intervention were assigned by the investigator) including:</p>

ID	Field	Content
		<ul style="list-style-type: none"> <li>• Systematic reviews of observational studies</li> <li>• Prospective and retrospective cohort studies (studies with multivariate analyses will be prioritised over those using univariate methods of analysis)</li> <li>• Case control studies</li> <li>• Before and after study or interrupted time series</li> </ul>
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Full text papers</li> <li>• Only studies conducted in the UK will be included. However if insufficient UK based studies are available for the purposes of decision making about recommendations then studies from high income countries (as <a href="#">defined by the World Bank</a>) in Europe, plus Australia, New Zealand, Canada and South Africa, will be included.</li> </ul> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Observational studies that do not report critical outcomes</li> <li>• Conference abstracts</li> <li>• Articles published before 2010.</li> <li>• Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality.</li> <li>• Non-English language articles.</li> </ul>
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	<p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D</li> <li>• Access to care and support in a crisis measured by contact with services or health or social care practitioners.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Duration of crises</li> <li>• Hospital admissions</li> </ul>
13.	Secondary outcomes (important outcomes)	<p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Personal resilience – measured using a validated tool such as the Resilience Scale for Adults or the Resilience Scale.</li> <li>• Satisfaction with care planning and case management measured using a validated satisfaction scale.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Timeliness (timing of support to prevent further escalation of need or timing to provide urgent support) - as objectively</li> </ul>

ID	Field	Content		
		<p>reported in the study.</p> <ul style="list-style-type: none"> <li>• Access to a crisis plan (to promote recovery and prevent future crises).</li> </ul>		
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol.</p> <p>Duplicate screening will be undertaken for 10% of items.</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion.</p> <p>Draft excluded studies will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair.</p> <p>A standardised form will be used to extract data from included studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.</p>		
15.	Risk of bias (quality) assessment	<p>Risk of bias of individual studies will be assessed using the preferred checklist as described in <a href="#">Developing NICE guidelines: the manual</a>.</p>		
16.	Strategy for data synthesis	<p>NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction.</p> <p>If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan).</p> <p>'GRADEpro' will be used to assess the quality of evidence for each outcome.</p> <p>Being a parallel review to D2, the NGA technical team will present findings from this review together with qualitative evidence (D2), where data allow. The committee will be supported to complete the synthesis of these mixed data through their discussions of the evidence. Their interpretation of the relationship between the quantitative and qualitative data will be described in the committee discussion of the evidence section of the evidence report.</p>		
17.	Analysis of sub-groups	<p>Subgroup analysis will be conducted wherever possible if the issue of heterogeneity appears relevant, for example in relation to:</p> <ul style="list-style-type: none"> <li>Different approaches to crisis management</li> <li>All groups highlighted in the Equality Impact Assessment.</li> <li>People entitled to section 117 aftercare following discharge from hospital under the Mental Health Act 1983.</li> </ul>		
18.	Type and method of review	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Intervention</td> </tr> </table>	<input checked="" type="checkbox"/>	Intervention
<input checked="" type="checkbox"/>	Intervention			

ID	Field	Content																					
		<input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Other (please specify) This intervention review is linked with a qualitative review [D2] on the same issue.																					
19.	Language	English																					
20.	Country	England																					
21.	Anticipated or actual start date	TBC																					
22.	Anticipated completion date	TBC																					
23.	Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Data extraction</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Risk of bias (quality) assessment</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Data analysis</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
24.	Named contact	5a. Named contact National Guideline Alliance 5b. Named contact e-mail <a href="mailto:SWIadults@nice.org.uk">SWIadults@nice.org.uk</a> 5e Organisational affiliation of the review																					

ID	Field	Content	
		National Institute for Health and Care Excellence (NICE) and National Guideline Alliance	
25.	Review team members	NGA Technical Team	
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.	
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.	
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of <a href="#">Developing NICE guidelines: the manual</a> . Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents">https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents</a>	
29.	Other registration details	Not applicable	
30.	Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020202384">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020202384</a>	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
32.	Keywords	Social work, complex needs, assessment, care management	
33.	Details of existing review of same topic by same authors	Not applicable	
34.	Current review status	<input type="checkbox"/>	Ongoing
		<input checked="" type="checkbox"/>	Completed but not published
		<input type="checkbox"/>	Completed and published
		<input type="checkbox"/>	Completed, published and being updated

ID	Field	Content
		<input type="checkbox"/> Discontinued
35..	Additional information	Not applicable
36.	Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>

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ASCOT: *The adult social care outcomes toolkit*; ASSIA: *Applied Social Science Index and Abstracts*; CDSR: *Cochrane Database of Systematic Reviews*; CENTRAL: *Cochrane Central Register of Controlled Trials*; EQ-5D: *European Quality of Life Five Dimension*; GRADE: *Grading of Recommendations Assessment Development and Evaluation*; IBSS: *International Bibliography of the Social Sciences*; ICECAP-A: *Investigating choice experiences capability measure for adult population*; MANSA: *Manchester short assessment of quality of life*; NGA: *National Guideline Alliance*; NICE: *National Institute for Health and Care Excellence*; OT: *occupational therapist*; PRESS: *Peer Review of Electronic Search Strategies*

**Review protocol for the review question: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

**Table 7: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	CRD42020207567
1.	Review title	Unplanned escalation of need (views and experiences)
2.	Review question	D2. Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?  Note that this review is linked with D1, which is described in a separate review protocol: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need?
3.	Objective	To establish what adults with complex needs, their families and carers believe works well and what could be improved about case management and care planning in the event of a crisis or unplanned escalation of need. To establish what practitioners believe works well and what could be improved about case management and care planning in the event of a crisis or unplanned escalation of need.
4.	Searches	The following databases will be searched: Cochrane Database of Systematic Reviews (CDSR) Cochrane Central Register of Controlled Trials (CENTRAL)

ID	Field	Content
		<p>MEDLINE &amp; Medline in Process Embase Emcare CINAHL PsycINFO Applied Social Science Index and Abstracts (ASSIA) International Bibliography of the Social Sciences (IBSS) Social Policy and Practice Social Science Database Social Services Abstracts Sociological Abstracts Social Care Online Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• Date limit: 2010 onwards (see rationale under Section 10)</li> <li>• English language</li> <li>• Human studies</li> <li>• Qualitative studies filter</li> </ul> <p>Other searches:</p> <ul style="list-style-type: none"> <li>• Additional searching may be undertaken if required.</li> </ul> <p>One search will be conducted to cover all qualitative questions. For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist. With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies will be published in the final review.</p>
5.	Condition or domain being studied	Views, perceptions and/or lived experience of case management and care planning in the event of a crisis or unplanned escalation of need.
6.	Population	<p>People aged 18 or older with complex needs*. Families and supporters of adults with complex needs Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs. *Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.</p>

ID	Field	Content
7.	Phenomenon of interest	<p>Social work case management or care planning in the event of a crisis or unplanned escalation of need, which is individualised, collaborative, strengths focussed and/ or focussed and considers professional and informal supporters and environment.</p> <p>In order to understand what works and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following aspects of case management and care planning:</p> <ul style="list-style-type: none"> <li> <p><b>Issues related to accessing case management and care planning in the event of a crisis or escalation of need.</b> The committee expect to locate data highlighting issues around the timeliness of responses to crisis situations or problems accessing prompt support before an escalation of need becomes a full blown crisis. There may also be data demonstrating that people do not know where to go and who to contact in a crisis situation and object to being channelled through a generic referral system, which may be perceived as unhelpful in a crisis. Although emergency duty teams and crisis help lines exist in most areas, their perceived success varies.</p> </li> <li> <p><b>Responding to an escalation of need among people with mental health problems.</b> Crisis care in mental health is traditionally perceived to be poor and the committee expect to locate data about this although they are also aware of recent investment in these services so up to date evidence about experiences of current practice will be vital for committee decision making.</p> </li> <li> <p><b>Experiences of case management and care planning responses at key crisis points.</b> The committee are interested to understand experiences of case management and care planning responses at key crisis points, for example transfer to and from hospital, unexpected death in families or a withdrawal or reduction of support from wider networks.</p> </li> <li> <p><b>Experiences and acceptability of different models of crisis support.</b> The committee are particularly interested in data about views and experiences which clearly link to the different approaches to case management and care planning reported in the related quantitative review (D1). An example of a particular model is the 'Wellness Recovery Action Plan' (WRAP) to support mental health crisis planning and responses. The committee are also interested in evidence about the perceived role and value of placement panels and the perceived role and value of voluntary services in this context. More generally, they are interested in qualitative data about how people are supported to choose the range of options available to them during a crisis.</p> </li> <li> <p><b>The role of contingency plans.</b> The committee point out that contingency plans are a crucial part of case management and care planning and should therefore feature in people's experiences of crisis response. Contingency plans describe how needs will be met in the event of an escalation of need and key to their success is that they are individualised and shared across the system including with and between families.</p> </li> </ul>

ID	Field	Content
		<ul style="list-style-type: none"> <li data-bbox="698 288 2029 480">• <b>Positive aspects of case management and care planning and what works well.</b> The committee would like to locate data which provide an overall picture of the key characteristics of good case management and care planning in the event of a crisis. In particular they want to understand whether responses were perceived to be proportionate, including whether more informal options were considered. They point out that a crisis can be temporary so increased support can also be temporary. The committee also want to understand whether people feel they are central in the management of their crisis situation and where data allow, how the issue of risk was negotiated. Finally, the committee expect to find data about people’s experiences of continuity in terms of teams or individuals supporting them around a crisis.</li> <li data-bbox="698 517 2029 708">• <b>The extent to which case management and care planning consider professional and informal supporters and environment.</b> The committee would like to understand whether and to what extent carers and other advocates are included in case management and care planning during a crisis or escalation of need. Although they can usually provide valuable insight into the person’s needs and preferences, the committee are aware there is often a lack of engagement with carers during crisis and this has previously been identified by serious case reviews. Although practitioners may find it challenging to navigate the sometimes competing needs and views of people and their carers or advocates, the committee feel it is essential that it happens and hope to locate data which sheds light on this.</li> <li data-bbox="698 745 2029 904">• <b>Carers satisfaction with case management and care planning.</b> The committee believe it is important to triangulate data by including carers’ views and experiences of case management and care planning in the event of a crisis. Carers might report a lack of support and information (for example about their rights under the Care Act) and this can be felt acutely during challenging periods or acute episodes. The sometimes conflicting needs and preferences of the person and their carers or family can also be brought into sharp focus during crises and this may be compounded by misguided assumptions about their willingness and ability to provide support.</li> <li data-bbox="698 941 2029 1165">• <b>Practitioner satisfaction with case management and care planning.</b> This is another way in which the committee wish to triangulate qualitative data. Given that they aim to locate people’s views about the experience of case management and care planning during a crisis, including whether they feel their needs and wishes are recognised, the committee wish to understand whether practitioners feel they have the resources or working arrangements to enable this to happen. Ongoing concerns about limited resources might lead to a focus on people in the most serious crisis situations although this overlooks the fact that if support can be introduced when needs begin to escalate, major crises could be averted. Finally, the committee also wish to locate data about practitioner’s experiences of different models of case management and care planning in the event of an escalation of needs.</li> </ul>
8.	Comparator/Reference standard/Confounding factors	Not applicable as this is a qualitative review
9.	Types of study to be included	<p>Systematic reviews of qualitative studies</p> <p>Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations</p> <p>Surveys conducted using open ended questions and a qualitative analysis of responses</p>

ID	Field	Content
		Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed.
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Full text papers</li> <li>• Only studies conducted in the UK will be included.</li> </ul> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Articles published before 2010</li> <li>• Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality.</li> <li>• Studies using quantitative methods only (including surveys that report only quantitative data)</li> <li>• Surveys using mainly closed questions or which quantify open ended answers for analysis.</li> </ul> <p>Non-English language articles</p> <p>Thematic saturation:</p> <ol style="list-style-type: none"> <li>1. Data or theme(s) from included studies will not be extracted for particular theme(s) if thematic saturation is reached.</li> <li>2. Papers included on full text will subsequently be excluded when the whole anticipated framework of phenomena (x anticipated themes listed in row 7) has reached thematic saturation. That is, when evidence synthesis and the application of GRADE-CERQual show that data about all 10 aspects of the phenomenon of interest are 'adequate' and 'coherent'. See row 7 above for details of the anticipated framework of phenomenon and associated rationale.</li> </ol>
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Outcomes not applicable as this is a qualitative review. For anticipated themes, see row 7 above. 'Phenomenon of interest'.
13.	Secondary outcomes (important outcomes)	Not applicable
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol.</p> <p>Duplicate screening will be undertaken for 10% of items.</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed along with the reason for its exclusion.</p> <p>The excluded studies list will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion</p>

ID	Field	Content														
		<p>between the senior reviewer, Topic Advisor and Chair.</p> <p>A standardised form will be used to extract data from included studies, providing study reference, research question, data collection and analysis methods used, participant characteristics, second-order themes, and relevant first-order themes (such as supporting quotes). One reviewer will extract relevant data into a standardised form. This will be quality assessed by the senior reviewer.</p>														
15.	Risk of bias (quality) assessment	<p>Risk of bias of individual qualitative studies will be assessed using the CASP (Critical Skills Appraisal Programme) qualitative checklist, and for systematic reviews of qualitative studies will be assessed using the CASP Systematic Review checklist. See Appendix H in <a href="#">Developing NICE guidelines: the manual</a> for further details. The quality assessment will be performed by one reviewer and this will be quality assessed by the senior reviewer.</p>														
16.	Strategy for data synthesis	<p>Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes as 'review findings'.</p> <p>The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence (<a href="#">Using qualitative evidence in decision making for health and social interventions</a>; Lewin 2015). The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance.</p> <p>Being a parallel review to D1, the effectiveness of case management and care planning in the event of a crisis, the NGA technical team will present findings from the quantitative (D1) and qualitative (D2) reviews together, where data allow. The committee will be supported to complete the synthesis of these mixed data through their discussions of the evidence. Their interpretation of the relationship between the quantitative and qualitative data will be described in the committee discussion of the evidence section of the evidence report.</p>														
17.	Analysis of sub-groups	<p>As this is a qualitative review sub group analysis is not possible. However, if data allow, the review will include information regarding differences in views held between certain groups or about different approaches to case management and care planning in the event of a crisis, focused on different groups and delivered via different modes.</p>														
18.	Type and method of review	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Intervention</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Diagnostic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prognostic</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Qualitative</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Epidemiologic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Service Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other (please specify) This qualitative review is linked with an intervention review [D1] on the same issue.</td> </tr> </tbody> </table>	<input type="checkbox"/>	Intervention	<input type="checkbox"/>	Diagnostic	<input type="checkbox"/>	Prognostic	<input checked="" type="checkbox"/>	Qualitative	<input type="checkbox"/>	Epidemiologic	<input type="checkbox"/>	Service Delivery	<input checked="" type="checkbox"/>	Other (please specify) This qualitative review is linked with an intervention review [D1] on the same issue.
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ID	Field	Content		
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	August 2020		
22.	Anticipated completion date	TBC		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Named contact	5a. Named contact National Guideline Alliance 5b. Named contact e-mail <a href="mailto:SWIadults@nice.org.uk">SWIadults@nice.org.uk</a> 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance		
25.	Review team members	NGA Technical Team		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a		

ID	Field	Content
		meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of <a href="#">Developing NICE guidelines: the manual</a> . Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents">https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents</a>
29.	Other registration details	Not applicable
30.	Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020207567">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020207567</a>
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Social work, complex needs, assessment, care management
33.	Details of existing review of same topic by same authors	Not applicable
34.	Current review status	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
35..	Additional information	Not applicable
36.	Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>

1 ASCOT: The adult social care outcomes toolkit; ASSIA: Applied Social Science Index and Abstracts; CASP: Critical Skills Appraisal Programme; CDSR: Cochrane Database of Systematic Reviews;  
 2 CENTRAL: Cochrane Central Register of Controlled Trials; CINAHL: The Cumulative Index to Nursing and Allied Health Literature; GRADE CERQual: Grading of Recommendations Assessment  
 3 Development and Evaluation Confidence in the Evidence from Reviews of Qualitative research; IBSS: International Bibliography of the Social Sciences; ICECAP-A: Investigating choice experiences  
 4 capability measure for adult population; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; PRESS: Peer Review of Electronic Search Strategies; WRAP:  
 5 Wellness Recovery Action Plan

## Appendix B Literature search strategies

### Literature search strategies for the review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need?

Embase 1980 to 2021 Week 22, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

*Multifile database codes: emez= Embase 1980 to 2021 Week 22; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021*

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.

#	Searches
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	(*Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.

#	Searches
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunc*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabil* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	Crisis Intervention/
113	exp suicidal behavior/pc use emez
114	(exp stress/pc, rh or exp anxiety disorder/pc, rh) use emez
115	(risk management/ or behavior control/ or exp behavior assessment/) use emez
116	((exp self-injurious behavior/ or family conflict/ or exp stress, psychological/ or exp anxiety disorders/ or exp psychological trauma/) and (Preventive Psychiatry/ or exp Preventive Health Services/)) use ppez
117	(risk management/ or behavior control/ or safety management/ or security measures/) use ppez
118	((cris?s or acute or critical or de-escalat* or deescalat* or non-escalat* or nonescalat* or emergenc* or rapid* or urgent or self injurious behav* or self harm or self injur* or self mutilat* or self cut* or self burn* or self poison* or overdos* or suicid*) adj3 (approach* or assess* or defus* or intervention* or manag* or model? or occur* or prevent* or program* or rehabilitat* or resol* or respon* or scheme* or service* or support or team* or therap* or treatment*)).ti,ab.
119	((need* or risk*) adj3 escalat*).ti,ab.
120	(cris?s adj3 access*).ti,ab.
121	(cris?s adj3 (health or mental or psycho* or social)).ti,ab.
122	urgent care.ti,ab.
123	((acute or emergenc* or episod* or sudden or short term or temporary or unexpected or unplanned or unscheduled) adj3 (cris?s or care or risk*)).ti,ab.
124	((acute or emergenc* or sudden or short term or temporary or unexpected or unplanned or unscheduled) adj3 (event* or need* or ill* or occurrence*)).ti,ab.
125	(deteriorat* adj3 (abilit* or health or condition* or safe* or sudden*)).ti,ab.
126	((dependen* or circumstance*) adj3 (fluctuat* or chang* or differen* or measur* or need*)).ti,ab.
127	or/112-126
128	111 and 127
129	Letter/ use ppez
130	letter.pt. or letter/ use emez
131	note.pt.
132	editorial.pt.
133	Editorial/ use ppez
134	News/ use ppez
135	exp Historical Article/ use ppez
136	Anecdotes as Topic/ use ppez
137	Comment/ use ppez
138	Case Report/ use ppez
139	case report/ or case study/ use emez
140	(letter or comment*).ti.
141	or/129-140
142	randomized controlled trial/ use ppez
143	randomized controlled trial/ use emez
144	random*.ti,ab.
145	or/142-144

#	Searches
146	141 not 145
147	animals/ not humans/ use ppez
148	animal/ not human/ use emez
149	nonhuman/ use emez
150	exp Animals, Laboratory/ use ppez
151	exp Animal Experimentation/ use ppez
152	exp Animal Experiment/ use emez
153	exp Experimental Animal/ use emez
154	exp Models, Animal/ use ppez
155	animal model/ use emez
156	exp Rodentia/ use ppez
157	exp Rodent/ use emez
158	(rat or rats or mouse or mice).ti.
159	or/146-158
160	128 not 159
161	limit 160 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
162	161 use emez
163	160 not 162
164	limit 163 to english language
165	limit 164 to yr="2010 -Current"

The Cochrane Library: Cochrane Database of Systematic Reviews, Issue 6 of 12, June 2021; Cochrane Central Register of Controlled Trials, Issue 5 of 12, May 2021

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest* assessor*"):ti,ab
#12	((("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or "high support" or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on-going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	MeSH descriptor: [Crisis Intervention] this term only
#23	MeSH descriptor: [Stress, Psychological] explode all trees and with qualifier(s): [prevention & control - PC]
#24	MeSH descriptor: [Self-Injurious Behavior] explode all trees and with qualifier(s): [prevention & control - PC, rehabilitation - RH]
#25	MeSH descriptor: [Family Conflict] this term only
#26	MeSH descriptor: [Anxiety Disorders] explode all trees and with qualifier(s): [prevention & control - PC, rehabilitation - RH]
#27	MeSH descriptor: [Psychological Trauma] explode all trees and with qualifier(s): [prevention & control - PC, rehabilitation - RH]
#28	MeSH descriptor: [Risk Management] this term only
#29	MeSH descriptor: [Safety Management] this term only
#30	MeSH descriptor: [Behavior Control] explode all trees
#31	MeSH descriptor: [Security Measures] this term only
#32	((crisis or crises or acute or critical or de-escalat* or deescalat* or non-escalat* or nonescalat* or emergenc* or rapid*

ID	Search
	or urgent or self injurious behav* or self harm or self injur* or self mutilat* or self cut* or self burn* or self poison* or overdos* or suicid*) next/3 (approach* or assess* or defus* or intervention* or manag* or model* or occur* or prevent* or program* or rehabilitat* or resol* or respon* or scheme* or service* or support or team* or therap* or treatment*)):ti,ab
#33	((need* or risk*) next/3 escalat*):ti,ab
#34	((crisis or crises) next/3 (access or health or mental or psycho* or social)):ti,ab
#35	"urgent care":ti,ab
#36	((acute or emergenc* or episod* or sudden or short term or temporary or unexpected or unplanned or unscheduled) next/3 (crisis or crises or care or risk*)):ti,ab
#37	((acute or emergenc* or sudden or short term or temporary or unexpected or unplanned or unscheduled) next/3 (event* or need* or ill* or occurrence*)):ti,ab
#38	(deteriorat* next/3 (abilit* or health or condition* or safe* or sudden*)):ti,ab
#39	((dependen* or circumstance*) next/3 (fluctuat* or chang* or differen* or measur* or need*)):ti,ab
#40	{or #22-#39}
#41	#21 and #40

Database(s): Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest]

Set#	Searched for
S1	(AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*)) AND pd(20100101-20201231) AND la.exact("ENG"))
S2	(AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231) AND la.exact("ENG"))
S3	(AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR impact* OR issue* OR life OR lives OR living OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231) AND la.exact("ENG"))
S4	(AB,TI((cris* OR acute OR critical OR de-escalat* OR deescalat* OR non-escalat* OR nonescalat* OR emergenc* OR rapid* OR urgent OR self injurious behav* OR self harm OR self injur* OR self mutilat* OR self cut* OR self burn* OR self poison* OR overdos* OR suicid*) NEXT (approach* OR assess* OR defus* OR intervention* OR manag* OR model* OR need* OR occur* OR prevent* OR program* OR rehabilitat* OR resol* OR respon* OR risk* OR scheme* OR service* OR support OR team* OR therap* OR treatment*))) OR (AB,TI(urgent care)) OR (AB,TI((acute OR emergenc* OR episod* OR sudden OR short term OR temporary OR unexpected OR unplanned OR unscheduled) NEXT (cris* OR care OR risk* OR event* OR need* OR ill* OR occurrence*))) OR (AB,TI(deterioration NEXT (abilit* OR health OR condition* OR safe* OR sudden*))) OR (AB,TI((dependen* OR circumstance*) NEXT (fluctuat* OR chang* OR differen* OR measur* OR need*))) AND pd(20100101-20201231) AND la.exact("ENG"))
S5	2 and 3
S6	1 and 5
S7	4 and 6

Social Care Online: <https://www.scie-socialcareonline.org.uk/>

Titles search:
- PublicationTitle:'social work* or social care*'
- OR PublicationTitle:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR PublicationTitle:'"approved mental health professional*' or AMHP'
- OR PublicationTitle:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
- AND PublicationTitle:'cris* or acute or critical or de-escalat* or deescalat* or non-escalat* or nonescalat* or emergenc* or rapid* or urgent or episod* or sudden or short term or temporary or unexpected or unplanned or unscheduled or self injur* or self harm or self injur* or self mutilat* or self cut* or self burn* or self poison* or overdos* or suicid* or fluctuat* or chang* or deteriot* or differen* or need*'
- AND PublicationTitle:'approach* or assess* or defus* or interven* or manag* or model* or need* or occur* or prevent* or program* or rehabilitat* or resol* or respon* or risk* or scheme* or service* or support or team* or therap* or treatment*'
- AND PublicationYear:'2010 2020'

OR

Abstracts search:
- AbstractOmitNorms:'social work* or social care*'
- OR AbstractOmitNorms:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worke* or best interest* assessor*'

Abstracts search:
- OR AbstractOmitNorms:"approved mental health professional*" or AMHP'
- OR AbstractOmitNorms:'social welfare or social assistance or local authority* or local council* or state support or social prescribing or welfare service*'
- AND AbstractOmitNorms:'crisis* or acute or critical or de-escalat* or deescalat* or non-escalat* or nonescalat* or emergenc* or rapid* or urgent or episod* or sudden or short term or temporary or unexpected or unplanned or unscheduled or self injur* or self harm or self injur* or self mutilat* or self cut* or self burn* or self poison* or overdos* or suicid* or fluctuat* or chang* or deterior* or differen* or need*'
- AND AbstractOmitNorms:'approach* or assess* or defus* or interven* or manag* or model* or need* or occur* or prevent* or program* or rehabilitat* or resol* or respon* or risk* or scheme* or service* or support or team* or therap* or treatment*'

## Database(s): Social Policy and Practice 202104

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authority* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.

#	Searches
45	((food or fuel) adj (insecurity or poverty)) or food bank?.ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	((cris?s or acute or critical or de-escalat* or deescalat* or non-escalat* or nonescalat* or emergenc* or rapid* or urgent or self injurious behav* or self harm or self injur* or self mutilat* or self cut* or self burn* or self poison* or overdos* or suicid*) adj3 (approach* or assess* or defus* or intervention* or manag* or model? or occur* or prevent* or program* or rehabilitat* or resol* or respon* or scheme* or service* or support or team* or therap* or treatment*)).ti,ab.
76	((need* or risk*) adj3 escalat*).ti,ab.
77	(cris?s adj3 access*).ti,ab.
78	(cris?s adj3 (health or mental or psycho* or social)).ti,ab.
79	urgent care.ti,ab.
80	((acute or emergenc* or episod* or sudden or short term or temporary or unexpected or unplanned or unscheduled) adj3 (cris?s or care or risk*)).ti,ab.
81	((acute or emergenc* or sudden or short term or temporary or unexpected or unplanned or unscheduled) adj3 (event* or need* or ill* or occurrence*)).ti,ab.
82	(deteriorat* adj3 (abilit* or health or condition* or safe* or sudden*)).ti,ab.
83	((dependen* or circumstance*) adj3 (fluctuat* or chang* or differen* or measur* or need*)).ti,ab.
84	or/75-83
85	74 and 84
86	(animal* or rat or rats or mouse or mice).ti.
87	85 not 86
88	limit 87 to yr="2010 -Current"

## SUPPLEMENTARY SEARCH

Database(s):Embase 1980 to 2020 Week 41, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to October 13, 2020

*Multifile database codes: emez= Embase 1980 to 2020 Week 41; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to October 13, 2020*

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/)) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena/") use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work or un paid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or

#	Searches
	accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103

#	Searches
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)):ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)):ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	((mental health act or MHA) adj2 assess*):ti,ab.
113	((depriv* adj2 liberty) or DoL?) adj3 assess*):ti,ab.
114	(best interest* adj2 assess*):ti,ab.
115	((emergenc* or out of hours) adj (duty team* or service*)):ti,ab.
116	or/112-115
117	111 and 116
118	limit 117 to english language
119	limit 118 to yr="2010 -Current"

The Cochrane Library: Cochrane Database of Systematic Reviews, Issue 10 of 12, October 2020; Cochrane Central Register of Controlled Trials, Issue 10 of 12, October 2020

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest assessor*"):ti,ab
#12	((("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or "high support" or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on-going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	((mental health act or MHA) near/2 assess*):ti,ab
#23	((depriv* near/2 liberty) or DoL?) near/3 assess*):ti,ab
#24	(best interest* near/2 assess*):ti,ab.
#25	((emergenc* or out of hours) near (duty team* or advisor* or service*)):ti,ab.
#26	{or #22-#25}
#27	#21 and #26 with Cochrane Library publication date Between Jan 2010 and Oct 2020

Database(s): Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest]

Set#	Searched for
S1	(AB, TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB, TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB, TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*)) AND pd(20100101-20201231) AND la.exact("ENG"))
S2	(AB, TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231) AND la.exact("ENG"))
S3	(AB, TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR impact* OR issue* OR life OR lives OR living OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231) AND la.exact("ENG"))
S4	(AB, TI((mental health act OR MHA) NEXT assess*)) OR (AB, TI((depriv* NEXT liberty) AND assess*)) OR (AB, TI(best interest* NEXT assess*)) OR (AB, TI(((emergenc* OR out of hours) NEXT (duty team* OR advisor* OR service*))) AND pd(20100101-20201231) AND la.exact("ENG"))
S5	2 and 3
S6	1 and 5
S7	4 and 6

Database(s): APA PsycInfo 1806 to October Week 1 2020

#	Searches
1	exp social workers/ or exp social services/ or exp social casework/ or case management/ or social security/ or "welfare services (government)"/ or community welfare services/ or government agencies/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
9	SHCN.ti,ab.
10	complex case? .ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
13	or/7-12
14	exp social issues/
15	"activities of daily living"/ or exp lifestyle/
16	14 and 15
17	employment status/ or employability/ or occupational tenure/ or occupational status/ or job security/ or job search/ or supported employment/ or vocational rehabilitation/ or vocational evaluation/ or work adjustment training/ or sheltered workshops/ or unemployment/ or personnel termination/ or employee layoffs/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/

#	Searches
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?)).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target?)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	social isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
69	exp minority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or

#	Searches
	exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	((disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	((mental health act or MHA) adj2 assess*).ti,ab.
95	((depriv* adj2 liberty) or DoL?) adj3 assess*).ti,ab.
96	(best interest* adj2 assess*).ti,ab.
97	((emergenc* or out of hours) adj (duty team* or service*)).ti,ab.
98	or/94-97
99	93 and 98
100	limit 99 to (english language and yr="2010 -Current")

Social Care Online: <https://www.scie-socialcareonline.org.uk/>

Titles search:
- PublicationTitle:'social work* or social care**
- OR PublicationTitle:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor**
- OR PublicationTitle:"approved mental health professional** or AMHP'
- OR PublicationTitle:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service**
- AND PublicationTitle:'best interest* or deprivation of liberty or DoL or DoLs or emergency duty team or mental health act or MHA or out of hours'
- AND PublicationTitle:'assess**
- AND PublicationYear:'2010 2020'

OR

Abstracts search:
- AbstractOmitNorms:'social work* or social care**
- OR AbstractOmitNorms:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor**
- OR AbstractOmitNorms:"approved mental health professional** or AMHP'
- OR AbstractOmitNorms:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service**
- AND AbstractOmitNorms:'best interest* or deprivation of liberty or DoL or DoLs or emergency duty team or mental health act or MHA or out of hours'
- AND AbstractOmitNorms:'assess**
- AND PublicationYear:'2010 2020'

Database(s):Social Policy and Practice 202007

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.

#	Searches
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering or unpaid work or un paid work).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67

#	Searches
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	((mental health act or MHA) adj2 assess*).ti,ab.
76	((depriv* adj2 liberty) or DoL?) adj3 assess*).ti,ab.
77	(best interest* adj2 assess*).ti,ab.
78	((emergenc* or out of hours) adj3 (duty team* or advisor* or service*).ti,ab.
79	or/75-78
80	74 and 79
81	limit 80 to yr="2010 -Current"

**Literature search strategies for the review question: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

A combined search was used for all qualitative questions.

Database(s): Embase 1980 to 2020 Week 11, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 17, 2020

*Multifile database codes: emez= Embase 1980 to 2020 Week 11; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 17, 2020*

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/)) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez

#	Searches
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemploy* or unemploy*).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community

#	Searches
	involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighb*hood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcohol* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	(Qualitative Research/ or Nursing Methodology Research/ or Interviews as Topic/ or Interview/ or Interview, Psychological/ or Narration/ or "Surveys and Questionnaires"/) use ppez
113	(qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/) use emez
114	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
115	((discourse* or discours* or conversation* or content) adj analys?s).mp.
116	((lived or life or personal) adj experience*).mp.
117	(focus adj group*).ti,ab.
118	(grounded adj (theor* or study or studies or research or analys?s)).mp.
119	action research.ti,ab.
120	(field adj (study or studies or research)).ti,ab.
121	descriptive study.ti,ab.
122	or/112-121
123	((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti,ab.)) or (Animals not Humans).sh. or exp Animals,

#	Searches
	Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.
124	123 use ppez
125	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
126	125 use emez
127	124 or 126
128	limit 122 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
129	128 use emez
130	122 not (127 or 129)
131	111 and 130
132	limit 131 to english language
133	limit 132 to yr="2010 -Current"

Database(s): EBSCO Host CINAHL Plus

#	Query	Limiters/Expanders
S22	S17 AND S21	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S21	S18 OR S19 OR S20	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S20	TX (qualitative or "action research" OR "descriptive study" OR ethnogra* OR existential OR experiential OR experience* OR "field research" OR "field study" OR "field studies" OR "focus group?" OR grounded OR hermeneutic* OR heuristic* OR humanistic OR interview* OR "mixed method?" OR narrative OR paradigm* OR semiotic* OR thematic )	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S19	(MH "Interviews+") OR (MH "Narratives+") OR (MH "Questionnaires+") OR (MH "Surveys")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S18	(MH "Qualitative Studies+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S17	S9 AND S16	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S16	S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S15	TX (impact adj3 daily W2 (life or lives or living or activit* or experienc*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S14	TX (dual diagnos#s or multi* diagnos#s)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S13	TX complex case?	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S12	TX SHCN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S11	TX ((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or	Expanders - Apply equivalent subjects

#	Query	Limiters/Expanders
	(intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) W4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)	Search modes - SmartText Searching
S10	(MH "Comorbidity")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S8	TX (social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S7	TX (("approved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S6	TX (care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S5	TX ((social* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi#ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S4	((MH "Mental Health Services+") AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S3	(MH "Accountable Care Organizations")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S2	(MH "Case Management") OR (MH "Case Managers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S1	(MH "Social Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#### Database(s): Emcare 1995 to present

#	Searches
1	social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12

#	Searches
14	exp *social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?.ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
69	exp migrant/ or minority group/ or vulnerable population/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.

#	Searches
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/
95	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
96	((discourse* or discours* or conversation* or content) adj analys?s).mp.
97	((lived or life or personal) adj experience*).mp.
98	(focus adj group*).ti,ab.
99	(grounded adj (theor* or study or studies or research or analys?s)).mp.
100	action research.ti,ab.
101	(field adj (study or studies or research)).ti,ab.
102	descriptive study.ti,ab.
103	or/94-102
104	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
105	limit 103 to (conference abstract or conference paper or conference review or conference proceeding)
106	103 not (104 or 105)
107	93 and 106
108	limit 107 to english language
109	limit 108 to yr="2010 -Current"

Database(s): Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest]

Set#	Searched for
S1	(AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*)) AND pd(20100101-20201231) AND la.exact("ENG"))
S2	AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR

Set#	Searched for
	longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231) AND la.exact("ENG")
S3	AB, TI (need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR impact* OR issue* OR life OR lives OR living OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231) AND la.exact("ENG")
S4	(AB, TI (qualitative OR interview* OR ("mixed method" OR "mixed methods") OR questionnaire* OR survey*) AND pd(20100101-20201231)) AND la.exact("ENG")
S5	2 and 3
S6	1 and 6
S7	4 and 6

Database(s): APA PsycInfo 1806 to March Week 2 2020

#	Searches
1	exp social workers/ or exp social services/ or exp social casework/ or case management/ or social security/ or "welfare services (government)"/ or community welfare services/ or government agencies/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
13	or/7-12
14	exp social issues/
15	"activities of daily living"/ or exp lifestyle/
16	14 and 15
17	employment status/ or employability/ or occupational tenure/ or occupational status/ or job security/ or job search/ or supported employment/ or vocational rehabilitation/ or vocational evaluation/ or work adjustment training/ or sheltered workshops/ or unemployment/ or personnel termination/ or employee layoffs/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.

#	Searches
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	social isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
69	exp minority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigr* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or

#	Searches
	GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	exp qualitative methods/ or interviews/ or narratives/ or exp questionnaires/ or qualitative measures/
95	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
96	((discourse* or discours* or conversation* or content) adj analys?s).mp.
97	((lived or life or personal) adj experience*).mp.
98	(focus adj group*).ti,ab.
99	(grounded adj (theor* or study or studies or research or analys?s)).mp.
100	action research.ti,ab.
101	(field adj (study or studies or research)).ti,ab.
102	descriptive study.ti,ab.
103	or/94-102
104	((case report/ or (letter or comment*).ti.) not (randomized controlled trials/ or random*.ti,ab.)) or (animals/ or "primates (nonhuman)" or exp animal research/ or animal models/ or exp rodents/ or (rat or rats or mouse or mice).ti.)
105	103 not 104
106	93 and 105
107	limit 106 to english language
108	limit 107 to yr="2010 -Current"

Social Care Online: <https://www.scie-socialcareonline.org.uk/>

Search:
PublicationTitle:'complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or life limiting or long standing or longstanding or long term or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special'
- OR PublicationTitle:'need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people or problem* or realit* or situation* or social factor* or support or target*'
- AND AllFields:'qualitative or interview* or mixed method* or questionnaire* or survey*'
- AND PublicationYear:'2010 2020'
- AND SubjectTerms:"social care" including related terms
Social work search:
AllFields:'social work* or social care* or care coordinator* or care co-ordinator*'
- OR AllFields:'case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AllFields:'approved mental health professional* or AMHP'
- OR AllFields:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
- AND AllFields:'qualitative or interview* or mixed method* or questionnaire* or survey*'
- AND PublicationYear:'2010 2020'

Database(s): Social Policy and Practice 202001

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.

#	Searches
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj work* disabilit*).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target?)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
70	or/25,30,39,50,54-55,61,68-69
71	5 and 11 and 70
72	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).ti,ab.

#	Searches
73	((discourse* or discours* or conversation* or content) adj analys?s).ti,ab.
74	((lived or life or personal) adj experience*).ti,ab.
75	focus group*.ti,ab.
76	(grounded adj (theor* or study or studies or research or analys?s)).ti,ab.
77	action research.ti,ab.
78	(field adj (study or studies or research)).ti,ab.
79	descriptive study.ti,ab.
80	or/72-79
81	71 and 80
82	limit 81 to yr="2010 -Current"

## Literature search strategies for economics

A combined search was used for all economic questions.

Embase 1980 to 2021 Week 22, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

*Multifile database codes: emez= Embase 1980 to 2021 Week 22; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021*

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/)) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.

#	Searches
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target?)).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	((food or fuel) adj (Insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.

#	Searches
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	Economics/
113	Value of life/
114	exp "Costs and Cost Analysis"/
115	exp Economics, Hospital/
116	exp Economics, Medical/
117	Economics, Nursing/
118	Economics, Pharmaceutical/
119	exp "Fees and Charges"/
120	exp Budgets/
121	(or/112-120) use ppez
122	health economics/
123	exp economic evaluation/
124	exp health care cost/
125	exp fee/
126	budget/
127	funding/
128	(or/122-127) use emez
129	budget*.ti,ab.
130	cost*.ti.
131	(economic* or pharmaco?economic*).ti.
132	(price* or pricing*).ti,ab.
133	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
134	(financ* or fee or fees).ti,ab.
135	(value adj2 (money or monetary)).ti,ab.
136	or/129-135
137	121 or 128 or 136
138	Quality-Adjusted Life Years/ use ppez
139	Sickness Impact Profile/

#	Searches
140	quality adjusted life year/ use emez
141	"quality of life index"/ use emez
142	(quality adjusted or quality adjusted life year*).tw.
143	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
144	(illness state* or health state*).tw.
145	(hui or hui2 or hui3).tw.
146	(multiattribute* or "multi attribute").tw.
147	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
148	utilities.tw.
149	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro qol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
150	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
151	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
152	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
153	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
154	Quality of Life/ and ec.fs.
155	Quality of Life/ and (health adj3 status).tw.
156	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
157	(quality of life or qol).tw. and cost benefit analysis/ use emez
158	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
159	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
160	cost benefit analysis/ use emez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
161	*quality of life/ and (quality of life or qol).ti.
162	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
163	quality of life/ and health-related quality of life.tw.
164	Models, Economic/ use ppez
165	economic model/ use emez
166	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
167	(subjective wellbeing or subjective well-being).tw.
168	(ASCOT or "adult social care outcomes toolkit").tw.
169	(SCRQOL or "social care- related quality of life").tw.
170	"capacity to benefit score".tw.
171	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
172	(ASCOF or "adult social care outcomes framework").tw.
173	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
174	ONS-4.tw.
175	GHQ-12.tw.
176	(Personal Well-Being Index* or PWI-A).tw.
177	(OPUS* or "older people's utility scale").tw.
178	or/138-177
179	137 or 178
180	((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti.ab.)) or ((Animals not Humans).sh. or exp Animals, Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.)) use ppez
181	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti.ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)) use emez
182	180 or 181
183	limit 179 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
184	183 use emez
185	179 not (182 or 184)
186	111 and 185
187	limit 186 to english language
188	limit 187 to yr="2010 -Current"

Database(s): Centre for Reviews and Dissemination (CRD): Health Technology Assessments (HTA); NHS Economic Evaluation Database (NHS EED)

Search
(complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co morbid* or cooccur* or co occur* or develop* or high support or life limiting or long standing or longstanding or long term or multi* or ongoing or on

Search
going or persistent or priorit* or serious* or severe or several or simultaneous or special"):TI AND (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people or problem* or realit* or situation* or social factor* or support or target*):TI AND (social work* or social care* or care coordinator* or care co ordinator* or case manager* or caseworker* or case worker* or best interest* assessor* or approved mental health professional* or AMHP* or social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*) IN NHSEED, HTA FROM 2010 TO 2021

## EBSCO Host CINAHL Plus

#	Query	Limiters/Expanders
S60	S17 AND S59	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S59	S23 OR S58	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S58	S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S57	TX (OPUS* or "older people's utility scale")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S56	TX ("Personal Well-Being Index*" or "PWI-A")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S55	TX "GHQ-12"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S54	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S53	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S52	TX ("Warwick Edinburgh Mental Well-being scale" or WEMBS or S-WEMWBS)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S51	TX (ASCOF or "adult social care outcomes framework")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S50	TX (ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S49	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S48	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S47	TX (SCRQOL or "social care- related quality of life")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S46	TX (ASCOT or "adult social care outcomes toolkit")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S45	TX ("subjective wellbeing" or "subjective well-being")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S44	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S43	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*).tw.	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S42	(MH "Quality of Life") AND TX (health-related quality of life)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S41	(MH "Quality of Life") AND TI (quality of life or qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S40	AB ((qol or hrqol or quality of life) AND ((qol or hrqol* or (quality of life N2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S39	(MH "Cost Benefit Analysis") AND TX ((quality of life or qol) or (cost-effectiveness ratio* and (perspective* or life expectanc*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S38	(MH "Quality of Life") AND TX (health N3 status)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S37	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S36	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S35	TX (time trade off*1 or time tradeoff*1 or tto or timetradeoff*1)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S34	TX (sf36 or sf 36 or sf thirty six or sf thirtysix)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S33	TX (euro* N3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S32	TX (eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro qual* or euroqol* or euro qual5d* or euroqol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S31	TI utilities	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S30	TX (utilit* N3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S29	TX (multiattribute* or multi attribute*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S28	TX (hui or hui2 or hui3)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S27	TX (illness state* or health state*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S26	TX (quality adjusted or quality adjusted life year* or qaly* or qal or qald* or qale* or qtime* or qwb* or daly)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S25	(MH "Sickness Impact Profile")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S24	(MH "Quality-Adjusted Life Years")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S23	S18 OR S19 OR S20 OR S21 OR S22	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S22	TX (value N2 (money or monetary))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S21	TX (cost* N2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S20	TI cost* or economic* or pharmaco?economic*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S19	TX budget* or fee or fees or finance* or price* or pricing	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S18	(MH "Fees and Charges+") OR (MH "Costs and Cost Analysis+") OR (MH "Economics") OR (MH "Economic Value of Life") OR (MH "Economics, Pharmaceutical") OR (MH "Economic Aspects of Illness") OR (MH "Resource Allocation+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S17	S9 AND S16	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S16	S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S15	TX (impact adj3 daily W2 (life or lives or living or activit* or experienc*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S14	TX (dual diagnos#s or multi* diagnos#s)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S13	TX complex case?	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S12	TX SHCN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S11	TX ((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) W4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S10	(MH "Comorbidity")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S8	TX (social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S7	TX (("approved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S6	TX (care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S5	TX ((social* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi#ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S4	((MH "Mental Health Services+") AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S3	(MH "Accountable Care Organizations")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S2	(MH "Case Management") OR (MH "Case Managers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S1	(MH "Social Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

Cochrane Central Register of Controlled Trials, Issue 5 of 12, May 2021

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest assessor*" or "best interests assessor*"):ti,ab
#12	("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or "high support" or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	MeSH descriptor: [Economics] this term only
#23	MeSH descriptor: [Value of Life] this term only
#24	MeSH descriptor: [Costs and Cost Analysis] explode all trees
#25	MeSH descriptor: [Economics, Hospital] explode all trees
#26	MeSH descriptor: [Economics, Medical] explode all trees
#27	MeSH descriptor: [Economics, Nursing] this term only
#28	MeSH descriptor: [Economics, Pharmaceutical] this term only
#29	MeSH descriptor: [Fees and Charges] explode all trees
#30	MeSH descriptor: [Budgets] explode all trees
#31	budget*:ti,ab
#32	cost*:ti
#33	(economic* or pharmaco?economic*):ti
#34	(price* or pricing*):ti,ab
#35	(cost* next/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab
#36	(financ* or fee or fees):ti,ab
#37	(value next/2 (money or monetary)):ti,ab
#38	{or #22-#37}
#39	MeSH descriptor: [Quality-Adjusted Life Years] this term only
#40	MeSH descriptor: [Sickness Impact Profile] this term only
#41	("quality adjusted" or "quality adjusted life year*"):ti,ab
#42	(qaly* or qal or qald* or qale* or qtime* or qw* or daly):ti,ab

ID	Search
#43	("illness state*" or "health state*"):ti,ab
#44	(hui or hui2 or hui3):ti,ab
#45	(multiattribute* or "multi attribute*"):ti,ab
#46	(utilit* next/3 (score? or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)):ti,ab
#47	utilities:ti,ab
#48	("eq-5d*" or eq5d* or "eq-5*" or eq5* or euroqual* or "euro qual*" or "euroqual 5d*" or "euro qual 5d*" or "euro qol*" or euroqol* or "euro quol*" or euroquol* or "euro quol5d*" or euroquol5d* or "eur qol*" or eurqol* or "eur qol5d*" or eurqol5d* or eur?qul* or eur?qul5d* or "euro* quality of life" or "european qol"):ti,ab
#49	(euro* next/3 ("5 d*" or 5d* or "5 dimension*" or 5dimension* or "5 domain*" or 5domain*)):ti,ab
#50	(sf36 or "sf 36" or "sf thirty six" or "sf thirtysix"):ti,ab
#51	("time trade off?" or "time tradeoff?" or tto or timetradeoff?):ti,ab
#52	{or #39-#51}
#53	MeSH descriptor: [Quality of Life] this term only
#54	((("quality of life" or qol) next (score? or measure?)):ti,ab
#55	(health next/3 status):ti,ab
#56	("quality of life" or qol):ti
#57	((("quality of life" or qol) next/3 (improv* or chang*)):ti,ab
#58	"health related quality of life":ti,ab
#59	#53 and {or #54-#58}
#60	MeSH descriptor: [Cost-Benefit Analysis] this term only
#61	("cost effectiveness ratio*" and (perspective* or "life expectanc*")):ti,ab
#62	("quality of life" or qol):ti,ab
#63	#60 and {or #61-#62}
#64	(qol or hrqol or "quality of life"):ti
#65	("quality of life" and ((qol or hrqol* or "quality of life") next/2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score? or change? or impact? or impacted or deteriorat*)):ab
#66	MeSH descriptor: [Models, Economic] explode all trees
#67	((capabilit* or wellbeing or "well being") next/3 (measur* or index* or instrument* or tool*)):ti,ab
#68	("subjective wellbeing" or "subjective well being"):ti,ab
#69	(ASCOT or "adult social care outcomes toolkit"):ti,ab
#70	(SCRQOL or "social care related quality of life"):ti,ab
#71	"capacity to benefit score":ti,ab
#72	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure"):ti,ab
#73	(ASCOF or "adult social care outcomes framework"):ti,ab
#74	("Warwick Edinburgh Mental Well being scale" or WEMBS or S-WEMWBS):ti,ab
#75	"ONS-4":ti,ab
#76	"GHQ-12":ti,ab
#77	("Personal Well Being Index*" or "PWI-A"):ti,ab
#78	(OPUS* or "older people's utility scale"):ti,ab
#79	{or #64-#78}
#80	#52 or #59 or #63 or #79
#81	#38 or #80
#82	#21 and #81 with Publication Year from 2010 to 2020, in Trials

### EMCare 1995 to present.

#	Searches
1	social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)):ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?):ti,ab.
4	((("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)):ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.

#	Searches
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemploy* or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	money/ or economic status/ or household economic status/ or social welfare/ or socioeconomics/ or household income/ or personal income/ or family income/ or financial management/ or "salary and fringe benefit"/ or pension/ or salary/ or poverty/ or exp lowest income group/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?.ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/

#	Searches
69	exp migrant/ or minority group/ or vulnerable population/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?hood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	health economics/
95	exp economic evaluation/
96	exp health care cost/
97	exp fee/
98	budget/
99	funding/
100	budget*.ti,ab.
101	cost*.ti.
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/94-106
108	Sickness Impact Profile/
109	quality adjusted life year/
110	"quality of life index"/
111	(quality adjusted or quality adjusted life year*).tw.
112	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
113	(illness state* or health state*).tw.
114	(hui or hui2 or hui3).tw.
115	(multiattribute* or multi attribute*).tw.
116	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
117	utilities.tw.
118	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
119	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
120	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
121	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
122	"quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
123	"quality of life"/ and (health adj3 status).tw.
124	(quality of life or qol).tw. and cost benefit analysis/

#	Searches
125	((qol or hrqol or quality of life).tw. or "quality of life"/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
126	cost benefit analysis/ and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
127	"quality of life"/ and (quality of life or qol).ti.
128	"quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
129	"quality of life"/ and health-related quality of life.tw.
130	economic model/
131	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
132	(subjective wellbeing or subjective well-being).tw.
133	(ASCOT or "adult social care outcomes toolkit").tw.
134	(SCRQOL or "social care- related quality of life").tw.
135	"capacity to benefit score".tw.
136	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
137	(ASCOF or "adult social care outcomes framework").tw.
138	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
139	ONS-4.tw.
140	GHQ-12.tw.
141	(Personal Well-Being Index* or PWI-A).tw.
142	(OPUS* or "older people's utility scale").tw.
143	or/108-142
144	107 or 143
145	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti.ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
146	limit 144 to (conference abstract or conference paper or conference review or conference proceeding)
147	144 not (145 or 146)
148	93 and 147
149	limit 148 to english language
150	limit 149 to yr="2010 -Current"

Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest];  
International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological  
Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest].

#### Health Economics

Set	Searched for
S1	(AB, TI ("budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing) AND pd(20100101-20210608))
S2	AND (((AB, TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB, TI (care coordinator? OR care co coordinator? OR case manager* OR caseworker* OR case worker* OR best interest? assessor?)) OR (AB, TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND la.exact("ENG") AND pd(20100101-20210608))
S3	AND ((AB, TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20210608))
S4	AND (AB, TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20210608)))) AND la.exact("ENG")

#### Health Utility Values

Set	Searched for
S1	(AB, TI (eq 5d* OR eq5d* OR eq 5* OR eq5* OR euroqual* OR euro qual* OR euroqual 5d* OR euro qual 5d* OR euro qol* OR euroqol* OR euro qol* OR euroqol* OR euro qual5d* OR euroqol5d* OR eur qol* OR eurqol* OR eur qol5d* OR eurqol5d* OR eurqol* OR eurqol5d* OR euro* quality of life OR european qol OR sf36 OR sf 36 OR sf thirty six OR sf thirtysix OR time trade off* OR time tradeoff* OR tto OR timetradeoff* OR subjective wellbeing OR subjective well being OR ASCOT OR adult social care outcomes toolkit OR SCRQOL OR social care related quality of life OR capacity to benefit score OR ICECAP* OR Icepap capability measure for adults OR Icepap

Set	Searched for
	capability measure for older people OR Icecap supportive care measure OR Icecap close person measure OR ASCOF OR adult social care outcomes framework) AND pd(20100101-20210608))
S2	AND (((AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co coordinator? OR case manager* OR caseworker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND la.exact("ENG") AND pd(20100101-20210608))
S3	AND ((AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20210608))
S4	AND (AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20210608)))) AND la.exact("ENG")

### APA PsycInfo 1806 to March Week 5 2021

#	Searches
1	exp social workers/ or exp social services/ or exp social casework/ or case management/ or social security/ or "welfare services (government)"/ or community welfare services/ or government agencies/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)),ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)),ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)),ti,ab.
13	or/7-12
14	exp social issues/
15	"activities of daily living"/ or exp lifestyle/
16	14 and 15
17	employment status/ or employability/ or occupational tenure/ or occupational status/ or job security/ or job search/ or supported employment/ or vocational rehabilitation/ or vocational evaluation/ or work adjustment training/ or sheltered workshops/ or unemployment/ or personnel termination/ or employee layoffs/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemploy*)),ti,ab.
19	(support* adj3 (employment? or work or vocational)),ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)),ti,ab.
23	(social firms or (sheltered adj (employment or work))),ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)),ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)),ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2

#	Searches
	relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	social isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
69	exp minority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.

#	Searches
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*))ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*))ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	exp economics/
95	exp "costs and cost analysis"/
96	cost containment/
97	money/
98	resource allocation/
99	or/94-98
100	budget*.ti,ab.
101	cost*.ti.
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*))ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/99-105
108	"quality of life measures"/
109	(quality adjusted or quality adjusted life year*).tw.
110	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
111	(illness state* or health state*).tw.
112	(hui or hui2 or hui3).tw.
113	(multiattribute* or multi attribute*).tw.
114	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
115	utilities.tw.
116	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul5d* or eur?quol5d* or euro* quality of life or european qol).tw.
117	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
118	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
119	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
120	exp "quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
121	exp "quality of life"/ and (health adj3 status).tw.
122	(quality of life or qol).tw. and "costs and cost analysis"/ use psych
123	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
124	"costs and cost analysis"/ use psych and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
125	exp "quality of life"/ and (quality of life or qol).ti.
126	exp "quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
127	exp "quality of life"/ and health-related quality of life.tw.
128	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
129	(subjective wellbeing or subjective well-being).tw.
130	(ASCOT or "adult social care outcomes toolkit").tw.
131	(SCRQOL or "social care- related quality of life").tw.
132	capacity to benefit score.tw.
133	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
134	(ASCOF or "adult social care outcomes framework").tw.
135	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
136	ONS-4.tw.
137	GHQ-12.tw.
138	(Personal Well-Being Index* or PWI-A).tw.
139	(OPUS* or "older people's utility scale").tw.
140	or/108-139
141	107 or 140
142	93 and 141
143	limit 142 to english language
144	limit 143 to yr="2010 -Current"

Social Care Online: <https://www.scie-socialcareonline.org.uk/>

Search
AllFields:'social work* or social care* or care coordinator* or care co-ordinator*'
- OR AllFields:'case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AllFields:'approved mental health professional* or AMHP'
- OR AllFields:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
AND
HE search:
AND AllFields:'budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing'
OR
HUV search:
eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eurqui* or eurqui5d* or euro* quality of life or european qol
OR
sf36 or sf 36 or sf thirty six or sf thirtysix
OR
time trade off* or time tradeoff* or tto or timetradeoff*
OR
subjective wellbeing or subjective well-being
OR
ASCOT or adult social care outcomes toolkit
OR
SCRQOL or social care- related quality of life
capacity to benefit score
OR
ICECAP* or Icepop capability measure for adults or Icepop capability measure for older people or Icecap supportive care measure or Icecap close person measure
ASCOF or adult social care outcomes framework
OR
Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS
OR
ONS-4 or GHQ-12 or Personal Well-Being Index* or PWI-A or OPUS* or older people's utility scale

Social Policy and Practice 202104 [OVID]

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or severa or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.

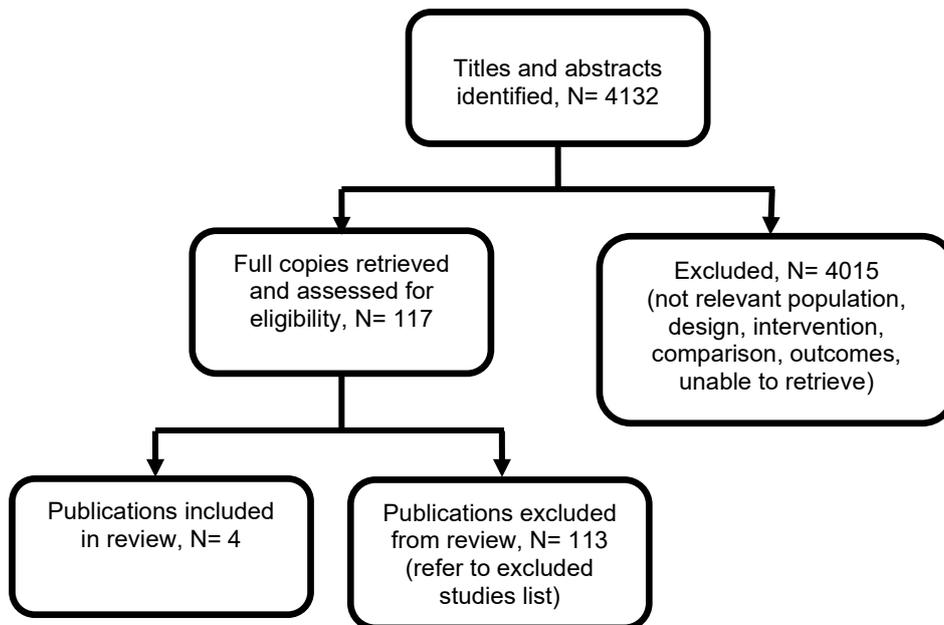
#	Searches
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighb?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictim* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)

#	Searches
75	budget*.ti,ab.
76	cost*.ti.
77	(economic* or pharmaco?economic*).ti.
78	(price* or pricing*).ti,ab.
79	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
80	(financ* or fee or fees).ti,ab.
81	(value adj2 (money or monetary)).ti,ab.
82	or/75-81
83	(quality adjusted or quality adjusted life year*).tw.
84	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
85	(illness state* or health state*).tw.
86	(hui or hui2 or hui3).tw.
87	(multiattribute* or multi attribute*).tw.
88	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
89	utilities.tw.
90	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
91	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
92	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
93	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
94	((quality of life or qol) adj (score*1 or measure*1)).tw.
95	((quality of life or qol) and (health adj3 status)).tw.
96	((qol or hrqol or quality of life) and (qol or hrqol* or quality of life)).tw. adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*).ab.
97	(cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
98	((quality of life or qol) adj3 (improv* or chang*)).tw.
99	health-related quality of life.tw.
100	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
101	(subjective wellbeing or subjective well-being).tw.
102	(ASCOT or "adult social care outcomes toolkit").tw.
103	(SCRQOL or "social care- related quality of life").tw.
104	"capacity to benefit score".tw.

## Appendix C Effectiveness and Qualitative evidence study selection

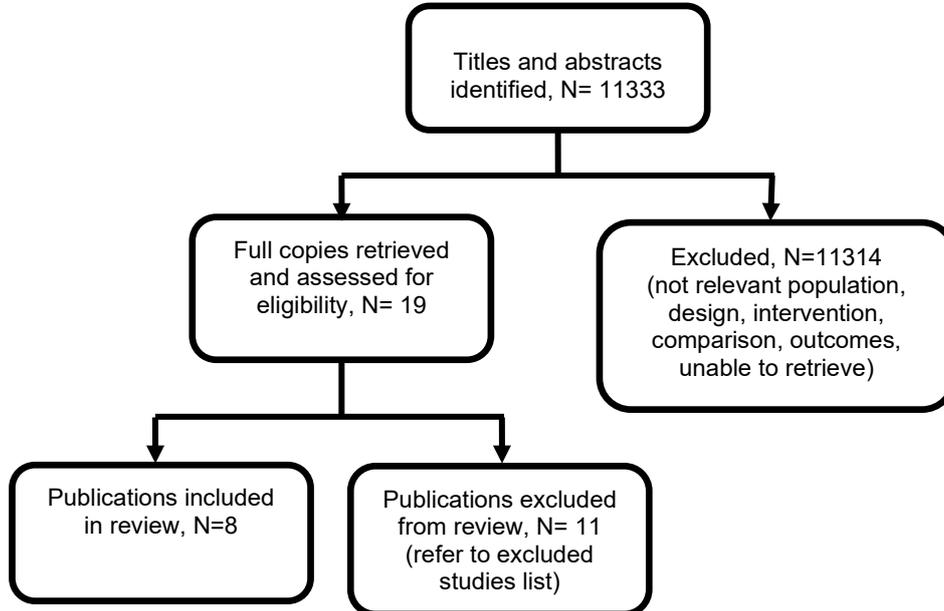
**Study selection for: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need?**

**Figure 2: Study selection flow chart for effectiveness review**



**Study selection for: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

**Figure 3: Study selection flow chart for qualitative review**



## Appendix D Evidence tables

**Evidence tables for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of needs?**

**Table 8: Evidence tables – effectiveness evidence**

Study details	Results and risk of bias assessment
<p><b>Full citation</b></p> <p>Alvarez-Jimenez, M., Koval, P., Schmaal, L., Bendall, S., O'Sullivan, S., Cagliarini, D., D'Alfonso, S., Rice, S., Valentine, L., Penn, D. L., Miles, C., Russon, P., Phillips, J., McEnery, C., Lederman, R., Killackey, E., Mihalopoulos, C., Gonzalez-Blanch, C., Gilbertson, T., Lal, S., Cotton, S. M., Herrman, H., McGorry, P. D., Gleeson, J. F. M., The Horizons project: a randomized controlled trial of a novel online social therapy to maintain treatment effects from specialist first-episode psychosis services, <i>World Psychiatry</i>, 20, 233-243, 2021</p> <p><b>Ref Id</b></p> <p>1315013</p> <p><b>Country/ies where the study was carried out</b></p> <p>Melbourne, Australia</p> <p><b>Study type</b></p> <p>Randomised controlled trial</p> <p><b>Study dates</b></p> <p>October 2013 to January 2017</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Age 16-27</li> <li>• First episode of psychotic disorder, or mood disorder with psychotic features according to DSM-IV</li> </ul>	<p><b>Results</b></p> <p><b>Critical outcomes</b></p> <p><u>Quality of life (follow-up 18 months)</u> - measured using assessment of quality of life (AQoL-8D) score (mean ± SE):</p> <p><i>Overall score is weighted score, range 0-1, better indicated by higher values.</i></p> <p>Baseline intervention: 0.60 ± 0.02 Baseline control: 0.60 ± 0.01</p> <p>Intervention: 0.63 ± 0.02 Control: 0.65 ± 0.02 p=0.59</p> <p><u>Access to care and support in a crisis measured by contact with services or health or social care practitioners (follow-up 18 months)</u></p> <p>Visits to emergency (number) Intervention: 10 Control: 21 p=0.03</p> <p><u>Hospital admissions (follow-up 18 months)</u></p> <p>Hospital admissions due to mental health issues (number) Intervention: 12</p>

Study details	Results and risk of bias assessment
<ul style="list-style-type: none"> <li>• Remission of positive symptoms of psychosis</li> <li>• Low level of risk in the trial: low aggressiveness and moderate or lower suicidal risk.</li> </ul> <p><b>Exclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Intellectual disability</li> <li>• Unable to read or converse in English</li> <li>• For safety within the trial: DSM-IV diagnosis of either antisocial personality disorder or borderline personality disorder that caused interpersonal difficulties in the treatment environment.</li> </ul> <p><b>Patient characteristics</b></p> <p>N=170 total participants n=86 intervention group n=84 control group</p> <p>Age – Mean (SD) = 20.91 (2.88)</p> <p>Gender Male= 52.9% Female= 47.1%</p> <p>28.2% of total sample were between 16-18 years old. Not specified which proportion were 18 and which were 16-17.</p> <p><b>Interventions</b></p> <p><u>Horyzons intervention</u></p> <p>A moderated online social therapy, which uses 'pathways' to understand psychosis and early warnings, and 'steps', strengths based aspect of the therapy.</p> <p>Expert support is provided to individuals taking part in the social therapy by registered mental health clinicians. These include clinical psychologists and social workers. The mental health clinicians are</p>	<p>Control: 17 Hospital admissions due to psychosis (number) Intervention: 7 Control: 15</p> <p><b>Risk of bias assessment using Cochrane RoB tool v2.0. Answer options for each question are 'Low/High/Some concerns'</b></p> <p><b>1. Bias arising from the randomisation process</b></p> <p>Low risk (randomisation was computer generated and allocation was concealed. No baseline imbalances to suggest an issue with randomisation).</p> <p><b>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)</b></p> <p>Low risk (participants knew which intervention they were assigned to. 1 person dropped out due to being allocated the control group, but this is unlikely to affect outcomes as it is a small number).</p> <p><b>3. Bias due to missing outcome data</b></p> <p>Some concerns (outcome data is not available for all randomised participants, but missing data were balanced between groups so unlikely to affect outcome data. It is possible that missingness could depend on the true value of outcomes, however because the arms are balanced this is unlikely).</p> <p><b>4. Bias in measurement of the outcome</b></p> <p>Low risk for hospital admissions. (The method of measuring was appropriate and could not have differed between groups. Objective outcome). Some concerns for quality of life. (The method of measuring was appropriate and could not have differed between groups. Participants knew of their assigned intervention and filled out a questionnaire for QoL).</p> <p><b>5. Bias in selection of the reported result</b></p> <p>Low risk (results were reported according to the pre-specified protocol).</p> <p><b>Overall risk of bias</b></p>

Study details	Results and risk of bias assessment
<p>assigned a caseload. Their role is to tailor evidence-based intervention, monitor participants' clinical status and ensure safety of the social network. The mental health clinicians sent weekly tailored content suggestions.</p> <p>Participants in the intervention arm also received treatment as usual.</p> <p><u>Treatment as usual</u> Various treatments usually available to young people formed the treatment as usual. This involved referral to adult tertiary community mental health services, if there were complex needs. Those with a good level of recovery and clinical stability were referred to primary care, with access to youth mental health services and psychological and psychiatric treatment. A leaflet was also provided with relevant information on free online youth resources.</p> <p>Participants in the control arm received treatment as usual only.</p> <p><b>Follow-up</b> 18 months</p>	<p>Low risk for hospital admissions. Some concerns for quality of life.</p> <p><b>Source of funding</b> Not industry funded.</p>
<p><b>Full citation</b> Reid, N., Mason, J., Kurdyak, P., Nisenbaum, R., de Oliveira, C., Hwang, S., Stergiopoulos, V., Evaluating the Impact of a Critical Time Intervention Adaptation on Health Care Utilization among Homeless Adults with Mental Health Needs in a Large Urban Center, Canadian Journal of Psychiatry., 2021</p> <p><b>Ref Id</b> 1315908</p> <p><b>Country/ies where the study was carried out</b> Toronto, Canada</p> <p><b>Study type</b> Matched cohort study</p>	<p><b>Results</b></p> <p><b>Critical outcomes</b> <u>Access to care and support in a crisis measured by contact with services or health or social care practitioners (follow-up 12 months)</u> Measured by:</p> <p>Emergency department visits: Relative Rate Ratio 1.26, 95% CI (0.95 to 1.67) p=0.113</p> <p>Outpatient visits: Relative Rate Ratio 1.11, 95% CI (0.86 to 1.44) p=0.409</p> <p><u>Duration of crisis (follow-up 12 months)</u></p>

Study details	Results and risk of bias assessment
<p><b>Study dates</b> January 2013 to May 2014</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Over 18, resident of Ontario and not previously received services from the program.</li> <li>• Homelessness status defined as living in a crisis/emergency shelter, living on the street, or couch surfing.</li> <li>• Unmet mental health needs.</li> <li>• Need for support services.</li> </ul> <p><b>Exclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Recent severe aggression or illness severity that required institutional care.</li> <li>• Not enrolled in Ontario Health Insurance Plan.</li> <li>• Missing patient identifier.</li> <li>• Missing information of sex or age.</li> </ul> <p><b>Patient characteristics</b> N=375 n=125 homeless adults in the intervention group n=250 matched controls</p> <p>Age - Mean (SD): Intervention= 41.1 (12.4) Control= 41 (12.3)</p> <p>Gender: Male: Intervention= 78.4% Control= 79.2% Female:</p>	<p>Measured by:</p> <p>Days in hospital: Relative Rate Ratio 0.74, 95% CI (0.46 to 1.20) p=0.225</p> <p><u>Hospital admissions (follow-up 12 months)</u> Relative Rate Ratio 0.97, 95% CI (0.71 to 1.33) p=0.870</p> <p><b>Risk of bias assessment using ROBINS-I. Answer options for each question are 'Low/Moderate/Serious/Critical/No information'</b></p> <p><b>1. Bias due to confounding</b> Moderate risk (cohort were compared to a matched cohort using propensity score based matching. The matched cohort were selected if they had had a hospitalisation within the past 12 months, however this may not be an equivalent match for the intervention cohort who were referred onto the programme after their hospitalisation. There could be individual person-characteristics that determined whether the intervention cohort were referred, such as willingness to engage with healthcare professionals, which could affect the outcome of access to care and support measured by contact with health or social care practitioners).</p> <p><b>2. Bias in selection of participants into the study</b> Low risk (selection of participants into the study happened before the start of intervention. The start of follow-up and start of intervention coincides with most participants).</p> <p><b>3. Bias in classification of interventions</b> Low risk (the intervention group was clearly defined and the information used to define intervention groups was recorded at the start of the intervention. Classification of intervention status could not have been affected by knowledge of the outcome or risk of the outcome).</p> <p><b>4. Bias due to deviations from intended interventions</b> Low risk (it is unlikely that there were deviations from the intended intervention other</p>

Study details	Results and risk of bias assessment
<p>Intervention= 21.6% Control= 20.8%</p> <p>Intervention participants were matched 1:2 with a cohort of control participants. Matched cohort were over 18 years, homeless and had at least 1 hospitalisation for mental health or substance use during the exposure period. Propensity score based matching was used with the following variables: hospitalisation 12 months prior to the index date, age, sex, neighbourhood income quintile, administrative health region of residence.</p> <p><b>Interventions</b> <u>The Coordinated Access to Care for Homeless adults (CATCH)</u></p> <p>A critical time intervention to support adults who experience homelessness and mental health following discharge from hospital. Homeless adults are referred onto the program from hospital emergency departments, inpatient units or community agencies. People are connected to case managers who coordinate access to community based resources, mental health and addiction services, medical care, peer support and housing assistance.</p> <p><b>Follow-up</b> 12 months post intervention</p>	<p>than those that would be expected in usually practice).</p> <p><b>5. Bias due to missing data</b> Low risk (some participants from the intervention cohort were excluded from the analysis, however this is unlikely to impact the effect estimate as this was due to not meeting inclusion criteria which was only made apparent once health records were accessed, and not due to the intervention itself).</p> <p><b>6. Bias in measurement of outcomes</b> Low risk (unlikely that outcome measurement could have been influenced from knowledge of intervention).</p> <p><b>7. Bias in selection of the reported result</b> No information (not enough information to determine whether effect estimates were likely to have been selected).</p> <p><b>Overall risk of bias</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p>
<p><b>Full citation</b> Semple, T., Tomlin, M., Bennell, C., Jenkins, B., An evaluation of a community-based mobile crisis intervention team in a small Canadian police service, <i>Community Mental Health Journal</i>, 57, 567-578, 2021</p> <p><b>Ref Id</b> 1315932</p> <p><b>Country/ies where the study was carried out</b></p>	<p><b>Results</b></p> <p><b>Critical outcomes</b> <u>Access to care and support in a crisis measured by contact with services or health or social care practitioners (follow-up 6 months)</u> Measured by: Involuntary apprehension under the Mental Health Act: COAST: 9 General patrol before COAST implementation: 80</p>

Study details	Results and risk of bias assessment
<p>Ontario, Canada</p> <p><b>Study type</b> Prospective cohort study</p> <p><b>Study dates</b> May 2017 to April 2018</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>Person contacting police officers if they are experiencing serious level of personal distress, including a mental illness related distress.</li> </ul> <p><b>Exclusion criteria</b> None specified</p> <p><b>Patient characteristics</b> N=498 calls (phone calls or via patrol) n=287 calls responded to by the intervention team. These include follow up calls. n=211 calls responded to by the patrol team before the intervention was implemented</p> <p>No information on age and gender</p> <p><b>Interventions</b> <u>Crisis Outreach and Support Team (COAST) intervention</u> A team consisting of a crisis response worker and a police officer. Crisis response worker has crisis-related experience with an educational background ranging from a social service worker, to baccalaureates in criminal justice and psychology.</p> <p>The COAST team connects individuals with community resources, instead of hospital-based resources.</p>	<p><u>Hospital admission (follow-up 6 months)</u> Measured with:</p> <p>Number of voluntary admissions to hospital COAST: 10 General patrol before COAST implementation: 51</p> <p><b>Risk of bias assessment using ROBINS-I. Answer options for each question are 'Low/Moderate/Serious/Critical/No information'</b></p> <p><b>1. Bias due to confounding</b> Critical (no adjustments made to control for confounders).</p> <p><b>2. Bias in selection of participants into the study</b> Moderate risk (selection into the study may have been related to intervention, as no way of identifying if all eligible participants received the intervention if they called in).</p> <p><b>3. Bias in classification of interventions</b> Low risk (intervention status is well defined and information was collected at the time of the intervention).</p> <p><b>4. Bias due to deviations from intended interventions</b> Low risk (knowledge of the intervention could not have result in deviations as the intervention group was available to all callers at the time. The control arm data was collected before the implementation of the intervention group).</p> <p><b>5. Bias due to missing data</b> No information (no information is reported about missing data or the potential for missing data).</p> <p><b>6. Bias in measurement of outcomes</b> Low risk (outcome measurement could not have been affected by knowledge of the</p>

Study details	Results and risk of bias assessment
<p><u>General patrol - control</u> General patrol officers without the support of a crisis response worker.</p> <p>The general patrol 6 months prior to COAST implementation was compared to COAST for a period of 6 months</p> <p><b>Follow-up</b> 6 months after the implementation of COAST</p>	<p>intervention received).</p> <p><b>7. Bias in selection of the reported result</b> No information (there is not pre-specified plan to determine whether all outcomes were reported as planned).</p> <p><b>Overall risk of bias</b> Critical</p> <p>Source of funding Not industry funded</p>
<p><b>Full citation</b> Timms, Philip, Perry, Jennifer, Sectioning on the street - futility or utility?, BJPsych Bulletin, 40, 302, 2016</p> <p><b>Ref Id</b> 1282169</p> <p><b>Country/ies where the study was carried out</b> England, London</p> <p><b>Study type</b> Retrospective cohort</p> <p><b>Study dates</b> 2007-2013</p> <p><b>Inclusion criteria</b></p> <ul style="list-style-type: none"> <li>• Be a rough sleeper (minimum of 1-month rough sleeping)</li> <li>• had a Mental Health Act assessment which lead to hospital admission under a section of the Mental Health Act</li> <li>• was discharged from hospital</li> <li>• has left hospital for 1 year or more <i>or</i> appropriately discharged to their general practitioner within a year.</li> </ul>	<p><b>Results</b></p> <p><b>Critical outcome:</b> <u>Access to care and support in a crisis measured by contact with services or health and social care practitioners</u> Measured by: <u>GP registration (follow-up 1 year)</u> <i>number registered with a GP - number (%)</i>: Before admission to hospital: 12 (38%) At follow up: 25 (78%)</p> <p><b>Risk of bias assessment using ROBINS-I. Answer options for each question are 'Low/Moderate/Serious/Critical/No information'</b></p> <p><b>1. Bias due to confounding</b> Serious risk (possible individual person-characteristics could be determinants of receiving the intervention which may affect the outcome of GP registration. Authors did not control for confounders).</p> <p><b>2. Bias in selection of participants into the study</b> Serious risk (Start of follow-up happens after discharge from hospital, however start of the intervention is before hospital admission. The time between discharge and follow-up may vary between participants and was not taken into account).</p>

Study details	Results and risk of bias assessment
<p><b>Exclusion criteria</b> Not specified.</p> <p><b>Patient characteristics</b> N=32 participants n=1 living with alcoholic dementia n=31 with a diagnosis of psychosis</p> <p>Age – mean (range) = 44 (24 – 84)</p> <p>Gender: Male= 80% Female= 20%</p> <p><b>Interventions</b> Outreach by specialist services for people experiencing homelessness, followed by a Mental Health Act assessment and detention by an approved mental health professional (AMHP).</p> <p><b>Follow-up</b> 1 year after leaving hospital <i>or</i> at the point of appropriate discharge to their general practitioner</p>	<p><b>3. Bias in classification of interventions</b> Low risk (Intervention is well defined and it based solely on information collected at the time of intervention).</p> <p><b>4. Bias due to deviations from intended interventions</b> Low risk (Deviations not reported, but unlikely).</p> <p><b>5. Bias due to missing data</b> Low risk (Data for GP registration available for all participants, and over 90% for engagement).</p> <p><b>6. Bias in measurement of outcomes</b> Low risk (Methods of outcome assessment were comparable between before and after intervention (GP registration) and the outcome measure was unlikely to have been influenced by knowledge of the intervention received by study participants).</p> <p><b>7. Bias in selection of the reported result</b> No information (No information on pre-specified outcomes)</p> <p><b>Overall risk of bias</b> Serious</p> <p><b>Source of funding</b> Not specified.</p>

*AMHP: Approved Mental Health Professional; AQoL-8D: Assessment of Quality of Life, 8 Dimension; CATCH: Coordinated Access to Care for Homeless adults; CI: confidence interval; COAST: Crisis Outreach and Support Team; DSM IV: Diagnostic and Statistical Manual of Mental Disorders, fourth edition; GP: General practitioner; QoL: Quality of Life; ROBINS-I: Risk of bias in non-randomized studies of interventions*

**Evidence tables for review question: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

**Table 9: Evidence tables - qualitative evidence**

Study details	Methods and participants	Results	Limitations
<p><b>Full citation</b> Allen, Sophie, McCusker, Pearse, A Hidden Dynamic: Examining the Impact of Fear on Mental Health Officers' Decisions to Use Powers of Compulsory Detention, Practice, 32, 301-315, 2020</p> <p><b>Ref Id</b> 1284319</p> <p><b>Country/ies where the study was carried out</b> UK, Scotland.</p> <p><b>Study type</b> Phenomenological study.</p> <p><b>Study dates</b> Not reported.</p> <p><b>Study aim</b> To explore the phenomenon of fear in MHO (Mental Health Officer) decision making and identify the factors that might bring on fear or reduce it.</p>	<p><b>Recruitment strategy</b> Convenience sampling within one Scottish local authority.</p> <p><b>Setting</b> A Scottish local authority.</p> <p><b>Participant characteristics</b> Total participants N=8 Mental health officers</p> <p><b>Data collection and analysis</b> <u>Data collection</u> Each participant took part in a semi-structured interview. Questions were derived from themes from the literature review carried out by authors. Interviews were transcribed in full. Non-verbal or significant communications were incorporated into the text using memos.</p> <p><u>Data analysis</u> Thematic analysis was used. A reflective diary was kept during the interview stage so that any assumptions or biases could be located during the coding phase.</p>	<p><b>Findings (including author's interpretation)</b></p> <p><u>Fear of doing harm</u> Mental health officers spoke of a fear of doing harm to individuals by either deciding to use compulsory measures but also by using informal approaches. They described that detention in hospital can be damaging, but also worried about their client's safety because of risks to their health and wellbeing, if they refused to consent to compulsory measures. "We've got things that can sometimes help, but often the things that we've got can also harm and that is essentially where you're always operating as an MHO." p307.</p> <p><u>Fear of public and professional scrutiny</u> Participants mentioned a fear of being publicly and professionally scrutinised. One commented about a fear of being 'named and shamed' following an adverse event, but another said it caused them no concern. One participant described the influence of media exposure on decision making. "...it's [media coverage] much more high profile with the low probability but high-risk ones, so that's if it's unlikely that somebody's going to do something but if they do it's drastic and that's the headline and that tends to get over valued." p307.</p> <p><u>Multi-disciplinary working</u> All participants described working with healthcare professionals as mostly collaborative, respectful and helpful for sharing responsibility and alleviating fear in carrying out statutory assessments. However several questioned the extent to which psychiatrists respect the MHO opinion. Some felt that there was an imbalance of power between themselves and doctors as they are often the last to be called. One participant highlighted the difficulty of differentiating between actual and perceived differences in professional</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes - the authors stated a phenomenological approach would help meet the aim of the study to understand factors influencing MHO's decision making.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes - how the MHO's were recruited was explained.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes - methods of data collection are clear, but no mention of data saturation.</p> <p><b>6. Has the relationship between</b></p>

Study details	Methods and participants	Results	Limitations
		<p>status and hierarchy. And several participants acknowledge the difficulties in challenging psychiatrists, raising fear in MHOs when disagreements arise. "...there isn't a hierarchical structure between yourself and the consultants, it's a flat structure...It exists in your mind .. But often it really does not feel like a flat structure." p309.</p> <p><u>Support</u> MHOs described support as important in mitigating the impact of fear in their decision making. All but one participant emphasised the indispensability of supervision for reflecting their own practice and gaining reassurance. They recognised that MHOs must retain independence but autonomy of the role can leave them without support or feedback and can exacerbate fear. "...if I was feeling stressed and anxious and was determined not to show that, I think I could probably get away with that for quite a while." p310.</p> <p><u>Fear of mental illness (stigma)</u> Participants noted a lack of time, resources and the chance to reflect on their work. As such, decision to use compulsory measures may be linked to insufficient time and a lack of alternatives to consider.</p> <p>Almost all mental health officers spoke of the lack of availability of other kinds of treatment for mental illness, such as psychotherapeutic, holistic and social methods, and that this gave them no option by to consent to compulsory admission. 'there is a lack of alternative resources out there to support people and we are scared about what will happen ... we have statutory duties to protect ... and this is now the only way we can do it.' p309.</p> <p>Nearly all mental health officers felt that the way certain diagnoses are understood by health and social care workers encourages stigma, and can deny individuals access to the safeguards of compulsory admission. They felt that for personality disorders,</p>	<p><b>researcher and participants been adequately considered?</b> No - there was no mention of the relationship between researcher and participants in the formulation of the questions, or the researchers own bias.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - ethical approval was granted by relevant University and Local Authority's ethics committees.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell - themes were derived using thematic analysis, but limited details provided. No mention of contradictory data. The author mentioned a potential for bias in the interview stage, and described a process of keeping a reflective diary to refer to during analysis to locate assumptions and biases.</p> <p><b>9. Is there a clear statement of findings?</b> Yes.</p> <p><b>10. How valuable is the research?</b> Valuable - the authors acknowledged limitations for generalisability due to small sample size and location in only one geographical area, but nonetheless the study provides an insight into the phenomenon of fear during mental health act assessments.</p>

Study details	Methods and participants	Results	Limitations
		<p>health professionals don't know how to treat them or think they are untreatable and therefore do not see the benefits of compulsory detention.</p>	<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate limitations.</p> <p><b>Source of funding</b> Not reported.</p>
<p><b>Full citation</b> Buckland, Rosie, The Decision by Approved Mental Health Professionals to Use Compulsory Powers under the Mental Health Act 1983: A Foucauldian Discourse Analysis, The British Journal of Social Work, 46, 46-62, 2014</p> <p><b>Ref Id</b> 1284320</p> <p><b>Country/ies where the study was carried out</b> UK, England</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported.</p> <p><b>Study aim</b> To explore how AMHPs describe</p>	<p><b>Recruitment strategy</b> Participants were recruited from one local authority but details are not reported.</p> <p><b>Setting</b> One local authority in South England.</p> <p><b>Participant characteristics</b> Total participants N=10 Approved Mental Health Professionals (AMHPs).</p> <p><b>Data collection and analysis</b> <u>Data collection</u> Face-to-face semi-structured interviews were conducted. The interview schedule covered 4 main areas for insight into how detention is discursively constructed and understood by Approved Mental Health Professionals.</p> <p><u>Data analysis</u> The author conducted Foucauldian discourse analysis of the language used by participants.</p>	<p><b>Findings (including author's interpretation)</b></p> <p><u>Public discourse of risk and the system</u> Risk-averse cultural tendencies was mentioned by almost all participants and considered in light of the decision to use compulsory powers. The comments about risk were linked to incidences when things had gone wrong and specifically involved AMHPs. Personal legal accountability was mentioned by all participants. 1) "I do often think that risks to other people tend to be hugely exaggerated, I do, and I think that's part of our culture and our media (Participant 9)". 2) "I worry sometimes that the public image of mental health makes us defensive, that we put people in hospital because we're a bit scared of what they might do (Participant 10)". 3) "...to absorb all of society's anxieties about people's serious mental illness, around harming other people, all the family's anxieties about what's going to happen to their relative, all the service user's anxieties, you know, all of that, as an individual social worker you're meant to take all of that on and just say 'we'll leave them at home', all of that is just a massive ask unless it's blatantly obvious that they shouldn't really be at hospital, shouldn't really be assessed (Participant 8)". p57-58</p> <p><u>The use of self, human reactions and the 'right thing to do'</u></p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes (the author described how Foucauldian discourse analysis could be used to understand data on power, language and discourse).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No (authors describes where the sample was taken from but there is no explanation of how participants were selected).</p>

Study details	Methods and participants	Results	Limitations
<p>the process of compulsory detention and their own position in detention and analyse them in the context of normative discourses in mental health and sectioning.</p>		<p>There was a feeling of 'human-ness' among several of the participants when describing decision making under the MHA, implying an element of 'common-sense' about the decision to use compulsory powers. All participants emphasised the importance of their own value systems which operated alongside or above the MHA or code of practice.</p> <p>1) "Well actually for all that I'd have to admit that the most important thing is my gut. So I'm going through all those processes and measuring it up, but, but, sometimes I just sit there and think how do I feel about this person walking out of here? . . . So the law does inform my decision-making, erm, but fundamentally I would have to say, bizarrely perhaps, it's my heart, whatever that is."</p> <p>2) "I think probably my values would go first and then probably the MHA, it should be the other way round, I know that, but yeah". p.56</p> <p>..differences in the ways in which memorable MHA assessments were discussed highlighted significant variation in the conceptualisation of the use of compulsory power. The ways in which these differences related to gender, race and class support existing findings about the implicit role of such factors in mental health decision making amongst social workers. Some participants explicitly identified their own race, gender and class identity as relevant to either their motivations in becoming an AMHP or in their decision making.</p> <p>1) "I felt that the needs of people of colour weren't going to be met by all-white practitioners".</p> <p>2) "Oh, why was it memorable? I just kind of think, I think it's a women's issue isn't it? It's definitely a women's issue, why, you know, why is a young woman like that left, to just sort of rot away, yeah, what a waste. It's definitely a feminist issue". p.56</p> <p><u>The problematisation of mental disorder</u> All participants expressed discomfort with the medical categorisation of mental health problems as legally enshrined in the MHA. The way in which the</p>	<p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell (method of data collection was clear, but no detail on form of data or saturation of data).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No (the researcher has not examined their own role in bias during the formulation of questions, data collection or selection of participants).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (ethical approval was obtained from the University Ethics Committee and local authority. Written consent was obtained from all participants).</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell (there was an in-depth description of the analysis process however there is no mention of whether researcher critically examined own role or potential bias during analysis and data selection).</p> <p><b>9. Is there a clear statement of findings?</b> Yes.</p>

Study details	Methods and participants	Results	Limitations
		<p>categories are produced relates to how AMHPs understand 'treatment' under the MHA. One participant suggests there may be tension between enforced medication and recovery.</p> <p>1) "So mental disorder, I don't particularly like the word, the language that's used in the MHA but that's the language that's used, it would, again, mental disorder to me is the level of distress. I think it's so broad that phrase, and they've changed it in the 2007 Act so that's really broad and I actually think in some way we could all be mentally disordered, so it's really subjective in terms of who's assessing." 2) "so the things like that I think probably, personally, compulsory, compulsorily medicating people is wrong, I think in fifty year's time they'll turn round and think we were barbaric . . . . And erm, I'm not in a good position to argue it but sometimes where I stand, as an AMHP, I don't see anyone recover and you, you just sort of think what's it all for really? But you know, I mean I hope there are recoveries". p.54</p> <p>Categorising mental health problems as illness in MHA assessments establishes a relationship between mental health problems and medical treatments where hospital-based medical interventions are allied with treating people when the are ill, and can close down alternatives to compulsory detention. Several participants raised the issue of a lack of real alternatives outside a medical framework at the point at which someone was assessed under the MHA. "So if there'd been another way of making her safe and a bit more time to think it through and I don't mean a bit of community support I mean a proper respite, cuddle cottage type thing, you know . . . and erm, not necessarily had to go down the route of right, you're mentally disordered, here's your label, erm, and into the medical profession". p55.</p> <p><u>Public discourses of risk and the 'the system'</u> Participants felt that detaining someone under MHA for the first time was a turning point 'watershed' event, and subsequent detentions were easier, or less</p>	<p><b>10. How valuable is the research?</b> Some value (although the sample size was small, the researcher has suggested a way in which their findings could be used in practice).</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious limitations.</p> <p><b>Source of funding</b> Not reported.</p>

Study details	Methods and participants	Results	Limitations
		<p>significant. Some felt it was a life-changing event, whereas others has a desire to keep people out of the mental health system.</p> <p>1) “once in a lifetime”.</p> <p>2) “get the person back on track, back to where they want to be and functioning at a level which is more akin to how they would have started out, their aspirations for life really”</p> <p>3) “. . . I’d also try and stop people getting pushed into the mental health system if I think they don’t really need to be there, offenders and drug issues and people suffering minor distress who’ve maybe made a suicide attempt or something . . . with more ongoing mental health problems I don’t know if I’m more, I don’t know, relaxed isn’t quite the word, but I always worry I think less about those sorts of people”. p.58</p>	
<p><b>Full citation</b> Hall, Peter, Mental Health Act Assessments – Professional Narratives on Alternatives to Hospital Admission, Journal of Social Work Practice, 31, 445-459, 2017</p> <p><b>Ref Id</b> 1284321</p> <p><b>Country/ies where the study was carried out</b> UK, England</p> <p><b>Study type</b> General qualitative inquiry (interpretive approach)</p> <p><b>Study dates</b></p>	<p><b>Recruitment strategy</b> Purposive sampling from a Mental health trust in the East of England. All MHA assessments were identified, and those with an outcome of home treatment were selected for the sample.</p> <p><b>Setting</b> Mental health trust in East of England.</p> <p><b>Participant characteristics</b> N=15 mix of Approved Social Workers and Home Treatment Professionals (from 9 cases of MHA assessment with home treatment as an outcome).</p> <p><b>Data collection and analysis</b> <u>Data collection</u></p>	<p><b>Findings (including author’s interpretation)</b></p> <p><u>Negotiation and mental illness: autonomy and authority</u> ASWs are faced with considerable challenges regarding negotiations for home treatment. They need to negotiate a common understanding of mental illness with the home treatment team, agree a timescale for team decision-making, adhere to the resources available to the home treatment team and ensure the team feels secure with decision making of the ASW.</p> <p><u>Mental illness of social crisis</u> For the HTPs (home treatment professionals) clearly labelling a service user as having a mental illness was a priority. The issue of trying to identify whether a service user is presenting with a social crisis or a mental illness is complicated when it is their first presentation to psychiatric services, as HTPs cannot rely on previous history or diagnosis, and ASWs (approved social workers) may not be able to gain key information about the service user.</p> <p>The language used by ASWs and HTPs reflected</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are ‘yes’, ‘can’t tell’ or ‘no’.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes (the author described how the interview was informed by the literature and relevant to the research question).</p>

Study details	Methods and participants	Results	Limitations
<p>January - March 2008 (time period when the MHA assessments were conducted. Data collection dates not specified).</p> <p><b>Study aim</b> To observe how the experiences of Approved Social Workers (ASW) and Home Treatment Professionals (HTP) undertaking MHA assessments fit the conceptual framework of social crisis, negotiation and practice models.</p>	<p>Semistructured interviews were used. All interviews were audio-recorded and transcribed.</p> <p><u>Data analysis</u> Framework analysis was used.</p>	<p>their different understandings to service users and their problems. The ASWs used language which reflects their relationships and the social context, while the HTPs focused on service users' diagnoses and the negative implications of having a mental illness. "Two ASWs: 'She self-describes as a total drama queen, and she was' (case 7) and '...a young man who has been to university, who has had some difficulties before...' (case 9) . Two HTPs: '...there is a history with this patient, bipolar affective disorder, psychotic depression, anxiety' (case 7) and 'More important about them accepting that they have got a mental health problem' (case 9)." p.452</p>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes (the author describes how the participants were recruited).</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes (methods of data collection are clear and justified, but no mention of data saturation).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No (there is no mention that the researcher has considered their role or potential bias when formulation questions or during sample recruitment).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (ethical approval was obtained from the NHS, National Research Ethics Service, England).</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> No (there is not an in-depth description of the analysis process. The researcher has not critically examined their own role or potential bias during analysis or selection of data).</p>

Study details	Methods and participants	Results	Limitations
			<p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value (author acknowledges that the small sample size and the group being from one trust only would limit the generalisability of the results).</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious limitations.</p> <p><b>Source of funding</b> Not reported.</p>
<p><b>Full citation</b> O'Hare, Philip, Davidson, Gavin, Campbell, Jim, Maas-Lowit, Michael, Implementing mental health law: a comparison of social work practice across three jurisdictions, The Journal of Mental Health Training, Education and Practice, 8, 196-207, 2013</p> <p><b>Ref Id</b> 1284318</p> <p><b>Country/ies where the study was carried out</b></p>	<p><b>Recruitment strategy</b> Purposive sampling methods used to select mental health social worker students close to qualification, social workers training to use mental health law, and social workers with more than 5 years' experience of using mental health law.</p> <p><b>Setting</b> Universities and local networks in England, Scotland and Northern Ireland.</p> <p><b>Participant characteristics</b></p>	<p><b>Findings (including author's interpretation)</b></p> <p><u>Comparing policy and law across jurisdictions</u> Few practitioners in England raised concerns about the interface between relevant mental health legislation and capacity assessments.</p> <p><u>Understanding of the recovery approach during crises</u> When asked about recovery approaches, many responses involved discussions about recovery in a wider context referring to social activities, employment, and protective factors, rather than just symptoms and cure. But some found it difficult to understand recovery when there was a complexity in the crisis situation or if someone was unwell. Some of the social workers assumed recovery could only be applied when service users are more insightful or</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b></p>

Study details	Methods and participants	Results	Limitations
<p>UK (England, Scotland and Northern Ireland)</p> <p><b>Study type</b> Exploratory, general qualitative inquiry.</p> <p><b>Study dates</b> Not reported.</p> <p><b>Study aim</b> To explore the views of students and experienced mental health social workers about risk, decision-making and compulsory intervention in England, Scotland and Northern Ireland.</p>	<p>N=28 Social work students: n=8; social workers in training: n=7; experienced mental health social workers: n=13.</p> <p><b>Data collection and analysis</b></p> <p><u>Data collection</u> Data collection involved a survey using vignettes and open questions relating to a crisis situation involving a man potentially needing admission by compulsion; a man with intellectual disabilities who may require compulsory measures in the community upon discharge; and a woman with mental health and alcohol problems, which raises issues of capacity in relation to adult support and protection.</p> <p><u>Data analysis</u> Responses to questions about the vignettes were independently read by all authors, and themes were developed using thematic analysis. Themes were then discussed among researchers and consensus reached about the themes.</p>	<p>when conditions are more favourable.</p> <p>1) "Recovery is a post crisis approach, and would be considered, consulted on and embarked upon following the major response to treatment (English AMHP)".</p> <p>2) "At this stage Duncan appears acutely unwell and this would need to be addressed first (English AMHP)".</p> <p>3) "Possibly (relevant) but only if Duncan is free from drug dependency for a significant period (Northern Irish ASW)".</p> <p>4) "...change his belief to one that is more realistic then recovery is possible (Northern Irish ASW)".</p>	<p>Yes (the authors stated that vignettes are routinely used in social care research to help elicit attitudes and views about sensitive subjects because participants may perceive the vignette as separated from their own practice).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes (how students and experienced mental health social workers were recruited is explained).</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes (methods of data collection are clear, but no mention of data saturation).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes (the authors did mention that some authors had a professional involvement with participants either as teachers or through professional associations, which may imply potential insider bias in the way data were collected and analysed).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (ethical approval obtained by the universities where investigators were employed; consent was obtained prior to interviews from participants).</p>

Study details	Methods and participants	Results	Limitations
			<p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell (themes were derived using thematic analysis, but only limited details were provided).</p> <p><b>9. Is there a clear statement of findings?</b> Yes.</p> <p><b>10. How valuable is the research?</b> Limited value (the authors acknowledged the limitations of the study, including the small number of participants, potential for bias in the way data were collected and analysed, and the limitations in using vignettes).</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate limitations.</p> <p><b>Source of funding</b> Not reported.</p>
<p><b>Full citation</b> Smith, Martin Stuart, 'Only connect' 'nearest relative's' experiences of mental health act</p>	<p><b>Recruitment strategy</b> Relatives of people assessed under MHA were contacted to participate.</p>	<p><b>Findings (including author's interpretation)</b> <u>Comments made about good/bad communication</u></p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p>

Study details	Methods and participants	Results	Limitations
<p>assessments, Journal of Social Work Practice: Psychotherapeutic Approaches in Health, 29, 339-353, 2015</p> <p><b>Ref Id</b></p> <p>1223693</p> <p><b>Country/ies where the study was carried out</b></p> <p>UK,England.</p> <p><b>Study type</b></p> <p>General qualitative inquiry</p> <p><b>Study dates</b></p> <p>July and September 2014.</p> <p><b>Study aim</b></p> <p>To explore relative's views of their experiences of mental health crises and if there were any improvements that could be made to AMHP practice.</p>	<p><b>Setting</b></p> <p>County in South England.</p> <p><b>Participant characteristics</b></p> <p>N= 32 relatives of people assessed under MHA.</p> <p><b>Data collection and analysis</b></p> <p><u>Data collection</u></p> <p>Participants were interviewed via telephone interviews using a set of questions formulated beforehand.</p> <p><u>Data analysis</u></p> <p>Data was analysed using thematic analysis.</p>	<p>Aspects of communication found to be not so helpful were that the AMHP's accent was difficult to follow/understand, and, at times AMHPs were experienced as vague and evasive (this was acknowledged by relatives as possibly being due to the AMHP's need to maintain confidentiality). Not being informed of the outcome of an assessment and the desire for more detailed information/feedback were also mentioned.</p> <p>Positive comments about the AMHPs communication referred to their patience, willingness to discuss information/issues, calmness, good level of understanding, good 'bedside manner', supportiveness, calmness and re-assurance at a stressful time. Empathy, clarity, keeping relatives 'in the loop', openness/approachability and waiting with relatives were also mentioned.</p> <p><u>Suggestions for improved communication</u></p> <p>Relatives indicated that there was a need to be aware that they might be tired and distressed and therefore not able to 'hear' what was being said to them, even if and when this was communicated clearly. Relatives also mentioned that they would have liked more information about how to access support for themselves and clearer instructions about how to locate the hospital.</p> <p><u>Comments to help improve the service provided by the Out of Hours AMHPs</u></p> <p>Relatives referred to the need for a proportionate and efficient response from call handlers taking telephone calls before they got through to speak to an AMHP directly. The difficulty of talking about sensitive issues, particularly with the patient present was mentioned. "I felt unsafe about the questions asked about my children. I was not happy overall about how my partner had been treated. It was difficult to talk about some things with my partner present". p.348</p>	<p><b>1. Was there a clear statement of the aims of the research?</b></p> <p>Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b></p> <p>Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b></p> <p>Yes (the author described how telephone calls and a qualitative approach would help to ascertain relative's experiences of AMHP practice).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?)</b></p> <p>Can't tell (author described how participants were recruited but no explanation of how they were selected).</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b></p> <p>Can't tell (some methods of data collection clear but no mention of form of data or data saturation).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b></p> <p>Yes (author describes why they were not involved in data collection as there would</p>

Study details	Methods and participants	Results	Limitations
		<p>Some relatives found the exclusivity of the nearest relative role frustrating. This is particularly likely to be the case when 'nearest' does not necessarily mean 'dearest' and when the person who happens to the nearest relative is not necessarily the most available/interested/involved in their relative's care. "After the assessment another social worker contacted us for an update but would not speak with my husband because I am legally the Nearest Relative, it was upsetting at such a difficult time". p.348</p> <p>Several relatives commented that they felt services had generally 'gone downhill', been cut back or were less available than they had been in previous years. Because of this there is a particular need for AMHPs to oversee and communicate an effective handover to a responsive day time follow-up service. Long waits that fuelled anxieties were also mentioned with relatives citing waits of 12 and 14 hours before the patient was assessed.</p> <p>Some situations changed quickly, leaving relatives having to adapt to different requests/expectations. "We were contacted around 3 am, initially my relative was assessed as being fit enough to be discharged to the care of my husband and myself. We are both senior citizens and were not happy about this due to previous experience but agreed to attend the police station to collect our relative. We received another phone call before we had finished getting dressed to inform us the situation had escalated and our relative was being admitted to hospital". p.348</p> <p>Several relatives reported positive experiences with the AMHP service. "The AMHP was very good, just brilliant – I couldn't fault them in any way". "AMHP was great, good as they could be in the circumstances". "They were there, I don't know what I would have done without them. They were so helpful – fantastic". "AMHP was very clear and helpful". p.349</p>	<p>have been a risk of bias).</p> <p><b>7. Have ethical issues been taken into consideration?</b> No (author describes not requiring ethical approval, but issues have not been taken into consideration appropriately).</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell (methods of analysis described but details limited).</p> <p><b>9. Is there a clear statement of findings?</b> Yes.</p> <p><b>10. How valuable is the research?</b> Valuable, the study refers to a set of recommendations that could be put in practice to address the issues that arose from the findings.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate.</p> <p><b>Source of funding</b> Not reported.</p>

Study details	Methods and participants	Results	Limitations
<p><b>Full citation</b> Stone, Kevin, Approved mental health professionals and detention: an exploration of professional differences and similarities, Practice: Social Work in Action, 31, 83-96, 2019</p> <p><b>Ref Id</b> 1223865</p> <p><b>Country/ies where the study was carried out</b> UK, England</p> <p><b>Study type</b> Exploratory, general qualitative inquiry.</p> <p><b>Study dates</b> Not reported.</p> <p><b>Study aim</b> To explore whether decisions to make a detention following a MHA assessment differs according to professional background of an AMHP, and exploring decisions to detain.</p>	<p><b>Recruitment strategy</b> Purposeful non-probability sample of practising AMHPs recruited from a call from local lead AMHPs.</p> <p><b>Setting</b> Not reported.</p> <p><b>Participant characteristics</b> N=10 AMHPs n= 5 social work AMHPs n= 5 nurse AMHPs</p> <p><b>Data collection and analysis</b> <u>Data collection:</u> Face-to-face 1:1 semi-structured interviews were held with participants using an interview schedule covering relevant topics. A vignette was included in the interview which described the case history and current presentation of a black Afro-Caribbean male who had a history of mental health and social economic difficulties. Participants were asked questions about the vignette and their approaches. Data were audio recorded and transcribed.</p> <p><u>Data analysis:</u> Data was coded by the researcher and</p>	<p><b>Findings (including author's interpretation)</b> <u>Alternatives to admission</u></p> <p>In response to the vignette, majority of participants made the decision not to detain under the MHA and considered community alternative treatment options. What a community alternative was depended on the locality and the resources available to participants. For some this involved home treatment, crisis teams or offering the intervention themselves. "I wouldn't necessarily jump straight to assuming that he needs to be in hospital ... I would think the Crisis team would have to get involved ... It does not look good. Certainly I think the need for action is immediate but whether to jump straight to admission — a little bit premature. (Social Work Participant 7)."</p> <p>In response to the vignette, participants deferred making a decision (1 social worker AMHP and 1 nurse AMHP) at the point when the question was asked. They preferred to remove the pressure from the decision-making process. Each participant evidenced through their responses that they adhered to the MHA code of practice in accordance with the 'least restrictive' options principle, even if they discounted it in the final decision-making. 1)"Yes, I would be hesitant to rush to the decision basically, and my hesitancy is driven by a number of factors. Not all of my own making as it were, there's the spirit and the code of practice in the MHA to look at the least restrictive options. I haven't formed a view, I'm forming a view, so what could be done in the way of community alternatives for a man who still retains some ability to engage? He opened the door and let us in. Overall as an answer I would take my time. I don't know how much time because that would</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes (author describes that use of a vignette can help with explanations on decision making).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes (the author describes how participants were recruited).</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes (methods of data collection are clear and justified, but no mention of data saturation).</p>

Study details	Methods and participants	Results	Limitations
	<p>themes were generated.</p>	<p>be dependent on a number of factors. (Social Work Participant 3)."</p> <p>2)"I would want to explain to him other options that we have got, apart from going to the hospital. But then will remind him that going to hospital is an option. Then the other options about him engaging with support, people coming to see him regularly. If he allows people to come and see him, he does not have to go into hospital. But he needs help, and I will be giving him the information that I am aware of, like I just went there. Well obviously I won't be going into all those details, but I was explaining my thought process there to you. (Social Work Participant 2)".</p>	<p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes (author discusses that there was potential for bias as he was still a practising AMHP at the time of the research, and to avoid some disadvantages the participants were not recruited from local authorities where the researcher was known).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (ethical approval was then gained through either local government research governance and/or through NHS Research and Development departments).</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell (themes were derived using thematic analysis, but details are limited).</p> <p><b>9. Is there a clear statement of findings?</b> Yes.</p> <p><b>10. How valuable is the research?</b> Limited value, author acknowledged that the small sample size would limit generalisability, that there may have been some bias, and that the findings were limited to the narrative produced in the vignette.</p>

Study details	Methods and participants	Results	Limitations
			<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate limitations.</p> <p><b>Source of funding</b> Not reported.</p>
<p><b>Full citation</b> Vicary, Sarah, Young, Alys, Hicks, Stephen, 'Role Over' or Roll Over? Dirty Work, Shift and Mental Health Act Assessments, British journal of social work, 49, 2187-2206, 2019</p> <p><b>Ref Id</b> 1282170</p> <p><b>Country/ies where the study was carried out</b> UK, England</p> <p><b>Study type</b> Interpretive phenomenological.</p> <p><b>Study dates</b> Not specified.</p> <p><b>Study aim</b> To explore the experiences of AMHPs including social workers, of carrying out a Mental Health</p>	<p><b>Recruitment strategy</b> Participants recruited from local authorities but strategy not specified.</p> <p><b>Setting</b> interviews took place in a work location.</p> <p><b>Participant characteristics</b> N=12 n=5 social worker AMHPs (approved mental health professional) n=5 nurse AMHPs n= 2 occupational therapist AMHPs.</p> <p><b>Data collection and analysis</b> <u>Data collection</u> Data was collected via semistructured interviews and a "Rich Picture" drawn by the participant (rich pictures are a means of diagrammatically expressing perceptions or experiences of systems or situations). Participants were asked to describe the picture during the interview. Interviews</p>	<p><b>Findings (including author's interpretation)</b> <u>Doctors leaving</u> Participants described doctors abandoning the assessment once their role was finished. Two male social workers describe being left alone by doctors during the assessment process. One described in his experience that most doctors abandon AMHP colleagues in this way, behaviour he perceives as lacking understanding or compassion. Describing their drawing: "And this is to depict two doctors who just leave they you know sometimes they are eligible for a payment and off they go so you're kind of left on your own. Erm and, and you know most doctors actually with the exception of one that I can think of really have very little empathy or understanding of what's going on for you. They just go, "oh see you later goodbye". (Social Worker 4)." p.2196</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes (the author described how the study design would give insight into the experiences of participants).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell (some explanation as to how participants were recruited but no explanation on why they were selected).</p>

Study details	Methods and participants	Results	Limitations
<p>Act assessment.</p>	<p>were audio recorded and later transcribed. Photographs were taken of the rich pictures.</p> <p><u>Data analysis</u> Analysis was carried out on transcribed text only. Each stage was undertaken by the same individual over a period of two years. The analyst coded the transcripts and then created a memo for codes and themes. Each memo contained reflections as they emerged to allow for an audit trail, which also enacated the double hermeneutic (the researcher's interpretation of the participants' sense-making).</p>		<p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes (it is clear how data was collected. Methods are explicit and justified. No mention of data saturation).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No (there is no mention that the researcher has examined their own role, or potential bias in question formulation or sample recruitment).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (ethical approval was obtained from a University, from the Association of Directors of Adult Social Services in relation to social workers, and from each health trust employing the nurse and occupational therapists. Participants were given an information sheet describing data protection and anonymity. Before the interview participants were asked to sign a consent form).</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell (in-depth description of the analysis process is given but no explanation of the whether the researcher considered their own role or potential bias during the analysis and selection of data).</p>

Study details	Methods and participants	Results	Limitations
			<p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Some value (author explains the research has provided an in-depth understanding of the issue, although not necessarily generalisable).</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate limitations.</p> <p><b>Source of funding</b> Not reported.</p>
<p><b>Full citation</b> Wickersham, Alice, Nairi, Shilpa, Jones, Rebecca, Lloyd-Evans, Brynmor, The Mental Health Act Assessment Process and Risk Factors for Compulsory Admission to Psychiatric Hospital: A Mixed Methods Study, The British Journal of Social Work, 50, 642-663, 2020</p> <p><b>Ref Id</b> 1284322</p>	<p><b>Recruitment strategy</b> Purposive sampling to recruit qualified AMHPs and s12 approved doctors with recent experience of conducting MHA assessments. AMHP service managers were recruited opportunistically for focus groups based on their availability on the day of the focus group.</p> <p><b>Setting</b> NHS or University premises.</p>	<p><b>Findings (including author's interpretation)</b> <u>The assessment process - assessing as a team</u> One doctor felt that having 3 independent clinicians considering cases together might protect against detention. Whereas an AMHP and two doctors said members of the assessing team sometimes assess the service user separately at different times. They suggested assessment should not go ahead unless all three assessors can be present at the same time. "If you're breaking it up and there's a gap of six or 12 hours, then that might obscure the decision process. (Doctor)". p653</p> <p><u>The assessment process - assessment setting</u> The impact of assessment setting varied for all</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p>

Study details	Methods and participants	Results	Limitations
<p><b>Country/ies where the study was carried out</b> UK, England</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> October 2016 - February 2017 (dates given for when MHA assessment was carried out. Dates for data collection not reported).</p> <p><b>Study aim</b> To explore factors the might help or hinder detention minimisation.</p>	<p><b>Participant characteristics</b> N=11</p> <p>For semi-structured interviews: n=4 AMHPs, n=4 s12 approved doctors. For focus group: n=3 AMHP service managers. 6 of the AMHP participants were social workers.</p> <p><b>Data collection and analysis</b> <u>Data collection</u> Face-to-face semistructured interviews were conducted. Interview schedule covered aspects of the MHA assessment which facilitate or hinder detention minimisation. Face-to-face focus groups. Interviews and focus groups were audio recorded and then transcribed verbatim.</p> <p><u>Data analysis</u> Data analysed using thematic analysis. Themes were identified and synthesised into two frameworks. The analysis process was discussed with and reviewed by AMHP leads, project supervisors, and research colleague with lived experience.</p>	<p>professional groups. Some participants reported anxiety, uncertainty and pressure to detain in community settings. Others felt this was more the case in hospital settings.</p> <p><u>The assessment process - attitudes of assessors</u> Service managers considered some assessors might be more risk averse, and err towards detention to avoid culpability.</p> <p>It was reported by service managers and two doctors that high detention thresholds amongst assessors were helping detention minimisation. This was thought to be because of clear guidance in MHA law, assessors having more experience and confidence and having an involved team that knows the service user to share positive risk-taking.</p> <p>Service managers suggested that AMHPs may not always have the time or capacity to withhold from completing a detention application until a less restrictive alternative has been tried. This might prompt them to detain a service user rather than try alternatives.</p> <p><u>The assessment process - delays in assessment</u> Participants from all professional groups reported that delays can occur because of police or doctor availability. They suggested it might hinder detention minimisation as service users deteriorate while awaiting assessment, and become less able to consent to alternatives. Delays may also increases assessors desire to act when assessment is arranged. Ensuring a short turnaround between referral and assessment was therefore suggested by an AMHP as a possible way to reduce detentions. "it can be a long wait sometimes and it can be tricky to reorganise some assessments. So that again, it's about the imperative to actually get an outcome when everything comes together and you do see somebody" (service manager). p.654</p>	<p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes (author has justified method used).</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes (author has explained how and why participants were selected).</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes (methods of data collection are clear and justified, but no mention of data saturation).</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No (no mention of researcher bias in formulation of questions or recruitment of participants).</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes (study met Health Research Authority criteria for a service evaluation and was approved by the North London Research Consortium and the participating NHS Trust. Written, informed consent was obtained from participants).</p>

Study details	Methods and participants	Results	Limitations
		<p><u>The assessment process - Informed decision making</u> AMHPs and doctors suggested that informed decision making is supported by considering the role of broader support networks such as families and friends, knowing the background of the service user, and considering less restrictive options. Suggested examples for ensuring assessors had as much background information for the service user were, communicating with referrers, having care coordinators attend assessments, ensuring service user notes and risk assessments are up to date and doing assessments with service user's team. An AMHP and a doctors suggested the crisis team could attend assessments, as without them it is difficult to ascertain whether a less restrictive alternative to detention is possible. "You know, if I think that someone can be managed in a different way and doesn't need to be taken to hospital, then obviously that's the first option. (AMHP)" p.655</p> <p><u>The assessment process - Other operational procedures</u> Three AMHPs and a doctor referred to operational procedures which might be helping to minimise detentions, such as stringent warrant system, gatekeeping and rigorous referral screening. An AMHP suggested detentions could be reduced by referrers discussing potential referrals with AMHPs based in community teams.</p> <p><u>Wider service provision - community services</u> AMHPs and doctors suggested that detention minimisation is helped by attempts to engage and work collaboratively with service users in the community, to intervene early and to involve crisis and home treatment teams. It was reported MHA assessments are occasionally cancelled when service users engage, and sometimes the assessment itself encourages service users to engage. "I think that good care coordination and actually good engagement by community teams does help, and I</p>	<p><b>8. Was the data analysis sufficiently rigorous?</b> Yes (in-depth description of analysis provided. Researcher examined role in bias in data analysis and described discussion of analysis with AMHP leads, project supervisor and research colleague with lived experience).</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable (the authors described how the findings could be relevant to current practice).</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor limitations</p> <p><b>Source of funding</b> Transcription of interviews was funded by the Division of Psychiatry, University College London. No other funding provided.</p>

Study details	Methods and participants	Results	Limitations
		think that's not really necessarily consistent across services, but I think that really does help. (AMHP)". p.656.	

*AMHP: Approved Mental Health Professional; ASW: Approved Social Worker; CASP: Critical Skills Appraisal Programme; HTP: Home Treatment Professional; MHA: Mental Health Act; MHO: Mental Health Officer*

## Appendix E Forest plots

### Forest plots for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of needs?

No meta-analyses were conducted for these review questions and so there are no forest plots.

## Appendix F GRADE and GRADE-CERQual tables

**GRADE tables for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need?**

**Table 10: Evidence profile for comparison between social therapy with case management (Horizons) and treatment as usual**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Horizons	Treatment as usual	Relative (95% CI)	Absolute		
<b>Quality of life (follow-up 18 months; measured with: AQoL-8D score; range of scores: 0-1; Better indicated by higher values)</b>												
1 (Alvarez-Jimenez 2021)	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	86	84	-	MD 0.02 lower (0.08 lower to 0.04 higher) <sup>3</sup>	LOW	CRITICAL
<b>Contact with services or health or social care practitioners (follow-up 18 months; assessed with: Visits to emergency department)</b>												
1 (Alvarez-Jimenez 2021)	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>2</sup>	serious <sup>4</sup>	none	10/86 (11.6%)	21/84 (25%)	RR 0.47 (0.23 to 0.93)	132 fewer per 1000 (from 17 fewer to 192 fewer)	LOW	CRITICAL
<b>Hospital admissions due to mental health issues (follow-up 18 months)</b>												
1 (Alvarez-Jimenez 2021)	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>2</sup>	very serious <sup>5</sup>	none	12/86 (14%)	17/84 (20.2%)	RR 0.69 (0.35 to 1.35)	63 fewer per 1000 (from 132 fewer to 71 more)	VERY LOW	CRITICAL
<b>Hospital admissions due to psychosis (follow-up 18 months)</b>												
1 (Alvarez-Jimenez 2021)	randomised trials	no serious risk of bias	no serious inconsistency	serious <sup>2</sup>	serious <sup>4</sup>	none	7/86 (8.1%)	15/84 (17.9%)	RR 0.46 (0.2 to 1.06)	96 fewer per 1000 (from 143 fewer to 11 more)	LOW	CRITICAL

CI: confidence interval; MD: mean difference; RR: risk ratio

<sup>1</sup> Serious risk of bias in the evidence contributing to the outcomes as per RoB 2

<sup>2</sup> Intervention is indirect as not clear of the extent of social worker involvement, and some 16-17 year olds were included in the population.

<sup>3</sup> Quality of life increased from baseline for both intervention and control arms, however, there was a greater increase in the control arm which is reflected in this outcome.

<sup>4</sup> 95% crosses 1 MID

<sup>5</sup> 95% CI crosses 2 MIDs

**Table 11: Evidence profile for comparison between coordinated Access to Care for Homeless adults (CATCH) and matched controls**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CATCH	Matched controls	Relative (95% CI)	Absolute		
<b>Contact with services or health or social care practitioners (follow-up 12 months; assessed with: Number of emergency department visit)</b>												
1 (Reid 2021)	observational studies	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	125	250	Rate Ratio 1.70 (1.19 to 2.42)	6.29 more visits per person per year (from 4.73 to 8.36 more) <sup>4</sup>	VERY LOW	CRITICAL
<b>Contact with services or health or social care practitioners (follow-up 12 months; assessed with: Number of outpatient visits)</b>												
1 (Reid 2021)	observational studies	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	125	250	Rate Ratio 1.36 (1.05 to 1.77)	2.70 more visits per person per year (from 2.27 to 3.21 more) <sup>4</sup>	VERY LOW	CRITICAL
<b>Duration of crisis (follow-up 12 months; assessed with: Days in hospital)</b>												
1 (Reid 2021)	observational studies	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	125	250	Rate Ratio 0.77 (0.51 to 1.16)	5.67 fewer days per person per year (from 4.35 to 7.39 fewer) <sup>4</sup>	VERY LOW	CRITICAL
<b>Hospital admission (follow-up 12 months)</b>												
1 (Reid 2021)	observational studies	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	125	250	Rate Ratio 1.17 (0.82 to 1.66)	0.34 more admissions per person per year (from 0.26 to 0.44 more) <sup>4</sup>	VERY LOW	CRITICAL

CI: confidence interval

<sup>1</sup> Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I.

<sup>2</sup> Intervention is indirect due to being led by case managers, these are assumed to be social workers but the paper does not report social worker membership specifically.

<sup>3</sup> 95% CI crosses 1 MID

<sup>4</sup> Absolute risks calculated using baseline rates reported by Reid 2021

**Table 12: Evidence profile for comparison between crisis Outreach and Support Team (COAST) and general patrol**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	COAST	General patrol	Relative (95% CI)	Absolute		
<b>Contact with services or health or social care practitioners (follow-up 6 months; assessed with: Number of involuntary admissions via apprehension under the Mental Health Act)</b>												
1 (Semple 2021)	observational studies	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	9/287 (3.1%)	80/211 (37.9%)	RR 0.08 (0.04 to 0.16)	349 fewer per 1000 (from 318 fewer to 364 fewer)	LOW	CRITICAL
<b>Hospital admissions (follow-up 6 months; assessed with: Number of voluntary admissions to hospital)</b>												
1 (Semple 2021)	observational studies	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	10/287 (3.5%)	51/211 (24.2%)	RR 0.14 (0.07 to 0.28)	208 fewer per 1000 (from 174 fewer to 225 fewer)	LOW	CRITICAL

CI: confidence interval; RR: risk ratio

<sup>1</sup> Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

**Table 13: Evidence profile for comparison between outreach and Mental Health Act assessment and detention and no outreach and Mental Health Act assessment and detention**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Outreach and MHA assessment and detention by an AMHP	Control	Relative (95% CI)	Absolute		
<b>Contact with services or health or social care practitioners (follow-up 1 year; assessed with: number registered with a GP)</b>												
1 (Timms 2016)	observational studies	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	no serious imprecision	none	25/32 (78.1%)	12/32 (37.5%)	RR 2.08 (1.28 to 3.38)	405 more per 1000 (from 105 more to 893 more)	LOW	CRITICAL

AMHP: Approved Mental Health Professional; CI: confidence interval; GP: general practitioner; MHA: Mental Health Act; RR: risk ratio

<sup>1</sup> Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

**GRADE-CERQual tables for review question: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

**Overarching theme D1 – Responding to an escalation of need among people with mental health problems**

**Table 14 : Evidence profile (GRADE-CERQual) for theme D1.1 Alternative treatments to compulsory detention**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D1.1 – Alternative treatments to compulsory detention</b>						
2 studies • Allen 2020 Phenomenological study with semi-structured interviews. N=8 Mental Health Officers. • Wickersham 2020 General qualitative inquiry with semi-structured interviews and focus group n=4 AMHPs n=4 S12 approved doctors n=3 AMHP service managers.	Data from 2 studies suggested that social work practitioners do not have enough time or resources to try less restrictive alternative options to compulsory detention during a mental health crisis. The studies also suggested there was a lack of alternative treatments for mental illness such as psychotherapeutic, holistic and social methods leading practitioners to choose detention instead.  “there is a lack of alternative resources out there to support people and we are scared about what will happen ... we have statutory duties to protect ... and this is now the only way we can do it”. [Quote: Allen 2020 p.309]	Minor concerns <sup>1</sup>	No or very minor concerns	Minor concerns <sup>2</sup>	No or very minor concerns	HIGH

AMHP: Approved Mental Health Professional; S12: Section 12 (of the Mental Health Act)

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered moderately rich data

**Table 15 : Evidence profile (GRADE-CERQual) for theme D1.2 Understanding of mental illness**

Study information	Description of review finding	CERQual Quality Assessment
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		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D1.2 – Understanding of mental illness</b>						
<p>3 studies</p> <ul style="list-style-type: none"> <li>• Allen 2020 Phenomenological study with semi-structured interviews. N=8 Mental Health Officers.</li> <li>• Buckland 2016 General qualitative inquiry with semi-structured interviews. N=10 AMHPs.</li> <li>• Hall 2017 General qualitative inquiry with semi-structured interviews. N=15 Approved Social Workers and Home Treatment Professionals.</li> </ul>	<p>Data from 3 studies suggested that a lack of understanding of mental illness had an impact on the way social workers responded in a mental health crisis.</p> <p>Several social work practitioners raised issues around classification of mental health problems as illness, as in the MHA, as this established a relationship between a mental health problem and medical treatments. As a result, this could have negative consequences in treatment and recovery. For example, enforced medication or a reduction in alternative treatment options to compulsory detention.</p> <p>Other practitioners raised the issue that there is stigma around the way some mental health diagnoses are understood by health and social care professionals, and for example for personality disorders a misunderstanding of the diagnosis can lead to professionals not seeing the benefits of compulsory detention.</p> <p>There was a difference in the understanding of mental illness among social work practitioners and the home treatment professionals. For the HTPs, using a mental illness diagnosis was a priority for understanding whether someone was presenting with a mental illness or social crisis, as they may not be able to gain background knowledge from the social worker.</p> <p>“So mental disorder, I don’t particularly like the word, the language that’s used in the MHA but that’s the language that’s used, it would, again, mental disorder to me is the level of distress. I think it’s so broad that phrase, and they’ve changed it in the 2007 Act so that’s really broad and I actually think in some way we could all be mentally disordered, so it’s really subjective in terms of who’s assessing”.</p> <p>“..so the things like that I think probably, personally, compulsory, compulsorily medicating people is</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

	<p>wrong, I think in fifty years time they'll turn round and think we were barbaric . . . And erm, I'm not in a good position to argue it but sometimes where I stand, as an AMHP, I don't see anyone recover and you, you just sort of think what's it all for really? But you know, I mean I hope there are recoveries."</p> <p>"So if there'd been another way of making her safe and a bit more time to think it through and I don't mean a bit of community support I mean a proper respite, cuddle cottage type thing, you know . . . and erm, not necessarily had to go down the route of right, you're mentally disordered, here's your label, erm, and into the medical profession".</p> <p>[Quotes: Buckland 2014 p.54-55]</p>					
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AMHP: Approved Mental Health Professional; HTP: Home Treatment Professional; MHA: Mental Health Act  
1. Moderate concerns about methodological limitations as per CASP qualitative checklist

**Table 16 : Evidence profile (GRADE-CERQual) for theme D1.3 Virtue of compulsory detention**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D1.3 – Virtue of compulsory detention</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Buckland 2016</li> </ul> <p>General qualitative inquiry with semi-structured interviews. N=10 AMHPs.</p>	<p>Data from 1 study suggested that there were mixed views about the virtue of compulsory detention in the case of a mental health crisis. Some social work practitioners felt that detaining someone under the MHA was a life changing event, which helped the person move forward. Whereas others spoke of the desire to keep people out of the mental health system.</p> <p>"..get the person back on track, back to where they want to be and functioning at a level which is more akin to how they would have started out, their aspirations for life really"</p> <p>".. I'd also try and stop people getting pushed into the mental health system if I think they don't really need to be there, offenders and drug issues and people suffering minor distress who've maybe made a suicide attempt or something . . . with more</p>	Serious concerns <sup>1</sup>	No or very minor concerns	Moderate concerns <sup>2</sup>	No or very minor concerns	LOW

	<p>ongoing mental health problems I don't know if I'm more, I don't know, relaxed isn't quite the word, but I always worry I think less about those sorts of people"</p> <p>[Quotes: Buckland 2016 p.58]</p>					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act

1. Major concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered some rich data.

## Overarching theme D2 - Positive aspects of case management and care planning and what works well

**Table 17 : Evidence profile (GRADE-CERQual) for theme D2.1 What helps decision making in MHA assessments**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Sub-theme D2.1.1 – Considering wider support network</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>• Wickersham 2020 General qualitative inquiry with semi-structured interviews and focus group n=4 AMHPs n=4 S12 approved doctors n=3 AMHP service managers.</li> </ul>	<p>Data from 1 study suggested that social work practitioners and doctors felt that the wider support network such as families and friends, and knowledge of the person's background can help toward decision making in MHA assessments, and deciding whether less restrictive alternatives are appropriate.</p> <p>They suggested ways to help gain a better knowledge of a person's background would be by communicating with referrers, allowing care-coordinations and the crisis team to attend assessments, and ensuring notes and risk assessments are all up to date.</p> <p>"You know, if I think that someone can be managed in a different way and doesn't need to be taken to hospital, then obviously that's the first option (AMHP)."</p> <p>[Quote: Wickersham 2020 p.655]</p>	No or very minor concerns	No or very minor concerns	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	MODERATE

Sub-theme D2.1.2 – Professionals' own values						
<p>1 study</p> <ul style="list-style-type: none"> <li>Buckland 2016</li> </ul> <p>General qualitative inquiry with semi-structured interviews. N=10 AMHPs.</p>	<p>Data from 1 study suggested that social work practitioners use their own values and feelings of “human-ness” above or alongside the MHA code of practice to help them with decision making in MHA assessments during a mental health crisis. They highlighted factors such as acknowledging their own race, gender and class during assessments as helping them to make decisions.</p> <p>“Well actually for all that I’d have to admit that the most important thing is my gut. So I’m going through all those processes and measuring it up, but, but, sometimes I just sit there and think how do I feel about this person walking out of here? . . . So the law does inform my decision-making, erm, but fundamentally I would have to say, bizarrely perhaps, it’s my heart, whatever that is.”</p> <p>“I think probably my values would go first and then probably the MHA, it should be the other way round, I know that, but yeah”.</p> <p>“I felt that the needs of people of colour weren’t going to be met by all-white practitioners”.</p> <p>“Oh, why was it memorable? I just kind of think, I think it’s a women’s issue isn’t it? It’s definitely a women’s issue, why, you know, why is a young woman like that left, to just sort of rot away, yeah, what a waste. It’s definitely a feminist issue”.</p> <p>[Quotes: Buckland 2016 p.56]</p>	<p>Serious concerns<sup>3</sup></p>	<p>No or very minor concerns</p>	<p>Moderate concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>LOW</p>

AMHP: Approved Mental Health Professional; MHA: Mental Health Act; S12: Section 12 (of the Mental Health Act)

1. Studies together offered some rich data.
2. Some evidence is from a substantially different context to the review question (views of doctors’ role are incorporated in the finding).
3. Major concerns about methodological limitations as per CASP qualitative checklist.

**Table 18 : Evidence profile (GRADE-CERQual) for theme D2.2 What helps minimise detention**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D2.2 – What helps minimise detention</b>						
<p>2 studies</p> <ul style="list-style-type: none"> <li>Wickersham 2020 General qualitative inquiry with semi-structured interviews and focus group n=4 AMHPs n=4 S12 approved doctors n=3 AMHP service managers.</li> <li>Stone 2019 General qualitative inquiry with semi-structured interviews focused around a vignette n=5 social work AMHPs n=5 nurse AMHPs.</li> </ul>	<p>Data from 2 studies suggested team work, engagement with the community and the person having an assessment, clear MHA guidance, alternative community treatment options and knowledge of the service user throughout the team would all help minimise detentions.</p> <p>Social work practitioners and doctors agreed that having all assessors present at the same time could help avoid detention. Involving crisis and home treatment teams, and ensuring referrals are discussed with AMHPs based in community teams could also help. Practitioners mentioned that engagement with the person being assessed sometimes led to MHA assessments being cancelled, and sometimes the assessment itself encourages engagement.</p> <p>"I think that good care coordination and actually good engagement by community teams does help, and I think that's not really necessarily consistent across services, but I think that really does help (AMHP)". [Quote: Wickersham 2020 p.656]</p> <p>"Yes, I would be hesitant to rush to the decision basically, and my hesitancy is driven by a number of factors. Not all of my own making as it were, there's the spirit and the code of practice in the MHA to look at the least restrictive options. I haven't formed a view, I'm forming a view, so what could be done in the way of community alternatives for a man who still retains some ability to engage? He opened the door and let us in. Overall as an answer I would take my time. I don't know how much time because that would be dependent on a number of factors. (Social Work Participant 3)." [Quote: Stone 2019, p.90]</p> <p>"I would want to explain to him other options that we</p>	Minor concerns <sup>1</sup>	No or very minor concerns	Minor concerns <sup>2</sup>	No or very minor concerns	HIGH

	<p>have got, apart from going to the hospital. But then will remind him that going to hospital is an option. Then the other options about him engaging with support, people coming to see him regularly. If he allows people to come and see him, he does not have to go into hospital. But he needs help, and I will be giving him the information that I am aware of, like I just went there. Well obviously I won't be going into all those details, but I was explaining my thought process there to you. (Social Work Participant 2)". [Quote: Stone 2019, p.91]</p>					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.

### Overarching theme D3 - Negative aspects of case management and care planning and what doesn't work well

**Table 19 : Evidence profile (GRADE-CERQual) for theme D3.1 Approaches to recovery**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D3.1 – Approaches to recovery</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>• O'Hare 2013</li> </ul> <p>General qualitative inquiry using surveys. n=8 mental health social work students. n=20 mental health social workers.</p>	<p>Data from 1 study suggested that not all social workers understood recovery approaches in a crisis. Some social workers referred to social activities, employment and protective factors when discussing recovery. However, there were some who found it difficult to understand recovery in a crisis situation, and thought recovery could only happen when people were well.</p> <p>"Recovery is a post crisis approach, and would be considered, consulted on and embarked upon following the major response to treatment." (English AMHP).</p> <p>"At this stage Duncan appears acutely unwell and this would need to be addressed first." (English AMHP).</p> <p>"Possibly (relevant) but only if Duncan is free from drug dependency for a significant period". (Northern</p>	<p>Serious concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>Moderate concerns<sup>2</sup></p>	<p>No or very minor concerns</p>	<p>LOW</p>

	<p>Irish ASW) “..change his belief to one that is more realistic then recovery is possible”. (Northern Irish ASW)</p> <p>[Quotes: O’Hare 2013 p.202]</p>					
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AMHP: Approved Mental Health Professional; ASW: Approved Social Worker

1. Major concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered some rich data

**Table 20 : Evidence profile (GRADE-CERQual) for theme D3.2 What hinders decision making in MHA assessments**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Sub-theme D3.2.1 – Fear of doing harm</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>• Allen 2020</li> </ul> <p>Phenomenological study with semi-structured interviews. N=8 Mental Health Officers.</p>	<p>Data from 1 study suggested that social work practitioners felt that fear of doing harm was a factor that hindered the decision making process during MHA assessments. Participants described worries of client’s safety and risks to their health and wellbeing if they did not consent to compulsory measures, but also realised that detentions in hospitals may be harmful.</p> <p>“We’ve got things that can sometimes help, but often the things that we’ve got can also harm and that is essentially where you’re always operating as an MHO”. [Quote: Allen 2020 p.307]</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	Moderate concerns <sup>2</sup>	No or very minor concerns	LOW
<b>Sub-theme D3.2.2 – Risk aversion</b>						
<p>3 studies</p> <ul style="list-style-type: none"> <li>• Allen 2020</li> <li>• Buckland 2016</li> <li>• Wickersham 2020</li> </ul> <p>Phenomenological study with semi-structured interviews. N=8 Mental Health Officers.</p> <p>General qualitative inquiry. N=10 AMHPs.</p>	<p>Data from 3 studies suggested that social worker practitioners felt that risk aversion was a factor that hindered the decision making process during MHA assessments.</p> <p>Participants discussed fears of public and professional scrutiny should things go wrong, and a cultural tendency for risk aversion. Many participants described an influence of the media and the public in their decision-making. Service managers described that risk aversion might lead some assessers to chose detention in order to avoid</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

<p>General qualitative inquiry with semi-structured interviews and focus group n=4 AMHPs n=4 S12 approved doctors n=3 AMHP service managers.</p>	<p>blame if something went wrong.</p> <p>"...it's [media coverage] much more high profile with the low probability but high-risk ones, so that's if it's unlikely that somebody's going to do something but if they do it's drastic and that's the headline and that tends to get over valued". [Quote: Allen 2020 p.307]</p> <p>"I do often think that risks to other people tend to be hugely exaggerated, I do, and I think that's part of our culture and our media".</p> <p>"I worry sometimes that the public image of mental health makes us defensive, that we put people in hospital because we're a bit scared of what they might do".</p> <p>"...to absorb all of society's anxieties about people's serious mental illness, around harming other people, all the family's anxieties about what's going to happen to their relative, all the service user's anxieties, you know, all of that, as an individual social worker you're meant to take all of that on and just say 'we'll leave them at home', all of that is just a massive ask unless it's blatantly obvious that they shouldn't really be at hospital, shouldn't really be assessed."</p> <p>[Quotes: Buckland 2016 p.57-58]</p>					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act; MHO: Mental Health Officer; S12: Section 12 (of the Mental Health Act)

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered some rich data.

**Table 21 : Evidence profile (GRADE-CERQual) for theme D3.3 Working with other healthcare professionals**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D3.3 – Working with other healthcare professionals</b>						
<p>3 studies</p> <ul style="list-style-type: none"> <li>• Allen 2020</li> </ul> <p>Phenomenological study with semi-structured interviews. N=8 Mental Health Officers.</p> <ul style="list-style-type: none"> <li>• Hall 2017</li> </ul>	<p>Data from 3 studies suggested that multidisciplinary working did not always work well during a mental health crisis.</p> <p>Social worker participants described working with other professionals as mostly collaborative however there were concerns over how much other professionals respected the opinions of the MHOs, the ability to challenge other professionals when</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

<p>General qualitative inquiry with semistructured interviews. N=15 Approved Social Workers and Home Treatment Professionals.</p> <ul style="list-style-type: none"> <li>• Vicary 2019</li> </ul> <p>Phenomenological study with semi-structured interviews and a Rich Picture. n=5 social worker AMHPs n=5 nurse AMHPs, n= 2 occupational therapist AMHPs.</p>	<p>disagreements arise and an imbalance of power between MHOs and doctors.</p> <p>Social work participants also spoke of challenges when having to negotiate home treatment with the home treatment team, in terms of timescales and ensuring the team felt secure with the decision of the social worker.</p> <p>Social work participants also described a lack of compassion from doctors during MHA assessments and a feeling of being abandoned by doctors once they had completed their contribution.</p> <p>Describing their drawing: "And this is to depict two doctors who just leave they you know sometimes they are eligible for a payment and off they go so you're kind of left on your own. Erm and, and you know most doctors actually with the exception of one that I can think of really have very little empathy or understanding of what's going on for you. They just go, 'oh see you later goodbye' (social worker)." [Quote: Vicary 2019 p.2195-2196]</p>					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act; MHO: Mental Health Officer;  
1. Moderate concerns about methodological limitations as per CASP qualitative checklist.

### Overarching theme D4 - Practitioner satisfaction with case management and care planning

**Table 22 : Evidence profile (GRADE-CERQual) for theme D4.1 – Guidance from mental health legislation**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D4.1 – Guidance from mental health legislation</b>						

<p>1 study</p> <ul style="list-style-type: none"> <li>O'Hare 2013</li> </ul> <p>General qualitative inquiry using surveys. n=8 mental health social work students. n=20 mental health social workers.</p>	<p>Data from 1 study suggested that practitioners in England were mostly satisfied with the clarity provided by the interface between relevant mental health legislation and capacity assessments, with few raising concerns.</p> <p>No supporting quote.</p>	<p>Moderate concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>Serious concerns<sup>2</sup></p>	<p>No or very minor concerns</p>	<p>LOW</p>
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- Moderate concerns about methodological limitations as per CASP qualitative checklist.
- Studies together did not offer rich data

**Table 23 : Evidence profile (GRADE-CERQual) for theme D4.2 The importance of professional support**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D4.2 The importance of professional support</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Allen 2020</li> </ul> <p>Phenomenological study with semi-structured interviews. N=8 Mental Health Officers</p>	<p>Data from 1 study suggested that participants felt professional support and supervision were important for gaining reassurance and reducing the impact of fear when responding to mental health crises. They described that without support or feedback, fear and anxieties could exacerbate.</p> <p>"...if I was feeling stressed and anxious and was determined not to show that, I think I could probably get away with that for quite a while". [Quote Allen 2020 p.310]</p>	<p>Moderate concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>Moderate concerns<sup>2</sup></p>	<p>No or very minor concerns</p>	<p>LOW</p>

- Moderate concerns about methodological limitations as per CASP qualitative checklist.
- Studies together offered some rich data.

**Table 24 : Evidence profile (GRADE-CERQual) for theme D4.3 Setting of a Mental Health Act assessment**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D4.3 Setting of a Mental Health Act assessment</b>						

<p>1 study</p> <ul style="list-style-type: none"> <li>Wickersham 2020</li> </ul> <p>General qualitative inquiry with semi-structured interviews and focus group n=4 AMHPs n=4 S12 approved doctors n=3 AMHP service managers.</p>	<p>Data from 1 study suggested that the setting of an MHA assessment could have an impact on practitioner satisfaction. There was variation among practitioners as to which setting was preferred, with some reporting that the community setting brought anxiety and pressures to detain, and others reporting that this was more the case in hospital settings.</p> <p>No supporting quote.</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>Serious concerns<sup>1</sup></p>	<p>Moderate concerns<sup>2</sup></p>	<p>LOW</p>
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act; S12: Section 12 (of the Mental Health Act)

1. Studies did not offer rich data.

2. Most evidence is from a substantially different context to the review question (views of doctors' role are incorporated in the finding).

## Overarching theme D5 - Family and carer satisfaction with case management and care planning

**Table 25 : Evidence profile (GRADE-CERQual) for theme D5.1 – Communication with practitioner**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D5.1 – Communication with practitioner</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Smith 2015</li> </ul> <p>General qualitative inquiry using telephone interviews. n=32 relatives of people assessed under MHA.</p>	<p>Data from 1 study reported mixed views from relatives of people being assessed under the MHA about communication with practitioners during the out of hours service.</p> <p>Data suggested that relatives found the process for getting through to speak to an AMHP directly on the phone was inefficient. They also reported a number of aspects of communication that were unhelpful, which included difficulty in understanding the AMHP because of the AMHP's accent, or because they themselves were tired or distressed during communication. They reported a lack of information or detail provided for the outcome of the assessment of their relative, and a lack of information on how to access support for themselves.</p> <p>The data also suggested that relatives found it</p>	<p>Moderate concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>Moderate concerns<sup>2</sup></p>	<p>No or very minor concerns</p>	<p>LOW</p>

	<p>difficult to communicate with the AMHPs regarding sensitive issues, especially when the person being assessed was present. "I felt unsafe about the questions asked about my children. I was not happy overall about how my partner had been treated. It was difficult to talk about some things with my partner present". [Quote: Smith 2015 p.348]</p> <p>The data also suggested that communication was hindered due to the contact person being the 'nearest' relative but not the relative who is the most involved in their person's care. "After the assessment another social worker contacted us for an update but would not speak with my husband because I am legally the Nearest Relative, it was upsetting at such a difficult time".</p> <p>The data reported some positive aspects of communication with the AMHP during out of hours services, and these included the willingness of the AMHP to discuss issues, their patience and calmness, as well as empathy, waiting with relatives, and keeping the relatives "in the loop". [Quote: Smith 2015 p.348]</p>					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered some rich data.

**Table 26 : Evidence profile (GRADE-CERQual) for theme D5.2 – Positive aspects of out of hours service**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D5.2 – Positive aspects of out of hours services</b>						
1 study • Smith 2015 General qualitative inquiry using telephone interviews. n=32 relatives of people assessed under MHA.	<p>Data from 1 study showed that relatives were generally satisfied with the AMHP during the out of hours services.</p> <p>"The AMHP was very good, just brilliant – I couldn't fault them in any way".</p> <p>"AMHP was great, good as they could be in the circumstances".</p> <p>"They were there, I don't know what I would have done without them. They were so helpful – fantastic".</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	Serious concerns <sup>2</sup>	No or very minor concerns	LOW

	"AMHP was very clear and helpful". [Quotes: Smith 2015 p.349]					
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AMHP: Approved Mental Health Professional; MHA: Mental Health Act

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together did not offer rich data.

**Table 27 : Evidence profile (GRADE-CERQual) for theme D5.3 – Negative aspects of out of hours service**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme D5.3 – Negative aspects of out of hours services</b>						
1 study • Smith 2015 General qualitative inquiry using telephone interviews. n=32 relatives of people assessed under MHA.	<p>Data from 1 study suggested that relatives were dissatisfied with the availability of the out of hours service, and the long waits of 12 and 14 hours before their relative was assessed. They also mentioned some dissatisfaction when situations change quickly.</p> <p>"We were contacted around 3 am, initially my relative was assessed as being fit enough to be discharged to the care of my husband and myself. We are both senior citizens and were not happy about this due to previous experience but agreed to attend the police station to collect our relative. We received another phone call before we had finished getting dressed to inform us the situation had escalated and our relative was being admitted to hospital". [Quote: Smith 2015 p.348]</p>	Moderate concerns <sup>1</sup>	No or very minor concerns	Serious concerns <sup>2</sup>	No or very minor concerns	LOW

MHA: Mental Health Act

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together did not offer rich data.

## **Appendix G Economic evidence study selection**

**Study selection for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of needs?**

A single economic search was undertaken for all topics included in the scope of this guideline. See Supplement 2 for further information.

## **Appendix H Economic evidence tables**

**Economic evidence tables for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of needs?**

No evidence was identified which was applicable to this review question.

## **Appendix I Economic model**

**Economic model for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of needs?**

No economic analysis was conducted for this review question.

## Appendix J Excluded studies

**Excluded studies for review question: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need?**

### Excluded effectiveness studies

**Table 28: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Abdel-Baki, A., Dore-Gauthier, V., Levesque, I. S., Homeless first episode psychosis youth may benefit from a specialised assertive community intervention team, <i>Early Intervention in Psychiatry</i> , 12 (Supplement 1), 8, 2018	Conference abstract
Bablok, I., Binder, H., Stelzer, D., Kaier, K., Graf, E., Wangler, J., Jansky, M., Lohr, M., Schulz, M., Kocklauner, M., et al., Primary dementia care based on the individual needs of the patient: study protocol of the cluster randomized controlled trial, <i>DemStepCare</i> , <i>BMC Geriatrics</i> <i>BMC geriatr</i> , 21, 2021	Ineligible study design – study protocol only, full results not yet published
Bajwah, S., Oluyase, A. O., Yi, D., Gao, W., Evans, C. J., Grande, G., Todd, C., Costantini, M., Murtagh, F. E., Higginson, I. J., The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers, <i>Cochrane Database of Systematic Reviews</i> , 2020	Ineligible intervention - not a social worker response to an unplanned escalation of need
Birken, M., Henderson, C., Slade, M., The development of an occupational therapy intervention for adults with a diagnosed psychotic disorder following discharge from hospital, <i>Pilot and Feasibility Studies</i> , 4, 2018	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Bodenmann, P., Velonaki, V. S., Griffin, J. L., Baggio, S., Iglesias, K., Moschetti, K., Ruggeri, O., Burnand, B., Wasserfallen, J. B., Vu, F., Schupbach, J., Hugli, O., Daeppen, J. B., Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial, <i>Journal of General Internal Medicine</i> , 32, 508-515, 2017	Ineligible intervention - Not a social worker approach to an unplanned escalation of need
Borschmann, R., Henderson, C., Hogg, J., Phillips, R., Moran, P., Crisis interventions for people with borderline personality disorder, <i>Cochrane Database of Systematic Reviews</i> , 2012	Cochrane systematic review - references checked and none meet PICO criteria
Breitborde, N. J. K., Wastler, H., Pine, J. G., Moe, A. M., Suicidality and social problem-solving skills among individuals with first-episode psychosis participating in Coordinated Specialty Care, <i>Early Intervention in Psychiatry</i> , 2020	Ineligible intervention - Not a social worker approach to an unplanned escalation of need
Brewer, W. J., Lambert, T. J., Witt, K., Dileo, J., Duff, C., Crlenjak, C., McGorry, P. D., Murphy, B. P., Intensive case management for high-risk patients with first-episode psychosis: Service model and outcomes, <i>The Lancet Psychiatry</i> , 2, 29-37, 2015	Ineligible population - data not reported separately for participants aged 18 years and older
Bronstein, L. R., Gould, P., Berkowitz, S. A., James, G. D., Marks, K., Impact of a Social Work Care Coordination Intervention on Hospital Readmission: a Randomized Controlled Trial, <i>Social work</i> , 60, 248-255, 2015	Ineligible country - conducted in the US
Bullock, J., Whiteley, C., Moakes, K., Clarke, I., Riches, S., Single-session Comprehend, Cope, and Connect intervention in acute	Ineligible intervention - not a social worker approach to an

Study	Reason for Exclusion
and crisis psychology: a feasibility and acceptability study, <i>Clinical psychology &amp; psychotherapy</i> , 2020	unplanned escalation of need
Buus, N., Kragh Jacobsen, E., Bojesen, A. B., Bikic, A., Muller-Nielsen, K., Aagaard, J., Erlangsen, A., The association between Open Dialogue to young Danes in acute psychiatric crisis and their use of health care and social services: a retrospective register-based cohort study, <i>International journal of nursing studies</i> , 91, 119-127, 2019	Ineligible population - mean age approximately 16 years; outcome data not reported separately for participants aged 18 years or older
Canavan, R., Barry, M. M., Matanov, A., Barros, H., Gabor, E., Greacen, T., Holcnerova, P., Kluge, U., Nicaise, P., Moskalewicz, J., Diaz-Olalla, J. M., Strassmayr, C., Schene, A. H., Soares, J. J., Gaddini, A., Priebe, S., Service provision and barriers to care for homeless people with mental health problems across 14 European capital cities, 12, 222, 2012	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Chambers, S. K., Girgis, A., Occhipinti, S., Hutchison, S., Turner, J., Carter, R., Dunn, J., Beating the blues after cancer: randomised controlled trial of a tele-based psychological intervention for high distress patients and carers, <i>BMC Cancer</i> , 9, 189, 2009	Ineligible study design - protocol only, full text not located as intervention not a social worker approach to an unplanned escalation of need
Clerk, George, Schaub, Jason, Hancock, David, Martin, Colin, A Delphi survey of practitioner's understanding of mental capacity, <i>The Journal of Adult Protection</i> , 20, 174-186, 2018	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Clifford, Derek, Williams, Glen, Important yet ignored: problems of 'expertise' in emergency duty social work, <i>British journal of social work</i> , 32, 201-215, 2002	Ineligible publication date - pre-2010
Collins, S. E., Clifasefi, S. L., Nelson, L. A., Stanton, J., Goldstein, S. C., Taylor, E. M., Hoffmann, G., King, V. L., Hatsukami, A. S., Cunningham, Z. L., et al., Randomized controlled trial of harm reduction treatment for alcohol (HaRT-A) for people experiencing homelessness and alcohol use disorder, <i>International journal on drug policy</i> , 67, 24-33, 2019	Ineligible country - conducted in the US
Collins, S. E., Goldstein, S. C., Suprasert, B., Doerr, S. A. M., Gliane, J., Song, C., Orfaly, V. E., Moodliar, R., Taylor, E. M., Hoffmann, G., Jail and Emergency Department Utilization in the Context of Harm Reduction Treatment for People Experiencing Homelessness and Alcohol Use Disorder, <i>Journal of Urban Health</i> , 2020	Ineligible country - conducted in the US
Connolly, M. J., Boyd, M., Broad, J. B., Kerse, N., Lumley, T., Whitehead, N., Foster, S., The Aged Residential Care Healthcare Utilization Study (ARCHUS): a multidisciplinary, cluster randomized controlled trial designed to reduce acute avoidable hospitalizations from long-term care facilities, <i>Journal of the American Medical Directors Association</i> , 16, 49-55, 2015	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Crane, S., Collins, L., Hall, J., Rochester, D., Patch, S., Reducing utilization by uninsured frequent users of the emergency department: Combining case management and drop-in group medical appointments, <i>Journal of the American board of family medicine</i> , 25, 184-191, 2012	Ineligible country - conducted in the US
Crossley, N., Sweeney, B., Patient and service-level factors affecting length of inpatient stay in an acute mental health service: A retrospective case cohort study, <i>BMC Psychiatry</i> , 20, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Dahlem, C. H. G., Scalera, M., Anderson, G., Tasker, M., Ploutz-Snyder, R., McCabe, S. E., Boyd, C. J., Recovery opioid overdose team (ROOT) pilot program evaluation: A community-wide post-overdose response strategy, <i>Substance abuse</i> , 1-5, 2020	Ineligible country - conducted in the US

Study	Reason for Exclusion
Dawson, Shoba, et, al, Does health and social care provision for the community dwelling older population help to reduce unplanned secondary care, support timely discharge and improve patient well-being? A mixed method meta-review of systematic reviews [version 1; peer review: 1, F1000Research, 9, 857, 2020	Ineligible intervention - not social worker approaches to an unplanned escalation of need
Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B., Marshall, M., Intensive case management for severe mental illness, Cochrane Database of Systematic Reviews, 2017 (1) (no pagination), 2017	Cochrane systematic review references checked and none meet PICO criteria
Dowell, Sara, Moss, George, Odedra, Katy, Rapid response: a multiprofessional approach to hospital at home, British Journal of Nursing, 27, 24-30, 2018	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Duan-Porter, Wei, et, al, Care coordination models and tools: a systematic review and key informant interviews, 30, 2020	Ineligible intervention interventions not social worker approaches to an unplanned escalation of need
Dwyer, Sandra, The deprivation of liberty safeguards and people with dementia: implications for social workers, British Journal of Social WorkBr J Soc Work, 40, 1503-1516, 2010	Ineligible study design - literature review
Dymond, A., Branjerdporn, G., Factors associated with homelessness referrals for an acute young adult psychiatric unit, The International journal of social psychiatry, 20764020970239, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Field, C. A., Von Sternberg, K., Velasquez, M. M., Randomized Trial of Screening and Brief Intervention to Reduce Injury and Substance Abuse in an urban Level I Trauma Center, Drug and Alcohol Dependence, 208, 107792, 2020	Ineligible country - conducted in the US
Foster, T., Suicide prevention as a prerequisite for recovery from severe mental illness, International Journal of Psychiatry in Medicine, 46, 15-25, 2013	Ineligible study design - non-systematic review
Freund, T., Peters-Klimm, F., Boyd, C. M., Mahler, C., Gensichen, J., Erler, A., Beyer, M., Gondan, M., Rochon, J., Gerlach, F. M., et al., Medical Assistant-Based Care Management for High-Risk Patients in Small Primary Care Practices: a Cluster Randomized Clinical Trial, Annals of Internal Medicine, 164, 323-330, 2016	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Gafvels, Catharina, et, al, Follow-up two years after diagnosis of diabetes in patients with psychosocial problems receiving an intervention by a medical social worker, Social work in health care, 53, 584-600, 2014	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Gallagher, N. A., Fox, D., Dawson, C., Williams, B. C., Improving care transitions: complex high-utilizing patient experiences guide reform, The American journal of managed care, 23, e347-e352, 2017	Ineligible country - conducted in the US
Graney, J., Hunt, I. M., Quinlivan, L., Rodway, C., Turnbull, P., Gianatsi, M., Appleby, L., Kapur, N., Suicide risk assessment in UK mental health services: a national mixed-methods study, The Lancet Psychiatry, 7, 1046-1053, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Griffiths, Louise, Bailey, Di, Slade, Karen, Exploring the listener scheme in a women's prison: the importance of a gendered approach to peer support for women who self-harm in custody, Journal of Mental Health Training Education and Practice, 15, 347-360, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Griswold, K. S., Homish, G. G., Pastore, P. A., Leonard, K. E., A randomized trial: are care navigators effective in connecting patients to primary care after psychiatric crisis?, Community Mental Health Journal, 46, 398-402, 2010	Ineligible country - conducted in the US

Study	Reason for Exclusion
Grover, C. A., Crawford, E., Close, R. J. H., The Efficacy of Case Management on Emergency Department Frequent Users: An Eight-Year Observational Study, <i>Journal of Emergency Medicine</i> , 51, 595-604, 2016	Ineligible country - conducted in the US
Harcourt, Debra Irene, Clancy Jack, McDonald, Carlidge-Gann, Leonie, Brown, Nathan J., Rayner, Kim, Frequent presentations to emergency departments and the collaborative community and emergency response: Managing Community Care, <i>Journal of Integrated Care</i> , 26, 267-276, 2018	Ineligible study design - case series
Hasselberg, N., Grawe, R. W., Johnson, S., Ruud, T., An implementation study of the crisis resolution team model in Norway: are the crisis resolution teams fulfilling their role?, <i>BMC health services research</i> , 11, 96, 2011	Ineligible outcomes - no relevant outcomes reported
Hawton, K., Witt, K. G., Taylor Salisbury, T. L., Arensman, E., Gunnell, D., Hazell, P., Townsend, E., van Heeringen, K., Psychosocial interventions for self-harm in adults, <i>Cochrane Database of Systematic Reviews</i> , 2016, 2016	Cochrane systematic review, included references checked but none meet PICO criteria
Haynes, Philip, Stroud, Julia, Community treatment orders and social factors: complex journeys in the mental health system, <i>Journal of Social Welfare and Family Law</i> , 41, 463-478, 2019	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Herman Daniel B, Transitional support for adults with severe mental illness: critical time intervention and its roots in assertive community treatment, <i>Research on Social Work Practice</i> , 24, 556-563, 2014	Ineligible country – conducted in the US
Herman Daniel B, Mandiberg James M, Critical time intervention: model description and implications for the significance of timing in social work interventions, <i>Research on social work practice</i> , 20, 502-508, 2010	Ineligible country - conducted in the US
Herman, D. B., Conover, S., Gorroochurn, P., Hinterland, K., Hoepner, L., Susser, E. S., Randomized trial of critical time intervention to prevent homelessness after hospital discharge, <i>Psychiatric services (Washington, D.C.)</i> , 62, 713-719, 2011	Ineligible country – conducted in the US
Hirschman, K. B., Shaid, E., McCauley, K., Pauly, M. V., Naylor, M. D., Continuity of Care: The Transitional Care Model, <i>Online Journal of Issues in Nursing/Online J Issues Nurs</i> , 20, 1, 2015	Ineligible country conducted in the US
Hopkinson, Jane B., et, al, What happens before, during and after crisis for someone with dementia living at home: a systematic review, <i>Dementia: the international journal of social research and practice</i> , 20, 570-612, 2021	Systematic review - references checked and none meet the PICO criteria
Hudon, C., Chouinard, M. C., Dubois, M. F., Roberge, P., Loignon, C., Tchouaket, É, Lambert, M., Hudon, É, Diadiou, F., Bouliane, D., Case Management in Primary Care for Frequent Users of Health Care Services: a Mixed Methods Study, <i>Annals of family medicine</i> , 16, 232-239, 2018	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Isrctn,, Assertive outreach treatment for alcohol related admissions, <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN670002">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN670002</a> , 2016	Ineligible study design - Clinical trial entry - no results posted. Checked after updated searches and no results posted
Isrctn,, CORE: crisis Team Optimisation and Relapse Prevention - Phase 3, <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN01027104">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN01027104</a> , 2012	Ineligible intervention - clinical trial protocol - full text viewed but intervention not social worker approach to an unplanned escalation of need
Isrctn,, Early signs monitoring to prevent relapse and promote wellbeing, engagement and recovery,	Ineligible intervention - clinical trial protocol but intervention

Study	Reason for Exclusion
<p><a href="http://www.who.int/trialsearch/trial2.aspx?Trialid=isrctn99559262">Http://www.who.int/trialsearch/trial2.aspx? Trialid=isrctn99559262</a>, 2015</p>	<p>not social worker approach to an unplanned escalation of need</p>
<p>Isrctn,, Short intervention targeting psychosomatic care in elderly patients with complex health care needs, <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN79908237">http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN79908237</a>, 2014</p>	<p>Ineligible intervention - clinical trial protocol - full text viewed but intervention not social worker approach to an unplanned escalation of need</p>
<p>Jarrett, M., Thornicroft, G., Forrester, A., Harty, M., Senior, J., King, C., Huckle, S., Parrott, J., Dunn, G., Shaw, J., Continuity of care for recently released prisoners with mental illness: a pilot randomised controlled trial testing the feasibility of a Critical Time Intervention, <i>Epidemiology and psychiatric sciences</i>, 21, 187-193, 2012</p>	<p>Ineligible intervention - not social work case management or care planning in the event of crisis or unplanned escalation of needs, considered for C1</p>
<p>Johnson, S., Lamb, D., Marston, L., Osborn, D., Mason, O., Henderson, C., Ambler, G., Milton, A., Davidson, M., Christoforou, M., et al., Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial, <i>Lancet (london, england)</i>, 392, 409-418, 2018</p>	<p>Ineligible intervention – not a social worker approach to an unplanned escalation of need (there was social worker involvement in only 1 of 6 sites)</p>
<p>Jprn, Umin, Evaluation of effectiveness of preventive rehabilitation programs for the frail elderly utilizing expertise of physical therapist in care prevention and daily life support local initiatives operated by Neyagawa city in Osaka, targeting (1) improving physical and oral functions, nutritive conditions, (2) regaining social roles and participation, and thus (3) continuing self-supported daily life without relying on public care insurance afterward, <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=JPRN-UMIN000031329">http://www.who.int/trialsearch/Trial2.aspx?TrialID=JPRN-UMIN000031329</a>, 2018</p>	<p>Ineligible country – conducted in Japan</p>
<p>Kallert, T. W., Lisse, M., Kulke, C., Kluge, H., Evidence for community mental health care services in Germany: overview of currently available empirical results, <i>Gesundheitswesen (Bundesverband der Arzte des Offentlichen Gesundheitsdienstes (Germany))</i>, 67, 342-354, 2005</p>	<p>Ineligible language – published in German</p>
<p>Kingsford, Richard, Webber, Martin, Social deprivation and the outcomes of crisis resolution and home treatment for people with mental health problems: a historical cohort study, <i>Health and Social Care in the Community</i>, 18, 456-464, 2010</p>	<p>Ineligible study design - no comparator 'standard' case management and care planning group</p>
<p>Lavoie, Jennifer A. A., Relative invisibility: an integrative review of carers' lived experiences of a family member's emergency mental health crisis, <i>Social Work in Mental Health</i>, 16, 601-626, 2018</p>	<p>Ineligible study design - non-systematic literature review focusing on qualitative data provided by carers</p>
<p>Lay, B., Salize, H. J., Dressing, H., Rüsck, N., Schönenberger, T., Bühlmann, M., Bleiker, M., Lengler, S., Korinth, L., Rössler, W., Preventing compulsory admission to psychiatric inpatient care through psycho-education and crisis focused monitoring, <i>BMC Psychiatry</i>, 12, 136, 2012</p>	<p>Ineligible study design - protocol only</p>
<p>Lee, S., De Castella, A., Freidin, J., Kennedy, A., Kroschel, J., Humphrey, C., Kerr, R., Hollows, A., Wilkins, S., Kulkarni, J., Mental health care on the streets: An integrated approach, <i>Australian and New Zealand Journal of Psychiatry</i>, 44, 505-512, 2010</p>	<p>Ineligible study design - summary of methodology and findings from an evaluation of an integrated model of care initiative; focuses on evaluation of audits of consumer and service outcomes</p>
<p>Lewis, C., O'Caomh, R., Patton, D., O'Connor, T., Moore, Z.,</p>	<p>Ineligible intervention - case</p>

Study	Reason for Exclusion
Nugent, L. E., Risk prediction for adverse outcomes for frail older persons with complex healthcare and social care needs admitted to a community virtual ward model, <i>Clinical interventions in aging</i> , 15, 915-926, 2020	management nurse led, not social worker led or delivered
Lin, M. P., Blanchfield, B. B., Kakoza, R. M., Vaidya, V., Price, C., Goldner, J. S., Higgins, M., Lessenich, E., Laskowski, K., Schuur, J. D., ED-based care coordination reduces costs for frequent ED users, <i>American Journal of Managed Care</i> , 23, 762-766, 2017	Ineligible country – conducted in the US
Lloyd-Evans, B., Osborn, D., Marston, L., Lamb, D., Ambler, G., Hunter, R., Mason, O., Sullivan, S., Henderson, C., Onyett, S., Johnston, E., Morant, N., Nolan, F., Kelly, K., Christoforou, M., Fullarton, K., Forsyth, R., Davidson, M., Piotrowski, J., Mundy, E., Bond, G., Johnson, S., The CORE service improvement programme for mental health crisis resolution teams: results from a cluster-randomised trial, <i>Br J Psychiatry</i> , 216, 314-322, 2020	Ineligible intervention - delivered by mental health staff, not social workers
Moore, M., Ekman, E., Shumway, M., Understanding the Critical Role of Social Work in Safety Net Medical Settings: Framework for Research and Practice in the Emergency Department, <i>Social Work in Health Care</i> , 51, 140-148, 2012	Ineligible country – studies conducted in the US
Moore, M., Whiteside, L. K., Dotolo, D., Wang, J., Ho, L., Conley, B., Forrester, M., Fouts, S. O., Vavilala, M. S., Zatzick, D. F., The role of social work in providing mental health services and care coordination in an urban trauma center emergency department, <i>Psychiatric Services</i> , 67, 1348-1354, 2016	Ineligible study design - cross sectional study design
Moore, M., Winkelman, A., Kwong, S., Segal, S. P., Manley, G. T., Shumway, M., The emergency department social work intervention for mild traumatic brain injury (SWIFT-Acute): a pilot study, <i>Brain injury</i> , 28, 448-455, 2014	Ineligible country – conducted in the US
Morandi, S., Silva, B., Golay, P., Bonsack, C., Intensive Case Management for Addiction to promote engagement with care of people with severe mental and substance use disorders: an observational study, <i>Substance abuse treatment, prevention, and policy</i> , 12, 26, 2017	Ineligible intervention - not a social worker approach to an unplanned escalation of need Has been considered for C1
Morant, N., Lloyd-Evans, B., Lamb, D., Fullarton, K., Brown, E., Paterson, B., Istead, H., Kelly, K., Hindle, D., Fahmy, S., Henderson, C., Mason, O., Johnson, S., Core Service User, Carer Working, groups, Crisis resolution and home treatment: stakeholders' views on critical ingredients and implementation in England, <i>BMC Psychiatry</i> , 17, 254, 2017	Ineligible study design – qualitative data considered for D2
Mueller-Stierlin, A. S., Helmbrecht, M. J., Herder, K., Prinz, S., Rosenfeld, N., Walendzik, J., Holzmann, M., Dinc, U., Schutzwahl, M., Becker, T., et al., Does one size really fit all? The effectiveness of a non-diagnosis-specific integrated mental health care program in Germany in a prospective, parallel-group controlled multi-centre trial, <i>BMC Psychiatry</i> , 17, 283, 2017	Ineligible intervention - not social work case management or care planning in the event of a crisis or unplanned escalation of need
Murphy, S. M., Irving, C. B., Adams, C. E., Waqar, M., Crisis intervention for people with severe mental illnesses, <i>The Cochrane database of systematic reviews</i> , 12, CD001087, 2015	Cochrane systematic review – references checked and none meet the PICO criteria
Naidoo, S. S., Gathiram, P., Schlebusch, L., Effectiveness of a buddy intervention support programme for suicidal behaviour in a primary care setting, <i>South African Family Practice</i> , 56, 263-270, 2014	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Nct., Health Care Hotspotting: a Randomized Controlled Trial, <a href="https://clinicaltrials.gov/show/NCT02090426">https://clinicaltrials.gov/show/NCT02090426</a> , 2014	Ineligible country – conducted in the US
Nct., A Large Pragmatic Cluster Randomized Controlled Trial of a Multi-element Psychosocial Intervention for Early Psychosis,	Ineligible study design -clinical trial entry only - no results

Study	Reason for Exclusion
<a href="https://clinicaltrials.gov/show/NCT01436331">https://clinicaltrials.gov/show/NCT01436331</a> , 2011	posted. Checked again for updates after update searches but no results
Nct., Integrated Care Including Assertive Community Treatment in Early Psychosis, <a href="https://clinicaltrials.gov/show/nct02037581">https://clinicaltrials.gov/show/nct02037581</a> , 2014	Ineligible study design -clinical trial entry only - no results posted. Checked again for updates after update searches but no results.
Nct., Community-based Mental Health Care for People With Severe and Enduring Mental Ill Health, <a href="https://clinicaltrials.gov/show/NCT03922425">https://clinicaltrials.gov/show/NCT03922425</a> , 2019	Ineligible country – conducted in Bulgaria
Nct., Helping Urgent Care Users Cope With Distress About Physical Complaints, <a href="https://clinicaltrials.gov/show/NCT02298036">https://clinicaltrials.gov/show/NCT02298036</a> , 2014	Ineligible intervention – not a social worker approach to case management and care planning in the event of an unplanned escalation of need
Nielsen, C. M., Hjorthøj, C., Killaspy, H., Nordentoft, M., The effect of flexible assertive community treatment in Denmark: a quasi-experimental controlled study, <i>The Lancet. Psychiatry</i> , 8, 27-35, 2021	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Ntr., The feasibility and efficacy of intensive home treatment (IHT), <a href="http://www.who.int/trialsearch/Trial2.aspx?TrialID=NTR6151">http://www.who.int/trialsearch/Trial2.aspx?TrialID=NTR6151</a> , 2016	Ineligible intervention - not a social worker approach to an unplanned escalation of need
O'Connell, M. J., Flanagan, E. H., Delphin-Rittmon, M. E., Davidson, L., Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support, <i>Journal of Mental Health</i> , 29, 6-11, 2020	Ineligible country – conducted in the US
Park, T. W., Cheng, D. M., Samet, J. H., Winter, M. R., Saitz, R., Chronic care management for substance dependence in primary care among patients with co-occurring disorders, <i>Psychiatric Services</i> , 66, 72-79, 2015	Ineligible country – study in the US
Paton, F., Wright, K., Ayre, N., Dare, C., Johnson, S., Lloyd-Evans, B., Simpson, A., Webber, M., Meader, N., Improving outcomes for people in mental health crisis: A rapid synthesis of the evidence for available models of care, <i>Health Technology Assessment</i> , 20, 1-69, xi-xix, 2016	Systematic review, included references checked but none meet PICO criteria
Pearce, S., Scott, L., Attwood, G., Saunders, K., Dean, M., De Ridder, R., Galea, D., Konstantinidou, H., Crawford, M., Democratic therapeutic community treatment for personality disorder: Randomised controlled trial, <i>British Journal of Psychiatry</i> , 210, 149-156, 2017	Ineligible intervention - not social work approach to case management or care planning in the event of a crisis or unplanned escalation of need
Perry, A. E., Waterman, M. G., Dale, V., Moore, K., House, A., The effect of a peer-led problem-support mentor intervention on self-harm and violence in prison: An interrupted time series analysis using routinely collected prison data, <i>EClinicalMedicine</i> , 32 (no pagination), 2021	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Pomerantz, J. I., Toney, S. D., Hill, Z. J., Care coaching: an alternative approach to managing comorbid depression, <i>Professional Case Management/Prof Case Manag</i> , 15, 137-142; quiz 143-144, 2010	Ineligible country – study conducted in the US
Ponsford, J., Olver, J., Ponsford, M., Schonberger, M., Two-year outcome following traumatic brain injury and rehabilitation: A comparison of patients from metropolitan Melbourne and those residing in regional Victoria, <i>Brain Impairment</i> , 11, 253-261, 2010	Ineligible intervention - not social work case management or care planning in the event of a crisis or unplanned escalation of need
Price-Haywood, E. G., Burton, J., Harden-Barrios, J., Bazzano, A.,	Ineligible country – study

Study	Reason for Exclusion
Lefante, J., Shi, L., Jamison, R. N., Depression, anxiety, pain and chronic opioid management in primary care: type II effectiveness-implementation hybrid stepped wedge cluster randomized trial, Contemporary clinical trials, 101, 2021	conducted in the US
Puntis, S., Minichino, A., De Crescenzo, F., Harrison, R., Cipriani, A., Lennox, B., Specialised early intervention teams for recent-onset psychosis, Cochrane Database of Systematic Reviews, 2020	Systematic review - included studies checked but none meet PICO criteria
Regulation, Quality Improvement, Authority, Review of the Regional Emergency Social Work Service, 55, 2017	Ineligible study design - insufficient methodological details and non-journal source
Revolving Doors, Agency, Making the difference: the role of adult social care services in supporting vulnerable offenders, 2013	Ineligible study design - briefing paper/guidance document
Roberts, S. R., Crigler, J., Ramirez, C., Sisco, D., Early, G. L., Working With Socially and Medically Complex Patients: When Care Transitions Are Circular, Overlapping, and Continual Rather Than Linear and Finite, Journal for Healthcare Quality, 37, 245-65, 2015	Ineligible country - study conducted in US
Ruchlewska, A., Mulder, C. L., Smulders, R., Roosenschoon, B. J., Koopmans, G., Wierdsma, A., The effects of crisis plans for patients with psychotic and bipolar disorders: a randomised controlled trial, BMC Psychiatry, 9, 41, 2009	Ineligible study design – protocol only but full text considered for C review
Sanon, M., Hwang, U., Abraham, G., Goldhirsch, S., Richardson, L. D., Gedi Wise Investigators, ACE Model for Older Adults in ED, GeriatricsGeriatr, 4, 21, 2019	Ineligible country – study conducted in the US
Scheiner, N., Cohen, S., Davis, R., Gale, T., Agyare, A., The effect of integrated care on self-management and emergency department attendance, BJPsych Bulletin, 43, 117-122, 2019	Ineligible intervention – not relevant to case management or care planning in an unplanned escalation of need. Considered for E on integrated working
Silberberg, C., Use and abuse: The role of community treatment orders in an intensive outreach team, Schizophrenia research, 153, S136, 2014	Conference abstract only
Simpson, Grahame, et, al, Describing an early social work intervention program for families after severe traumatic brain injury, Journal of Social Work in Disability and Rehabilitation, 15, 213-233, 2016	Ineligible study design – descriptive paper
Singh, Inderpal, Fernando, Priya, Griffin, Jane, Edwards, Chris, Williamson, Kathryn, Chance, Patrick, Clinical outcome and predictors of adverse events of an enhanced older adult psychiatric liaison service: Rapid Assessment Interface and Discharge (Newport), Clinical interventions in aging, 12, 29-36, 2017	Ineligible population - population with mental health needs, social needs not specified
Siu, A. M. H., Ko, F. S. L., Mak, S. K., Outcome evaluation of a short-term hospitalization and community support program for people who abuse ketamine, Frontiers in Psychiatry, 9, 313, 2018	Ineligible country – study conducted in Hong Kong
Smith, Martin Stuart, Only connect nearest relative's experiences of mental health act assessments, Journal of Social Work Practice: Psychotherapeutic Approaches in Health, 29, 339-353, 2015	Ineligible study design - qualitative review - included for D2 review
Sortedahl, C., Krsnak, J., Crook, M. M., Scotton, L., Case Managers on the Front Lines of Opioid Epidemic Response: Advocacy, Education, and Empowerment for Users of Medical and Nonmedical Opioids, Professional Case ManagementProf	Ineligible study design - non-systematic narrative review

Study	Reason for Exclusion
Case Manag, 23, 256-263, 2018	
Stefanopoulou, Evgenia, et, al, Are digital interventions effective in reducing suicidal ideation and self-harm? A systematic review, Journal of Mental Health, 29, 207-216, 2020	Systematic review - intervention does not meet the protocol for social worker delivered interventions so references not checked
Stergiopoulos, V., Gozdzik, A., Cohen, A., Guimond, T., Hwang, S. W., Kurdyak, P., Leszcz, M., Wasylenki, D., The effect of brief case management on emergency department use of frequent users in mental health: Findings of a randomized controlled trial, PLoS ONE, 12, 2017	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Strydom, A., Bosco, A., Vickerstaff, V., Hunter, R., Hassiotis, A., Clinical and cost effectiveness of staff training in the delivery of Positive Behaviour Support (PBS) for adults with intellectual disabilities, autism spectrum disorder and challenging behaviour - randomised trial, BMC psychiatry, 20, 161, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Stulz, N., Kawohl, W., Jäger, M., Mötteli, S., Schnyder, U., Hepp, U., From research to practice: implementing an experimental home treatment model into routine mental health care, European psychiatry, 63, e94, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Stulz, N., Wyder, L., Maeck, L., Hilpert, M., Lerzer, H., Zander, E., Kawohl, W., Grosse Holtforth, M., Schnyder, U., Hepp, U., Home treatment for acute mental healthcare: randomised controlled trial, British journal of psychiatry, 6, 323-330, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Tinland, A., Loubiere, S., Boucekine, M., Boyer, L., Fond, G., Girard, V., Auquier, P., Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: A randomised controlled trial, Epidemiology and Psychiatric Sciences, (no pagination), 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Tomita, A., Herman, D. B., The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge, Psychiatric services (washington, D.C.), 63, 935-937, 2012	Ineligible country – study conducted in the US
Tran, T. H., Swoboda, H., Perticone, K., Ramsey, E., Thompson, H., Hill, K., Karnik, N. S., The substance use intervention team: A hospital-based intervention and outpatient clinic to improve care for patients with substance use disorders, American journal of health-system pharmacy : AJHP : official journal of the American Society of Health-System Pharmacists, 78, 345-353, 2021	Ineligible country – study conducted in the US
Tucker, A. S., Mendez, J., van Hasselt, V. B., Palmer, L., Browning, S. L., Crisis Intervention Team (CIT) training in the jail/detention setting: A case illustration, International Journal of Emergency Mental Health, 14, 209-216, 2012	Ineligible country – study conducted in the US
Tyrer, P., et, al, Controlled comparison of two crisis resolution and home treatment teams, Psychiatrist (The), 34, 50-54, 2010	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Vaiva, G., Walter, M., Al Arab, A. S., Courtet, P., Bellivier, F., Demarty, A. L., Duhem, S., Ducrocq, F., Goldstein, P., Libersa, C., ALGOS: the development of a randomized controlled trial testing a case management algorithm designed to reduce suicide risk among suicide attempters, BMC psychiatry, 11, 1, 2011	Ineligible study design – protocol only
Van Der Aa, H. P. A., Van Rens, Ghmb, Comijs, H. C., Margrain, T. H., Gallindo-Garre, F., Twisk, J. W. R., Van Nispen, R. M. A., Stepped care for depression and anxiety in visually impaired older adults: multicentre randomised controlled trial, BMJ (online), 351, 2015	Ineligible intervention - not a social worker approach to an unplanned escalation of need

Study	Reason for Exclusion
Watson, P., Bearpark, T., Ling, J., The impact of rapid response and telecare services on elderly and vulnerable residents, Health & social care in the community., 16, 2020	Ineligible intervention - not a social worker approach to an unplanned escalation of need
Weiss, B., Paul, N., Kraufmann, B., Spies, C. D., und das, Eric-Konsortium, Avoiding Long-term Impairment in Critical Care Using Telemedicine: the ERIC Example, Anesthesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie, 56, 41-51, 2021	Ineligible language - article in German
Wickersham, Alice, Nairi, Shilpa, Jones, Rebecca, Lloyd-Evans, Brynmor, The Mental Health Act Assessment Process and Risk Factors for Compulsory Admission to Psychiatric Hospital: A Mixed Methods Study, British journal of social work, 50, 642-663, 2020	Ineligible outcomes – no quantitative outcomes matching the protocol, Included for qualitative review
Wiechman, S. A., Carrougher, G. J., Esselman, P. C., Klein, M. B., Martinez, E. M., Engrav, L. H., Gibran, N. S., An expanded delivery model for outpatient burn rehabilitation, Journal of burn care & research, 36, 14-22, 2015	Ineligible country – study conducted in the US
Wong, A. K. C., Wong, F. K. Y., Ngai, J. S. C., Hung, S. Y. K., Li, W. C., Effectiveness of a health-social partnership program for discharged non-frail older adults: a pilot study, BMC geriatrics, 20, 339, 2020	Ineligible country – study conducted in Hong Kong
Xiang, X., Zuverink, A., Rosenberg, W., Mahmoudi, E., Social work-based transitional care intervention for super utilizers of medical care: a retrospective analysis of the bridge model for super utilizers, Soc Work Health Care, 58, 126-141, 2019	Ineligible country – study conducted in US

**Excluded studies for review question: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

#### Excluded qualitative studies

**Table 29: Excluded studies and reasons for their exclusion**

Study	Reason for exclusion
Apantaku-Olajide, Tunde, Smyth, Bobby P., Gibbons, Pat, Naturalistic study of crisis referrals to an Irish community adult mental health service, International Psychiatry, 8, 71-73, 2011	Ineligible study design - retrospective analysis of clinical records (including demographic and clinical characteristics) of people who attended a community mental health team for an urgent assessment
Baxter, Kate, Glendinning, Caroline, Making choices about support services: disabled adults' and older people's use of information, Health & social care in the community, 19, 272-9, 2011	Ineligible phenomenon of interest - not a social work approach to case management and care planning in the event of crisis or unplanned escalation of needs - data about access to and use of information by adults living with disability to inform their choices on which services to use
Goodall, Emma, Wilkins, Paul, The Deprivation of Liberty Safeguards: a Best Interest Assessor time study, 73, 2015	Ineligible study design - survey not analysed with qualitative methods.
Kahan, D., Leszcz, M., O'Campo, P., Hwang, S. W., Wasylenki, D. A., Kurdyak, P., Wise Harris, D., Gozdzik, A., Stergiopoulos, V., Integrating care for frequent users of emergency	Ineligible phenomenon of interest - not a social work approach to case management and care planning in the event of a crisis or unplanned escalation of need - integrated care

Study	Reason for exclusion
departments: implementation evaluation of a brief multi-organizational intensive case management intervention, BMC health services research, 16, 156, 2016	
Kahan, D., Poremski, D., Wise-Harris, D., Pauly, D., Leszcz, M., Wasylenki, D., Stergiopoulos, V., Perceived case management needs and service preferences of frequent emergency department users: Lessons learned in a large urban centre, PLoS ONE, 11, 2016	Ineligible phenomenon of interest – not a social work approach to case management and care planning in the event of a crisis or unplanned escalation of need - integrated care
Morant, N., Lloyd-Evans, B., Lamb, D., Fullarton, K., Brown, E., Paterson, B., Istead, H., Kelly, K., Hindle, D., Fahmy, S., Henderson, C., Mason, O., Johnson, S., Core Service User, Carer Working, groups, Crisis resolution and home treatment: stakeholders' views on critical ingredients and implementation in England, BMC Psychiatry, 17, 254, 2017	Ineligible phenomenon of interest – not a social work approach to case management and care planning in the event of a crisis or unplanned escalation of need - crisis resolution teams involving practitioners with backgrounds in psychiatry, nursing, psychology, and health service management
Morris, R. L., Sanders, C., Critical moments in long-term condition management: A longitudinal qualitative social network study, Chronic Illness, 14, 119-134, 2018	Ineligible phenomenon of interest – not a social work approach to case management and care planning in the event of a crisis or unplanned escalation of need - social networks as support for individuals with long-term health conditions and self-management of their health conditions
Naumburg, Carla, To hospitalize or not: making difficult decisions in clinical practice, Families in Society, 91, 280-286, 2010	Ineligible study design - non-systematic narrative review
Nicaise, Pablo, Lorant, Vincent, Dubois, Vincent, Psychiatric advance directives as a complex and multistage intervention: a realist systematic review, Health and Social Care in the Community, 21, 1-14, 2013	Systematic review - references checked and none meet the PICO criteria
Poremski, D., Harris, D. W., Kahan, D., Pauly, D., Leszcz, M., O'Campo, P., Wasylenki, D., Stergiopoulos, V., Improving continuity of care for frequent users of emergency departments: service user and provider perspectives, General Hospital Psychiatry, 40, 55-9, 2016	Ineligible phenomenon of interest – not a social work approach to case management or care planning in the event of a crisis or unplanned escalation of need
Ruchlewska, Asia, et, al, Working alliance in patients with severe mental illness who need a crisis intervention plan, Community Mental Health JournalCommunity Ment Health J, 52, 102-108, 2016	Ineligible study design- cross-sectional data relating to working relationship between service users and clinicians

### Excluded economic studies

No economic evidence was identified for this review.

## Appendix K Research recommendations – full details

**Research recommendation for review questions D1: What is the effectiveness of case management and care planning in the event of a crisis or unplanned escalation of need? And D2: Based on the views and experiences of everyone involved, what works well and what can be improved about case management and care planning in the event of a crisis or unplanned escalation of need?**

### K.1.1 Research recommendation

What is the effectiveness and acceptability of social work interventions to support people with complex needs during an escalation of need?

### K.1.2 Why this is important

The review showed that evidence in this area is mainly focussed on how to respond to an escalation of need amongst people with a mental illness and tends to focus on nursing and other health care professional interventions rather than input from social workers. However, there are a number of reasons why the wider population of adults with complex needs may also enter a crisis situation. These could be from a lack of access to health and social care professionals, or from unpredicted changes in life circumstances, which are not uncommon in this population. Therefore, it is important to recognise that escalation of needs, or crisis situations are likely to take place in this population group, and effective and appropriate support should be in place to respond to them. Effective responses to an escalation of need or crisis situation, could help to ensure people in those situations experience continuity of care, are provided with a support network, and also with the skills to improve resilience, consequently reducing the duration and possibly the occurrence of future crises. Providing the appropriate support for people during an escalation of need, could also have an impact on services as unplanned care contacts, such as expensive admissions to emergency services, are reduced.

The main professional group who are most likely to be working with adults with complex needs, outside of those with mental illness and in regular contact with health services, are social workers. Meaning this group is well placed to work with vulnerable people and provide de-escalation interventions. It is therefore important to study which interventions provided by social workers, are the most effective and the most accepted in adults with complex needs.

### K.1.3 Rationale for research recommendation

**Table 30: Research recommendation rationale**

<b>Importance to the population</b>	Social work interventions for adults with complex needs, in particular with mental health needs, were shown in the evidence review to have some benefits in terms of reducing emergency hospital admissions, and increasing care contacts such as outpatient visits, and GP registrations. The committee agreed to recommend future research to establish whether social work interventions could achieve these outcomes in the wider population of adults with complex needs. By reducing emergency care contacts, and ensuring care continuity, adults with complex needs may experience fewer crises situations, or crisis situations of shorter duration. This could, in turn, have a positive
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	impact on their quality of life and morbidity.
<b>Relevance to NICE guidance</b>	The review only located evidence about social worker led de-escalation interventions in the context of working with people with mental illness. However the committee agreed that there is practice based evidence that social worker led de-escalation interventions can improve outcomes, and reduce the risks of negative outcomes and poor experiences for other adults with complex needs. The input of a social worker at such a time is essential because they bring a strength and task based approach to the situation, which can assist with de-escalation of the crisis. If research evidence could be generated which supports the evidence from practice this could inform recommendations in this area in future updates of this guideline.
<b>Relevance to the NHS and adult social care</b>	It is increasingly common for adults with complex needs to attend at accident and emergency departments and mental health services in a crisis, as there is nowhere else for them to go for help. Developing the evidence base for social worker led de-escalation approaches will provide the basis to change practice and reduce the risks of a further escalation of need and limit the intensity of support required from health and social care.
<b>National priorities</b>	The NHS Long Term plan has a core focus on reducing the amount of crisis care needed for people with a mental illness, learning disability and people on the autistic spectrum.
<b>Current evidence base</b>	The current evidence base has shown that there is a focus on responding to people in a mental health crisis in the literature, with most of the interventions being implemented by nursing staff rather than social care or social workers.
<b>Equality considerations</b>	People who are homeless and from BAME groups are more likely to be detained at a time of crisis, and not to have been offered any de-escalation related interventions

*BAME: Black Asian and minority ethnic*

#### K.1.4 Modified PICO table

**Table 31: Research recommendation modified PICO table**

<b>Population</b>	Adults with complex needs Social workers supporting people with complex needs
<b>Intervention</b>	Social work interventions during an escalation of need (for example but not limited to de-escalation tools and techniques).  The intervention also constitutes the phenomenon of interest for the qualitative

	element of the research.
<b>Comparator</b>	Usual practice
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Physical and mental health related quality of life</li> <li>• Social care related quality of life including wellbeing</li> <li>• Mortality, including physical, mental health and problem substance use</li> <li>• Unplanned care contacts</li> <li>• Detention either via the MHA or deprivation of liberty via the MCA</li> </ul> <p>The qualitative element of the research will explore the following key themes related to social work approaches to support during an escalation of need:</p> <ul style="list-style-type: none"> <li>• lived experiences of accessing social work support during an escalation of need</li> <li>• lived experiences of engaging with the social work intervention during an escalation of need</li> <li>• perceived benefits of the social work approach to support during an escalation of need</li> <li>• perceived shortcomings of the social work approach and how improvements could be made</li> <li>• practitioner experiences of supporting people during an escalation of need</li> </ul>
<b>Study design</b>	Mixed quantitative and qualitative: Randomised controlled trial or prospective cohort study with controls for confounding. Qualitative, including one to one interviews, focus groups and surveys with qualitative analyses of open ended responses.
<b>Timeframe</b>	In time for the next update of this NICE guideline
<b>Additional information</b>	-

MHA: Mental Health Act 1983; MCA: Mental Capacity Act 2005