National Institute for Health and Care Excellence

Final

Rehabilitation in adults with complex psychosis and related severe mental health conditions

[P] The features of supported accommodation and housing that promote successful community living

NICE guideline NG181

Evidence review

August 2020

Final

This evidence review was developed by the National Guideline Alliance which is part of the Royal College of Obstetricians and Gynaecologists

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The features of supported accommodation and housing that promote successful community living

Review question: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

This was a mixed methods review that amalgamated findings from a qualitative search and a quantitative search.

Introduction

Moving from hospital with high levels of support and back into the community is an important step in the rehabilitation and recovery pathway. But for people with chronic serious mental health conditions there are many obstacles to successful community living. Meeting the demands of daily living, and keeping a roof over one's head, with less support, is demanding and stressful. Residents may lack supportive social networks, or the social skills to gain them. They may subsequently be at greater risk of isolation, exploitation, and substance misuse. These increased stressors exacerbate psychiatric symptoms. The present review seeks to identify the factors that make successful community living more likely.

The title of the guideline changed to "Rehabilitation for adults with complex psychosis" during development. The previous title of the guideline has been retained in the evidence reviews for consistency with the wording used in the review protocols.

Summary of the quantitative search protocol

Please see Table 1 for a summary of the Population, Intervention, Comparison and Outcomes (PICO) characteristics of the quantitative component of this review.

Table 1: Summary of the quantitative protocol (PICO table)

Population	Adults (aged 18 years and older) with complex psychosis and related severe mental health conditions (as defined in scope). Currently receiving rehabilitation in an inpatient rehabilitation unit or while living in supported accommodation community.
Intervention	• Housing First • Supported housing schemes • Outreach support schemes
Comparison	Specific types of supported accommodation versus each other • 'Housing First' vs (supported housing schemes or outreach support schemes) • Supported housing schemes vs Outreach support schemes • Specific types of supported accommodation vs standard care
Outcomes	**Critical**

	• Reduction in support needs: ○ moving on from support ○ autonomy **Important** • Satisfaction with care • Quality of life • Secure permanent tenancy

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

Summary of the qualitative protocol

Please see Table 2 for a summary of the Population, Interest and Context (PICo) characteristics of the qualitative component of this review.

Table 2: Summary of the qualitative protocol (PICo table)

Population	Adults (aged 18 years and older) with complex psychosis and related severe mental health conditions (as defined in scope). Currently receiving rehabilitation in an inpatient rehabilitation unit or while living in supported accommodation community.
Phenomena of interest	Qualitative themes concerning the barriers and facilitators to successful community living are expected to include: • Availability of housing • Proximity to family, carers and networks • Rural versus urban housing • Availability of appropriate levels of support • Tenancy versus licences • Balance of empowerment vs protection • Features (neighbourhood, facilities such as availability of outdoor space; access to amenities; pets) • Experiences of mixed sex, age etc. • Relationships in the house – good vs bad, landlords vs other tenants vs neighbours • Optimal size • ‘Housing First’ vs other supported housing schemes vs outreach support schemes • Accommodation with integrated employment
Context	Countries: UK, Australasia, Europe, USA, Canada. Date: Studies conducted post 1990

For further details see the review protocols in appendix A.

Clinical evidence

Included quantitative studies

Five studies including 4 RCTs (Aubry 2016; Goldfinger 1999; Somers 2017; Tsemberis 2003) and 1 cohort study (Killaspy 2019) examining supported accommodation and housing were included in the review.

The included studies are summarised in Table 3. See also literature search strategy in appendix B and clinical evidence study selection in appendix C.

Included qualitative studies

A total of 16 qualitative studies were included examining the features of supported accommodation and housing that promote successful community living.

The included studies were published between 2002 and 2018. One of the studies identified was from the UK, 4 were from the Australia, 4 were from the USA, 2 were from Sweden and 2 were from Canada. There was also 1 study each from New Zealand, Denmark and Germany.

The included studies are summarised in Table 4. See also the literature search strategy in appendix B and study selection flow chart in appendix C.

Summary of studies included in the evidence review

See the full evidence tables in appendix D and the forest plots in appendix E.

Table 3See the full evidence tables in appendix D and the forest plots in appendix E.

Table 3: Summary of included qualitative studies

Study and aim of the study	Participants	Methods	Themes
Bengtsson-Tops **Country** Sweden **Aim of the study** To describe user experiences of living in supportive housing for people with SMI	**Sample size** 29 service users **Diagnoses** Psychosis **Characteristics** M/F: 17/12 Age range: 25 - 78	**Recruitment Details** All users who lived in the supportive housing units were included, if they were available and could consent. **Data collection details** Open interviews **Analysis Details** Latent content analysis	• Theme 4 - Mental health support available • Theme 8 - A sanctuary • Theme 10 - Avoiding loneliness • Theme 11 - Accepted in the community • Theme 14 - Deep connections
Browne 2005 **Country** Australia **Aim of the study** To develop a substantive grounded theory describing the relationship among housing, social support, and the mental health of people with schizophrenia	**Sample size** 13 service users **Diagnoses** Schizophrenia **Characteristics** M/F: 5/8 Accommodation: Boarding house=6, Own home=7	**Recruitment Details** A purposive sampling strategy was used to recruit participants at consumer group meetings and skills programmes **Data collection details** Semi-structured interviews **Analysis Details** Grounded theory approach	• Theme 10 - Avoiding loneliness • Theme 11 - Accepted in the community
Chopra 2011 **Country** Australia	**Sample size** 14 service users **Diagnoses**	**Recruitment Details** All initial residents were approached, of which 14 were alive and consented to participate	• Theme 1 - A place to stay • Theme 7 - Local area

Study and aim of the study	Participants	Methods	Themes
Aim of the study To assess the long-term outcomes of the original cohort of residents at a residential psychiatric rehabilitation unit.	Schizophrenia=14, Schizoaffective disorder=4 **Characteristics** Median age (range): 52 (36-71)	**Data collection details** Mixed methods **Analysis Details** Thematic analysis	
Green 2002 **Country** USA **Aim of the study** Examine the functional status, adaptation, and needs for home- and community-based care among severely mentally ill people.	**Sample size** 33 service users **Diagnoses** Schizophrenia or schizoaffective disorder=17, bipolar disorder=16 **Characteristics** M/F: 12/21 Mean age (SD/range): 43.8 (12.6/21-60)	**Recruitment Details** Selected a random subset from a register **Data collection details** Semi-structured interviews **Analysis Details** Thematic analysis	• Theme 10 - Avoiding loneliness
Henwood 2015 **Country** USA **Aim of the study** Investigate the experiences of newly enrolled clients of housing first and traditional programs for adults with serious mental illness who have experienced homelessness.	**Sample size** 63 service users **Diagnoses** Schizophrenia=17, Schizoaffective disorder=10, Bipolar disorder=18, Major depression=14, Other=4 **Characteristics** M/F: 41/22 Mean age (SD): 43 (10.3) housing first group, 39.3 (9.6) treatment first group	**Recruitment Details** Every eligible client invited to participate. **Data collection details** Mixed methods **Analysis Details** Thematic analysis	• Theme 2 - A safe environment • Theme 3 - Financially sustainable • Theme 5 - Substance use problems • Theme 7 - Local area
Hill 2010 **Country** Australia **Aim of the study** To investigate the process of transition to independent accommodation for Australian adults with schizophrenia.	**Sample size** 7 service users **Diagnoses** Schizophrenia **Characteristics** M/F: 5/2 Age range: 18-65	**Recruitment Details** Advertised for volunteers from the Schizophrenia Fellowship of New South Wales. **Data collection details** Mixed interview methods **Analysis Details** Constant-comparison methods	• Theme 4 - Mental health support available • Theme 7 - Local area • Theme 8 - A sanctuary
Humberstone 2002 **Country** New Zealand **Aim of the study** To develop a detailed analysis of the subjective experiences of people	**Sample size** 13 service users **Diagnoses** Schizophrenia **Characteristics** M/F: 10/3	**Recruitment Details** Open sampling was initially used, but more purposive sampling was used towards the end to target missed demographics. **Data collection details**	• Theme 10 - Avoiding loneliness

Study and aim of the study	Participants	Methods	Themes
with schizophrenia living in highly staffed supported accommodation.	Residency ranged from three months to 10 years.	Semi-structured interviews **Analysis Details** Grounded theory methods	
Lindstrom 2011 **Country** Sweden **Aim of the study** To illuminate how persons with psychiatric disability experience individual processes of change in a residential context.	**Sample size** 6 service users **Diagnoses** Schizophrenia=5, BPD=1 **Characteristics** M/F: 4/2 Age range: 24-37	**Recruitment Details** Not stated. **Data collection details** Unspecified interviews **Analysis Details** Thematic analysis	• Theme 1 - A place to stay • Theme 8 - A sanctuary • Theme 10 - Avoiding loneliness • Theme 11 - Accepted in the community • Theme 12 - Develop skills • Theme 13 - Encouragement • Theme 14 - Deep connections
Manchini 2013 **Country** USA **Aim of the study** Understand Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting supported accommodation.	**Sample size** 15 service users Practitioners also interviewed. **Diagnoses** Psychotic disorder=11, Mood disorder =4. All had a co-occurring substance use disorder. **Characteristics** M/F: 11/4 Average age (range): 40 (40-49) Ethnicity: African-American=9, Other=6.	**Recruitment Details** Volunteers from the housing unit. **Data collection details** Unspecified interviews **Analysis Details** Grounded theory methods	• Theme 5 - Substance use problems
Padgett 2007 **Country** USA **Aim of the study** To examine the meaning of 'home' amongst homeless mentally ill people in a Housing First programme.	**Sample size** 39 service users **Diagnoses** Schizophrenia=56%, Bipolar disorder=22%, Major depression=22% **Characteristics** M/F (%): 67/33 Mean age: 48 Ethnicity: African American=41% White=41%, Hispanic=15%, Arab=2%.	**Recruitment Details** Participants from a previous trial, volunteered for second study. **Data collection details** Unspecified interviews **Analysis Details** Grounded theory and constant comparative analyses	• Theme 5 - Substance use problems • Theme 9 - Facilities • Theme 12 - Develop skills • Theme 13 - Encouragement
Parker 2017 **Country** Australia	**Sample size** 24 service users **Diagnoses**	**Recruitment Details** Opportunity sample of the first consumers that	• Theme 1 - A place to stay • Theme 2 - A safe environment

Study and aim of the study	Participants	Methods	Themes
Aim of the study To explore the expectations consumers hold when they commence at a residential rehabilitation service for people affected by severe mental illness.	Schizophrenia=87%, Other=13% **Characteristics** M/F: 18/6 Mean age (SD, range): 30.1 (8, 19-47).	arrived and consented to participate. **Data collection details** Semi-structured interviews **Analysis Details** Thematic analysis	• Theme 6 - Coercion • Theme 12 - Develop skills • Theme 13 - Encouragement
Petersen 2015 **Country** Denmark **Aim of the study** To explore the service user's perspective on recovery, the experienced facilitators and barriers associated with recovery and the contribution of recovery-oriented mental health services.	**Sample size** 12 service users **Diagnoses** Schizophrenia or Bipolar disorder **Characteristics** M/F: 6/6 Mean age (range): 35 (21-57)	**Recruitment Details** Not stated **Data collection details** Semi-structured interviews **Analysis Details** Giorgi's descriptive phenomenological method of text analysis.	• Theme 2 - A safe environment • Theme 10 - Avoiding loneliness • Theme 11 - Accepted in the community • Theme 12 - Develop skills • Theme 14 - Deep connections
Piat 2018 **Country** Canada **Aim of the study** To examine the experience of loneliness among people with psychiatric disabilities after moving from custodial housing, including group homes, boarding homes, and family-type residences to independent, supported apartments in the community.	**Sample size** 24 service users. Service staff and family members were also interviewed. **Diagnoses** Psychotic disorder=16, mood disorder=4, anxiety disorder=1, OCD=1, addiction=1, n/a=1 **Characteristics** M/F: 18/6 Mean age (SD): 46(9).	**Recruitment Details** Volunteers from 5 sites. **Data collection details** Unspecified interviews **Analysis Details** Thematic analysis with a naturalistic/constructivist framework	• Theme 11 - Accepted in the community
Piat 2017 **Country** Canada **Aim of the study** To explore how the move from supervised to supported housing affects recovery and community connections for individuals living with serious mental illness.	**Sample size** 17 service users **Diagnoses** Psychotic disorder=12, mood disorder=3, OCD=1, 'missing'=1 **Characteristics** M/F: 13/4 Mean age (SD): 44(9.5).	**Recruitment Details** Volunteers from 5 sites **Data collection details** Semi-structured interviews **Analysis Details** Thematic analysis	• Theme 7 - Local area • Theme 8 - A sanctuary • Theme 9 - Facilities • Theme 11 - Accepted in the community

Study and aim of the study	Participants	Methods	Themes
Rambarran 2013 **Country** UK **Aim of the study** To explore the outcome of relocation from service users' perspective.	**Sample size** 7 service users **Diagnoses** Schizophrenia=5, other SMI=2 **Characteristics** M/F: 3/4 Age range: 25-66 Race: white=3, Black or minority ethnic=4	**Recruitment Details** All participants in the program that could be contacted and gave consent. **Data collection details** Semi-structured interviews **Analysis Details** Iterative thematic analysis	• Theme 10 - Avoiding loneliness
Roick 2006 **Country** Germany **Aim of the study** To investigate the causes of frequent inpatient admissions, from the perspective of the patients that heavily use in-patient psychiatric care	**Sample size** 20 service users **Diagnoses** Schizophrenia **Characteristics** M/F: 14/6 Average age (range): 39 (24-58).	**Recruitment Details** Purposive 'heavy user' subsample from a bigger representative study population. **Data collection details** Semi-structured interviews **Analysis Details** Qualitative content analysis	• Theme 11 - Accepted in the community

BPD: Borderline Personality Disorder; F: Female; M: Male; N/A: Not Applicable; OCD: Obsessive Compulsive Disorder; SD: Standard Deviation

See the full evidence tables in appendix D and the theme map in Appendix E.

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Quality assessment of clinical outcomes included in the evidence review

See the clinical evidence profiles in appendix F and quotes extracted from the qualitative studies in appendix M.

Economic evidence

Included studies

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

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Summary of studies included in the economic evidence review

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

Economic model

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

Evidence statements

Quantitative evidence statements

Comparison 1: Housing First versus Treatment as usual

Reduction in support need

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

Satisfaction with care

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

Quality of life: QoLI 20 (Change from baseline at 21/24 months)

Moderate quality evidence from 1 RCT (N=780) showed that there was no clinically important difference in the quality of life, assessed using the change in Quality of life inventory (QoLI) 20 between those receiving Housing First intervention and Treatment as usual (TAU) at 21/24 months follow-up.

Secure permanent tenancy: Number of people in stable housing at 21-24 months

High quality evidence from 1 RCT (N=780) showed that those receiving Housing First intervention spent a greater number of days in stable housing compared to those receiving Treatment as usual(TAU) at 21/24 months follow-up.

Comparison 2: Group housing versus independent apartments

Reduction in support need

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

Satisfaction with care

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

Quality of life

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

Secure permanent tenancy: Housed at 18 months follow-up

Low quality evidence from 1 RCT (N=110) showed that there was no clinically important difference in the proportion of people housed between those residing in group homes compared to independent apartments at 18 months follow-up.

Comparison 3: Congregate Housing First versus Treatment as usual

Reduction in support need: Recovery (Change from baseline RAS 22 score at 24 months)

Moderate quality evidence from 1 RCT(N=207) showed that recovery, assessed using change in RAS (recovery assessment scale)-22 score was higher in those receiving Congregate Housing First intervention compared to Treatment as usual(TAU) at 24 months follow-up.

Satisfaction with care

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

Quality of life: QOLI 20(Change from baseline score at 24 months)

Moderate quality evidence from 1 RCT (N=207) showed that there was no clinically important difference in the quality of life, assessed as change in the Quality of life inventory (QoLI) 20 between those receiving Congregate Housing First intervention and Treatment as usual(TAU) at 24 months follow-up.

Secure permanent tenancy- Number of days in stable residence (follow up 24 months)

High quality evidence from 1 RCT (N=207) showed that those receiving Congregate Housing First intervention spent higher number of days in stable residence compared to those receiving Treatment as usual(TAU) at 24 months follow-up.

Comparison 4: Scattered Housing First versus Treatment as usual

Reduction in support need: Recovery (Change from baseline RAS 22 score at 24 months)

Low quality evidence from 1 RCT(N=190) showed that there was no clinically important difference in recovery, assessed using change in RAS (recovery assessment scale)-22 score between those receiving Scattered Housing First intervention compared to Treatment as usual (TAU) at 24 months follow-up.

Satisfaction with care

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

Quality of life

Moderate quality evidence from 1 RCT (N=190) showed that there was no clinically important difference in the quality of life, assessed as the change in Quality of life inventory (QoLI) 20 between those receiving Scattered Housing First intervention and Treatment as usual (TAU) at 24 months follow-up.

Secure permanent tenancy- Number of days in stable residence (follow up 24 months)

High quality evidence from 1 RCT (N=207) showed that those receiving Scattered Housing First intervention spent higher number of days in stable residence compared to those receiving Treatment as usual(TAU) at 24 months follow-up.

Secure permanent tenancy

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

Comparison 5: Pathways to housing versus Treatment as usual

Reduction in support need

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

Satisfaction with care

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

Quality of life

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

Secure permanent tenancy- Proportion of time in stable housing (at 6 months follow up)

Moderate quality evidence from 1 RCT (N=297) showed that people receiving pathway to housing services spent higher proportion of time in stable housing compared to those receiving treatment as usual at 6 months follow-up.

Secure permanent tenancy- Number of participants in stable housing at 6 months follow-up

Moderate quality evidence from 1 RCT (N=297) showed that more number of people receiving pathway to housing services were housed in stable housing compared to those receiving treatment as usual at 6 months follow-up.

Comparison 6: Supported housing versus residential care

Reduction in support need

Very low quality evidence from 1 cohort study (N=390) showed that people receiving supported housing services had higher rates of reduction in support compared to those receiving residential care.

Satisfaction with care

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

Quality of life

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

Secure permanent tenancy

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

Comparison 7: Floating outreach versus supported housing

Reduction in support need

Very low quality evidence from 1 cohort study (N=440) showed that people receiving floating outreach services had higher rates of reduction in support compared to those residing in supported housing.

Satisfaction with care

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

Quality of life

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

Secure permanent tenancy

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

Comparison 8: Floating outreach versus residential care

Reduction in support need

Very low quality evidence from 1 cohort study (N=342) showed that people receiving floating outreach services had higher rates of reduction in support compared to those receiving residential care.

Satisfaction with care

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

Quality of life

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

Secure permanent tenancy

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

Qualitative evidence statements

Topic I. Meeting basic needs

Theme 1) A place to stay

1.1 Having shelter and a stable place to eat and sleep are fundamental needs. Residents stated that assistance keeping a home, and financial and practical help were considered crucial when coping with the effects of severe mental health problems - even though residents sometimes resented needing this support. This was based on low quality evidence from 2 Australian studies and 1 Swedish study.

Theme 2) A safe environment

2.1 To succeed in the community residents reported that they need to feel safe from things like abuse, violence and drug dealing/taking in their living environment. Some residents had come from unsafe previous environments or abusive relationships and so need somewhere better to turn. This was based on moderate quality evidence from 2 US studies and 1 Australian study.

2.2 Some female residents had abusive experiences with men in previous care or community environments. They felt more able to live in the community when they had accommodation with some separation from men. This was based on low quality evidence from 1 Australian study and 1 Danish study.

Theme 3) Financially sustainable

3.1 Financial difficulties are common for people living with severe mental illness. This is often a barrier to living where they want. Financial difficulties cause problems with paying for bills and essentials or affording to remain in a place. This threatens them with instability and is also a major stressor that can exacerbate mental health difficulties. This was based on low quality evidence from 1 Australian study and 1 US study.

Theme 4) Mental health support available

4.1 Living in the community does not mean being beyond the need for psychiatric care. Residents report that services need to be sufficient to meet their mental health needs but often are not. This was based on very low quality evidence from 1 Swedish study.

4.2 Psychotic delusions may occur related to accommodation or the surroundings. Particular environments may not be palatable to the resident. Adjustments such as moving to a new room or flat may be needed for the resident to feel comfortable. This was based on very low quality evidence from 1 Australian study.

Theme 5) Substance use problems

5.1 ‘Treatment first’ approaches were considered a barrier to recovery and stability. Residents with substance use problems felt the decision to change their substance use behaviour had to come from within themselves. The coercion of the ‘Treatment first’ approach did not motivate them, and instead made their life more unstable and kept them in unhealthy situations. Residents considered the ‘Housing First’ more helpful. However a Housing First support approach should be careful not to seem ‘uncaring’ in its approach to substance misuse. This was based on low quality evidence from 3 US studies.

Theme 6) Coercion

6.1 While many people with severe mental health problems may aspire to return to the community from hospitalisation, some residents may not have chosen to. When asked, some residents reported that they had ended up living in the community only because it was where they had been sent from hospital, sometimes even after been being coerced or warned that they had to move on. This was based on very low quality evidence from 1 Australian study.

Topic II. A place to belong

Theme 7) Local area

7.1 Residents wanted to be able to settle in one place. Frequent relocation was unsettling. Being able to familiarise themselves with an area, get to know their

neighbours and fellow residents, and develop a general sense of belonging allowed them to thrive more. This was based on moderate quality evidence from 3 Australian studies.

7.2 Living in a bad neighbourhood added to the stress that resident experienced. Being in a pleasant area, especially with features such as parks and cafes and transportation, was considered highly beneficial. This was based on low quality evidence from 1 US study and 1 Canadian study.

7.3 Residents valued being in an area that was already familiar to them and in proximity to their existing networks. Being away from home was distressing. Ideally this meant not only being in a familiar city or region but in a familiar neighbourhood. This was based on low quality evidence from 1 US study and 1 Canadian study.

Theme 8) A sanctuary

8.1 Residents valued having a place of their own to retreat to and find peace. Most often this was a private room or personal space, although some residents also appreciated a space like a garden to escape to. It allowed them to remove themselves from difficult social situations or retreat during overwhelming symptom flare-ups. They valued being able to personalize and make the place feel like their own. This was based on high quality evidence from 2 Australian studies, 2 Swedish studies and 1 Canadian study.

Theme 9) Facilities

9.1 Residents appreciate accommodation with facilities available to support their activities of daily living and enable them to live more independently. Facilities described included laundry and cooking, telephones and internet, and living/dining space to host friends. Residents will often be at different stages regarding how able they are to utilise these facilities – it is important that residents are not out of their depth. Support will often be necessary. This was based on moderate quality evidence from 2 Canadian studies and 1 US study.

Theme 10) Avoiding loneliness

10.1 Loneliness and isolation was suffered by many residents and was reported to be very bad for mental health symptoms. This was based on high quality evidence from 1 Australian study, 1 Swedish study, 1 Danish study and 1 New Zealand study.

10.2 If living in their own home then family and neighbours were a good source of support and checking in, making community living more sustainable. This was based on low quality evidence 1 US study.

10.3 Staff and professionals that work or visit the residence could also become like family, and were considered valuable support and company. This was based on moderate quality evidence from 1 British study, 1 Swedish study, and 1 Danish study.

Theme 11) Accepted in the community

11.1 Family, neighbours and friends often struggle to understand symptoms of severe mental health problems. Residents reported that tensions could arise when living alongside others who don't understand their symptoms. This was based on low quality evidence from 1 Australian study and 1 German study.

11.2 Residents reported that being in a community with others that experienced mental health problems could be beneficial, as they felt part of a community and less likely to be rejected. This was based on high quality evidence from 2 Swedish studies, 1 Australian study and 1 Danish study.

11.3 Negative social situations can be detrimental to the living environment and the resident's emotional wellbeing generally. Living with residents with mental health problems and additionally dealing with their symptoms could be strenuous. In such cases residents reported being alone was often preferable to being in a challenging social environment. This was based on high quality evidence from 2 Canadian studies, 2 Swedish studies and 1 Canadian study.

11.4 Sometimes residents living in a community with other people with severe mental health reported feeling segregated from the rest of society. They felt it set them apart as not 'ordinary people'. This was based on very low quality evidence from 1 Swedish study.

Topic III. Reaching potential

Theme 12) Develop skills

12.1 Residents wanted to develop or regain life skills and social skills that would allow them to cope better and develop/regain greater self-sufficiency. This was based on moderate quality evidence from 1 Australian study, 1 Swedish study and 1 Danish study.

12.2 Once the residents felt confident in their home sphere, many wanted to develop more advanced skills for reintegration into society and meeting aspirations like an occupation or a romantic relationship. This was based on moderate quality evidence from 1 Australian study, 1 Swedish study and 1 US study.

Theme 13) Encouragement

13.1 Having a nurturing environment with encouraging professionals, friends, relatives etc. around helped them to grow and become more independent. This feedback could be useful for developing activities of daily living but also social skills. Challenges, support and goals needed to be appropriate to their current level of coping. This was based on low quality evidence from 1 Swedish study and 1 US study.

13.2 Residents with previous experience of failures and setbacks reported greater self-doubt and felt they might need extra support and encouragement to develop and learn to thrive. This was based on low quality evidence from 1 Australian study and 1 Swedish study.

Theme 14) Deep connections

14.1 Residents considered their lives were enriched when they were able to form deep connections with people in their social circles (staff, other residents etc). Security, structure and a place to belong gave them the space to develop these types of relationships. This was based on low quality evidence from 2 Swedish studies and 1 Danish study.

Economic evidence statements

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

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review searched separately for qualitative and quantitative evidence about what promotes or inhibits successful community living for people with complex psychosis and related severe mental health conditions. The intention was that where applicable the evidence would then be synthesized.

For the quantitative review section reduction in the amount of support needed was a critical outcome because stable accommodation potentially enables people to progress through the rehabilitation pathway with greater autonomy and independence. Satisfaction with care and quality of life were important outcomes because someone's living conditions have an important influence on both of these. Achieving a secure permanent tenancy was an important outcome because it is a direct measure of the effectiveness of accommodation intervention in providing a stable home.

For the qualitative section the most important outcomes were chosen from amongst the emergent themes. The emergent themes fell under three topics – meeting basic needs, having a place to belong, and reaching potential. The committee thought that the most important outcomes were those related to meeting basic needs – especially having mental health support available, safety and suitability (including protected characteristics and reasonable adjustments), and user's choice of place/inclusion in decisions.

The quality of the evidence

Evidence was identified for all of the quantitative outcomes except for satisfaction with care. The quantitative evidence statements were assessed using GRADE methodology and were classified as ranging from low to high quality. Moderate to high quality RCT evidence suggested some types of supported accommodation are more beneficial than treatment as usual for stability and recovery outcomes. There was also very low quality evidence from observational study data suggesting that some types of supportive accommodation are better than others at reducing support need. The committee agreed the quantitative findings were more relevant to recommendations they were developing about 'components of an effective pathway' (see Evidence Report F) and so were used to inform/strengthen recommendations in that area instead of this section.

The qualitative evidence statements were assessed using GRADE CERQual methodology, and ranged in quality from very low to high. Where the ratings were downgraded this was most often due to adequacy of the data, as almost half of the evidence statements had only had one or two studies supporting them. For about a third of the evidence statements there was some downgrading due to methodological limitations in the studies (individually assessed using the CASP quality ratings) which limited how much confidence could be had in their findings. Finally, several of the evidence statements were downgraded for applicability – where the findings were not UK based or had only been identified in studies from one or two countries only and so may not be generalizable. When it came to discussing the evidence and making recommendations the committee considered all the evidence statements, including all of those of lower quality, as they agreed most of these statements still had a high face validity according to their experience.

The committee discussed the quantitative evidence on Housing First interventions – interventions that aim to find a person secure accommodation to give them a stable

environment before starting treatment. In the two included studies, the Housing First interventions included offering housing plus assertive community treatment to homeless people. The committee's view was that the assertive community treatment component was similar to floating outreach. The committee recommended offering both supported housing and floating outreach as components of the rehabilitation pathway, as part of their committee discussion on 'components of an effective pathway'. The committee decided not to specify Housing First interventions in the recommendations, because of the risk that homeless people, or others, may be offered only housing, and not the floating outreach component. The committee agreed that all people with treatment-resistant psychosis and functional impairments, including those who are homeless, should be offered rehabilitation, which may include the requirement for housing.

Synthesis of quantitative and qualitative data

During their discussion of the evidence, the committee intended to synthesise the quantitative and qualitative data, making judgements about the extent to which the combined findings could be used as a basis for recommendations.

However after discussion the committee did not use any of the quantitative evidence to make recommendations for this section. Instead they thought these findings supported recommendations being developed about 'components of an effective pathway' (see Evidence Report F).

Benefits and harms

The qualitative themes identified in the review were presented to the committee categorised into three topics/levels based on Maslow's (1954) theory of the hierarchy of human needs. The foundation category was 'meeting basic needs', the second category was a 'sense of belonging', and the top level category was 'reaching potential'. Maslow's hierarchy suggests that interventions aiming to impact the higher levels of a person's needs can be important, however the benefits will only be realisable if the lower levels of the hierarchy have already been met. The committee discussed this framework and agreed with its face-validity. The main implication of this model is to encourage services and practitioners to avoid misallocating time and resources to interventions which the service user is not yet in a position to benefit from. The Maslow framework encouraged the committee's discussion to put more emphasis on themes and factors relating to meeting basic needs. They were most concerned to develop recommendations about ensuring service users have a place to stay which is stable (including financially stable), safe, and meet's their mental health needs plus other important health or substance misuse needs. These recommendations were prioritised even in areas where the evidence was of poor quality because of the committee's experience and core values that this would be best practice.

Financial factors were one of the first themes discussed by the committee. Rehabilitative service users are often financially unstable and vulnerable to falling between the gaps of incoherent welfare/benefits systems leading to broken tenancies, or of being at risk of frequent relocation as they move between different services with separate accommodation and funding streams. Although the evidence did not specifically refer to personal budgets, the committee were aware that some people using secondary mental health services will be eligible to receive personal budgets or direct payments as part of legislation in the Care Act 2014, for their care and support needs. Commissioners and local authorities need to develop coherent systems that prevents service users from periodically facing losing their accommodation or being shifted from place to place as they transition between services, because this kind of upheaval undermines the benefits of stability and can be distressing and inflammatory to existing psychological problems.

Upon considering the evidence, the committee discussed the important balance of having sufficient places for privacy while also offering opportunities to integrate with others and develop a sense of inclusion and community with their neighbours. They noted that some services in the UK may still offer dorms or two-person shared rooms, presenting a problem when symptoms mean someone needs to retreat.

Next the committee discussed the importance of fostering a sense of belonging for service users in their accommodation. This included the ability to settle long-term and personalise their accommodation. The committee discussed their own experience and the supporting evidence that people should be offered to live in an area where they already have some connection – such as friends, family and familiar spots. Being in a familiar area allows service users to keep and build on supportive connections. As part of this, the committee discussed that service users should be allowed to welcome visitors to their home. However consideration was also given that some existing relationships may be detrimental to service users, with a possible history of abuse or encouraging substance misuse. Some service users may appreciate being offered protection or distance from previous troubled relationships. The committee debated the merits of accommodation policies related to allowing/restricting certain visitors or behaviours, and avoiding harm while granting service users reasonable autonomy to make potentially unwise decisions about drugs or the company they keep.

The committee made less use of findings about ‘reaching potential’, relating to what makes a person move from the basics of survival to a place of thriving within the community. These themes were incorporated into the development of recommendations about supporting community participation and personal self-sufficiency, but mostly the committee were wary about diluting the recommendations with lower-priority topics based on mostly low quality evidence.

Cost effectiveness and resource use

No relevant studies were identified in a systematic review of the economic evidence.

The recommendations regarding patient involvement in choice of housing in supported housing have the potential to greatly enhance a patient’s quality of life without necessarily adding additional costs. For those being discharged who were initially detained, the adequate provision of supported housing reflects the principles of Section 117 of the Mental Health Act 1983 (as amended). The financial implications are likely to vary area by area, depending on current availability of adequate supported accommodation. Local Authorities with under provision of supported housing that service users feel are of sufficient quality may require additional resources in enabling provision of such services.

Other considerations

The committee gave strong consideration to protected characteristics. The Equality Act (2010) requires that factors like disability, sex and religion be considered and adjusted for in all services. Failing to account for protected characteristics could be highly detrimental to the safety, comfort levels, and quality of life of service users – posing great risks to their stability and recovery. The committee was wary that rehabilitation service users are disproportionately likely to have other health disabilities. Available amenities in terms of religion may also be an important factor for some service users. Evidence plus the committee’s experience also suggested that sex and gender are especially important protected considerations as the rehabilitation population tends be male in majority and female service users’ needs may be overlooked. The committee thought many female

service users may have a preference for single-sex accommodation. As vulnerable women this population may be disproportionately likely to have been previous victims of sexual or domestic assault.

Quantitative References

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Appendices

Appendix A – Review protocols

Review protocols for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 4: Quantitative review protocol for features of supported accommodation and housing that promote successful community living

Field (based on PRISMA-P)	Content
Review question	6.1b What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?
Type of review question	Quantitative (part 2 of a mixed review)
Objective of the review	To determine the factors that determine whether people do well in supported accommodation
Eligibility criteria – population/disease/condition/issue/domain	Adults (aged 18 years and older) with complex psychosis and related severe mental health conditions (as defined in scope) Currently receiving rehabilitation in an inpatient rehabilitation unit or while living in supported accommodation community. Studies will be included if more than 66% of those studied were from these populations.
Eligibility criteria – intervention(s)/exposure(s)/prognostic factor(s)	• Housing First • Supported housing schemes • Outreach support schemes
Eligibility criteria – comparator(s)/control or reference (gold) standard	Specific types of supported accommodation versus each other • 'Housing First' vs (supported housing schemes OR outreach support schemes) • Supported housing schemes vs Outreach support schemes • Specific types of supported accommodation vs standard care
Outcomes and prioritisation	Quantitative outcomes: Critical

Field (based on PRISMA-P)	Content
	• Reduction in support needs: ○ moving on from support ○ autonomy Important • Satisfaction with care • Autonomy • Quality of life • Secure permanent tenancy
Eligibility criteria – study design	Randomised controlled trials. If no RCTs are available for one of the interventions, comparative observational studies will be considered for that intervention. Systematic review findings will be extracted from directly if the quality and detail of their synthesis is high – in the case of low quality syntheses (where important details are lost) the component studies will be extracted from individually.
Other inclusion exclusion criteria	Other inclusion criteria: Studies conducted post 1990 only. Studies before 1990 were included in the electronic search but then excluded during the manual sifting phase. The date limit for studies after 1990 is suggested considering the change in provision of mental health services from institutionalized care in the 1970s to deinstitutionalise and community based care from 1990s onwards. Country limit: UK, USA, Australasia, Europe, Canada. The committee limited to these countries because they have similar cultures to the UK, given the importance of the cultural setting in which mental health rehabilitation takes place Note for GRADE CERQual scoring: Findings that have only been observed in one or two non-UK countries may be culturally specific to that context and so will be downgraded. If a finding is replicated in 3 or more non-UK countries, it will be considered that there is a reasonable chance it's applicable in the UK context also and so will not be downgraded. English language papers only No minimum sample size

Field (based on PRISMA-P)	Content
	Complete peer reviewed papers only – abstracts, conferences papers and dissertations excluded.
Proposed sensitivity/sub-group analysis, or meta-regression	Subgroup analysis will be done by type of supported housing or outreach program – to identify features of effective housing interventions: • For comparison with standard care: o 'Housing First' vs Supported housing schemes vs Outreach support schemes • Accommodation with integrated employment • Rural vs urban • Tenancy versus licences Subgroup analysis will also be done by individuals demographics – to identify features most relevant to different people: • Gender - What is suitable for males vs females • Age – older vs younger • Comorbidities (e.g. chronic illness pain, self-harm, substance misuse)
Selection process – duplicate screening/selection/analysis	A random sample of the references identified in the search will be sifted by a second reviewer. This sample size of this pilot round will be at least 10% of the total, All disagreements in study inclusion will be discussed and resolved between the two reviewers. The senior systematic reviewer or guideline lead will be involved if discrepancies cannot be resolved between the two reviewers.
Data management (software)	NGA-STAR was used to sift through the references identified by the search, and for data extraction Pairwise meta-analyses and production of forest plots was done using Cochrane Review Manager (RevMan5). 'GRADEpro' was used to assess the quality of evidence for each outcome.
Information sources – databases and dates	Sources to be searched: Embase, Medline, PsycINFO, Cochrane library (CDSR and CENTRAL), DARE and HTA (via CRD) Limits (e.g. date, study design): Human studies/English language
Identify if an update	This review question is not an update
Author contacts	For details please see https://www.nice.org.uk/guidance/indevelopment/gid-ng10092

Field (based on PRISMA-P)	Content
Highlight if amendment to previous protocol	For details please see section 4.5 of Developing NICE guidelines: the manual 2014
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables)
Data items – define all variables to be collected	A standardised evidence table format will be used, and published as appendix G (evidence tables) or H (economic evidence tables) of the guideline.
Methods for assessing bias at outcome/study level	For details please see evidence tables in appendix G (evidence tables) or H (economic evidence tables) of the guideline.
Criteria for quantitative synthesis	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual 2014 Surveys would be assessed using the quality checklist for questionnaire surveys (CEBM checklist) listed as the preferred checklist in appendix H of the NICE guideline Manual (2018). The confidence in the evidence extracted from the included studies will be evaluated for each theme using GRADE CERQual approach: https://www.cerqual.org/
Methods for quantitative analysis – combining studies and exploring (in)consistency	For details please see section 6.4 of Developing NICE guidelines: the manual 2014
Meta-bias assessment – publication bias, selective reporting bias	For details please see the methods chapter of the guideline
Confidence in cumulative evidence	For details please see section 6.2 of Developing NICE guidelines: the manual 2014
Rationale/context – what is known	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual 2014
Describe contributions of authors and guarantor	For details please see the introduction to the evidence review in the guideline.
Sources of funding/support	A multidisciplinary committee [add link to history page of the guideline] developed the evidence review. The committee was convened by the NGA and chaired by Gillian Baird in line with section 3 of Developing NICE guidelines: the manual.

Field (based on PRISMA-P)	Content
	Staff from the NGA undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost-effectiveness analysis where appropriate, and drafted the evidence review in collaboration with the committee. For details please see Developing NICE guidelines: the manual.
Name of sponsor	The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians and Gynaecologists
Roles of sponsor	The National Guideline Alliance is funded by NICE and hosted by The Royal College of Obstetricians and Gynaecologists
PROSPERO registration number	NICE funds The National Guideline Alliance to develop guidelines for those working in the NHS, public health, and social care in England

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects;; GRADE: Grading of Recommendations Assessment, Development and Evaluation; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; SD: standard deviation

Table 5: Qualitative review protocol for features of supported accommodation and housing that promote successful community living

Field (based on PRISMA-P)	Content
Review question	6.1a What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?
Type of review question	Qualitative (part 1 of a mixed review)
Objective of the review	To determine barriers and facilitators to successful community living for people in supported accommodation.
Eligibility criteria – population/disease/condition/issue/domain	Adults (aged 18 years and older) with complex psychosis and related severe mental health conditions (as defined in scope) Currently receiving rehabilitation in an inpatient rehabilitation unit or while living in supported accommodation community.
Eligibility criteria – intervention(s)/exposure(s)/prognostic factor(s)	N/A
Eligibility criteria – comparator(s)/control or reference (gold) standard	N/A

Field (based on PRISMA-P)	**Content**
Outcomes and prioritisation	Qualitative themes concerning the barriers and facilitators to successful community living are expected to include: • Availability of housing • Proximity to family, carers and networks • Rural versus urban housing • Availability of appropriate levels of support • Tenancy versus licences • Balance of empowerment vs protection • Features (neighbourhood, facilities such as availability of outdoor space; access to amenities; pets) • Experiences of mixed sex, age etc. • Relationships in the house – good vs bad, landlords vs other tenants vs neighbours • Optimal size • 'Housing First' vs other supported housing schemes vs outreach support schemes • Accommodation with integrated employment
Eligibility criteria – study design	Qualitative studies: semi-structured and structured interviews, focus groups investigating experiences, needs, opinions and preferences on rehabilitation services, approaches, care, and support. Qualitative components of effectiveness and mixed methods studies will be included.
Other inclusion exclusion criteria	Other inclusion criteria: • Date limit: 1990 The date limit for studies after 1990 was suggested by the GC considering the change in provision of mental health services from institutionalized care in the 1970s to deinstitutionalise and community based care from 1990s onwards. • Country limit: UK, USA, Australasia, Europe, Canada. The GC limited to these countries because they have similar cultures to the UK, given the importance of the cultural setting in which mental health rehabilitation takes place • English language papers • Complete peer reviewed papers only – abstracts, conferences papers and dissertations excluded.
Proposed sensitivity/sub-group analysis, or meta-regression	No subgroup analysis

Field (based on PRISMA-P)	Content
Selection process – duplicate screening/selection/analysis	Sifting, data extraction, appraisal of methodological quality and GRADE-CERQual assessment will be performed by the systematic reviewer. A random sample of the references identified in the search will be sifted by a second reviewer. This sample size of this pilot round will be 10% of the total (with a minimum of 100 studies). All disagreements in study inclusion will be discussed and resolved between the two reviewers. The senior systematic reviewer or guideline lead will be involved if discrepancies cannot be resolved between the two reviewers.
Data management (software)	NGA STAR software will be used for generating bibliographies and citations, study sifting, data extraction and recording quality assessment of studies. A GRADE-CERQual Microsoft Excel template will be used to record the overall quality of findings from the qualitative evidence; a Microsoft Excel template will also be used to organise data into themes
Information sources – databases and dates	Sources to be searched: Embase, Medline, PsycINFO and Cochrane library (CDSR and CENTRAL), Limits (e.g. date, study design): Human studies/English language
Identify if an update	This review question is not an update
Author contacts	For details please see https://www.nice.org.uk/guidance/indevelopment/gid-ng10092
Highlight if amendment to previous protocol	For details please see section 4.5 of Developing NICE guidelines: the manual 2014
Search strategy – for one database	For details please see appendix B
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix D (clinical evidence tables) or H (economic evidence tables)
Data collection process – forms/duplicate	A standardised evidence table format will be used, and published as appendix G (evidence tables) or H (economic evidence tables) of the guideline.
Data items – define all variables to be collected	For details please see evidence tables in appendix G (evidence tables) or H (economic evidence tables) of the guideline.
Methods for assessing bias at outcome/study level	Standard study checklists were used to critically appraise individual studies. For details please see section 6.2 of Developing NICE guidelines: the manual 2014 Surveys would be assessed using the quality checklist for questionnaire surveys (CEBM checklist) listed as the preferred checklist in appendix H of the NICE guideline Manual (2018).

Field (based on PRISMA-P)	Content
	The confidence in the evidence extracted from the included studies will be evaluated for each theme using GRADE CERQual approach: https://www.cerqual.org/
Criteria for quantitative synthesis (where suitable)	For details please see section 6.4 of Developing NICE guidelines: the manual 2014
Methods for analysis – combining studies and exploring (in)consistency	For details please see the methods chapter of the guideline
Meta-bias assessment – publication bias, selective reporting bias	For details please see section 6.2 of Developing NICE guidelines: the manual 2014
Assessment of confidence in cumulative evidence	For details please see sections 6.4 and 9.1 of Developing NICE guidelines: the manual 2014
Rationale/context – Current management	For details please see the introduction to the evidence review in the guideline.
Describe contributions of authors and guarantor	A multidisciplinary committee developed the evidence review. The committee was convened by the National Guideline Alliance (NGA) and chaired by Gillian Baird in line with section 3 of Developing NICE guidelines: the manual 2014. Staff from the NGA undertook systematic literature searches, appraised the evidence, conducted meta-analysis and cost effectiveness analysis where appropriate, and drafted the guideline in collaboration with the committee. For details please see the methods see supplementary document C.
Sources of funding/support	The NGA is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists.
Name of sponsor	The NGA is funded by NICE and hosted by the Royal College of Obstetricians and Gynaecologists.
Roles of sponsor	NICE funds NGA to develop guidelines for those working in the NHS, public health and social care in England
PROSPERO registration number	Not registered with PROSPERO

CERQual: Confidence in the Evidence from Reviews of Qualitative Research; GRADE: Grading of Recommendations Assessment, Development and Evaluation; MCA: Mental Capacity Act; N/A: not applicable; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; NHS: National Health Service; RCOG: Royal College of Obstetricians and Gynaecologists; UK: United Kingdom; USA: United States of America

Appendix B – Literature search strategies

Literature search strategies for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Databases: Embase/Medline/PsycINFO

Quantitative

Date searched: 22/01/2019

#	Searches
1	exp psychosis/ use emczd
2	Psychotic disorders/ use ppez
3	exp psychosis/ use psyh
4	(psychos?s or psychotic).tw.
5	exp schizophrenia/ use emczd
6	exp schizophrenia/ or exp "schizophrenia spectrum and other psychotic disorders"/ use ppez
7	(exp schizophrenia/ or "fragmentation (schizophrenia)"/) use psyh
8	schizoaffective psychosis/ use emczd
9	schizoaffective disorder/ use psyh
10	(schizophren* or schizoaffective*).tw.
11	exp bipolar disorder/ use emczd
12	exp "Bipolar and Related Disorders"/ use ppez
13	exp bipolar disorder/ use psyh
14	((bipolar or bipolar type) adj2 (disorder* or disease or spectrum)).tw.
15	Depressive psychosis/ use emczd
16	Delusional disorder/ use emczd
17	delusions/ use psyh
18	(delusion* adj3 (disorder* or disease)).tw.
19	mental disease/ use emczd
20	mental disorders/ use ppez
21	mental disorders/ use psyh
22	(psychiatric adj2 (illness* or disease* or disorder* or disabilit* or problem*)).tw.
23	((severe or serious) adj3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw.
24	(complex adj2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw.
25	or/1-24
26	(Rehabilitation/ or cognitive rehabilitation/ or community based rehabilitation/ or psychosocial rehabilitation/ or rehabilitation care/ or rehabilitation center/) use emczd
27	(exp rehabilitation/ or exp rehabilitation centers/) use ppez
28	(Rehabilitation/ or cognitive rehabilitation/ or neuropsychological rehabilitation/ or psychosocial rehabilitation/ or independent living programs/ or rehabilitation centers/ or rehabilitation counselling/) use psyh
29	(rehabilitation or rehabilitative or rehabilitate).tw.
30	rehabilitation.fs.
31	*housing/
32	(Support* adj2 (hous* or accommodat* or living)).tw.
33	((inpatient or in-patient or long-stay) adj2 (psychiatric or mental health)).tw.
34	or/26-33
35	25 and 34

#	Searches
36	housing first.tw.
37	((support* or shelter* or assist*) adj2 (hous* or home or homes or accom* or living or tenanc*)).tw.
38	Home care/ use emczd
39	*Home care services/ use ppez
40	Home care/ use psyh
41	(home adj2 (help or care or nursing)).tw.
42	(domiciliary care or home health or homecare).tw.
43	or/36-42
44	Group homes/ use ppez
45	Group homes/ use psyh
46	(group adj2 home*).tw.
47	(*residential care institutions/ or assisted living/ or halfway houses/ or nursing homes/) use psyh
48	(Residential home/ or residential care/ or *assisted living facility/ or halfway house/ or *nursing home/) use emczd
49	(*residential facilities/ or assisted living facilities/ or halfway houses/ or *nursing homes/ or *Residential Treatment/) use ppez
50	(residential adj2 (care or rehab* or service* or home or homes)).tw.
51	(residential adj2 (centre* or center* or facilit* or institution* or institute)).tw.
52	(therapeutic adj2 (home or homes or hostel* or institution* or institute or communit*)).tw.
53	halfway house*.tw.
54	(communit* based adj2 (care or hous* or rehabilitation or resident* or setting*)).tw.
55	(communit* adj2 (accommod* or hous* or home or homes or hostel* or residenc* or resident* or setting*)).tw.
56	((sheltered or crisis or short stay or shortstay) adj2 (accommod* or hous* or home or homes or hostel or residenc* or resident*)).tw.
57	(sheltered adj2 care).tw.
58	or/44-57
59	floating.tw.
60	outreach*.tw.
61	(mobile adj2 team*).tw.
62	(home adj visit*).tw.
63	(independent* adj2 living).tw.
64	or/59-63
65	43 or 58 or 64
66	35 and 65
67	limit 66 to (yr="1990 - current" and english language)
68	remove duplicates from 67
69	Letter/ use ppez
70	letter.pt. or letter/ use emczd
71	note.pt.
72	editorial.pt.
73	Editorial/ use ppez
74	News/ use ppez
75	news media/ use psyh
76	exp Historical Article/ use ppez
77	Anecdotes as Topic/ use ppez
78	Comment/ use ppez
79	Case Report/ use ppez
80	case report/ or case study/ use emczd
81	Case report/ use psyh
82	(letter or comment*).ti.

#	Searches
83	or/69-82
84	randomized controlled trial/ use ppez
85	randomized controlled trial/ use emczd
86	random*.ti,ab.
87	cohort studies/ use ppez
88	cohort analysis/ use emczd
89	cohort analysis/ use psyh
90	case-control studies/ use ppez
91	case control study/ use emczd
92	or/84-91
93	83 not 92
94	animals/ not humans/ use ppez
95	animal/ not human/ use emczd
96	nonhuman/ use emczd
97	"primates (nonhuman)"/
98	exp Animals, Laboratory/ use ppez
99	exp Animal Experimentation/ use ppez
100	exp Animal Experiment/ use emczd
101	exp Experimental Animal/ use emczd
102	animal research/ use psyh
103	exp Models, Animal/ use ppez
104	animal model/ use emczd
105	animal models/ use psyh
106	exp Rodentia/ use ppez
107	exp Rodent/ use emczd
108	rodents/ use psyh
109	(rat or rats or mouse or mice).ti.
110	or/93-109
111	68 not 110

Qualitative

Date searched: 02/10/2018

#	Searches
1	exp psychosis/ use emczd
2	Psychotic disorders/ use ppez
3	exp psychosis/ use psyh
4	(psychos?s or psychotic).tw.
5	exp schizophrenia/ use emczd
6	exp schizophrenia/ or exp "schizophrenia spectrum and other psychotic disorders"/ use ppez
7	(exp schizophrenia/ or "fragmentation (schizophrenia)"/) use psyh
8	schizoaffective psychosis/ use emczd
9	schizoaffective disorder/ use psyh
10	(schizophren* or schizoaffective*).tw.
11	exp bipolar disorder/ use emczd
12	exp "Bipolar and Related Disorders"/ use ppez
13	exp bipolar disorder/ use psyh
14	((bipolar or bipolar type) adj2 (disorder* or disease or spectrum)).tw.
15	Depressive psychosis/ use emczd

#	Searches
16	Delusional disorder/ use emczd
17	delusions/ use psyh
18	(delusion* adj3 (disorder* or disease)).tw.
19	mental disease/ use emczd
20	mental disorders/ use ppez
21	mental disorders/ use psyh
22	(psychiatric adj2 (illness* or disease* or disorder* or disabilit* or problem*)).tw.
23	((severe or serious) adj3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw.
24	(complex adj2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*))).tw.
25	or/1-24
26	(Rehabilitation/ or cognitive rehabilitation/ or community based rehabilitation/ or psychosocial rehabilitation/ or rehabilitation care/ or rehabilitation center/) use emczd
27	(exp rehabilitation/ or exp rehabilitation centers/) use ppez
28	(Rehabilitation/ or cognitive rehabilitation/ or neuropsychological rehabilitation/ or psychosocial rehabilitation/ or independent living programs/ or rehabilitation centers/ or rehabilitation counselling/) use psyh
29	residential care/ use emczd
30	(residential facilities/ or assisted living facilities/ or halfway houses/) use ppez
31	(residential care institutions/ or halfway houses/ or assisted living/) use psyh
32	(resident* adj (care or centre or center)).tw.
33	(halfway house* or assist* living).tw.
34	((inpatient or in-patient or long-stay) adj3 (psychiatric or mental health)).tw.
35	(Support* adj (hous* or accommodat* or living)).tw.
36	(rehabilitation or rehabilitative or rehabilitate).tw.
37	rehabilitation.fs.
38	or/26-37
39	exp Interview/ use emczd
40	interview/ use ppez
41	interviews/ use psyh
42	(interview* adj3 (in-depth or indepth or semistructured or semi structured or unstructured or un structured)).tw.
43	(interview* and (attitude* or choice* or dissatisf* or expectation* or experienc* or inform* or opinion* or perceive* or perception* or perspective* or preferen* or priorit* or satisf* or view*)).tw.
44	open ended questionnaire/ use emczd
45	((open end* or openend*) adj3 questionnaire*).tw.
46	qualitative research/
47	qualitative*.tw.
48	(ethno* or fieldwork or field work or focus group* or grounded theory or key informant or theoretical sampl*).tw.
49	thematic analysis/ use emczd
50	(thematic* adj3 analys*).tw.
51	(parental attitude/ or patient satisfaction/ or patient preference/ or personal experience/) use emczd
52	(exp parental attitudes/ or exp client attitudes/) use psyh
53	exp patient satisfaction/ use ppez
54	((carer* or caregiver* or care giver* or famil* or father* or mother* or brother or sister or parent* or patient* or participant* or service user) adj2 (dissatisf* or experienc* or opinion* or perceive* or perspective* or preferenc* or satisf* or views)).tw.
55	shared decision making/ use emczd
56	((share* or collaborat*) adj3 decision).tw.
57	((access* or aversion or barrier* or facilitat* or hinder* or obstacle* or obstruct*) adj2 (intervention* or pathway* or program* or rehab* or service* or therap* or treat*)).ti,ab.
58	or/39-57
59	25 and 38 and 58

#	Searches
60	limit 59 to (yr="1970 - current" and english language)
61	animals/ not humans/ use ppez
62	animal/ not human/ use emczd
63	nonhuman/ use emczd
64	"primates (nonhuman)"/
65	exp Animals, Laboratory/ use ppez
66	exp Animal Experimentation/ use ppez
67	exp Animal Experiment/ use emczd
68	exp Experimental Animal/ use emczd
69	animal research/ use psyh
70	exp Models, Animal/ use ppez
71	animal model/ use emczd
72	animal models/ use psyh
73	exp Rodentia/ use ppez
74	exp Rodent/ use emczd
75	rodents/ use psyh
76	(rat or rats or mouse or mice).ti.
77	or/61-76
78	60 not 77
79	limit 78 to yr=1970-2005
80	limit 78 to yr=2006-2015
81	limit 78 to yr=2016 - current
82	remove duplicates from 79
83	remove duplicates from 80
84	remove duplicates from 81
85	82 or 83 or 84

Database: Cochrane Library

Quantitative

Date searched: 22/01/2019

#	Searches
1	MeSH descriptor: [Psychotic Disorders] explode all trees
2	(psychos?s or psychotic):ti,ab,kw
3	MeSH descriptor: [Schizophrenia] explode all trees
4	(schizophren* or schizoaffective*):ti,ab,kw
5	MeSH descriptor: [Bipolar Disorder] explode all trees
6	(((bipolar or bipolar type) near/2 (disorder* or disease or spectrum))):ti,ab,kw
7	MeSH descriptor: [Delusions] this term only
8	((delusion* near/3 (disorder* or disease))):ti,ab,kw
9	MeSH descriptor: [Mental Disorders] this term only
10	((psychiatric near/2 (illness* or disease* or disorder* or disabilit* or problem*))):ti,ab,kw
11	(((severe or serious) near/3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw
12	((complex near/2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw
13	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12)
14	MeSH descriptor: [Rehabilitation] explode all trees

#	Searches
15	MeSH descriptor: [Rehabilitation Centers] explode all trees
16	MeSH descriptor: [Rehabilitation, Vocational] this term only
17	(rehabilitation or rehabilitative or rehabilitate):ti,ab,kw
18	MeSH descriptor: [Housing] this term only
19	((support*) near/2 (hous* or accommodat* or living)):ti,ab,kw
20	((inpatient or in-patient or long-stay) near/2 (psychiatric or mental health)):ti,ab,kw
21	(#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20)
22	(housing first):ti,ab,kw
23	((support* or shelter* or assist*) near/2 (hous* or home or homes or accom* or living or tenanc*)):ti,ab,kw
24	MeSH descriptor: [Home Care Services] this term only
25	(home near/2 (help or care or nursing)):ti,ab,kw
26	(domiciliary care or home health or homecare):ti,ab,kw
27	MeSH descriptor: [Group Homes] this term only
28	(group near/2 home*):ti,ab,kw
29	(residential near/2 (care or rehab* or service* or home or homes)):ti,ab,kw
30	(residential near/2 (centre* or center* or facilit* or institution* or institute)):ti,ab,kw
31	(therapeutic near/2 (home or homes or hostel* or institution or institute or communit*)):ti,ab,kw
32	MeSH descriptor: [Residential Facilities] this term only
33	MeSH descriptor: [Assisted Living Facilities] this term only
34	MeSH descriptor: [Halfway Houses] this term only
35	MeSH descriptor: [Nursing Homes] this term only
36	MeSH descriptor: [Residential Treatment] this term only
37	(halfway house*):ti,ab,kw
38	(communit* based near/2 (care or hous* or rehabilitation or resident* or setting*)):ti,ab,kw
39	(communit* near/2 (accommod* or hous* or home or homes or hostel or residenc* or resident* or setting*)):ti,ab,kw
40	((sheltered or crisis or short stay or shortstay) near/2 (accommod* or hous* or home or homes or hostel* or residenc* or resident*)):ti,ab,kw
41	((sheltered near/2 care)):ti,ab,kw
42	(outreach*):ti,ab,kw
43	(floating):ti,ab,kw
44	(home near visit*):ti,ab,kw
45	(mobile near/2 team*):ti,ab,kw
46	(independent* near living):ti,ab,kw
47	(#22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46)
48	#13 and #21 and #47 with Cochrane Library publication date Between Jan 1990 and Feb 2019

Qualitative

Date searched: 02/10/2018

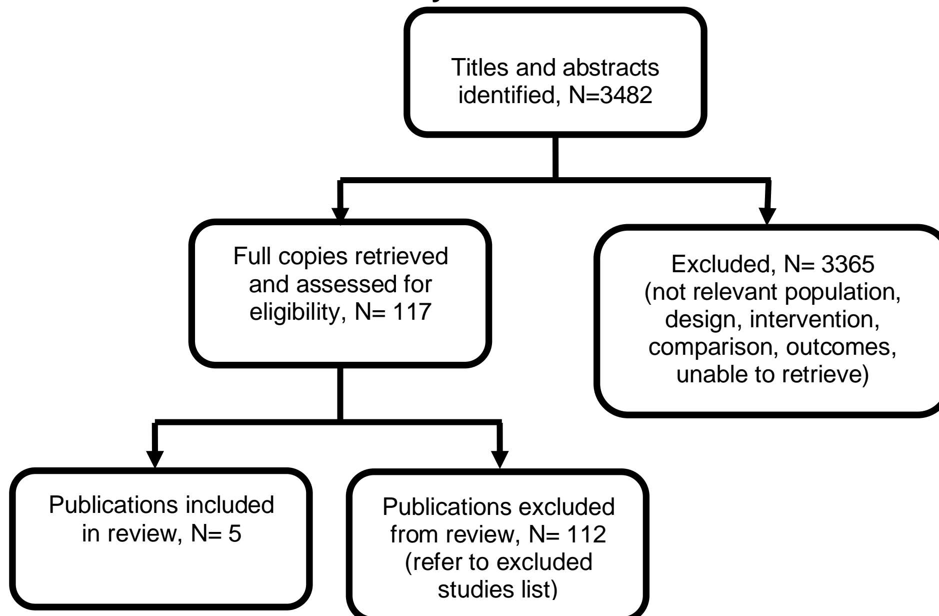
#	Searches
1	MeSH descriptor: [Psychotic Disorders] explode all trees
2	(psychos?s or psychotic):ti,ab,kw
3	MeSH descriptor: [Schizophrenia] explode all trees
4	(schizophren* or schizoaffective*):ti,ab,kw
5	MeSH descriptor: [Bipolar Disorder] explode all trees
6	(((bipolar or bipolar type) near/2 (disorder* or disease or spectrum))):ti,ab,kw
7	MeSH descriptor: [Delusions] this term only

#	Searches
8	((delusion* near/3 (disorder* or disease))):ti,ab,kw
9	MeSH descriptor: [Mental Disorders] this term only
10	((psychiatric near/2 (illness* or disease* or disorder* or disabilit* or problem*))):ti,ab,kw
11	(((severe or serious) near/3 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw
12	((complex near/2 (mental adj2 (illness* or disease* or disorder* or disabilit* or problem*)))):ti,ab,kw
13	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12)
14	MeSH descriptor: [Rehabilitation] this term only
15	MeSH descriptor: [Rehabilitation, Vocational] this term only
16	MeSH descriptor: [Residential Facilities] this term only
17	MeSH descriptor: [Assisted Living Facilities] this term only
18	MeSH descriptor: [Halfway Houses] this term only
19	((resident* near (care or centre or center))):ti,ab,kw
20	(((inpatient or in-patient or long-stay) near/3 (psychiatric or mental health))):ti,ab,kw
21	(((Support*) near (hous* or accommodat* or living))):ti,ab,kw
22	((halfway house* or assist* living)):ti,ab,kw
23	(rehabilitation or rehabilitative or rehabilitate):ti,ab,kw
24	(#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23)
25	MeSH descriptor: [Interviews as Topic] explode all trees
26	(interview* near/3 (in-depth or indepth or semistructured or semi structured or unstructured or un structured)):ti,ab,kw
27	(interview* and (attitude* or choice* or dissatisf* or expectation* or experienc* or inform* or opinion* or perceive* or perception* or perspective* or preferen* or priorit* or satisf* or view*)):ti,ab,kw
28	((open end* or openend*) near/3 questionnaire*):ti,ab,kw
29	MeSH descriptor: [Qualitative Research] explode all trees
30	qualitative*:ti,ab,kw
31	(ethno* or fieldwork or field work or focus group* or grounded theory or key informant or theoretical sampl*):ti,ab,kw
32	(thematic* near/3 analys*):ti,ab,kw
33	MeSH descriptor: [Patient Satisfaction] explode all trees
34	((carer* or caregiver* or care giver* or famil* or father* or mother* or brother or sister or parent* or patient* or participant* or service user) near/2 (dissatisf* or experienc* or opinion* or perceive* or perspective* or preferenc* or satisf* or views)):ti,ab,kw
35	((share* or collaborat*) near/3 decision):ti,ab,kw
36	((access* or aversion or barrier* or facilitat* or hinder* or obstacle* or obstruct*) near/2 (intervention* or pathway* or program* or rehab* or service* or therap* or treat*)):ti,ab,kw
37	(#25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36)
38	(#13 AND #24 AND #37) with Cochrane Library publication date between Jan 1970 and Nov 2018

Appendix C – Quantitative clinical and qualitative evidence study selection

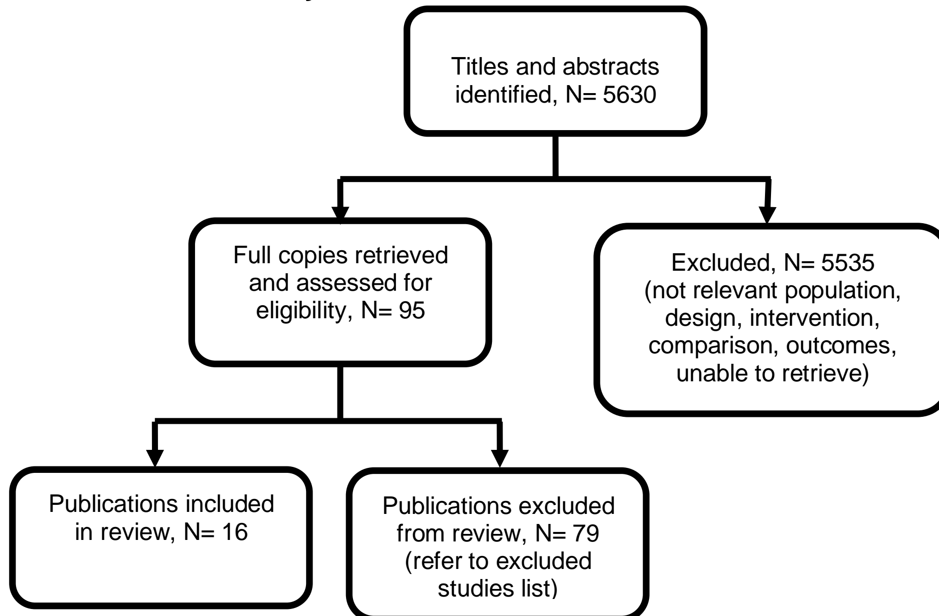
Quantitative clinical study selection for 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Figure 1: Quantitative clinical study selection flow chart



Qualitative study selection for 6.1a: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Figure 2: Qualitative study selection flow chart



Appendix D – Clinical evidence tables

Clinical evidence tables for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 6: Quantitative evidence tables

Study details	Participants	Interventions	Outcomes and Results	Comments
Full citation Aubry, T., Goering, P., Veldhuizen, S., Adair, C. E., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D. L., et al.,, A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness, Psychiatric services (Washington, D.C.), 67, 275-281, 2016 Ref Id 967139 Country/ies where the study was carried out Canada Study type RCT Aim of the study To study the effectiveness of Housing first with ACT in a population with serious mental illness Study dates October 2009 to June 2013	Sample size N=780 Characteristics Mean(SD) Age: 39.4(11.03) years; 68% male, Diagnosis: Psychotic disorder 52%, Mood disorder with psychotic features 20%,Major depressive episode 43%,Mania or hypomania episode 16%, Posttraumatic stress disorder 27%, Substance-related problems 73%, Panic disorder 21%, Inclusion criteria 1) Age >18 years, >19 years in Vancouver 2) Homeless or precariously housed 3) Current mental disorder, as determined by MINI mental state examination Exclusion criteria Not reported	Interventions Intervention: Housing First Control: Treatment as usual, access to existing services in the communities	Results Follow up (21-24 months) Secure permanent tenancy: Number of people in stable housing at the end of follow-up: Housing First: 273/369 Treatment as usual: 138/337	Limitations Risk of bias assessed using the Cochrane risk of bias assessment tool Random sequence generation: low risk; randomized allocations were done by a central data collection system using an adaptive randomization algorithm Allocation concealment: unclear risk, allocation concealment not described Blinding of participants and personnel: low risk for objective outcome, high risk for subjective outcome; blinding of participants not feasible due to the nature of the intervention Blinding of outcome assessment: low risk for objective outcomes and high risk for subjective outcome

Study details	Participants	Interventions	Outcomes and Results	Comments
Source of funding This study was funded by Health Canada grant provided to the Mental Health Commission of Canada (MHCC)				Attrition bias: low risk; 780 (82%) participants completed the final interview: 369/481 in treatment as usual (77%) and 411/469 (88%) in Housing First Selective reporting: low risk; all outcomes reported in sufficient detail for analysis Other bias: low risk Other information
Full citation Goldfinger, S. M., Schutt, R. K., Tolomiczenko, G. S., Seidman, L., Penk, W. E., Turner, W., Caplan, B., Housing placement and subsequent days homeless among formerly homeless adults with mental illness, Psychiatric Services, 50, 674-9, 1999 Ref Id 940156 Country/ies where the study was carried out United States Study type Randomised controlled trial Aim of the study To study the effectiveness of group or individual housing placement in formerly homeless people with mental	Sample size N=118 Characteristics Diagnosis Schizophrenia 45%, Schizoaffective disorder 17%, Bipolar disorder 14%, Major depressive disorder 14%, 72% men, 41% African American, Average age 38 years, 14% employed Inclusion criteria Residents of shelters for homeless mentally ill persons Exclusion criteria Unable to speak and understand English, not mentally ill, unsafe when screened for dangerousness or those not giving informed consent	Interventions Group housing sites (N=63); Independent apartments (N=55) Independent apartments: They organised a voluntary weekly group but no on-site programming or clinical staff Group housing: They accommodated 6-10 tenants with shared living, dining, recreational, and kitchen facilities, but separate bedrooms. Staffing pattern resembled that of traditional group homes, with 24-hour daily coverage, but project staff encouraged residents to take over household decision making All study participants were allotted one intensive case manager who provided weekly counselling,hands-on help with daily activities, and help with access to needed services.All participants were also	Results Follow up: 18 months Number of people in stable housing at 18 months follow-up: Group housing:47/61 Independent apartments: 37/49	Limitations Risk of bias assessed using the Cochrane risk of bias assessment tool Random sequence generation: unclear risk; random sequence generation not described Allocation concealment: unclear risk, allocation concealment not described Blinding of participants and personnel: low risk for objective outcome, blinding of participants not feasible due to the nature of the intervention Blinding of outcome assessment: low risk as number of people in stable housing is an objective outcome

Study details	Participants	Interventions	Outcomes and Results	Comments
illnesses in reducing homelessness Study dates January 1991 to March 1992 Source of funding The Boston McKinney Research Demonstration Project was funded by grant from the National Institute of Mental Health		encouraged to participate in community mental health centre programmes		Attrition bias: low risk; 110/118 participants completed the final interview: reasons for loss to follow up described Selective reporting: low risk; outcomes reported in sufficient detail for analysis Other bias: low risk Other information
Full citation H, Killaspy., S, Priebe., P, McPherson., Z, Zenasni., L, Greenberg., P, McCrone.,, S, Dowling., I, Harrison., J, Krotofil., C, Dalton-Locke., R, McGranahan.,, M, Arbuthnott., S, Curtis., G, Leavey., G, Shepherd., S, Eldridge and M, King., Predictors of moving on from mental health supported accommodation in England: national cohort study., The British journal of psychiatry, 1-7, 2019 Ref Id 1013731 Country/ies where the study was carried out UK Study type Prospective cohort study Aim of the study	Sample size N=619 services users. Services were residential care (N=22), supported housing (N=35) or floating outreach (N=30). Characteristics Location of supported accommodation was: residential care (N=159 service users), supported housing (N=251) or floating outreach (N=209). 66% were male, 81% were white, 3% were in paid employment. Diagnosis was 53% schizophrenia, 9% schizoaffective disorder, 6% bipolar disorder, 21% depression or anxiety, 11% other. Inclusion criteria Service users participating in the national survey	Supported housing Floating outreach Residential care	Results 243/586 (41.5%) participants successfully moved on to less supported accommodation (residential care 15/146 [10.3%], supported housing 96/244 [39.3%], floating outreach 132/196 [67.3%])	Assessment of risk of bias using Newcastle Ottawa risk of bias assessment tool: 1) Selection: The study sample represents the population of interest on key characteristics. The baseline study sample is adequately described for key characteristics. 2) Comparability: Potential confounders are accounted for in the analysis. 3) Outcomes: Study attrition: those included only 5% were lost to follow-up over 30 months. 4) Outcome measurement: The method and setting of outcome measurement is the same for all study participants. Follow up adequate Low risk of bias

Study details	Participants	Interventions	Outcomes and Results	Comments
To investigating service user and service factors which predict outcomes for users of mental health supported accommodation. Study dates 2013-2014 recruitment (then 30 month follow-up) Source of funding National Institute of Health Research (RP-PG-0610-10097)	component of the QuEST programme were eligible. In 2013 - 2014 the QuEST programme recruited 619 users of mental health supported accommodation across England (159 residential care, 251 supported housing, 209 floating outreach), randomly sampled from 87 services (22 residential care, 24 supported housing, 25 floating outreach). These services were randomly sampled from 14 nationally representative local authority areas, using an index developed by. A mean of seven service users were recruited per service. Exclusion criteria None reported.			
Full citation Somers, J. M., Moniruzzaman, A., Patterson, M., Currie, L., Rezansoff, S. N., Palepu, A., Fryer, K., A randomized trial examining housing first in congregate and scattered site formats, PLoS ONE, 12 (1) (no pagination), 2017 Ref Id 968320	Sample size N=297 Characteristics Age Mean(SD): CHF 40(11.6) years; SCH 39.5(10.8) years; TAU 39.5(11.2) years, Male 73%, Homeless 78% Inclusion criteria Age more than 19 years old; having current mental disorder; homeless or precariously housed;	Interventions Scattered Housing First: Market rental apartments with support provided by Assertive Community Treatment (ACT) Congregate Housing First: Single building with supports equivalent to ACT Treatment as usual(TAU): existing services and supports	Results Number of days in stable residence (Mean (SD) follow up 24 months): Scattered Housing First (SHF; n=90): 509(188.3) Congregate Housing First (CHF; n=107): 509.3(195) Treatment as usual (TAU; n=100): 181.1(204.5)	Limitations Risk of bias assessed using the Cochrane risk of bias assessment tool Random sequence generation: low risk; randomization was done by a centralised computer generated procedure Allocation concealment: unclear risk, allocation concealment not described

Study details	Participants	Interventions	Outcomes and Results	Comments
Country/ies where the study was carried out Canada Study type Randomised controlled trial Aim of the study To study the effectiveness of two housing first interventions (scattered HF and congregate HF) on housing stability, health and psychosocial outcomes Study dates October 2009 to June 2011 (recruitment upto 2011 and 2 years follow-up) Source of funding This study was funded by Grant from Mental Health Commission of Canada	moderate or severe disability defined as a score of 62 or lower on the Multnomah Community Ability Scale (MCAS;[21]), and fulfilled at least one of the following criteria: legal system involvement in the past year, substance dependence in the past month, or two or more hospitalizations for mental illness in any one of the past five years Exclusion criteria Not meeting eligibility criteria		Quality of life QOLI 20(Change from baseline score at 24 months): SHF (n=90): 17.6(27.3) CHF (n=107): 19.19(25.5) TAU (n=100): 13.09(25.9) Recovery: Recovery Assessment Scale (RAS)22 (Change from baseline score at 24 months): SHF (n=90): 3.95(11.4) CHF (n=107): 9.47(14.1) TAU (n=100): 3.95(12.3)	Blinding of participants and personnel: low risk for objective outcome, high risk for subjective outcome; blinding of participants not feasible due to the nature of the intervention Blinding of outcome assessment: low risk for objective outcomes and high risk for subjective outcome Attrition bias: low risk; data regarding primary outcome was available for 98% participants Selective reporting: low risk; all outcomes reported in sufficient detail for analysis Other information
Full citation Tsemberis, S. J., Moran, L., Shinn, M., Asmussen, S. M., Shern, D. L., Consumer preference programs for individuals who are homeless and have psychiatric disabilities: a drop-in center and a supported housing program, American Journal of Community Psychology, 32, 305-317, 2003 Ref Id 910106	Sample size N=225 Characteristics Age; Mean(SD) years: 42(12); Male 77%; Months spent in homelessness in last 5 years; mean(SD) 31(21) Diagnoses: Schizophrenia 58%, Bipolar 15%, Major depression 16%, Other 6%, unknown 5% Inclusion criteria 1) Age more than 18 years	Interventions Pathways Program: Access to independent apartments, support services and treatment from Assertive Community Treatment (ACT) teams.physical health, mental health, and substance abuse treatment: vocational rehabilitation; assistance with community and social integration; money management; and rapid response crisis intervention Treatment as usual: Continuum of care, individuals assigned to the control condition continued to	Results Proportions of time over 6 Months spent in stable housing Pathways(n=94): 0.59(0.31) TAU(n=111): 0.15(0.29) Number of participants in stable housing at 6 months after baseline Pathways(n=94): 74 TAU(n=111): 44	Limitations Risk of bias assessed using the Cochrane risk of bias assessment tool Random sequence generation: unclear risk; randomization not described Allocation concealment: unclear risk, allocation concealment not described Blinding of participants and personnel: low risk for objective outcome, high risk for subjective

Study details	Participants	Interventions	Outcomes and Results	Comments
Country/ies where the study was carried out United States Study type Randomised controlled trial Aim of the study To evaluate the effectiveness of housing intervention compared to control in reducing homelessness Study dates December 1997 to January 1999 Source of funding This study was funded in part by a grant from the Substance Abuse and Mental Health Services Administration	2) Homelessness (living on streets or public places unintended for sleeping for 15 of last 30 days) 3) 6 months history of homelessness 4) DSM IV axis I diagnosis of serious and persistent mental disorder 5) willingness to participate in the study Exclusion criteria Not reported	work with the outreach teams, drop in centers or the other caseworkers employed by the social agencies with which they had been previously affiliated		outcome; blinding of participants not feasible due to the nature of the intervention Blinding of outcome assessment: low risk for objective outcomes and high risk for subjective outcome Attrition bias: low risk; data regarding 94% participants was available at follow-up Selective reporting: low risk; all outcomes reported in sufficient detail for analysis Other information

ACT: assertive community treatment; DSM: diagnostic and statistical manual; HF: housing first; N: number of participants; RCT: randomised controlled trial; SD: standard deviation; TAU: treatment as usual

Clinical evidence tables for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 7: Qualitative evidence tables

Study details	Participants	Methods	Themes and findings	Comments
Full citation Bengtsson-Tops, A., Ericsson, U., Ehliasson, K., Living in supportive housing for people with	**Sample size** 29 service users **Diagnosis**	**Phenomenon of interest** User experiences of people with SMI living in supportive housing. Participants	**Results summarised under the following themes:** Theme 4 - Mental health support available Theme 8 - A sanctuary	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes

Study details	Participants	Methods	Themes and findings	Comments
serious mental illness: a paradoxical everyday life, International Journal of Mental Health Nursing, 23, 409-418, 2014 **Ref Id** 906002 **Country where the study was carried out** Sweden **Study type** Open interview **Aim of the study** To describe user experiences of living in supportive housing for people with SMI **Date of data collection** October 2011 to June 2012 **Source of funding** Grants from Camema Care, CEPI (Centrum for Evidence-Based Psychosocial Intervention for People Suffering from SMI); the	Psychosis **Characteristics** M/F: 17/12 Age range: 25 - 78 **Inclusion criteria** Lived in the supportive housing units, able to give informed consent. Also a low level psychosocial functioning of between 10 and 50 on the Global Assessment of Functioning (GAF) scale. **Exclusion criteria** Not at home at the time of the interviews	were asked 'What do you do during the days?' and 'How do you feel about living here?' **Recruitment Details** All users who lived in the supportive housing units were included, if they were available and could consent. **Collection Details** Face-to-face interviews, which were transcribed. **Analysis Details** Latent content analysis (see Graneheim and Lundman, 2004)	Theme 10 - Avoiding loneliness Theme 11 - Accepted in the community Theme 14 - Deep connections **Findings (see appendix M for quotes)** A place to rest Having someone to attach to Being brought together A spirit of community A sense of inequality	**Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - all participant were from a set of housing units, but it is not clear why this facility was picked. **Q5: Were the data collected in a way that addressed the research issue?** Unclear - it's not fully explained why the interview was in such an open, unstructured manor. It appears to be because the nature of their research question was so general. **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - their previous experience with the population is discussed, but not their specific relation to these participants. **Q7: Have ethical issues been taken into consideration?** Yes - approval from a board was obtain, although few other considerations made. **Q8: Was the data analysis sufficiently rigorous?** Yes - strict and clear process. **Q9: Is there a clear statement of findings?** Yes

Study details	Participants	Methods	Themes and findings	Comments
University of Lund, Sweden; and Kristianstad University, Sweden.				**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - not clear why this facility only was chosen, or how the context might be applied to the UK. **Overall methodological limitations** Minor
Full citation Browne, G., Courtney, M., Housing, social support and people with schizophrenia: a grounded theory study, Issues in Mental Health Nursing, 26, 311-26, 2005 **Ref Id** 906194 **Country where the study was carried out** Australia **Study type** Semi-structured interviews **Aim of the study** To develop a substantive grounded theory describing the relationship among housing, social	**Sample size** 13 service users **Diagnosis** Schizophrenia **Characteristics** M/F: 5/8 Accomodation: Boarding house=6, Own home=7 **Inclusion criteria** Self-identification of a diagnosis of schizophrenia. More than one admission to a psychiatric inpatient unit reported. Living in a boarding house or private home. Not acutely	**Phenomenon of interest** The impact of housing on people with schizophrenia **Recruitment Details** A purposive sampling strategy was used to recruit participants at consumer group meetings and skills programmes. Six participants were from boarding houses and seven had their own home. **Collection Details** Participants were given the choice to be interviewed at their own home or a	**Results summarised under the following themes:** Theme 3 - Financially sustainable Theme 7 - Local area Theme 8 - A sanctuary Theme 10 - Avoiding loneliness Theme 11 - Accepted in the community **Findings (see appendix M for quotes)** A Place of my own A Space of my own Cost of housing Activities related to the housing Stability Atmosphere People accepting and understanding Coming home to someone	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - because of the recruitment location it seems participants would have been those with a reasonable level of functioning at baseline, although this is not clarified. **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?**

Study details	Participants	Methods	Themes and findings	Comments
support, and the mental health of people with schizophrenia. **Date of data collection** NS **Source of funding** Author acknowledged the Church of Jesus Christ of Latter-Day Saints for support of this project. Not stated whether this was financial.	psychotic at the time of interview. Consented to participate. **Exclusion criteria** NS	cafe. Interviews lasted 1-2 hours and were audio recorded. **Analysis Details** A grounded theory approach was used to analyse data progressively until all themes were saturated. This analysis was cyclical in nature - data was transcribed and then coded, meanings were proposed, these were tied together to create meta-narratives and eventually what emerged was compared to existing theory and literature.		Unclear - not discussed, although no likely power relationship existed **Q7: Have ethical issues been taken into consideration?** Yes **Q8: Was the data analysis sufficiently rigorous?** Yes - very much **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - had new insights to offer to the literature, but its uncertain how well it could apply to the UK **Overall methodological limitations** Minor.
Full citation Chopra, P., Herrman, H. E., The long-term outcomes and unmet needs of a cohort of former long-stay patients in Melbourne, Australia, Community Mental Health Journal, 47, 531-541, 2011	**Sample size** 14 service users **Diagnosis** Schizophrenia=14, Schizoaffective disorder=4	**Phenomenon of interest** Long-term outcomes and unmet needs of this group. **Recruitment Details** All 18 of the initial cohort were	**Results summarised under the following themes:** Theme 1 - A place to stay Theme 7 - Local area **Findings (see appendix M for quotes)** Stability in accommodation	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes

Study details	Participants	Methods	Themes and findings	Comments
Ref Id 893954 **Country where the study was carried out** Australia **Study type** Mixed methods **Aim of the study** To assess the long-term outcomes of the original cohort of residents at a residential psychiatric rehabilitation unit. **Date of data collection** May 2004 to October 2004 **Source of funding** NS	**Characteristics** Median age (range): 52 (36-71) **Inclusion criteria** Former patients at a particular residential psychiatric rehabilitation unit. **Exclusion criteria** NS	approached, of which 14 were alive and consented to participate. **Collection Details** Continuity of Life instrument (COLI) was used in interview with each participant at their current residence. The COLI is structured according to three sections. Section A asks the patient to describe the level of negative impact due to the event or process. Section B asks the patient to describe any perceived positive impact. Section C asks the patient to describe the global impact of their illness on their present state and future expectations. **Analysis Details** Thematic analysis techniques, with findings		**Q3 Was the research design appropriate to address the aims of the research?** Unclear - the relevance of combining health outcome data with life experiences is not necessarily clear. The intended audience may be quite broad. **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - it's not clear if there is something about this original cohort that might make them more noteworthy than any subsequent cohorts. **Q5: Were the data collected in a way that addressed the research issue?** Unclear - The Continuity of Life instrument (COLI) is used and described, but it is not clear why this was chosen over other options. **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - the relationship of the researcher to the housing unit or the participants is not made clear or considered. **Q7: Have ethical issues been taken into consideration?** Yes - ethical approval was obtained, but little other considerations were discussed. **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes

Study details	Participants	Methods	Themes and findings	Comments
		progressively grouped and coded.		**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - the applicability to a UK context is not clear **Overall methodological limitations** Serious
Full citation Green, C. A., Vuckovic, N. H., Firemark, A. J., Adapting to psychiatric disability and needs for home- and community-based care, Mental Health Services Research, 4, 29-41, 2002 **Ref Id** 739830 **Country where the study was carried out** USA **Study type** Semi-structured interviews **Aim of the study** Examine the functional status, adaptation, and needs for home- and	**Sample size** 33 service users **Diagnosis** Schizophrenia or schizoaffective disorder=17, bipolar disorder=16 **Characteristics** M/F: 12/21 Mean age (SD/range): 43.8 (12.6/21-60) Marital status: 55% married or cohabiting White (non-Hispanic)=32, African American=1 **Inclusion criteria**	**Phenomenon of interest** Adaptive strategies, the roles played by primary support persons **Recruitment Details** Selected a random subset from a register, and verified those whos health provider said they were sufficiently stable. These were contacted by letter and phone and asked to participate, of which around 40% agreed. **Collection Details** Semi-structured in-depth interviews	**Results summarised under the following themes:** Theme 10 - Avoiding loneliness **Findings (see appendix M for quotes)** Support systems and needs for home- and community-based care	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Unclear - says what they did, but not a clear statement of its aims. **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Unclear - aims were vaguely reported **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - Took a cross-section from a register, but it's not clear who declined and why, or who was not approved by their health provider. **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?**

Study details	Participants	Methods	Themes and findings	Comments
community-based care among severely mentally ill people. **Date of data collection** Started in 1998 **Source of funding** Supported in part by Kaiser Permanente's Interregional Committee on Aging	HMO (Health Maintenance Organization) members who'd had a diagnosis of schizophrenia, schizoaffective disorder or bipolar for at least 1 year. **Exclusion criteria** NS	were conducted by two of the authors, audio-recorded and transcribed, an combined with authors field notes. **Analysis Details** Thematic analysis. Coded according to a coding scheme, and combined into themes.		Unclear - not stated **Q7: Have ethical issues been taken into consideration?** No - little consideration, no approval board detailed **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes - clearly given **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - population is quite specific, and it's unclear how well the findings would apply to a UK context. Our health and insurance systems are very different. **Overall methodological limitations** Serious
Full citation Henwood, B. F., Derejko, K. S., Couture, J., Padgett, D. K., Maslow and mental health recovery: a comparative study of homeless programs for adults with serious mental illness, Administration and policy in mental health, 42, 220-228, 2015	**Sample size** 63 service users **Diagnosis** Schizophrenia=17, Schizoaffective disorder=10, Bipolar disorder=18, Major depression=14, Other=4	**Phenomenon of interest** Research questions to be answered using qualitative analysis include: (1) Given low program retention documented within the literature, in what ways is the staircase of the TF approach	**Results summarised under the following themes:** Theme 2 - A safe environment Theme 3 - Financially sustainable Theme 5 - Substance use problems Theme 7 - Local area	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?**

Study details	Participants	Methods	Themes and findings	Comments
Ref Id 907432 **Country where the study was carried out** USA **Study type** Mixed methods **Aim of the study** To investigate the experiences of newly enrolled clients of housing first and traditional programs for adults with serious mental illness who have experienced homelessnes s. **Date of data collection** 2004 to 2008 **Source of funding** Funded by the National Institute for Mental Health	**Characteristics** M/F: 41/22 Mean age (SD): 43 (10.3) housing first group, 39.3 (9.6) treatment first group Ethnicity: Caucasian=11, African American=30, Hispanic American=15, Asia=3, Mixed=4 **Inclusion criteria** A DSM Axis-I diagnosis and a history of substance abuse. **Exclusion criteria** NS	problematic?; (2) What kind of hierarchy of needs, if any, emerges within a HF approach once someone has permanent housing?; and (3) In what ways do material resources, or lack thereof, affect the pursuit of higher order needs in either group? **Recruitment Details** Staff at housing programmes across poorer parts of New York were approached, and the staff invited every eligible client to participate. **Collection Details** Participants were interviewed by student interviewers at 0, 6 and 12 months after enrollment - usually about a month after programme entry. Interviews were conducted either at	**Findings (see appendix M for quotes)** Treatment First Trajectories: Waiting for Housing Security Housing First Trajectory: Figuring out Next Steps	Unclear - not a lot of justification for using a mixed methods approach. Possibly trying to cover too much at once. **Q4: Was the recruitment strategy appropriate to the aims of the research?** No - study aims wanted to know about the failures of the programmes, and so may have needed to recruit from people who had left them also. **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - does not state it is a consideration, and could have been an issue. **Q7: Have ethical issues been taken into consideration?** Unclear - a board approaved their study but there's little other considerations made. It appears to suggest consent was not required in one case. **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)**

Study details	Participants	Methods	Themes and findings	Comments
		the study office or the participants' residence. **Analysis Details** Analysis was alongside quantitative analysis to get a picture of participants' trajectory. A thematic analysis was conducted on qualitative data, with concepts developed baring in mind Maslow's theory.		Unclear - contributes to the literature, but the population and settings do not seem especially generalizable. **Overall methodological limitations** Moderate
Full citation Hill, A., Mayes, R., McConnell, D., Transition to independent accommodation for adults with schizophrenia, Psychiatric rehabilitation journal, 33, 228-231, 2010 **Ref Id** 907464 **Country where the study was carried out** Australia	**Sample size** 7 service users **Diagnosis** Schizophrenia **Characteristics** M/F: 5/2 Age range: 18-65 **Inclusion criteria** People who had made the	**Phenomenon of interest** The processes involved in the transition to independent accommodation. **Recruitment Details** The Schizophrenia Fellow ship of New South Wales gave information to members, and willing participants had their	**Results summarised under the following themes:** Theme 4 - Mental health support available Theme 7 - Local area Theme 8 - A sanctuary **Findings (note: this study did not give any direct quotes)** Developing a Sense of Control Establishing a Relationship Between Illness and Place	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes - well justified **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear

Study details	Participants	Methods	Themes and findings	Comments
Study type Mixed interview methods **Aim of the study** To investigate the process of transition to independent accommodati on for Australian adults with schizophrenia. **Date of data collection** NS **Source of funding** NS	transition to independent living. **Exclusion criteria** NS	details passed to the researchers. **Collection Details** Extensive convesations over time via face to face interview, phone interviews and/or e-mail correspondence. **Analysis Details** Data analysed using constant-comparison methods (Glaser, 1978)	Attaining a Sense of Belonging	**Q5: Were the data collected in a way that addressed the research issue?** Unclear - methods are vaguely described, seems likely they were inconsistent. **Q6: Has the relationship between researcher and participants been adequately considered?** No **Q7: Have ethical issues been taken into consideration?** Yes - only minimal discussion and ethics board approval. **Q8: Was the data analysis sufficiently rigorous?** Yes - although not a lot of rich data given **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - a limited setting and unclear how it might apply to the UK. **Overall methodological limitations** Minor
Full citation Humberstone, V., The experiences of people with schizophrenia living in supported accomodation: A qualitative study using	**Sample size** 13 service users **Diagnosis** Schizophrenia	**Phenomenon of interest** The importance of housing in the subjective experiences of	**Results summarised under the following themes:** Theme 10 - Avoiding loneliness	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes

Study details	Participants	Methods	Themes and findings	Comments
grounded theory methodology, Australian and New Zealand Journal of Psychiatry, 36, 367-372, 2002 **Ref Id** 907573 **Country where the study was carried out** New Zealand **Study type** Semi-structured interviews **Aim of the study** To develop a detailed analysis of the subjective experiences of people with schizophrenia living in highly staffed supported accommodation. **Date of data collection** NS **Source of funding** Supported by a grant from the Schizophrenia Fellowship.	**Characteristics** M/F: 10/3 Residency ranged from three months to 10 years. **Inclusion criteria** All residents with a diagnosis of schizophrenia living in registered accommodation with 24-hour staffing in the area were eligible. **Exclusion criteria** Those who were acutely unwell or who did not speak English were excluded from the study.	people living in high care facilities. **Recruitment Details** Initially open sampling was used for all people meeting inclusion criteria, but towards the end of the study the authors sought out demographics that had been missed. **Collection Details** Participants were interviewed twice with open ended questions. This was audio recorded and transcribed, and themes were identified. Participants were interviewed again to discuss these themes. **Analysis Details** Grounded theory methodology	**Findings (see appendix M for quotes)** Surviving alienation Survival and basic life stuff	**Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Yes **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear **Q7: Have ethical issues been taken into consideration?** No **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - not clear how it may apply to UK contexts **Overall methodological limitations** Minor

Study details	Participants	Methods	Themes and findings	Comments
Full citation Lindstrom, M., Lindberg, M., Sjostrom, S., Home bittersweet home: the significance of home for occupational transformations, International Journal of Social PsychiatryInt J Soc Psychiatry, 57, 284-99, 2011 **Ref Id** 766765 **Country where the study was carried out** Sweden **Study type** Unspecified interviews **Aim of the study** To illuminate how persons with psychiatric disability experience individual processes of change in a residential context. **Date of data collection** NS	**Sample size** 6 service users **Diagnosis** 5 with schizophrenia, 1 with BPD **Characteristics** M/F: 4/2 Age range: 24-37 **Inclusion criteria** Living in a specific housing residence in northern Sweden and voluntarily attending communit y-based rehabilitation. Currently in a psychiatrically stable condition. **Exclusion criteria** NS	**Phenomenon of interest** Experiences of change, successful rehabilitation and the meaning of 'home'. **Recruitment Details** NS **Collection Details** Interviews were conducted by the author, a professional with a close relationship to the participants. Two to four interviews were conducted with each participant. In four cases the residents were happy to be tape-recorded, while in the others verbatim notes were taken. Some residents also handed over handwritten notes. **Analysis Details**	**Results summarised under the following themes:** Theme 1 - A place to stay Theme 8 - A sanctuary Theme 10 - Avoiding loneliness Theme 11 - Accepted in the community Theme 12 - Develop skills Theme 13 - Encouragement Theme 14 - Deep connections **Findings (see appendix M for quotes)** Spatial: Home as place Organizational Structuring - living conditions Being forced to socialize Being promoted by coaches Facing challenges	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - very little information given **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Yes - the authors claimed that there was established trust between researchers and residents, and residents were reassured that anything they said would be confidential. This is unverifiable though and may have led to bias. **Q7: Have ethical issues been taken into consideration?** Yes

Study details	Participants	Methods	Themes and findings	Comments
Source of funding NS		Thematic analysis. Data from each session was transcribed and openly coded. These were brought together into findings and themes in a 4-step process, agreed between the teams, and with initial themes followed up in subsequent interviews.		**Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - only one limited setting, and unclear how well it would apply to a UK context. **Overall methodological limitations** Minor
Full citation Mancini, M. A., Wyrick-Waugh, W., Consumer and practitioner perceptions of the harm reduction approach in a community mental health setting, Community Mental Health Journal, 49, 14-24, 2013 **Ref Id** 908304 **Country where the study was carried out** USA **Study type**	**Sample size** 15 service users **Diagnosis** 73% (n = 11) diagnosed with a psychotic disorder. 27% (n = 4) were diagnosed with a mood disorder. All participants were diagnosed with a co-occurring alcohol or other substance use disorder. **Characteristics**	**Phenomenon of interest** Harm Reduction Approach **Recruitment Details** Recruited at weekly house meetings and through bulletin board flyers posted throughout the housing unit. For their participation, consumers received a $10 gift certificate to the local grocery store.	**Results summarised under the following themes:** Theme 5 - Substance use problems **Findings (see appendix M for quotes)** The Importance of Practical Guidance and Unconditional Support The Negative Impact of Ambiguity	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - an opportunistic sample, not a lot of detail about those who declined to participate or why

Study details	Participants	Methods	Themes and findings	Comments
Unspecified interviews **Aim of the study** Understand Consumer and Practitioner Perceptions of the Harm Reduction Approach in a Community Mental Health Setting **Date of data collection** NS **Source of funding** NS	M/F: 11/4 Average age (range): 40 (40-49) Ethnicity: African-American=9, Other=6 **Inclusion criteria** All participants were diagnosed with a serious mental illness and a substance use disorder. Admission criteria also required that consumers have histories of homelessness due to substance use. **Exclusion criteria** NS	**Collection Details** Unspecified interviews **Analysis Details** Grounded theory methods		**Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - it was briefly considered in the conclusions, but not really accounted for in the methods **Q7: Have ethical issues been taken into consideration?** Yes; approval from ethics board, written informed consent, pseudonyms to maintain confidentiality **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Yes - A US context but a model that is applied similarly in the UK **Overall methodological limitations** Participants would have been subject to a variety of biases and motivations, as they are in a vulnerable power relationship with services
Full citation	**Sample size** 39 service users	**Phenomenon of interest**	**Results summarised under the following themes:**	**Limitations (CASP: checklist for qualitative studies)**

Study details	Participants	Methods	Themes and findings	Comments
Padgett, D. K., There's no place like (a) home: ontological security among persons with serious mental illness in the United States, Social Science & Medicine, 64, 1925-36, 2007 **Ref Id** 908965 **Country where the study was carried out** USA **Study type** Unspecified interviews **Aim of the study** To examine the meaning of 'home' amongst homeless mentally ill people in a Housing First programme. **Date of data collection** NS **Source of funding** Supported by Grant #R01MH69865 from the	**Diagnosis** Schizophrenia=56 %, Bipolar disorder=22%, Major depression=2 2% **Characteristics** M/F (%): 67/33 Mean age: 48 Ethnicity: African American=41% White=41%, Hispanic=15%, Arab=2% **Inclusion criteria** All participants had a documented DSM Axis 1 disorder and had been referred for housing and services either from the streets or from hospitals. All participants had agreed to remain on a research participants register from a previous study. The sample was gathered of people who had	Making a 'home' and the subjective sense of ontological security. **Recruitment Details** Participants were part of a previous trial which assessed different approaches to housing. They were approached by researchers who had been part of the initial research team, and all those approached agreed to participate. **Collection Details** Participants completed two life-history interviews, open-ended sessions that asked the participants to talk about their own life and history related to illness, substances and homelessness. The second interview was tailored based on the first to get further clarification and details	Theme 5 - Substance use problems Theme 9 - Facilities Theme 12 - Develop skills Theme 13 - Encouragement **Findings (see appendix M for quotes)** Control and self-determination Routines of daily life: 'The simple things' Identity construction (and repair) The 'what's next' of having a home	**Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unsure - Inclusion criteria were quite hazy, and there was not a lot of consideration for those who declined to participate **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Yes - some reasonable consideration given **Q7: Have ethical issues been taken into consideration?** Yes **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes

Study details	Participants	Methods	Themes and findings	Comments
National Institute of Mental Health.	been in either Housing First or Treatment First housing, with a purposive mix of postive or negative outcomes. **Exclusion criteria** NS	**Analysis Details** A grounded theory and constant comparative analyses.		**Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - it is not clear how well the experiences of this NYC population would relate to a UK context **Overall methodological limitations** A risk of sampling bias, although they tried to get a range of experiences.
Full citation Parker, S., Dark, F., Newman, E., Hanley, D., McKinlay, W., Meurk, C., Consumers' understanding and expectations of a community-based recovery-oriented mental health rehabilitation unit: a pragmatic grounded theory analysis, Epidemiology and Psychiatric Sciences, 1-10, 2017 **Ref Id** 909001 **Country where the study was carried out** Australia	**Sample size** 24 service users **Diagnosis** Schizophrenia=87 %, Other=13% **Characteristics** M/F: 18/6 Mean age (SD, range): 30.1 (8, 19-47) **Inclusion criteria** People with severe and persisting mental illness residi ng in Community Care Units	**Phenomenon of interest** How participants came to be there; expectations of the experience; and expectations of how this would compare to previous mental health care experiences **Recruitment Details** An opportunity sample of the first consumers that arrived and consented to participate. **Collection Details**	**Results summarised under the following themes:** Theme 1 - A place to stay Theme 2 - A safe environment Theme 6 - Coercion Theme 12 - Develop skills Theme 13 - Encouragement **Findings (see appendix M for quotes)** Staying in transitional housing Why am I here? The CCU provides a transformational space Getting life back on track A place to learn new things A supported living environment	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Yes **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?**

Study details	Participants	Methods	Themes and findings	Comments
Study type Semi-structured interviews **Aim of the study** To explore the expectations consumers hold when they commence at a residential rehabilitation service for people affected by severe mental illness. **Date of data collection** December 2014 to January 2016 **Source of funding** NS	**Exclusion criteria** There were no exclusion criteria.	Participants undertoo k a semi-structured interview within the first six weeks of their stay. **Analysis Details** Thematic analysis	Shifting from dependence to independence	Yes - discussed explicitly **Q7: Have ethical issues been taken into consideration?** Yes **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - contributes to the literature, but not clear how applicable it would be to UK services and settings **Overall methodological limitations** Bias from within the team, may have wished to show the organisation it the best light
Full citation Petersen, Kirsten Schultz, Friis, Vivi Soegaard, Haxholm, Birthe Lodahl, Nielsen, Claus Vinther, Wind, Gitte, Recovery from mental illness: A service user perspective on facilitators and barriers, Community Mental Health Journal, 51, 1-13, 2015	**Sample size** 12 service users **Diagnosis** Schizophrenia or Bipolar disorder **Characteristics**	**Phenomenon of interest** Service user's perspectives on facilitators and barriers associated with recovery. **Recruitment Details** NS	**Results summarised under the following themes:** Theme 2 - A safe environment Theme 10 - Avoiding loneliness Theme 11 - Accepted in the community Theme 12 - Develop skills	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes

Study details	Participants	Methods	Themes and findings	Comments
Ref Id 909068 **Country where the study was carried out** Denmark **Study type** Semi-structured interviews **Aim of the study** "To explore the service user's perspective on recovery, the experienced facilitators and barriers associated with recovery and the contribution of recovery-oriented mental health services" **Date of data collection** NS **Source of funding** Financial support was received from VIA University College, Aarhus, Denmark, and Section of Clinical Social Medicine and Rehabilitation, Department	M/F: 6/6 Mean age (range): 35 (21-57) **Inclusion criteria** Service users aged 18–60 who live in supported housing services with a minimum of 1 year's stay. **Exclusion criteria** Delusions or difficulties in having a conversation. Those living in mental health services that had <5 years of experience implementing a recovery-oriented approach were excluded.	**Collection Details** Semi-structured interviews were conducted with open-ended questions related to their living environment. Most were followed up with a second interview asking more tailored questions to verify things they'd said. **Analysis Details** Texts were analysed employing Amedeo Giorgi's descriptive phenomenological m ethod of text analysis. Meaning units were identified and subsequently coded and condensed into themes. Themes were brought together with the wider dataset until an overall interpretation was achieved sufficient to cover the different aspects of all the experiences.	Theme 14 - Deep connections **Findings (see appendix M for quotes)** Daily activities Part of a group Meeting people Creating long lasting relationships Relations in general: Poor social network Staff: Conversations Understanding and acceptance Abuse	**Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - their strategy was not stated **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - not discussed **Q7: Have ethical issues been taken into consideration?** Yes **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - contributes to the lterature, but it is not clear how it relates to a UK context. **Overall methodological limitations** Minor

Study details	Participants	Methods	Themes and findings	Comments
of Public Health, University of Aarhus, Denmark, and Public Health and Quality Improvement, Central Denmark Region.				
Full citation Piat, M., Sabetti, J., Padgett, D., Supported housing for adults with psychiatric disabilities: How tenants confront the problem of loneliness, Health & social care in the community, 26, 191-198, 2018 **Ref Id** 909096 **Country where the study was carried out** Canada **Study type** Unspecified interviews **Aim of the study** To examine the experience of loneliness among people with psychiatric disabilities after moving from	**Sample size** 24 service users. Service staff and family members were also interviewed. **Diagnosis** Psychotic disorder=16, mood disorder=4, anxiety disorder=1, OCD=1, addiction=1, n/a=1 **Characteristics** M/F: 18/6 Mean age (SD): 46(9) Civil status: single=22, married=2 Currently employed: Yes=6, No=18	**Phenomenon of interest** Whether living alone might be isolating. **Recruitment Details** Participants came from five sites. Researchers advertised the study and interested participants contacted the team by telephone. All signed a consent form and received a small financial compensation for travel. **Collection Details** Individual, semi-structured interviews were conducted, audio recorded and transcribed.	**Results summarised under the following themes:** Theme 11 - Accepted in the community **Findings (see appendix M for quotes)** From housing to home From basics to bonuses From here to there, and everywhere Green Places. On views and vantage points Taking a position on tenant loneliness Confronting loneliness in supported housing	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Yes - although didn't discuss why some may have chosen not to take part **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Not clear - they were seperate from the organisation, but not otherwise discussed. **Q7: Have ethical issues been taken into consideration?**

Study details	Participants	Methods	Themes and findings	Comments
custodial housing, including group homes, boarding homes, and family-type residences to independent, supported apartments in the community **Date of data collection** May 2014 to July 2015 **Source of funding** Funded by the Canadian Institutes of Health Research Project # 299123.	**Inclusion criteria** Participants were required to reside in one of the housing sites of interest; be between 18 and 64 years old; have lived previously in custodial housing; and have a diagnosed psychiatric disability **Exclusion criteria** Participants must not have an intellectual deficit	**Analysis Details** Qualitative analysis guided by a naturalistic/constructivist framework was used. All lines of each transcript were coded into their smallest units of meaning, and then grouped into categories which were combined into major themes.		Yes **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - uncertain how generalisable the findings are to a UK context **Overall methodological limitations** Minor
Full citation Piat, M., Seida, K., Sabetti, J., Padgett, D., (Em)placing recovery: Sites of health and wellness for individuals with serious mental illness in supported housing, Health and Place, 47, 71-79, 2017 **Ref Id** 909097 **Country where the study was carried out**	**Sample size** 17 service users **Diagnosis** Psychotic disorder=12, mood disorder=3, OCD=1, 'missing'=1 **Characteristics** M/F: 13/4 Mean age (SD): 44(9.5)	**Phenomenon of interest** How recovery is ‘emplaced’ (or materially and symbolically situated in time and space), and how places factor into the ‘everyday work of recovery’ **Recruitment Details** Participants were recruited from five	**Results summarised under the following themes:** Theme 7 - Local area Theme 8 - A sanctuary Theme 9 - Facilities Theme 11 - Accepted in the community **Findings (see appendix M for quotes)** From housing to home From basics to bonuses From here to there, and everywhere	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes - the photos added an extra qualitative dimension. The photos and subjective accounts were together adding to the richness and insight.

Study details	Participants	Methods	Themes and findings	Comments
Canada **Study type** Semi-structured interviews **Aim of the study** To explore how the move from supervised to supported housing affects recovery and community connections for individuals living with serious mental illness (SMI) **Date of data collection** July to September 2015 **Source of funding** Supported by the Canadian Institutes of Health Research Grant Project #299123	**Inclusion criteria** Have lived previously in custodial housing; have a diagnosis of SMI (e.g. schizophrenia, bipolar disorder or major depression); be residing at one of five canadian housing projects that were the sites chosen for study; be between eighteen and sixty-four years old; and to agree to a consent form. **Exclusion criteria** Participants should not have an intellectual impairment	sites as part of a bigger study. Researchers advertised the study and interested participants contacted the team by telephone. All signed a consent form and received a small financial compensation for travel. **Collection Details** After the initial interviews seventeen participants took part in a photo-elicitation activity, using a digital camea to take 18 photos of things that represented 'change' to them, and then asked to discuss them in semi-structured interviews. **Analysis Details** Transcribed interviews and the photos were coded alongside each other, and emerging themes were	Green Places. On views and vantage points Taking a position on tenant loneliness Confronting loneliness in supported housing	**Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - the authors dp not discuss bias related to their volunteer sample and those who may not have participated. **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - not discussed **Q7: Have ethical issues been taken into consideration?** Yes **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes - with the some of the anotated pictures for extra reference **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - the relevance or application to a UK context is not clear or discussed **Overall methodological limitations** Minor

Study details	Participants	Methods	Themes and findings	Comments
		discussed amongst the research team.		
Full citation Rambarran, D. D., Relocating from out-of-area treatments: service users' perspective, Journal of Psychiatric & Mental Health NursingJ Psychiatr Ment Health Nurs, 20, 696-704, 2013 **Ref Id** 766864 **Country where the study was carried out** UK **Study type** Semi-structured interviews **Aim of the study** To explore the outcome of relocation from service users' perspective. **Date of data collection** February to September 2009	**Sample size** 7 service users **Diagnosis** Schizophrenia=5, other SMI=2 **Characteristics** M/F: 3/4 Age range: 25-66 Race: white=3, Black or minority ethnic=4 **Inclusion criteria** Residents who had been repatriated following Out of Area Treatment. Only those able to provide written informed consent were included. **Exclusion criteria** Those who had only recently moved.	**Phenomenon of interest** Service users' perspectives on being repatriated. **Recruitment Details** Of those who had been part of a relocation program, all those who hadn't subsequwntly moved and were contactable, accessible and were willing to consent were included. **Collection Details** Semi-structured interviews were conducted, audio recorded and transcribed. **Analysis Details** Trascripts were coded and key or recurring themes	**Results summarised under the following themes:** Theme 7 - Local area Theme 10 - Avoiding loneliness **Findings (see appendix M for quotes)** Home Loss Trust	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - it appears to be an opportunity sample, they used all participants available. However their analysis description describes reaching thematic saturation. **Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Yes - bias introduced by the researcher being part of the relocation program, discussed in detail and acknowledged in interpretation. **Q7: Have ethical issues been taken into consideration?** Yes

Study details	Participants	Methods	Themes and findings	Comments
Source of funding N/S		emerged. The approach was iterative.		**Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Yes - taken from a UK context. However only limited consideration was given to how it may apply regionally. **Overall methodological limitations** Minor
Full citation Roick, C., Gartner, A., Heider, D., Dietrich, S., Angermeyer, M. C., Heavy use of psychiatric inpatient care from the perspective of the patients affected, International Journal of Social Psychiatry, 52, 432-446, 2006 **Ref Id** 909352 **Country where the study was carried out** Germany	**Sample size** 20 service users **Diagnosis** Schizophrenia **Characteristics** M/F: 14/6 Average age (range): 39 (24-58) Marital status: single=14, married=1, divorced=5 Housing: Sheltered accomodation=7,	**Phenomenon of interest** Those related to accomodation: How is the support system constructed for the patients? How could the inpatient admissions have been avoided? **Recruitment Details** The 'heavy user' subsample taken from a bigger representative study population, recruited from mental health	**Results summarised under the following themes:** Theme 11 - Accepted in the community **Findings (see appendix M for quotes)** Type I: Heavy users in sheltered accommodation Type II: Heavy users in private residences	**Limitations (CASP: checklist for qualitative studies)** **Q1: Was there a clear statement of the aims of the research?** Yes **Q2: Was a qualitative methodology appropriate?** Yes **Q3 Was the research design appropriate to address the aims of the research?** Yes **Q4: Was the recruitment strategy appropriate to the aims of the research?** Unclear - the recruitment strategy is not well detailed

Study details	Participants	Methods	Themes and findings	Comments
Study type Semi-structured interviews **Aim of the study** To investigate the causes of frequent inpatient admissions, from the perspective of the patients that heavily use intpatient psychiatric care **Date of data collection** April to August 2002 **Source of funding** Sponsored by the Federal Administration for Education and Research, and by the leading unions of the Statutory Health Insurance Companies of Germany, by grant number 01GL0001	private residences=13 **Inclusion criteria** Heavy users, defined meaning they had been admitted to a psychiatric hospital three or more times over the 30-month study period. **Exclusion criteria** NS	care facilities in the Leipzig region of Germany. **Collection Details** Problem-centred interviews (Witzel, 1985) were conducted. Open-ended questions were initially used to allow the participant to speak about things important to them, and then the discussion was linked to topics that the participants had not yet mentioned. These were recorded and transcribed. **Analysis Details** The method of qualitative content analysis developed by Kracauer (1952) and Krippendorff (1980) and further developed by Mayring (1990) was employed. An initial test-coding system was used, and then further categories and subcategories		**Q5: Were the data collected in a way that addressed the research issue?** Yes **Q6: Has the relationship between researcher and participants been adequately considered?** Unclear - no discussion of any relationship or how much it was considered across the study. **Q7: Have ethical issues been taken into consideration?** Yes - ethics board approval, and consideration of consent. **Q8: Was the data analysis sufficiently rigorous?** Yes **Q9: Is there a clear statement of findings?** Yes **Q10: Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - adds to pool of experience data, but the focus was not specifically on accomodation. It is not clear how well this may apply to a UK context. **Overall methodological limitations** Minor

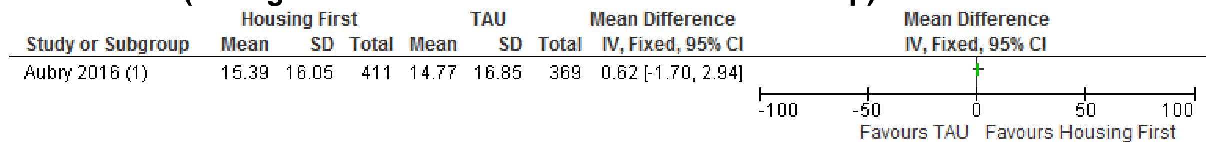
Study details	Participants	Methods	Themes and findings	Comments
		were developed. These were integrated and revised following team discussion.		

BPD: Borderline Personality Disorder; CCU: community care unit; DSM: diagnostic and statistical manual; F: Female; M: Male; N/A: Not Applicable; NS: not stated; OCD: Obsessive Compulsive Disorder; SMI: serious mental illness; SD: Standard Deviation

Appendix E – Forest plots and Thematic map

Forest plots for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

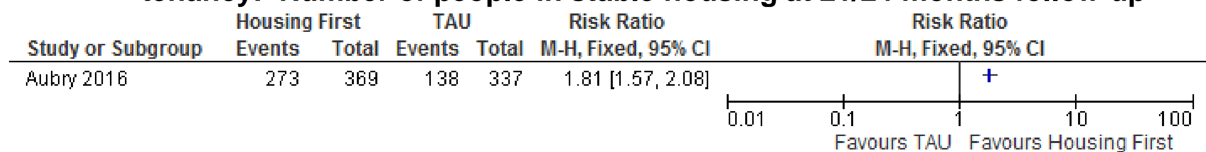
Figure 3: Comparison 1: Housing First versus Treatment as usual. Quality of life: QoLI 20 (Change from baseline at 21/24 months follow-up)



Footnotes
(1) 14.77

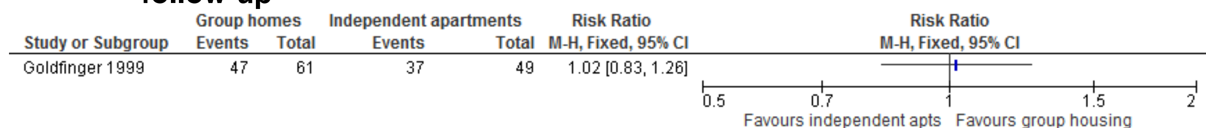
CI: confidence interval; IV: inverse variance; SD: standard deviation; TAU: treatment as usual

Figure 4: Comparison 1: Housing First versus Treatment as usual. Secure permanent tenancy: Number of people in stable housing at 21/24 months follow-up



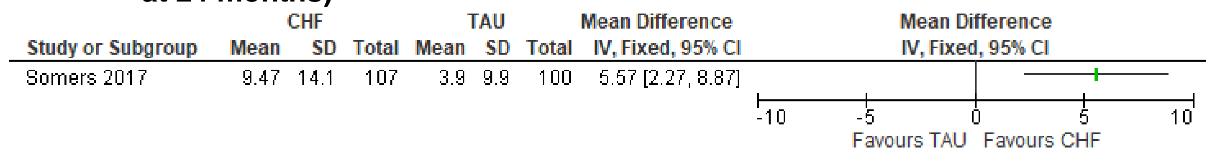
CI: confidence interval; TAU: treatment as usual

Figure 5: Comparison 2: Group housing versus independent apartments. Secure permanent tenancy: Number of people in stable housing at 18 months follow-up



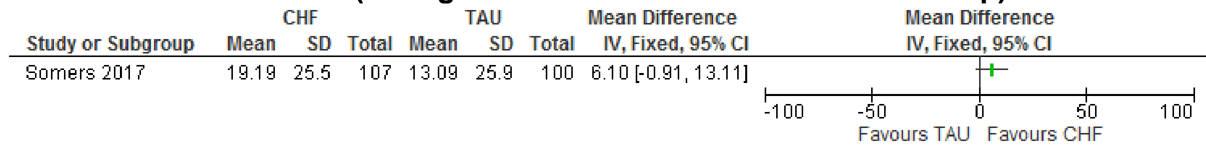
CI: confidence interval

Figure 6: Comparison 3: Congregate Housing First versus Treatment as usual. Reduction in support needs: Recovery (Change from baseline RAS 22 score at 24 months)



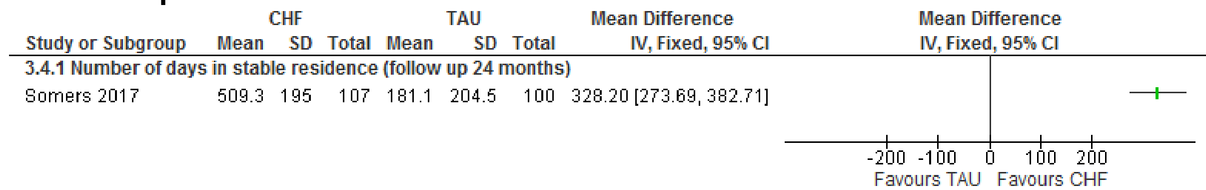
CHF: congregate housing first; CI: confidence interval; IV: inverse variance; SD: standard deviation; TAU: treatment as usual

Figure 7: Comparison 3: Congregate Housing First versus Treatment as usual. Quality of life: QoLI 20 (Change from baseline at 24 months follow-up)



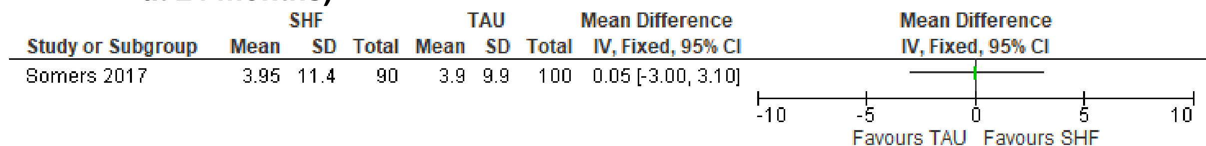
CHF: congregate housing first; CI: confidence interval; IV: inverse variance; SD: standard deviation; TAU: treatment as usual

Figure 8: Comparison 3: Congregate Housing First versus Treatment as usual. Secure permanent tenancy: Number of days in stable housing at 24 months follow-up



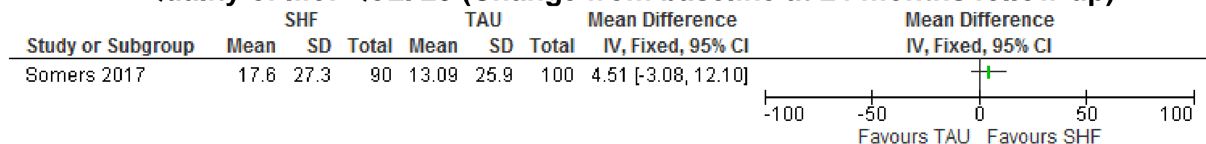
CHF: congregate housing first; CI: confidence interval; IV: inverse variance; SD: standard deviation; TAU: treatment as usual

Figure 9: Comparison 4: Scattered Housing First versus Treatment as usual. Reduction in support needs: Recovery (Change from baseline RAS 22 score at 24 months)



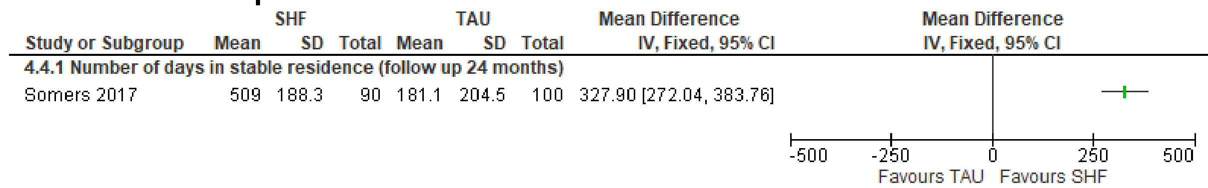
CI: confidence interval; IV: inverse variance; SHF: scattered housing first; SD: standard deviation; TAU: treatment as usual

Figure 10: Comparison 4: Scattered Housing First versus Treatment as usual. Quality of life: QoLI 20 (Change from baseline at 24 months follow-up)



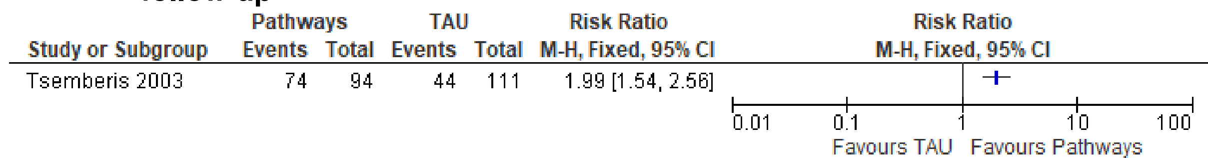
CI: confidence interval; IV: inverse variance; SHF: scattered housing first; SD: standard deviation; TAU: treatment as usual

Figure 11: Comparison 4: Scattered Housing First versus Treatment as usual. Secure permanent tenancy: Number of days in stable housing at 24 months follow-up



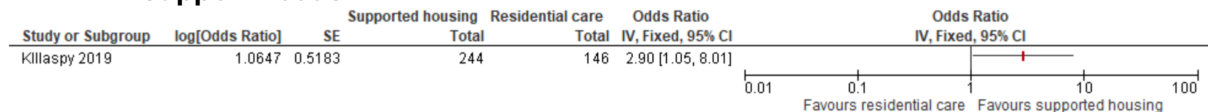
CI: confidence interval; IV: inverse variance; SHF: scattered housing first; SD: standard deviation; TAU: treatment as usual

Figure 12: Comparison 5: Pathways to housing versus Treatment as usual. Secure permanent tenancy: Number of participants in stable housing at 6 months follow-up



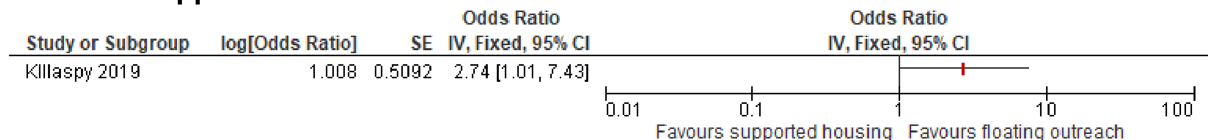
CI: confidence interval; TAU: treatment as usual

Figure 13: Comparison 6: Supported housing versus residential care. Reduction in support needs



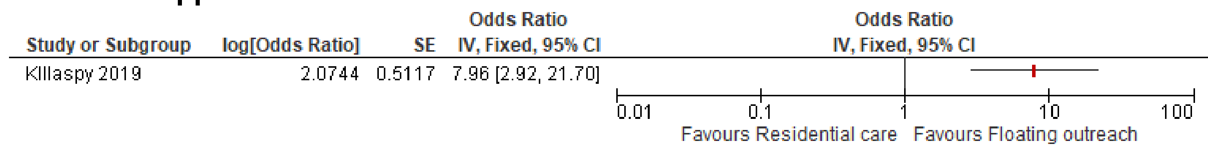
CI: confidence interval; IV: inverse variance

Figure 14: Comparison 7: Floating outreach versus supported housing. Reduction in support needs



CI: confidence interval; IV: inverse variance

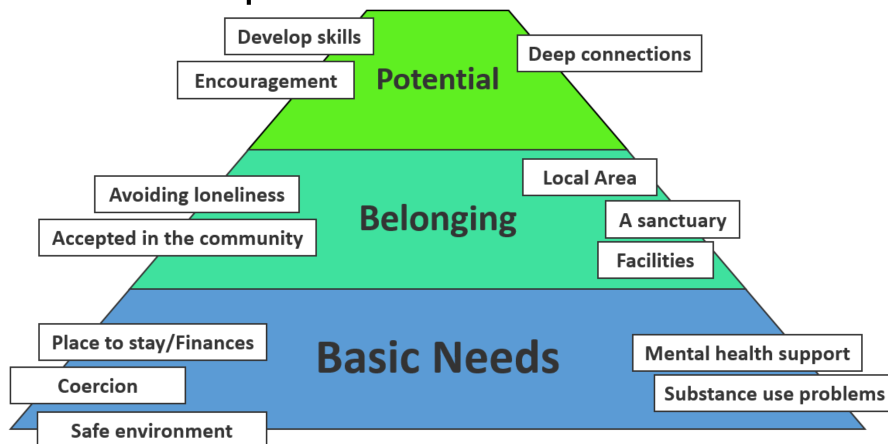
Figure 15: Comparison 8: Floating outreach versus residential care. Reduction in support needs



CI: confidence interval; IV: inverse variance

Thematic map for qualitative review: 6.1 What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Figure 16: 6.1 Thematic map



Appendix F – GRADE CERQual tables

GRADE tables for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 8: Comparison 1: Housing First versus Treatment as usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Housing First versus TAU	Control	Relative (95% CI)	Absolute		
Quality of life: QoLI 20 (Change from baseline at 21/24 months) (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	411	369	-	MD 0.62 higher (1.7 lower to 2.94 higher)	MODERATE	IMPORTANT
Secure permanent tenancy: Number of people in stable housing - Number of people in stable housing at 21-24 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	273/369 (74%)	138/337 (40.9%)	RR 1.81 (1.57 to 2.08)	332 more per 1000 (from 233 more to 442 more)	HIGH	IMPORTANT

MD: mean difference; MID: minimally important difference; QoLI: Quality of Life Inventory; RR: risk ratio
1 Downgraded for serious imprecision as confidence interval includes 1 MID threshold

Table 9: Comparison 2: Group housing versus independent apartments

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group housing versus Independent apartments	Control	Relative (95% CI)	Absolute		
Secure permanent tenancy: Housed at 18 months follow-up (follow-up mean 18 months)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group housing versus Independent apartments	Control	Relative (95% CI)	Absolute		
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	47/61 (77%)	37/49 (75.5%)	RR 1.02 (0.83 to 1.26)	15 more per 1000 (from 128 fewer to 196 more)	LOW	IMPORTANT

RR: risk ratio; MID: minimally important difference
1 Downgraded for risk of bias in included study due to unclear randomisation methods
2 Downgraded for serious imprecision due to CI crossing 1 MID threshold

Table 10: Comparison 3: Congregate Housing First versus Treatment as usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Congregate Housing First	Treatment as usual	Relative (95% CI)	Absolute		
Reduction in support needs: Recovery (Change from baseline RAS 22 score at 24 months) (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	no serious imprecision	none	107	100	-	MD 5.57 higher (2.27 to 8.87 higher)	MODERATE	CRITICAL
Quality of life: QOLI 20(Change from baseline score at 24 months) (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	107	100	-	MD 6.1 higher (0.91 lower to 13.11 higher)	MODERATE	IMPORTANT
Secure permanent tenancy- Number of days in stable residence (follow up 24 months) (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	107	100	-	MD 328.2 higher (273.69 to 382.71 higher)	HIGH	IMPORTANT

MD: mean difference; QoLI: Quality of Life Inventory; RAS: recovery assessment scale
1 Downgraded for indirectness of outcome as recovery is reported instead of reduction in support needs

2 Downgraded for serious imprecision as confidence interval includes 1 MID threshold

Table 11: Comparison 4: Scattered Housing First versus Treatment as usual

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Scattered Housing First	Treatment as usual I	Relative (95% CI)	Absolute	Quality	Importance
Reduction in support needs: Recovery (Change from baseline RAS 22 score at 24 months) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	serious[2]	none	90	100	-	MD 0.05 higher (3 lower to 3.1 higher)	LOW	CRITICAL
Quality of life: QOLI 20(Change from baseline score at 24 months) (follow-up mean 24 months; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	90	100	-	MD 4.51 higher (3.08 lower to 12.1 higher)	MODERATE	IMPORTANT
Secure permanent tenancy - Number of days in stable residence (follow up 24 months) (follow-up 24 months; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	90	100	-	MD 327.9 higher (272.04 to 383.76 higher)	HIGH	IMPORTANT

MD: mean difference; QoLI: Quality of Life Inventory; RAS: recovery assessment scale
1 Downgraded for indirectness of outcome as recovery is reported instead of reduction in support needs
2 Downgraded for serious imprecision as confidence interval crosses includes 1 default MID threshold

Table 12: Comparison 5: Pathways to housing versus Treatment as usual

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pathways to housing	Treatment as usual	Relative (95% CI)	Absolute	Quality	Importance
Secure permanent tenancy - Proportion of time in stable housing (at 6 months follow up) (follow-up mean 6 months; Better indicated by higher values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	111	-	MD 0.44 higher (0.36 to	MODERATE	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Pathways to housing	Treatment as usual	Relative (95% CI)	Absolute		
										0.52 higher)		
Number of participants in stable housing at 6 months follow-up												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74/94 (78.7%)	44/111 (39.6%)	RR 1.99 (1.54 to 2.56)	392 more per 1000 (from 214 more to 618 more)	MODERATE	IMPORTANT

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

1 Downgraded for risk of bias in included study due to unclear randomisation methods

Table 13: Comparison 6: Supported housing versus residential care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Supported housing	residential care	Relative (95% CI)	Absolute		
Reduction in support needs												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	244	146	OR 2.90 (1.05, 8.01)	-	VERY LOW	IMPORTANT

CI: confidence interval; OR: odds ratio

1 Downgraded by 1 level as imprecision could not be assessed

Table 14: Comparison 7: Floating outreach versus supported housing

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Floating outreach	supported housing	Relative (95% CI)	Absolute		
Reduction in support needs												

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Floating outreach	supported housing	Relative (95% CI)	Absolute	Quality	Importance
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	196	244	OR 2.74(1.01, 7.43)	-	VERY LOW	IMPORTANT

CI: confidence interval; OR: odds ratio
1 Downgraded by 1 level as imprecision could not be assessed

Table 15: Comparison 8: Floating outreach versus residential care

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Floating outreach	residential care	Relative (95% CI)	Absolute	Quality	Importance
Reduction in support needs												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	196	146	OR 7.96 (2.92, 21.70)	-	VERY LOW	IMPORTANT

CI: confidence interval; OR: odds ratio
1 Downgraded by 1 level as imprecision could not be assessed

GRADE CERQual tables for review question 6.1a: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 16: Summary of evidence (GRADE-CERQual), Topic I. Meeting basic needs

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
Theme 1) A place to stay							
3 studies: Chopra & Herrman 2011 [Australia]; Lindstrom et al. 2011 [Sweden];	1 mixed methods; 1 unspecified interviews; 1 semi-	Having shelter and a stable place to eat and sleep are fundamental needs. Residents stated that assistance keeping a home, and financial and practical help were considered crucial when coping	Moderate concerns[1]	Minor concerns	Moderate concerns[2]	Minor concerns	LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
Parker et al. 2017 [Australia]	structured interviews	with the effects of severe mental health problems - even though residents sometimes resented needing this support.					
Theme 2) A safe environment							
3 studies: Henwood et al. 2015 [USA]; Padgett 2007 [USA]; Parker et al. 2017 [Australia]	1 mixed methods; 1 unspecified interviews; 1 semi-structured interviews	To succeed in the community residents reported that they need to feel safe from things like abuse, violence and drug dealing/taking in their living environment. Some residents had come from unsafe previous environments or abusive relationships and so need somewhere better to turn.	Minor concerns	Minor concerns	Moderate concerns[2]	Very minor concerns	MODERATE
2 studies: Parker et al. 2017 [Australia]; Petersen et al. 2015 [Denmark]	2 semi-structured interviews	Some female residents had abusive experiences with men in previous care or community environments. They felt more able to live in the community when they had accommodation with some separation from men.	Minor concerns	Minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW
Theme 3) Financially sustainable							
2 studies: Browne & Courtney 2005 [Australia]; Henwood et al. 2015 [USA]	1 semi-structured interviews, 1 mixed methods	Financial difficulties are common for people living with severe mental illness. This is often a barrier to living where they want. Financial difficulties cause problems with paying for bills and essentials or affording to remain in a place. This threatens them with instability and is also a major stressor that can exacerbate mental health difficulties.	Moderate concerns[4]	Minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW
Theme 4) Mental health support available							
1 study: Bengtsson-Tops et al. 2014 [Sweden]	1 open interviews	Living in the community does not mean being beyond the need for psychiatric care. Residents report that services need to be sufficient to meet their mental health needs but often are not.	Minor concerns	Minor concerns	Moderate Concerns[2]	Serious concerns[5]	VERY LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1 study: Hill et al. 2010 [Australia]	1 mixed interview methods	Psychotic delusions may occur related to accommodation or the surroundings. Particular environments may not be palatable to the resident. Adjustments such as moving to a new room or flat may be needed for the resident to feel comfortable.	Moderate concerns[4]	Minor concerns	Moderate concerns[2]	Serious concerns[5]	VERY LOW
Theme 5) Substance use problems							
3 studies: Henwood et al. 2015 [USA]; Mancini 2013 [USA]; Padgett 2007 [USA]	1 mixed methods, 2 unspecified interviews	'Treatment first' approaches were considered a barrier to recovery and stability. Residents with substance use problems felt the decision to change their substance use behaviour had to come from within themselves. The coercion of the 'Treatment first' approach did not motivate them, and instead made their life more unstable and kept them in unhealthy situations. Residents considered the 'Housing First' more helpful. However a Housing First support approach should be careful not to seem 'uncaring' in its approach to substance misuse.	Minor concerns	Moderate concerns[6]	Moderate concerns[2]	Minor concerns	LOW
Theme 6) Coercion							
1 study: Parker et al. 2017 [Australia]	1 semi-structured interviews	While many people with severe mental health problems may aspire to return to the community from hospitalisation some residents may not have chosen to. When asked some residents reported that they had ended up living in the community only because it was where they had been sent from hospital, sometimes even after been being coerced or warned that they had to move on.	Minor concerns	Moderate concerns[6]	Moderate concerns[2]	Serious concerns[5]	VERY LOW

1 Downgraded following CASP assessment, as a third or more of the studies were rated as having serious methodological limitations
2 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included and not 3 or more countries studied
3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)
4 Downgraded following CASP assessment, as half or more of the studies were rated as having moderate methodological limitations
5 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)
6 Evidence was downgraded 1 due to incoherence of findings, as the construct contained nuances and variations in experiences

Table 17: Summary of evidence (GRADE-CERQual), Topic II. A place to belong

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
Theme 7) Local area							
3 studies: Browne & Courtney 2005 [Australia]; Chopra & Herrman 2011 [Australia]; Hill et al. 2010 [Australia]	1 semi-structured interviews; 2 mixed methods	Residents wanted to be able to settle in one place. Frequent relocation was unsettling. Being able to familiarise themselves with an area, get to know their neighbours and fellow residents, and develop a general sense of belonging allowed them to thrive more.	Moderate concerns[1]	Minor concerns	Moderate concerns[2]	Minor concerns	MODERATE
2 studies: Henwood et al. 2015 [USA]; Piat et al. 2017 [Canada]	1 mixed methods, 1 unspecified interviews	Living in a bad neighbourhood added to the stress that residence experienced. Being in a pleasant area, especially with features such as parks and cafes and transportation, was considered highly beneficial.	Minor concerns	Minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW
2 studies: Chopra & Herrman 2011 [Australia]; Rambarran 2013 [UK]	1 mixed methods, 1 semi-structured interviews	Residents valued being in an area that was already familiar to them and in proximity to their existing networks. Being away from home was distressing. Ideally this meant not only being in a familiar city or region but in a familiar neighbourhood.	Moderate[1] concerns	Minor concerns	Minor concerns	Moderate concerns[3]	LOW
Theme 8) A sanctuary							

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
5 studies: Bengtsson-Tops et al. 2014 [Sweden]; Browne & Courtney 2005 [Australia]; Hill et al. 2010 [Australia]; Lindstrom et al. 2011 [Sweden]; Piat et al. 2017 [Canada]	1 open interviews, 1 semi-structured interviews, 1 mixed interview methods, 2 unspecified interviews	Residents valued having a place of their own to retreat to and find peace. Most often this was a private room or personal space, although some residents also appreciated a space like a garden to escape to. It allowed them to remove themselves from difficult social situations or retreat during overwhelming symptom flare-ups. They valued being able to personalize and make the place feel like their own.	Minor concerns	Very minor concerns	Minor concerns	Very minor concerns	HIGH
Theme 9) Facilities							
3 studies: Padgett 2007 [USA]; Piat et al. 2017 [Canada]; Piat et al. 2018 [Canada]	1 unspecified interviews, 1 semi-structured interviews	Residents appreciate accommodation with facilities available to support their activities of daily living and enable them to live more independently. Facilities described included laundry and cooking, telephones and internet, and living/dining space to host friends. Residents will often be at different stages regarding how able they are to utilise these facilities – it is important that residents are not out of their depth. Support will often be necessary.	Minor concerns	Moderate concerns[4]	Moderate concerns[2]	Minor concerns	MODERATE
Theme 10) Avoiding loneliness							
4 studies: Bengtsson-Tops et al. 2014 [Sweden] Browne & Courtney 2005 [Australia] Humberstone 2002 [New Zealand]	1 open interviews, 3 semi-structured interviews	Loneliness and isolation was suffered by many residents and was reported to be very bad for mental health symptoms.	Minor concerns	Minor concerns	Minor concerns	Minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
Petersen et al. 2015 [Denmark]							
1 study: Green et al. 2002 [USA]	1 semi-structured interviews	If living in their own home then family and neighbours were a good source of support and checking in, making community living more sustainable.	Moderate concerns[1]	Minor concerns	Moderate concerns[2]	Serious concerns[5]	VERY LOW
3 studies: Lindstrom et al. 2011 [Sweden]; Petersen et al. 2015 [Denmark]; Rambarran 2013 [UK]	1 unspecified interviews, 2 semi-structured interviews	Staff and professionals that work or visit the residence could also become like family, and were considered valuable support and company.	Minor concerns	Minor concerns	Minor concerns	Minor concerns	MODERATE
Theme 11) Accepted in the community							
2 studies: Browne & Courtney 2005 [Australia]; Roick et al. 2006 [Germany]	2 semi-structured interviews	Family, neighbours and friends often struggle to understand symptoms of severe mental health problems. Residents reported that tensions could arise when living alongside others who don't understand their symptoms.	Minor concerns	Moderate concerns[4]	Moderate concerns[2]	Moderate concerns[2]	LOW
4 studies: Bengtsson-Tops et al. 2014 [Sweden]; Browne & Courtney 2005 [Australia]; Lindstrom et al. 2011 [Sweden]; Petersen et al. 2015 [Denmark]	1 open interviews, 2 semi-structured interviews, 1 unspecified interviews	Residents reported that being in a community with others that experienced mental health problems could be beneficial, as they felt part of a community and less likely to be rejected.	Minor concerns	Minor concerns	Minor concerns	Very minor concerns	HIGH
6 studies: Bengtsson-Tops et al. 2014 [Sweden]; Browne & Courtney 2005 [Australia]; Lindstrom et al.	1 open interviews, 3 semi-structured interviews, 2 unspecified interviews	Negative social situations can be detrimental to the living environment and the resident's emotional wellbeing generally. Living with residents with mental health problems and additionally dealing with their symptoms could be strenuous. In such cases	Minor concerns	Minor concerns	Minor concerns	Very minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2011 [Sweden]; Piat et al. 2017 [Canada]; Piat et al. 2018 [Canada]; Roick et al. 2006 [Germany]		residents reported being alone was often preferable to being in a challenging social environment.					
1 study: Bengtsson-Tops et al. 2014 [Sweden]	1 open interviews	Sometimes residents living in a community with other people with severe mental health reported feeling segregated from the rest of society. They felt it set them apart as not 'ordinary people'.	Minor concerns	Moderate concerns[4]	Moderate Concerns[2]	Serious concerns[5]	VERY LOW

1 Downgraded following CASP assessment, as a third or more of the studies were rated as having serious methodological limitations
2 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included and not 3 or more countries studied
3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)
4 Evidence was downgraded 1 due to incoherence of findings, as the construct contained nuances and variations in experiences
5 Evidence was downgraded by 2 due to adequacy of data, as only one study supported the review's findings (offering poor data)

Table 18: Summary of evidence (GRADE-CERQual), Topic III. Reaching their potential

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
Theme 12) Develop skills							
3 studies: Lindstrom et al. 2011 [Sweden]; Parker et al. 2017 [Australia]; Petersen et al. 2015 [Denmark]	2 unspecified interviews, 1 semi-structured interviews	Residents wanted to develop or regain life skills and social skills that would allow them to cope better and develop/regain greater self-sufficiency.	Minor concerns	Moderate concerns[1]	Minor concerns	Minor concerns	MODERATE
3 studies: Padgett 2007 [USA]; Parker et al. 2017 [Australia]; Petersen et al. 2015 [Denmark]	1 unspecified interviews, 2 semi-structured interviews	Once they residents felt confident in their home sphere many wanted to develop more advanced skills for reintegration into society and meeting aspirations like an occupation or a romantic relationships.	Minor concerns	Minor concerns	Minor concerns	Minor concerns	MODERATE
Theme 13) Encouragement							

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2 studies: Lindstrom et al. 2011 [Sweden]; Padgett 2007 [USA]	2 unspecified interviews	Having a nurturing environment with encouraging professionals, friends, relatives etc. around helped them to grow and become more independent. This feedback could be useful for developing activities of daily living but also social skills. Challenges, support and goals needed to be appropriate to their current level of coping.	Minor concerns	Minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW
2 studies: Lindstrom et al. 2011 [Sweden]; Parker et al. 2017 [Australia]	1 unspecified interviews, 1 semi-structured interviews	Residents with previous experience of failures and setbacks reported greater self-doubt and felt they might need extra support and encouragement to develop and learn to thrive.	Minor concerns	Minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW
Theme 14) Deep connections							
3 studies: Bengtsson-Tops et al. 2014 [Sweden]; Lindstrom et al. 2011 [Sweden]; Petersen et al. 2015 [Denmark]	1 open interviews, 1 unspecified interviews, 1 semi-structured interviews	Residents considered their lives were enriched when they were able to form deep connections with people in their social circles (staff, other residents etc). Security, structure and a place to belong gave them the space to develop these types of relationships.	Minor concerns	Moderate concerns[1]	Moderate concerns[2]	Minor concerns	LOW

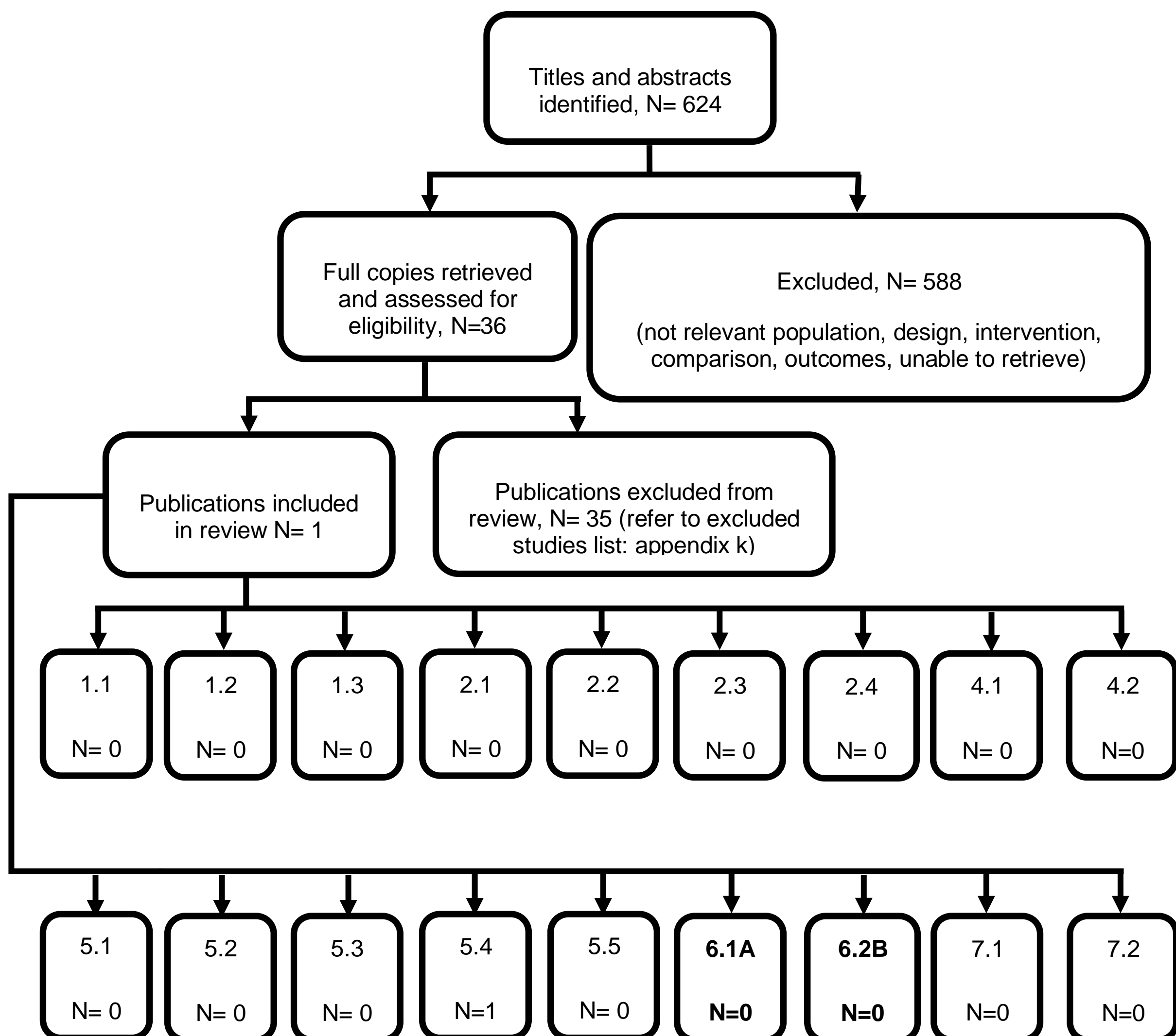
1 Evidence was downgraded 1 due to incoherence of findings, as the construct contained nuances and variations in experiences
2 Evidence downgraded by 1 due to applicability of evidence, as there were no UK studies included, and not 3 or more countries studied
3 Evidence was downgraded by 1 due to adequacy of data, as only two studies supported the review's findings (offering thin data)

Appendix G – Economic evidence study selection

Economic evidence study selection for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

A global health economic literature search was undertaken, covering all review questions in this guideline. However, as shown in Figure 17, no evidence was identified which was applicable to this review question.

Figure 17: Health economic study selection flow chart



Appendix H – Economic evidence tables

Economic evidence tables for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

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

Appendix I – Economic evidence profiles

Economic evidence profiles for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

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

Appendix J – Economic analysis

Economic evidence analysis for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded clinical and economic studies for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Clinical studies (quantitative)

Table 19: Excluded clinical studies and reasons for their exclusion (quantitative)

Study	Reason for Exclusion
Adair, C. E., Kopp, B., Distasio, J., Hwang, S. W., Lavoie, J., Veldhuizen, S., Voronka, J., Kaufman, A. F., Somers, J. M., LeBlanc, S. R., Cote, S., Addorisio, S., Matte, D., Goering, P., Housing Quality in a Randomized Controlled Trial of Housing First for Homeless Individuals with Mental Illness: Correlates and Associations with Outcomes, Journal of Urban Health, 93, 682-97, 2016	Less than 2/3rd study population meets the inclusion criteria for population as defined in scope
Adair, C. E., Streiner, D. L., Barnhart, R., Kopp, B., Veldhuizen, S., Patterson, M., Aubry, T., Lavoie, J., Sareen, J., LeBlanc, S. R., et al.,, Outcome Trajectories among Homeless Individuals with Mental Disorders in a Multisite Randomised Controlled Trial of Housing First, Canadian journal of psychiatry. Revue canadienne de psychiatrie, 62, 30â€• 39, 2017	Less than 2/3rd study population meets the inclusion criteria for population as defined in scope
Aquin, J. P., Roos, L. E., Distasio, J., Katz, L. Y., Bourque, J., Bolton, J. M., Bolton, S. L., Wong, J. Y., Chateau, D., Somers, J. M., et al.,, Effect of Housing First on Suicidal Behaviour: a Randomised Controlled Trial of Homeless Adults with Mental Disorders, Canadian journal of psychiatry. Revue canadienne de psychiatrie, 62, 473â€• 481, 2017	Outcomes not relevant
Aubry, T., Nelson, G., Tsemberis, S., Housing first for people with severe mental illness who are homeless: A review of the research and findings from the at Home-Chez soi demonstration project, Canadian Journal of Psychiatry, 60, 467-474, 2015	Less than 2/3rd study population meets the inclusion criteria for the population defined in the scope
Aubry, T., Tsemberis, S., Adair, C. E., Veldhuizen, S., Streiner, D., Latimer, E., Sareen, J., Patterson, M., McGarvey, K., Kopp, B., et al.,, One-year outcomes of a randomized controlled trial of housing first with ACT in five Canadian cities, Psychiatric services (washington, D.C.), 66, 463â€• 469, 2015	Aubry 2016 includes the data from this study at a later follow up (2 years)
Audini, B., Marks, I. M., Lawrence, R. E., Connolly, J., Watts, V., Home-based versus out-patient/in-patient care for people with serious mental illness. Phase II of a controlled study, British Journal of Psychiatry, 165, 204-10, 1994	Not a housing intervention
Barr, W., Brown, A., Quinn, B., McFarlane, J., McCabe, R., Whittington, R., How effective is high-support community-based step-down housing for women in secure mental health care? A quasi-experimental pilot study, Journal of psychiatric and mental health nursing, 20, 41-49, 2013	Not a RCT

Study	Reason for Exclusion
Bertelsen, M., Jeppesen, P., Petersen, L., Thorup, A., Ohlenschlaeger, J., Le Quach, P., Christensen, T. O., Krarup, G., Jorgensen, P., Nordentoft, M., Five-year follow-up of a randomized multicenter trial of intensive early intervention vs standard treatment for patients with a first episode of psychotic illness : The OPUS trial, Archives of General Psychiatry, 65, 762-771, 2008	Only includes first episode psychosis patients
Bertelsen, M., Jeppesen, P., Petersen, L., Thorup, A., Øhlenschlaeger, J., le Quach, P., Christensen, TØ, Krarup, G., Jørgensen, P., Nordentoft, M., First episode of psychosis intensive early intervention programme versus standard treatment--secondary publication, Ugeskrift for laeger, 171, 2992â€• 2995, 2009	Only includes subjects with first episode psychosis
Bitter, N., Roeg, D., van Assen, M., van Nieuwenhuizen, C., van Weeghel, J., How effective is the comprehensive approach to rehabilitation (CARe) methodology? A cluster randomized controlled trial, BMC Psychiatry, 17, 396, 2017	Not a comparison of type of supported accommodation
Bolton, Cathy J., Helping the homeless: Program evaluation of Philadelphia's supportive housing program (Pennsylvania), Dissertation Abstracts International: Section B: The Sciences and Engineering, 66, 2810, 2005	Dissertation
Bradford, D. W., Gaynes, B. N., Kim, M. M., Kaufman, J. S., Weinberger, M., Can shelter-based interventions improve treatment engagement in homeless individuals with psychiatric and/or substance misuse disorders?: a randomized controlled trial, Medical Care, 43, 763-768, 2005	< 66% population met the inclusion criteria of population, as defined in the scope
Bramesfeld, A., Moock, J., Kopke, K., Buchtemann, D., Kastner, D., Radisch, J., Rossler, W., Effectiveness and efficiency of assertive outreach for Schizophrenia in Germany: Study protocol on a pragmatic quasi-experimental controlled trial, BMC Psychiatry, 13 (no pagination), 2013	Study protocol. Fully study published but not relevant for inclusion in the review.
Burnam, M. A., Morton, S. C., McGlynn, E. A., Petersen, L. P., Stecher, B. M., Hayes, C., Vaccaro, J. V., An experimental evaluation of residential and nonresidential treatment for dually diagnosed homeless adults, Journal of Addictive Diseases, 14, 111-34, 1995	Less than 2/3rd study population meets the inclusion criteria for population as defined in scope
Burns, T., Raftery, J., Cost of schizophrenia in a randomized trial of home-based treatment, Schizophrenia BulletinSchizophr Bull, 17, 407-10, 1991	Not a relevant intervention
Caplan, Brina, Schutt, Russell K., Turner, Winston M., Goldfinger, Stephen M., Seidman, Larry J., Change in neurocognition by housing type and substance abuse among formerly homeless seriously mentally ill persons, Schizophrenia Research, 83, 77-86, 2006	Not relevant outcomes
Cheng, A. L., Lin, H., Kasprow, W., Rosenheck, R. A., Impact of supported housing on clinical outcomes: analysis of a randomized trial using multiple imputation technique, Journal of Nervous and Mental Disease, 195, 83â€• 88, 2007	Less than 2/3 population meets inclusion criteria defined in scope (details of population mentioned in Rosenheck 2003 study)
Chilvers, R., Macdonald, G. M., Hayes, A. A., Supported housing for people with severe mental disorders, Cochrane database of systematic reviews (Online), CD000453, 2002	No studies were included in this systematic review

Study	Reason for Exclusion
Chilvers, R., Macdonald, G., Hayes, A., Supported housing for people with severe mental disorders, Cochrane Database of Systematic Reviews, 2006	No studies were included in this systematic review
Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., Stergiopoulos, V., Housing First for older homeless adults with mental illness: a subgroup analysis of the At Home/Chez Soi randomized controlled trial, International Journal of Geriatric Psychiatry, 33, 85-95, 2018	less than 66% population meets the inclusion criteria of population, as defined in the scope
Clark, C., Rich, A. R., Outcomes of homeless adults with mental illness in a housing program and in case management only, Psychiatric Services, 54, 78-83, 2003	Not a RCT
Collins, S. E., Malone, D. K., Clifasefi, S. L., Housing retention in single-site housing first for chronically homeless individuals with severe alcohol problems, American journal of public health, 103 Suppl 2, S269-274, 2013	Not relevant population
De Leon, G., Sacks, S., Staines, G., McKendrick, K., Modified therapeutic community for homeless mentally ill chemical abusers: treatment outcomes, American Journal of Drug & Alcohol Abuse, 26, 461-80, 2000	Outcomes not relevant
Dickey, B., Review of programs for persons who are homeless and mentally ill, Harvard Review of Psychiatry, 8, 242-50, 2000	No a systematic review
Dickey, B., Latimer, E., Powers, K., Gonzalez, O., Goldfinger, S. M., Housing costs for adults who are mentally ill and formerly homeless, Journal of mental health administration, 24, 291â€• 305, 1997	Data items cannot be extracted as standard deviations not reported.
Durbin, A., Lunsky, Y., Wang, R., Nisenbaum, R., Hwang, S. W., O'Campo, P., Stergiopoulos, V., The Effect of Housing First on Housing Stability for People with Mental Illness and Low Intellectual Functioning, Canadian Journal of Psychiatry, 63, 785-789, 2018	Subgroup analysis of people with borderline or low intellectual functioning of the Housing first trial in Toronto
Dush, D. M., Ayres, S. Y., Curtis, C., Worthington, G. J., Gabriel, R. M., Chinnery, T., Reducing psychiatric hospital use of the rural poor through intensive transitional acute care, Psychiatric rehabilitation journal, 25, 28â€• 34, 2001	Intervention (transitional acute care) not relevant
Forchuk, C., MacClure, S. K., Van Beers, M., Smith, C., Csiernik, R., Hoch, J., Jensen, E., Developing and testing an intervention to prevent homelessness among individuals discharged from psychiatric wards to shelters and 'no fixed address', Journal of Psychiatric and Mental Health Nursing, 15, 569-575, 2008	Less than 2/3rd population meeting the inclusion criteria as listed in scope
Gabay, P. M., Fernandez Bruno, M. D., Montenegro, A., Comparison of stress levels between stabilised psychotic patients in a half-way house and a control group from the community, European neuropsychopharmacology, 27 (Supplement 4), S939, 2017	Conference abstract
Gilmer, T. P., Stefancic, A., Ettner, S. L., Manning, W. G., Tsemberis, S., Effect of full-service partnerships on homelessness, use and costs of mental health services, and	Not a RCT

Study	Reason for Exclusion
quality of life among adults with serious mental illness, Archives of General Psychiatry, 67, 645-652, 2010	
Gilmer, T. P., Stefancic, A., Tsemberis, S., Ettner, S. L., Full-service partnerships among adults with serious mental illness in California: Impact on utilization and costs, Psychiatric Services, 65, 1120-1125, 2014	Not a RCT
Greenwood, R. M., Schaefer-McDaniel, N. J., Winkel, G., Tsemberis, S. J., Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness, American journal of community psychology, 36, 223â€• 238, 2005	Data regarding relevant outcomes not reported in a way that it extracted for analysis
Gry Secher, R., Hjorthoj, C. R., Austin, S. F., Thorup, A., Jeppesen, P., Mors, O., Nordentoft, M., Ten-year follow-up of the OPUS specialized early intervention trial for patients with a first episode of psychosis, Schizophrenia Bulletin, 41, 617-626, 2015	Only includes subjects with first episode psychosis
Gulcur, Leyla, Stefancic, Ana, Shinn, Marybeth, Tsemberis, Sam, Fischer, Sean N., Housing, hospitalization and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes, Journal of Community & Applied Social Psychology, 13, 171-186, 2003	Not enough information for data extraction and analysis
Gulcur, Leyla, Tsemberis, Sam, Stefancic, Ana, Greenwood, Ronni M., Community integration of adults with psychiatric disabilities and histories of homelessness, Community Mental Health Journal, 43, 211-228, 2007	Secondary analysis of Gulcur 2003 data
Gutman, Sharon A., Raphael-Greenfield, Emily I., Effectiveness of a supportive housing program for homeless adults with mental illness and substance use: A two-group controlled trial, The British Journal of Occupational Therapy, 80, 286-293, 2017	Not a RCT
Hastrup, L. H., Aagaard, J., Costs and outcome of assertive community treatment (ACT) in a rural area in Denmark: 4-year register-based follow-up, Nordic Journal of Psychiatry, 69, 110-117, 2015	Not a housing intervention
Hastrup, L. H., Kronborg, C., Nordentoft, M., Simonsen, E., Cost-effectiveness of a randomized multicenter trial in first-episode psychosis (OPUS) in Denmark, Journal of Mental Health Policy and Economics, 1), S10, 2011	Conference abstract
Hengartner, M. P., Passalacqua, S., Andreae, A., Rössler, W., von Wyl, A., The role of perceived social support after psychiatric hospitalisation: post hoc analysis of a randomised controlled trial testing the effectiveness of a transitional intervention, International Journal of Social Psychiatry, 63, 297â€• 306, 2017	Not a housing intervention
Howard, L. M., Leese, M., Byford, S., Killaspy, H., Cole, L., Lawlor, C., Johnson, S., Methodological challenges in evaluating the effectiveness of women's crisis houses compared with psychiatric wards: findings from a pilot patient preference RCT, Journal of Nervous & Mental Disease, 197, 722-7, 2009	Less than 2/3 rd population meets the population inclusion criteria defined in scope

Study	Reason for Exclusion
Hughes, S. L., Weaver, F. M., Giobbie-Hurder, A., Manheim, L., Henderson, W., Kubal, J. D., Ulasevich, A., Cummings, J., Effectiveness of team-managed home-based primary care: a randomized multicenter trial, JAMA, 284, 2877â€• 2885, 2000	Population not relevant
Hurlburt, M. S., Hough, R. L., Wood, P. A., Effects of substance abuse on housing stability of homeless mentally Ill persons in supported housing, Psychiatric services (washington, D.C.), 47, 731â€• 736, 1996	Study objective not relevant
Hwang, S. W., Stergiopoulos, V., O'Campo, P., Gozdzik, A., Ending homelessness among people with mental illness: the At Home/Chez Soi randomized trial of a Housing First intervention in Toronto, BMC Public Health, 12, 2012	Less than 2/3rd subjects meet the population criteria mentioned in scope
Jones, K., Colson, P. W., Holter, M. C., Lin, S., Valencia, E., Susser, E., Wyatt, R. J., Cost-effectiveness of critical time intervention to reduce homelessness among persons with mental illness, Psychiatric services (washington, D.C.), 54, 884â€• 890, 2003	Not a housing intervention
Kallert, T. W., Leisse, M., Winiecki, P., Comparing the effectiveness of different types of supported housing for patients with chronic schizophrenia, Journal of Public Health, 15, 29-42, 2007	Not a RCT
Keller, C., Goering, P., Hume, C., Macnaughton, E., O'Campo, P., Sarang, A., Thomson, M., Vallee, C., Watson, A., Tsemberis, S., Initial implementation of housing first in five canadian cities: How do you make the shoe fit, when one size does not fit all, American Journal of Psychiatric Rehabilitation, 16, 275-289, 2013	Describes early observations from the At Home/ Chez Soi study
Kerman, N., Sylvestre, J., Aubry, T., Distasio, J., The effects of housing stability on service use among homeless adults with mental illness in a randomized controlled trial of housing first, BMC health services research, 18, 190, 2018	Less than 2/3rd subjects meet the population criteria mentioned in scope
Killaspy, H., Priebe, S., Bremner, S., McCrone, P., Dowling, S., Harrison, I., Krotofil, J., McPherson, P., Sandhu, S., Arbuthnott, M., Curtis, S., Leavey, G., Shepherd, G., Eldridge, S., King, M., Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey, The lancet. Psychiatry, 3, 1129-1137, 2016	Not a RCT
Kirst, M., Zerger, S., Misir, V., Hwang, S., Stergiopoulos, V., The impact of a Housing First randomized controlled trial on substance use problems among homeless individuals with mental illness, Drug & Alcohol Dependence, 146, 24-9, 2015	Outcomes not relevant
Kirst, M., Zerger, S., Wise Harris, D., Plenert, E., Stergiopoulos, V., The promise of recovery: narratives of hope among homeless individuals with mental illness participating in a Housing First randomised controlled trial in Toronto, Canada, BMJ Open, 4, e004379, 2014	Qualitative study
Knapp, M., Beecham, J., Koutsogeorgopoulou, V., Hallam, A., Fenyo, A., Marks, I. M., Connolly, J., Audini, B., Muijen, M., Service use and costs of home-based versus hospital-	Not a housing intervention

Study	Reason for Exclusion
based care for people with serious mental illness, British Journal of Psychiatry, 165, 195â€• 203, 1994	
Kozloff, N., Housing first "junior": Testing a complex psychosocial intervention designed for homeless adults with mental illness in homeless youth, Journal of the American Academy of Child and Adolescent Psychiatry, 55 (10 Supplement 1), S74, 2016	Conference abstract
Kozloff, N., Adair, C. E., Palma Lazgare, L. I., Poremski, D., Cheung, A. H., Sandu, R., Stergiopoulos, V., "Housing First" for Homeless Youth With Mental Illness, Pediatrics, 138, 10, 2016	Less than 2/3rd subjects meet the population criteria mentioned in scope
Kozloff, N., Stergiopoulos, V., Cheung, A., Goering, P. N., Housing first for homeless youth with mental illness: Analysis from a randomized controlled trial, Journal of the American Academy of Child and Adolescent Psychiatry, 55 (10 Supplement 1), S149, 2016	Conference abstract
Kozloff, Nicole, Stergiopoulos, Vicky, Adair, Carol E., Cheung, Amy H., Misir, Vachan, Townley, Greg, Bourque, Jimmy, Krausz, Michael, Goering, Paula, The unique needs of homeless youths with mental illness: Baseline findings from a housing first trial, Psychiatric Services, 67, 1083-1090, 2016	Less than 2/3rd subjects meet the population criteria mentioned in scope
Kroon, H., Boevink, W., Van Vugt, M., Delespaul, P., Van Os, J., TREE: a Dutch multi-centre (cluster) randomized trial of a recovery program of/for persons with severe mental illness, Psychiatrische praxis, 38, 2011	Conference abstract
Lehman, A. F., Dixon, L. B., Kernan, E., DeForge, B. R., Postrado, L. T., A randomized trial of assertive community treatment for homeless persons with severe mental illness, Archives of General Psychiatry, 54, 1038-1043, 1997	Not a housing intervention
Levitt, A. J., Mueser, K. T., Degenova, J., Lorenzo, J., Bradford-Watt, D., Barbosa, A., Karlin, M., Chernick, M., Randomized controlled trial of illness management and recovery in multiple-unit supportive housing, Psychiatric Services, 60, 1629-36, 2009	Not a housing intervention
Li, J. B., Liu, W. I., Huang, M. W., Integrating Evidence-Based Community-Care Services to Improve Schizophrenia Outcomes: A Preliminary Trial, Archives of Psychiatric Nursing, 30, 102-8, 2016	Study conducted in Taiwan
Ly, A., Rabouin, D., Shi, Y., Latimer, E., Economic impacts of housing first on homeless people with mental illness at one year, Journal of Mental Health Policy and Economics, 1), S21, 2013	Conference abstract
Marks, I. M., Connolly, J., Muijen, M., Audini, B., McNamee, G., Lawrence, R. E., Home-based versus hospital-based care for people with serious mental illness, British Journal of Psychiatry, 165, 179â€• 194, 1994	Not a housing intervention
Metraux, Stephen, Taking different ways home: The intersection of mental illness, homelessness and housing in New York City, Dissertation Abstracts International Section A: Humanities and Social Sciences, 63, 777, 2002	Dissertation

Study	Reason for Exclusion
Morrissette, David Joseph, Comparing community adjustment and program costs of consumers of contrasting mental health housing programs, Dissertation Abstracts International: Section B: The Sciences and Engineering, 61, 188, 2000	Dissertation
Muijen, M., Marks, I. M., Connolly, J., Audini, B., McNamee, G., The daily living programme. Preliminary comparison of community versus hospital-based treatment for the seriously mentally ill facing emergency admission, British Journal of Psychiatry, 160, 379-84, 1992	Not a housing intervention
Muijen, M., Marks, I., Connolly, J., Audini, B., Home based care and standard hospital care for patients with severe mental illness: a randomised controlled trial, BMJ (clinical research ed.), 304, 749â€• 754, 1992	Not a housing intervention
Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T., Methot, C., Latimer, E., Piat, M., Plenert, E., McCullough, S., Zell, S., Patterson, M., Stergiopoulos, V., Goering, P., What Happens After the Demonstration Phase? The Sustainability of Canada's At Home/Chez Soi Housing First Programs for Homeless Persons with Mental Illness, American Journal of Community Psychology, 59, 144-157, 2017	Includes qualitative survey; outcomes not relevant
Nordentoft, M., Bertelsen, M., Albert, N., Jeppesen, P., Petersen, L., Thorup, A., Ohlenschlaeger, J., Quach, P. L., Ostergaard Christensen, T., Krarup, G., Jorgensen, P., The OPUS trial: A randomized multicentre single-blinded trial of specialized assertive early intervention (OPUS Treatment) versus standard treatment for patients with a first episode of psychotic illness - Five-year follow-up, Early intervention in psychiatry, 1), 24, 2010	Conference abstract
Nordentoft, M., Melau, M., Jeppesen, P., Petersen, L., Thorup, A., Ohlenschlaeger, J., Le Quach, P., Christensen, T. O., Krarup, G., Jorgensen, P., Bertelsen, M., The OPUS - Trial; a randomised single-blinded trial of integrated versus standard treatment for patients with a first episode of psychotic illness - Results of five-years follow-up and presentation of a new trial, Schizophrenia research, 117 (2-3), 116, 2010	Conference abstract. Only includes people with first episode psychosis.
Nordentoft, M., Øhlenschlaeger, J., Thorup, A., Petersen, L., Jeppesen, P., Bertelsen, M., Deinstitutionalization revisited: a 5-year follow-up of a randomized clinical trial of hospital-based rehabilitation versus specialized assertive intervention (OPUS) versus standard treatment for patients with first-episode schizophrenia spectrum disorders, Psychological Medicine, 40, 1619â€• 1626, 2010	Only includes people with first episode psychosis
Nordentoft, M., Secher, G., Bertelsen, M., Thorup, A., Austin, S., Albert, N., Jeppesen, P., Krarup, G., Jorgensen, P., Petersen, L., OPUS: Concept and recent findings, European archives of psychiatry and clinical neuroscience, 1), S37-S38, 2011	Conference abstract
Nordentoft, M., Secher, G., Hjorthoj, C. R., Austin, S., Thorup, A., Jeppesen, P., Mors, O., Ten-year follow-up of the OPUS	Conference abstract

Study	Reason for Exclusion
specialized early intervention trial for patients with a first episode of psychosis, Schizophrenia Bulletin, 1), S149, 2015	
Nordentoft, M., Thorup, A., Jeppesen, P., Nordholm, D., Bertelsen, M., Petersen, L., Preventive and intensive treatment of psychosis for high-risk and first-episode subjects, European Psychiatry. Conference: 18th European Congress of Psychiatry. Munich Germany. Conference Publication:, 25, 2010	Conference abstract
Nuttbrock, L. A., Rahav, M., Rivera, J. J., Ng-Mak, D. S., Link, B. G., Outcomes of homeless mentally ill chemical abusers in community residences and a therapeutic community, Psychiatric services (Washington, D.C.), 49, 68â€• 76, 1998	Not relevant population
O'Campo, P., Hwang, S. W., Gozdzik, A., Schuler, A., Kaufman-Shriqui, V., Poremski, D., Lazgare, L. I. P., Distasio, J., Belbraouet, S., Addorisio, S., Food security among individuals experiencing homelessness and mental illness in the At Home/Chez Soi Trial, Public health nutrition, 20, 2023â€• 2033, 2017	Not relevant outcomes
O'Campo, P., Stergiopoulos, V., Nir, P., Levy, M., Misir, V., Chum, A., Arbach, B., Nisenbaum, R., To, M. J., Hwang, S. W., How did a Housing First intervention improve health and social outcomes among homeless adults with mental illness in Toronto? Two-year outcomes from a randomised trial, BMJ Open, 6, e010581, 2016	Less than 2/3rd subjects meet the population criteria mentioned in scope
Palepu, A., Patterson, M. L., Moniruzzaman, A., Frankish, C. J., Somers, J., Housing first improves residential stability in homeless adults with concurrent substance dependence and mental disorders, American journal of public health, 103 Suppl 2, e30â€• 6, 2013	Subgroup analysis of those with substance dependence from the Vancouver at home study; no relevant data for inclusion.
Palepu, A., Patterson, M., Moniruzzaman, A., Somers, J. M., Housing first among homeless persons with concurrent disorders among participants of the Vancouver at home study, Journal of General Internal Medicine, 1), S91, 2013	Conference abstract
Patterson, M. L., Moniruzzaman, A., Somers, J. M., Community participation and belonging among formerly homeless adults with mental illness after 12 months of Housing First in Vancouver, British Columbia: a randomized controlled trial, Community Mental Health Journal, 50, 604-611, 2014	Outcomes not relevant
Patterson, M., Moniruzzaman, A., Palepu, A., Zabkiewicz, D., Frankish, C. J., Krausz, M., Somers, J. M., Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia, Social psychiatry and psychiatric epidemiology, 48, 1245-1259, 2013	A later follow-up of the same study is included (Somers 2017)
Poremski, D., Stergiopoulos, V., Braithwaite, E., Distasio, J., Nisenbaum, R., Latimer, E., Effects of Housing First on Employment and Income of Homeless Individuals: Results of a Randomized Trial, Psychiatric Services, 67, 603-9, 2016	<66% with complex psychosis

Study	Reason for Exclusion
Powell, G. A., Adair, C. E., Streiner, D. L., Mayo, N., Latimer, E., Changes in quality of life from a homelessness intervention: true change, response shift, or random variation, Quality of Life Research, 26, 1853-1864, 2017	Re-examination of QOL outcomes of At Home/Chez Shoi project; no relevant data for inclusion
Rahav, M., Rivera, J. J., Nuttbrock, L., Ng-Mak, D., Sturz, E. L., Link, B. G., Struening, E. L., Pepper, B., Gross, B., Characteristics and treatment of homeless, mentally ill, chemical-abusing men, Journal of psychoactive drugs, 27, 93â€• 103, 1995	Outcomes not relevant
Rezansoff, S. N., Moniruzzaman, A., Fazel, S., McCandless, L., Procyshyn, R., Somers, J. M., Housing First Improves Adherence to Antipsychotic Medication Among Formerly Homeless Adults With Schizophrenia: results of a Randomized Controlled Trial, Schizophrenia Bulletin, 43, 852â€• 861, 2017	Outcomes not relevant
Richter, D., Hoffmann, H., Independent housing and support for people with severe mental illness: systematic review, Acta Psychiatrica ScandinavicaActa Psychiatr Scand, 136, 269-279, 2017	Relevant studies from this systematic review are included in the evidence review
Richter, D., Hoffmann, H., Preference for Independent Housing of Persons with Mental Disorders: Systematic Review and Meta-analysis, Administration and policy in mental health, 44, 817-823, 2017	Deals with preference for independent housing rather than housing intervention
Roldan-Merino, J., Garcia, I. C., Ramos-Pichardo, J. D., Foix-Sanjuan, A., Quilez-Jover, J., Montserrat-Martinez, M., Impact of personalized in-home nursing care plans on dependence in ADLs/IADLs and on family burden among adults diagnosed with schizophrenia: a randomized controlled study, Perspectives in psychiatric care, 49, 171-8, 2013	Not a housing intervention
Rosenheck, R., Kasprow, W., Frisman, L., Liu-Mares, W., Cost-effectiveness of supported housing for homeless persons with mental illness, Archives of general psychiatry, 60, 940â€• 951, 2003	Only 9.7% had serious psychiatric diagnoses
Secher, R. G., Austin, S. F., Ole Mors, N. P., Nordentoft, M., The Opus-trial: intensive, early, psycho-social intervention versus treatment as usual for first-episode psychosis patients. Results from the 10-year follow-up, European archives of psychiatry and clinical neuroscience., 261, S59, 2011	Conference abstract
Secher, R. G., Hjorthøj, C. R., Austin, S. F., Thorup, A., Jeppesen, P., Mors, O., Nordentoft, M., Ten-year follow-up of the OPUS specialized early intervention trial for patients with a first episode of psychosis, Schizophrenia Bulletin, 41, 617â€• 626, 2015	Only includes subjects with first episode psychosis
Secher, R. G., Nordentoft, M., Austin, S., Mors, O., The OPUS trial: Intensive, early, psychosocial intervention versus treatment as usual for people with a first episode within the schizophrenic spectrum. Results from the 10-year follow-up, Early Intervention in Psychiatry, 6 (SUPPL.1), 21, 2012	Conference abstract
Seidman, L. J., Schutt, R. K., Caplan, B., Tolomiczenko, G. S., Turner, W. M., Goldfinger, S. M., The effect of housing interventions on neuropsychological functioning among	Not relevant outcomes

Study	Reason for Exclusion
homeless persons with mental illness, Psychiatric Services, 54, 905-908, 2003	
Sellwood, W., Thomas, C. S., Tarrier, N., Jones, S., Clewes, J., James, A., Welford, M., Palmer, J., McCarthy, E., A randomised controlled trial of home-based rehabilitation versus outpatient-based rehabilitation for patients suffering from chronic schizophrenia, Social Psychiatry & Psychiatric EpidemiologySoc Psychiatry Psychiatr Epidemiol, 34, 250-3, 1999	Not a housing intervention
Sharifi, V., Tehranidoost, M., Yunesian, M., Amini, H., Mohammadi, M., Jalali Roudsari, M., Effectiveness of a low-intensity home-based aftercare for patients with severe mental disorders: a 12-month randomized controlled study, Community Mental Health Journal, 48, 766-770, 2012	Study conducted in Iran
Shaw, J., Conover, S., Herman, D., Jarrett, M., Leese, M., McCrone, P., Murphy, C., Senior, J., Susser, E., Thornicroft, G., Wright, N., Edge, D., Emsley, R., Lennox, C., Williams, A., Cust, H., Hopkin, G., Stevenson, C., NIHR Journals Library. Health Services and Delivery Research, 02, 02, 2017	Outcomes not relevant
Shern, D. L., Tsemberis, S., Anthony, W., Lovell, A. M., Richmond, L., Felton, C. J., Winarski, J., Cohen, M., Serving street-dwelling individuals with psychiatric disabilities: outcomes of a psychiatric rehabilitation clinical trial, American Journal of Public Health, 90, 1873â€• 1878, 2000	Less than 2/3rd study population meets the inclusion criteria for population as defined in scope
Siegel, C. E., Samuels, J., Tang, D. I., Berg, I., Jones, K., Hopper, K., Tenant outcomes in supported housing and community residences in New York City, Psychiatric Services, 57, 982-991, 2006	Not a RCT
Simpson, C. J., Seager, C. P., Robertson, J. A., Home-based care and standard hospital care for patients with severe mental illness: a randomised controlled trial, British journal of psychiatry, 162, 239â€• 243, 1993	Not a housing intervention
Siskind, D., Harris, M., Kisely, S., Brogan, J., Pirkis, J., Crompton, D., Whiteford, H., A retrospective quasi-experimental study of a community crisis house for patients with severe and persistent mental illness, Australian and New Zealand Journal of Psychiatry, 47, 667-675, 2013	Not a RCT
Somers, J. M., Patterson, M. L., Moniruzzaman, A., Currie, L., Rezansoff, S. N., Palepu, A., Fryer, K., Vancouver At Home: pragmatic randomized trials investigating Housing First for homeless and mentally ill adults, Trials, 14, 2013	Only 53% had a diagnosis of schizophrenia/psychotic disorder
Somers, Julian M., Moniruzzaman, Akm, Palepu, Anita, Changes in daily substance use among people experiencing homelessness and mental illness: 24-month outcomes following randomization to Housing First or usual care, Addiction, 110, 1605-1614, 2015	Not relevant outcomes
Somers, Julian M., Rezansoff, Stefanie N., Moniruzzaman, Akm, Palepu, Anita, Patterson, Michelle, Housing first reduces re-offending among formerly homeless adults with mental disorders: Results of a randomized controlled trial, PLoS ONE Vol 8(9), 2013, ArtID e72946, 8, 2013	Not relevant outcomes

Study	Reason for Exclusion
Stefancic, A., Tsemberis, S., Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: a four-year study of housing access and retention, Journal of primary prevention, 28, 265â€• 279, 2007	< 2/3 rd population of comparison group meets the population criteria as defined in scope
Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S. W., O'Campo, P., McKenzie, K., Effectiveness of housing first with intensive case management in an ethnically diverse sample of homeless adults with mental illness: A randomized controlled trial, PLoS ONE, 10 (7) (no pagination), 2015	<66% population with complex psychosis
Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Sarang, A., Connelly, J., Whisler, A., McKenzie, K., The effectiveness of a Housing First adaptation for ethnic minority groups: findings of a pragmatic randomized controlled trial, BMC public health, 16, 1110, 2016	<66% population with complex psychosis
Stergiopoulos, V., Gozdzik, A., O'Campo, P., Holtby, A. R., Jeyaratnam, J., Tsemberis, S., Housing First: exploring participants' early support needs, BMC health services research, 14, 167, 2014	<66% population with complex psychosis
Stergiopoulos, V., Hwang, S. W., Gozdzik, A., Nisenbaum, R., Latimer, E., Rabouin, D., Adair, C. E., Bourque, J., Connelly, J., Frankish, J., Katz, L. Y., Mason, K., Misir, V., O'Brien, K., Sareen, J., Schutz, C. G., Singer, A., Streiner, D. L., Vasiliadis, H. M., Goering, P. N., Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: A randomized trial, JAMA - Journal of the American Medical Association, 313, 905-915, 2015	<66% population with complex psychosis
Tsemberis, S., Eisenberg, R. F., Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities, Psychiatric Services, 51, 487-493, 2000	Not a RCT (as mentioned in Gulcur 2003 paper)
Tsemberis, S., Gulcur, L., Nakae, M., Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis, American Journal of Public Health, 94, 651-656, 2004	< 2/3 rd population meets the inclusion criteria for population as defined in the scope
Urbanoski, K., Veldhuizen, S., Krausz, M., Schutz, C., Somers, J. M., Kirst, M., Fleury, M. J., Stergiopoulos, V., Patterson, M., Strehlau, V., Goering, P., Effects of comorbid substance use disorders on outcomes in a Housing First intervention for homeless people with mental illness, Addiction (Abingdon, England), 113, 137-145, 2018	Only 38% had a diagnosis of psychosis
Veldhuizen, S., Adair, C. E., Methot, C., Kopp, B. C., O'Campo, P., Bourque, J., Streiner, D. L., Goering, P. N., Patterns and predictors of attrition in a trial of a housing intervention for homeless people with mental illness, Social Psychiatry and Psychiatric Epidemiology, 50, 195-202, 2015	Not relevant outcomes
Volk, J. S., Aubry, T., Goering, P., Adair, C. E., Distasio, J., Jette, J., Nolin, D., Stergiopoulos, V., Streiner, D. L., Tsemberis, S., Tenants with additional needs: When housing	Not a relevant population (36.5% with psychotic disorders)

Study	Reason for Exclusion
first does not solve homelessness, Journal of Mental Health, 25, 169-175, 2016	
Wood, Patricia A., Hurlburt, Michael S., Hough, Richard L., Hofstetter, C., Longitudinal assessment of family support among homeless mentally ill participants in a supported housing program, Journal of community psychology, 26, 327-344, 1998	Outcomes not relevant

Clinical studies (qualitative)

Table 20: Excluded clinical studies and reasons for their exclusion (qualitative)

Study	Reason for Exclusion
Adair, C. E., Streiner, D. L., Barnhart, R., Kopp, B., Veldhuizen, S., Patterson, M., Aubry, T., Lavoie, J., Sareen, J., LeBlanc, S. R., Goering, P., Outcome Trajectories among Homeless Individuals with Mental Disorders in a Multisite Randomised Controlled Trial of Housing First, Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie, 62, 30-39, 2017	Paper did not give qualitative data
Alverson, H., Alverson, M., Drake, R. E., An ethnographic study of the longitudinal course of substance abuse among people with severe mental illness, Community Mental Health Journal, 36, 557-69, 2000	Participants' diagnoses not specified, unclear if they match target population specification
Andrews, G., Teesson, M., Stewart, G., Hoult, J., Follow-up of community placement of the chronic mentally ill in New South Wales, Hospital & community psychiatry, 41, 184-8, 1990	Paper did not give qualitative data
Ann Wright, Patricia, Kloos, Bret, Housing environment and mental health outcomes: A levels of analysis perspective, Journal of Environmental Psychology, 27, 79-89, 2007	Participants' diagnoses not specified, unclear if they match target population specification
Baker, Susan, Determining appropriate outcome measures in a psychosocial rehabilitation model for the mentally ill: A knowledgeable citizens' perspective, Dissertation Abstracts International: Section B: The Sciences and Engineering, 73, No Pagination Specified, 2013	Dissertation
Barrow, S. M., Alexander, M. J., McKinney, J., Lawinski, T., Pratt, C., Context and opportunity: multiple perspectives on parenting by women with a severe mental illness, Psychiatric rehabilitation journal, 37, 176-182, 2014	Participants' diagnoses not specified, unclear if they match target population specification
Battams, S., Baum, F., What policies and policy processes are needed to ensure that people with psychiatric disabilities have access to appropriate housing?, Social Science and Medicine, 70, 1026-1034, 2010	Participants' diagnoses not specified, unclear if they match target population specification
Boydell, Katherine M., Everett, Barbara, What makes a house a home? An evaluation of a supported housing project for individuals with long-term psychiatric backgrounds, Canadian Journal of Community Mental Health, 11, 109-123, 1992	Less than two thirds of the participants had a diagnosis matching the scope
Boydell, Katherine M., Gladstone, Brenda M., Crawford, Elaine, Trainor, John, Making do on the outside: Everyday life in the neighborhoods of people with psychiatric disabilities, Psychiatric rehabilitation journal, 23, 11-18, 1999	Participants' diagnoses not specified, unclear if they match target population specification

Study	Reason for Exclusion
Brockelman, K. F., Scheyett, A. M., Faculty perceptions of accommodations, strategies, and psychiatric advance directives for university students with mental illnesses, Psychiatric rehabilitation journal, 38, 342-348, 2015	Service users themselves were not included, only faculty staff
Brolin, R., Brunt, D., Rask, M., Syren, S., Sandgren, A., Striving for meaning-Life in supported housing for people with psychiatric disabilities, International journal of qualitative studies on health and well-being, 11, 31249, 2016	Participants' diagnoses not specified, unclear if they match target population specification
Brown, Stacy Lisa, The history of housing and treatment services for people with serious psychiatric disabilities: Models of residential service delivery, Dissertation Abstracts International: Section B: The Sciences and Engineering, 66, 5676, 2006	Dissertation
Brunt, D., Hansson, L., The social networks of persons with severe mental illness in in-patient settings and supported community settings, Journal of Mental Health, 11, 611-621, 2002	Paper did not give qualitative data
Bruschi, I., Landi, G., Reggianini, C., Ferrari, S., Mattei, G., An example of environment-friendly psychiatry: The project for converting a rural building into a psychiatric rehabilitation community, European Psychiatry. Conference: 21st European Congress of Psychiatry, EPA, 28, 2013	A research proposal with no findings reported
Carpenter-Song, E. A., Holcombe, B. D., Torrey, J., Hipolito, M. M., Peterson, L. D., Recovery in a family context: experiences of mothers with serious mental illnesses, Psychiatric rehabilitation journal, 37, 162-169, 2014	Less than two thirds of the participants had a diagnosis matching the scope
Carpenter-Song, E., Hipolito, M. M., Whitley, R., "Right here is an oasis": how "recovery communities" contribute to recovery for people with serious mental illnesses, Psychiatric rehabilitation journal, 35, 435-440, 2012	Participants' diagnoses not specified, unclear if they match target population specification
Chadwick, P. K., Recovery from psychosis: Learning more from patients, Journal of Mental Health, 6, 577-588, 1997	Paper on authors experiences, not a qualitative study design
Chen, F., Developing community support for homeless people with mental illness in transition, Community Mental Health Journal, 50, 520-530, 2014	Participants were staff, not service users themselves
Choy-Brown, M., Hamovitch, E. K., Cuervo, C., Stanhope, V., I have my own lease-So why the service plan again? Perspectives on service planning in supportive housing, Psychiatric rehabilitation journal, 39, 313-320, 2016	Participants' diagnoses not specified, unclear if they match target population specification
Clark, Colleen, Young, M., Teague, Gregory, Rynearson-Moody, Sarah, Development of a measure of housing and housing services, Community Mental Health Journal, 52, 66-72, 2016	Participants' diagnoses not specified, unclear if they match target population specification
Cleary, M., Woolford, P., Meehan, T., Boarding house life for people with mental illness: an exploratory study, The Australian and New Zealand journal of mental health nursing, 7, 163-171, 1998	Participant's diagnoses not specified, unclear if they match target population specification
Cuddeback, G. S., Pettus-Davis, C., Scheyett, A., Consumers' perceptions of forensic assertive community treatment, Psychiatric rehabilitation journal, 35, 101-109, 2011	Less than two thirds of the participants had a diagnosis matching the scope

Study	Reason for Exclusion
Dadich, A., Fisher, K. R., Muir, K., How can non-clinical case management complement clinical support for people with chronic mental illness residing in the community?, Psychology, health & medicine, 18, 482-489, 2013	Focused on care planning, not about accommodation
Davidson, L., Haglund, K. E., Stayner, D. A., Rakfeldt, J., Chinman, M. J., Tebes, J. K., "It was just realizing... that life isn't one big horror": A qualitative study of supported socialization, Psychiatric rehabilitation journal, 24, 275-292, 2001	Less than two thirds of the participants had a diagnosis matching the scope
Davidson, Larry, Haglund, Karl E., Stayner, David A., Rakfeldt, Jaak, Chinman, Matthew J., Tebes, Jacob Kraemer, "It was Just Realizing...That Life Isn't One Big Horror": A Qualitative Study of Supported Socialization, 377-411, 2005	Reprint of already exclude article
Davis, Kristin E., O'Neill, Sheila J., Special section on relapse prevention: A focus group analysis of relapse prevention strategies for persons with substance use and mental disorders, Psychiatric Services, 56, 1288-1291, 2005	Not relevant to the current topic
Decker, S., Cary, P., Krautscheid, L., From the streets to assisted living: Perceptions of a vulnerable population, Journal of Psychosocial Nursing and Mental Health Services, 44, 18-27, 2006	Participants' diagnoses not specified, unclear if they match target population specification
DeSmet, A., De Groof, M., Van Audenhove, C., Psychiatric foster homes as care in the community: The view of the community and relevant stakeholders, Psychiatrische Praxis. Conference: 9th International Conference of the European Network for Mental Health Service Evaluation, ENMESH, 38, 2011	Conference abstract
Desormeaux-Moreau, M., Lariviere, N., Aubin, G., Modelizing home safety as experienced by people with mental illness, Scandinavian journal of occupational therapy, 25, 190-202, 2018	Participants' diagnoses not specified, unclear if they match target population specification
DiGiuseppe, Cecilia M., A qualitative analysis: Housing options for adults with severe mental illness in a rural community, Dissertation Abstracts International: Section B: The Sciences and Engineering, 75, No Pagination Specified, 2015	Dissertation
Fakhoury, W. K. H., Priebe, S., Quraishi, M., Goals of new long-stay patients in supported housing: A UK study, International Journal of Social Psychiatry, 51, 45-54, 2005	Paper did not give qualitative data
Forchuk, C., Godin, M., Hoch, J. S., Kingston-MacClure, S., Jeng, M. M. S., Puddy, L., Vann, R., Jensen, E., Preventing homelessness after discharge from psychiatric wards: Perspectives of consumers and staff, Journal of Psychosocial Nursing and Mental Health Services, 51, 24-31, 2013	Participants' diagnoses not specified, unclear if they match target population specification
Forenza, B., Bermea, A. M., An Exploratory Analysis of Unhealthy and Abusive Relationships for Adults with Serious Mental Illnesses Living in Supportive Housing, Community Mental Health Journal, 53, 679-687, 2017	Participants' diagnoses not specified, unclear if they match target population specification
Fossey, E., Harvey, C., Plant, G., Pantelis, C., Occupational performance of people diagnosed with schizophrenia in supported housing and outreach programmes in Australia, British Journal of Occupational Therapy, 69, 409-419, 2006	Paper did not give qualitative data

Study	Reason for Exclusion
Gabrielian, S., Bromley, E., Hamilton, A. B., Vu, V. T., Alexandrino, A., Koosis, E., Young, A. S., Problem Solving Skills and Deficits Among Homeless Veterans With Serious Mental Illness, American Journal of Orthopsychiatry., 16, 2018	Less than two thirds of the participants had a diagnosis matching the scope
Gabrielian, S., Hamilton, A. B., Alexandrino, A., Hellemann, G., Young, A. S., "They're homeless in a home": Retaining homeless-experienced consumers in supported housing, Psychological Services, 14, 154-166, 2017	Less than two thirds of the participants had a diagnosis matching the scope
Goering, Paula, Sylph, J., Foster, R., Boyles, S., Babiak, T., Supportive housing: A consumer evaluation study, International Journal of Social Psychiatry, 38, 107-119, 1992	Structured interview, no room for qualitative elaboration.
Harley, Herman D., A qualitative study of individuals with serious mental illness who successfully assimilate into the community through a supported housing program, Dissertation Abstracts International: Section B: The Sciences and Engineering, 63, 588, 2002	Dissertation
Henwood, B. F., Katz, M. L., Gilmer, T. P., Aging in place within permanent supportive housing, International Journal of Geriatric Psychiatry, 30, 80-87, 2015	Qualitative participants were staff, not service users themselves
Henwood, B. F., Padgett, D. K., Smith, B. T., Tiderington, E., Substance abuse recovery after experiencing homelessness and mental illness: Case studies of change over time, Journal of Dual Diagnosis, 8, 238-246, 2012	Participants' diagnoses not specified, unclear if they match target population specification
Henwood, B. F., Padgett, D. K., Tiderington, E., Provider views of harm reduction versus abstinence policies within homeless services for dually diagnosed adults, The journal of behavioral health services & research, 41, 80-89, 2014	Participants were staff, not service users
Hunt, Marcia G., Stein, Catherine H., Who let the dogs in? A pets policy for a supported housing organization, American Journal of Psychiatric Rehabilitation, 10, 163-183, 2007	Participant's diagnoses not specified, unclear if they match target population specification
Iancu, S. C., Zweekhorst, M. B., Veltman, D. J., van Balkom, A. J., Bunders, J. F., Outsourcing mental health care services? The practice and potential of community-based farms in psychiatric rehabilitation, Community Mental Health Journal, 51, 175-84, 2015	Case studies of farms, not individual patients
Janecek, J., Cluster housing for the mentally ill. The familystyle homes experience, Minnesota medicine, 79, 25-28, 1996	Paper did not give qualitative data
Jormfeldt, H., Hallen, M., Experiences of housing support in everyday life for persons with schizophrenia and the role of the media from a societal perspective, International journal of qualitative studies on health and well-being, 11, 30571, 2016	Did not use interview or focus group techniques
Kirst, M., Zerger, S., Wise Harris, D., Plenert, E., Stergiopoulos, V., The promise of recovery: narratives of hope among homeless individuals with mental illness participating in a Housing First randomised controlled trial in Toronto, Canada, BMJ Open, 4, e004379, 2014	Participants' diagnoses not specified, unclear if they match target population specification
Kriegel, L. S., Henwood, B. F., Gilmer, T. P., Implementation and Outcomes of Forensic Housing First Programs, Community Mental Health Journal, 52, 46-55, 2016	Participants were staff, not service users

Study	Reason for Exclusion
Krotofil, Joanna, McPherson, Peter, Killaspy, Helen, Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis, Health & social care in the community, 26, 787-800, 2018	Participants' diagnoses not specified, unclear if they match target population specification.
Kumar, N., Plenert, E., Hwang, S. W., O'Campo, P., Stergiopoulos, V., Sustaining Housing First After a Successful Research Demonstration Trial: Lessons Learned in a Large Urban Center, Psychiatric Services, 68, 739-742, 2017	Participants' diagnoses not specified, unclear if they match target population specification
Lindstrom, M., Sjostrom, S., Lindberg, M., Stories of rediscovering agency: home-based occupational therapy for people with severe psychiatric disability, Qualitative health research, 23, 728-740, 2013	Focused on how occupational therapy improved community living, not about barriers/facilitators to community living itself
Macnaughton, E. L., Goering, P. N., Nelson, G. B., Exploring the value of mixed methods within the At Home/Chez Soi housing first project: a strategy to evaluate the implementation of a complex population health intervention for people with mental illness who have been homeless, Canadian journal of public health = Revue canadienne de sante publique, 103, eS57-63, 2012	Participants' diagnoses not specified, unclear if they match target population specification
Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T., McCullough, S., Patterson, M., Stergiopoulos, V., Vallee, C., Tsemberis, S., Fleury, M. J., Piat, M., Goering, P., Implementing Housing First Across Sites and Over Time: Later Fidelity and Implementation Evaluation of a Pan-Canadian Multi-site Housing First Program for Homeless People with Mental Illness, American Journal of Community Psychology, 55, 279-91, 2015	Participants' diagnoses not specified, unclear if they match target population specification
Macnaughton, E., Townley, G., Nelson, G., Caplan, R., Macleod, T., Polvere, L., Isaak, C., Kirst, M., McAll, C., Nolin, D., Patterson, M., Piat, M., Goering, P., How does Housing First catalyze recovery?: Qualitative findings from a Canadian multi-site randomized controlled trial, American Journal of Psychiatric Rehabilitation, 19, 136-159, 2016	Less than two thirds of the participants had a diagnosis matching the scope
Minsky, S., Riesser, G. G., Duffy, M., The eye of the beholder: housing preferences of inpatients and their treatment teams, Psychiatric Services, 46, 173-6, 1995	Paper did not give qualitative data
Mize, Timothy I., Paolo-Calabrese, Michelle A., Williams, Thelma J., Margolin, Helen K., Managing the landlord role: How can one agency provide both rehabilitation services and housing with collaboration?, Psychiatric rehabilitation journal, 22, 117-122, 1998	This review paper did not present any qualitative data
Montgomery, P., Forchuk, C., Duncan, C., Rose, D., Bailey, P. H., Veluri, R., Supported housing programs for persons with serious mental illness in rural northern communities: A mixed method evaluation, BMC health services research, 8 (no pagination), 2008	Participants' diagnoses not specified, unclear if they match target population specification
Nelson, G., Clarke, J., Febbraro, A., Hatzipantelis, M., A narrative approach to the evaluation of supportive housing: Stories of homeless people who have experienced serious	Participants' diagnoses not specified, unclear if they match target population specification

Study	Reason for Exclusion
mental illness, Psychiatric rehabilitation journal, 29, 98-104, 2005	
Padgett, D. K., Smith, B. T., Choy-Brown, M., Tiderington, E., Mercado, M., Trajectories of recovery among formerly homeless adults with serious mental illness, Psychiatric Services, 67, 610-614, 2016	Participants' diagnoses not specified, unclear if they match target population specification
Pejlert, A., Asplund, K., Norberg, A., Towards recovery: living in a home-like setting after the move from a hospital ward, Journal of clinical nursing, 8, 663-673, 1999	Seems to describe a 'ward in the community' and not community living.
Piat, M., Sabetti, J., Padgett, D., Emergent leadership among tenants with psychiatric disabilities living in supported housing, International Journal of Mental Health Nursing, 27, 1127-1136, 2018	Described the nature of socialisation in accommodation, but not as a barrier or facilitator
Pilisuk, Marc, A job and a home: Social networks and the integration of the mentally disabled in the community, American Journal of Orthopsychiatry, 71, 49-60, 2001	Participants' diagnoses not specified, unclear if they match target population specification
Polvere, L., Macnaughton, E., Piat, M., Participant perspectives on housing first and recovery: early findings from the At Home/Chez Soi project, Psychiatric rehabilitation journal, 36, 110-112, 2013	Less than two thirds of the participants had a diagnosis matching the scope
Poremski, D., Whitley, R., Latimer, E., Building trust with people receiving supported employment and housing first services, Psychiatric rehabilitation journal, 39, 20-6, 2016	Participants' diagnoses not specified, unclear if they match target population specification
Poremski, D., Woodhall-Melnik, J., Lemieux, A. J., Stergiopoulos, V., Persisting Barriers to Employment for Recently Housed Adults with Mental Illness Who Were Homeless, Journal of Urban Health, 93, 96-108, 2016	Less than two thirds of the participants had a diagnosis matching the scope
Pringle, J., Grasso, K., Lederer, L., Integrating the Integrated: Merging Integrated Dual Diagnosis Treatment (IDDT) with Housing First, Community Mental Health Journal, 53, 672-678, 2017	Participants' diagnoses not specified, unclear if they match target population specification
Rawlings, B., Process and change: The treatment careers of residents in therapeutic communities, Therapeutic Communities: the International Journal for Therapeutic and Supportive Organizations, 28, 237-255, 2007	Less than two thirds of the participants had a diagnosis matching the scope
Robbins, P. C., Callahan, L., Monahan, J., Perceived coercion to treatment and housing satisfaction in housing-first and supportive housing programs, Psychiatric Services, 60, 1251-1253, 2009	A quantitative survey with no qualitative data
Roos, E., Bjerkeset, O., Sondenaa, E., Antonsen, D. O., Steinsbekk, A., A qualitative study of how people with severe mental illness experience living in sheltered housing with a private fully equipped apartment, BMC Psychiatry, 16 (1) (no pagination), 2016	Participants' diagnoses not specified, unclear if they match target population specification
Rouse, Jennifer, Mutschler, Christina, McShane, Kelly, Habal-Brosek, Criss, Qualitative participatory evaluation of a psychosocial rehabilitation program for individuals with severe mental illness, International Journal of Mental Health, 46, 139-156, 2017	Participants' diagnoses not specified, unclear if they match target population specification

Study	Reason for Exclusion
Roy, L., Rousseau, J., Fortier, P., Mottard, J. P., Housing and home-leaving experiences of young adults with psychotic disorders: a comparative qualitative study, Community Mental Health Journal, 49, 515-527, 2013	Focus on first-episode psychosis patients only
Ryan, T., Pearsall, A., Hatfield, B., Poole, R., Long term care for serious mental illness outside the NHS: A study of out of area placements, Journal of Mental Health, 13, 425-429, 2004	Paper did not give qualitative data
Saavedra, J., Cubero, M., Crawford, P., Everyday Life, Culture, and Recovery: Carer Experiences in Care Homes for Individuals with Severe Mental Illness, Culture, Medicine and Psychiatry, 36, 422-441, 2012	Participants were staff, not service users themselves
Sandhu, S., Killaspy, H., Krotofil, J., McPherson, P., Harrison, I., Dowling, S., Arbuthnott, M., Curtis, S., King, M., Leavey, G., Shepherd, G., Priebe, S., Development and psychometric properties of the client's assessment of treatment scale for supported accommodation (CAT-SA), BMC Psychiatry, 16, 43, 2016	Paper did not give qualitative data
Sandhu, Sima, Priebe, Stefan, Leavey, Gerard, Harrison, Isobel, Krotofil, Joanna, McPherson, Peter, Dowling, Sarah, Arbuthnott, Maurice, Curtis, Sarah, King, Michael, Intentions and experiences of effective practice in mental health specific supported accommodation services: a qualitative interview study, BMC health services research, 17, 471, 2017	Participants' diagnoses not specified, unclear if they match target population specification.
Schutt, R. K., Goldfinger, S. M., Housing preferences and perceptions of health and functioning among homeless mentally ill persons, Psychiatric Services, 47, 381-6, 1996	Less than two thirds of the participants had a diagnosis matching the scope
Swildens, W., Blom, A., Bolten, M., Van Weeghel, J., The impact and results of community support systems for patients with severe mental illness, Psychiatrische Praxis. Conference: 9th International Conference of the European Network for Mental Health Service Evaluation, ENMESH, 38, 2011	Conference abstract
Tsai, J., Bond, G. R., Salyers, M. P., Godfrey, J. L., Davis, K. E., Housing Preferences and Choices Among Adults with Mental Illness and Substance Use Disorders: A Qualitative Study, Community Mental Health Journal, 1-8, 2009	Participants' diagnoses not specified, unclear if they match target population specification
Whitley, R., Social Defeat or Social Resistance? Reaction to Fear of Crime and Violence Among People with Severe Mental Illness Living in Urban 'Recovery Communities', Culture, Medicine and Psychiatry, 35, 519-535, 2011	Participants' diagnoses not specified, unclear if they match target population specification
Yates, I., Holmes, G., Priest, H., Recovery, place and community mental health services, Journal of Mental Health, 21, 104-13, 2012	Participants' diagnoses not specified, unclear if they match target population specification

Economic studies

A global economic literature search was undertaken for this guideline, covering all 18 review questions. The table below is a list of excluded studies across the entire guideline and studies listed were not necessarily identified for this review question.

Table 21: Excluded studies from the economic component of the review

Study	Reason for Exclusion
Aitchison, K J, Kerwin, R W, Cost-effectiveness of clozapine: a UK clinic-based study (Structured abstract), British Journal of PsychiatryBr J Psychiatry, 171, 125-130, 1997	Available as abstract only.
Barnes, T. R., Leeson, V. C., Paton, C., Costelloe, C., Simon, J., Kiss, N., Osborn, D., Killaspy, H., Craig, T. K., Lewis, S., Keown, P., Ismail, S., Crawford, M., Baldwin, D., Lewis, G., Geddes, J., Kumar, M., Pathak, R., Taylor, S., Antidepressant Controlled Trial For Negative Symptoms In Schizophrenia (ACTIONS): a double-blind, placebo-controlled, randomised clinical trial, Health Technology Assessment (Winchester, England)Health Technol Assess, 20, 1-46, 2016	Does not match any review questions considered in the guideline.
Barton, Gr, Hodgekins, J, Mugford, M, Jones, Pb, Croudace, T, Fowler, D, Cognitive behaviour therapy for improving social recovery in psychosis: cost-effectiveness analysis (Structured abstract), Schizophrenia ResearchSchizophr Res, 112, 158-163, 2009	Available as abstract only.
Becker, T., Kilian, R., Psychiatric services for people with severe mental illness across western Europe: what can be generalized from current knowledge about differences in provision, costs and outcomes of mental health care?, Acta Psychiatrica Scandinavica, SupplementumActa Psychiatr Scand Suppl, 9-16, 2006	Not an economic evaluation.
Beecham, J, Knapp, M, McGilloway, S, Kavanagh, S, Fenyo, A, Donnelly, M, Mays, N, Leaving hospital II: the cost-effectiveness of community care for former long-stay psychiatric hospital patients (Structured abstract), Journal of Mental HealthJ Ment Health, 5, 379-94, 1996	Available as abstract only.
Beecham, J., Knapp, M., Fenyo, A., Costs, needs, and outcomes, Schizophrenia BulletinSchizophr Bull, 17, 427-39, 1991	Costing analysis prior to year 2000
Burns, T., Raftery, J., Cost of schizophrenia in a randomized trial of home-based treatment, Schizophrenia BulletinSchizophr Bull, 17, 407-10, 1991	Not an economic evaluation. Date is prior to 2000
Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., Haslett, W. R., The long-term impact of employment on mental health service use and costs for persons with severe mental illness, Psychiatric ServicesPsychiatr Serv, 60, 1024-31, 2009	A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context.
Chalamat, M., Mihalopoulos, C., Carter, R., Vos, T., Assessing cost-effectiveness in mental health: vocational rehabilitation for	Australian cost-benefit analysis - welfare system differs from UK context.

Study	Reason for Exclusion
schizophrenia and related conditions, Australian & New Zealand Journal of PsychiatryAust N Z J Psychiatry, 39, 693-700, 2005	
Chan, S., Mackenzie, A., Jacobs, P., Cost-effectiveness analysis of case management versus a routine community care organization for patients with chronic schizophrenia, Archives of Psychiatric NursingArch Psychiatr Nurs, 14, 98-104, 2000	Study conducted in Hong Kong. A costing analysis.
Clark, R. E., Teague, G. B., Ricketts, S. K., Bush, P. W., Xie, H., McGuire, T. G., Drake, R. E., McHugo, G. J., Keller, A. M., Zubkoff, M., Cost-effectiveness of assertive community treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders, Health Services ResearchHealth Serv Res, 33, 1285-308, 1998	Not cost-utility analysis. Cost-effectiveness analysis but does not consider UK setting. Date of study is prior to year 2000.
Crawford, M. J., Killaspy, H., Barnes, T. R., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O'Neill, F. A., Osborn, D., Patterson, S., Soteriou, T., Tyrer, P., Waller, D., Matisse project team, Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial (MATISSE), Health Technology Assessment (Winchester, England)Health Technol Assess, 16, iii-iv, 1-76, 2012	Study not an economic evaluation.
Dauwalder, J. P., Ciompi, L., Cost-effectiveness over 10 years. A study of community-based social psychiatric care in the 1980s, Social Psychiatry & Psychiatric EpidemiologySoc Psychiatry Psychiatr Epidemiol, 30, 171-84, 1995	Practice has changed somewhat since 1980s - not a cost effectiveness study.
Garrido, G., Penades, R., Barrios, M., Aragay, N., Ramos, I., Valles, V., Faixa, C., Vendrell, J. M., Computer-assisted cognitive remediation therapy in schizophrenia: Durability of the effects and cost-utility analysis, Psychiatry ResearchPsychiatry Res, 254, 198-204, 2017	Cost effectiveness study, but population of interest is not focussed on rehabilitation for people with complex psychosis.
Hallam, A., Beecham, J., Knapp, M., Fenyo, A., The costs of accommodation and care. Community provision for former long-stay psychiatric hospital patients, European Archives of Psychiatry & Clinical NeuroscienceEur Arch Psychiatry Clin Neurosci, 243, 304-10, 1994	Economic evaluation predates 2000. Organisation and provision of care may have changed by some degree.
Hu, T. W., Jerrell, J., Cost-effectiveness of alternative approaches in treating severely mentally ill in California, Schizophrenia BulletinSchizophr Bull, 17, 461-8, 1991	A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context.
Jaeger, J., Berns, S., Douglas, E., Creech, B., Glick, B., Kane, J., Community-based vocational	Study is a New Zealand based costing analysis of limited applicability to the UK.

Study	Reason for Exclusion
rehabilitation: effectiveness and cost impact of a proposed program model.[Erratum appears in Aust N Z J Psychiatry. 2006 Jun-Jul;40(6-7):611], Australian & New Zealand Journal of PsychiatryAust N Z J Psychiatry, 40, 452-61, 2006	
Jonsson, D., Walinder, J., Cost-effectiveness of clozapine treatment in therapy-refractory schizophrenia, Acta Psychiatrica ScandinavicaActa Psychiatr Scand, 92, 199-201, 1995	Costing analysis which predates year 2000.
Knapp, M, Patel, A, Curran, C, Latimer, E, Catty, J, Becker, T, Drake, Re, Fioritti, A, Kilian, R, Lauber, C, Rossler, W, Tomov, T, Busschbach, J, Comas-Herrera, A, White, S, Wiersma, D, Burns, T, Supported employment: cost-effectiveness across six European sites (Structured abstract), World Psychiatry, 12, 60-68, 2013	Available as abstract only.
Lazar, S. G., The cost-effectiveness of psychotherapy for the major psychiatric diagnoses, Psychodynamic psychiatry, 42, 2014	Review of clinical and cost studies on psychotherapy. Studies cited do not match population for relevant review question.
Leff, J, Sharpley, M, Chisholm, D, Bell, R, Gamble, C, Training community psychiatric nurses in schizophrenia family work: a study of clinical and economic outcomes for patients and relatives (Structured abstract), Journal of Mental HealthJ Ment Health, 10, 189-197, 2001	Structured abstract. Not a cost effectiveness study.
Liffick, E., Mehdiyoun, N. F., Vohs, J. L., Francis, M. M., Breier, A., Utilization and Cost of Health Care Services During the First Episode of Psychosis, Psychiatric ServicesPsychiatr Serv, 68, 131-136, 2017	A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context.
Mihalopoulos, C., Harris, M., Henry, L., Harrigan, S., McGorry, P., Is early intervention in psychosis cost-effective over the long term?, Schizophrenia BulletinSchizophr Bull, 35, 909-18, 2009	Not a cost utility analysis. Australian costing analysis.
Perlis, R H, Ganz, D A, Avorn, J, Schneeweiss, S, Glynn, R J, Smoller, J W, Wang, P S, Pharmacogenetic testing in the clinical management of schizophrenia: a decision-analytic model (Structured abstract), Journal of Clinical Psychopharmacology, 25, 427-434, 2005	Structured abstract. Does not match any review question considered in this guideline.
Quinlivan, R., Hough, R., Crowell, A., Beach, C., Hofstetter, R., Kenworthy, K., Service utilization and costs of care for severely mentally ill clients in an intensive case management program, Psychiatric ServicesPsychiatr Serv, 46, 365-71, 1995	A United States costing analysis. Outcomes which relate to the Welfare system differs in substantial ways to a UK context.

Study	Reason for Exclusion
Roine, E., Roine, R. P., Rasanen, P., Vuori, I., Sintonen, H., Saarto, T., Cost-effectiveness of interventions based on physical exercise in the treatment of various diseases: a systematic literature review, International Journal of Technology Assessment in Health CareInt J Technol Assess Health Care, 25, 427-54, 2009	Literature review on cost effectiveness studies based on physical exercise for various diseases and population groups - none of which are for complex psychosis.
Rosenheck, R A, Evaluating the cost-effectiveness of reduced tardive dyskinesia with second-generation antipsychotics (Structured abstract), British Journal of PsychiatryBr J Psychiatry, 191, 238-245, 2007	Structured abstract. Does not match any review question considered in this guideline.
Rund, B. R., Moe, L., Sollien, T., Fjell, A., Borchgrevink, T., Hallert, M., Naess, P. O., The Psychosis Project: outcome and cost-effectiveness of a psychoeducational treatment programme for schizophrenic adolescents, Acta Psychiatrica ScandinavicaActa Psychiatr Scand, 89, 211-8, 1994	Not an economic evaluation. Cost effectiveness discussed in narrative only, with a few short sentences.
Sacristan, J A, Gomez, J C, Salvador-Carulla, L, Cost effectiveness analysis of olanzapine versus haloperidol in the treatment of schizophrenia in Spain (Structured abstract), Actas Luso-espanolas de Neurologia, Psiquiatria y Ciencias Afines, 25, 225-234, 1997	Available as abstract only.
Torres-Carbajo, A, Olivares, J M, Merino, H, Vazquez, H, Diaz, A, Cruz, E, Efficacy and effectiveness of an exercise program as community support for schizophrenic patients (Structured abstract), American Journal of Recreation Therapy, 4, 41-47, 2005	Available as abstract only
Wang, P S, Ganz, D A, Benner, J S, Glynn, R J, Avorn, J, Should clozapine continue to be restricted to third-line status for schizophrenia: a decision-analytic model (Structured abstract), Journal of Mental Health Policy and Economics, 7, 77-85, 2004	Available as abstract only.
Yang, Y K, Tarn, Y H, Wang, T Y, Liu, C Y, Laio, Y C, Chou, Y H, Lee, S M, Chen, C C, Pharmacoeconomic evaluation of schizophrenia in Taiwan: model comparison of long-acting risperidone versus olanzapine versus depot haloperidol based on estimated costs (Structured abstract), Psychiatry and Clinical Neurosciences, 59, 385-394, 2005	Taiwan is not an OECD country.
Zhu, B., Ascher-Svanum, H., Faries, D. E., Peng, X., Salkever, D., Slade, E. P., Costs of treating patients with schizophrenia who have illness-related crisis events, BMC Psychiatry, 8, 2008	USA costing analysis. The structure of the US health system means that costs do not translate well into a UK context.

Appendix L – Research recommendations

Research recommendations for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

No research recommendations were made for this review question.

Appendix M – Quotes extracted from the qualitative papers

Qualitative papers for review question 6.1: What features of supported accommodation and housing promote successful community living in people with complex psychosis and related severe mental health conditions?

Table 22: Quotes extracted from the qualitative papers

Author	Author's reported finding	Quote
Bengtsson-Tops 2014	A place to rest	The best thing here is probably my room and this kitchen (points towards the kitchenette), where I can make my coffee, and that I can be left in peace here in my room, that I have my own TV, and can decide what I want to watch. I think when I am sick sometimes, feel down, or the voices become too loud, then I need peace and quiet and I can go to my room and sit down here. Sometimes it's nice that I am able to calm down. I can go to my room when I want to be left alone. [Participant 26]
	Having someone to attach to	My best friend here, we see each other quite a lot, and we can go downtown for a coffee, and we can lie here on my couch and fall asleep; I lie at the other end of the couch and sleep. That's so cosy. I have an extremely good rapport with the staff here, so I sometimes forget that they are staff, so they nearly become like friends now and then. [Participant 1]
		want to have close contact with other people, but I have no friends. . . . I would like the staff to come in and just be around, but they always think they have to talk or do something. I want them to come in and sit down on a chair and not start talking about getting me active. [Participant 5]
	Being brought together	I want my freedom back, but since I came here, my freedom has been eaten into. . . . I try not to be so dependent on the staff, because then you have to be so bloody grateful. [Participant 29]
		When you live like this, it may be generally easier to be accepted as a person, because we all have similar problems, similar symptoms, but if I went out into society, I would feel like a wallflower. [Participant 5]
	A spirit of community (negotiating)	There is a person who lives here who has called in and asked to borrow my bus card, and he did, but when he returns the card, he does not give me the money for the cost, you know, what was drawn from my card. Then I should have made a point of it, but I am afraid he could get sulky, and what if he gets mad at me? [Participant 23]
	A sense of inequality	Those who lived here, they knew each other from the beginning. They had lived together for 6 months when I got here. I came 6 months too late and feel like an outsider. I have only become friends with the one who came after me. [Participant 27]
		When I try to talk to them (the staff) about it, when they are sitting in the office having their report meeting, and I hear them having fun, I knock on the door and ask what they are talking about. Then they say it's none of my business. [Participant 7]
		Participant 1: I would like a therapist contact, like be able to go talk to somebody when I'm not feeling well, but we don't have one here. Interviewer: Don't you get that kind of help from the psychiatric care? Participant 1: No, we don't get that when we're living here.

Author	Author's reported finding	Quote
Brown 2005	A Place of My Own	You invest yourself into your own place . . . you feel you belong and it is yours. Where you run your own life. [Female participant]
		not, having to live with other people, as nice as they are. [Female participant]
	A Space of my Own	Inside your safe place [your house] you need an even safer place, an extra safe place. Like a bed or a doona . . . you're completely cushioned from everything, and you're just cuddled up, nothing can get to you when you're in your bed under your doona, I think. You're completely covered, you're completely protected? . . . like you've got that big feather doona around you, it's a bit like being in your mother's arms. [36 year old female participant]
	Cost of Housing	It houses me, but it's very expensive, $130 a week is just too expensive for me, but it's the only place I could get to go with my dog . . . the cost, I can't even begin to think how much that affects my feelings and that . . . I just find that it's, it's extremely stressful to have to pay that sort of rent. [Female participant]
	Activities Related to the Housing	Yeah they mightn't pull their weight and that affects all of us . . . when their weight's not pulled around properly . . . it affects us individually. [Boarding house resident]
	Stability	See if you haven't got a stable home environment, every time you move you lose those friends, there might be a couple that are becoming good for you. [Female participant]
		If I can get to know my surroundings I feel more comfortable with them.
	Atmosphere	It's very important, one of the most important things is . . . a home where everyone supports you if you need to be supported . . . so that's the main thing.
		Greggie's the one you want to watch because at night he chucks a mental because he's not watching his show you know, doesn't share the TV that's the trouble with him, geez he goes off, really screams at ya, doesn't matter how good you are to him, he goes off.
	People Accepting and understanding	You ain't got someone there that you feel like close to, then you've got nothing really. It's all about the feelings of the person.
	Coming Home to Someone	You get um, when you're really alone you get nervous and things, you're get paranoia [Male participant]
Chopra 2011	Stability in Accommodation	I get to eat good food and a house to live in and I get to see my family as well some times. I've learnt how to forget about things and switch off. [Lisa]
		I've lost them (friends) all; they've gone. When I was in Larundel (former institution) I made friends… [Luke]
		If only I had a little 2-storey apartment…and contact some of my girlfriends there…I don't like the bed here. [Brenda]
		I shouldn't have come up here…I'm too far from home…I miss home. [Luke]
Green 2002	Support Systems and Needs for	They [parents] help me be able to have a semi-normal life, because they're there to help on the tough times.

Author	Author's reported finding	Quote
	Home- and Community-Based Care	Well, the neighbors usually watch for me. My mom usually also looks in on me : : : [So it sounds like they (neighbors) kind of help you monitor yourself. Is that right?] Well, they do and they don't. I got real mad at them lately, cause they get sometimes too nosy.
		[Do your parents help make sure that you eat okay when you're either manic or depressed?] Yeah, My dad cooks every night... [and regarding medication management]… Actually my dad... they take care of my medicines.
		I've had concerns about that [brother and sister-in-law dying] lately. [Pause] Yeah. I'd probably have a tough time without them, so I've been kind of worried and stuff. Yeah : : :They give me a lot of tender, loving care, which is very helpful.
Henwood 2015	Treatment First Trajectories: Waiting for Housing Security	You'll still be under them…If, God forbid, you relapse, they take the apartment from you and you have to start all over again. You have too many decompensations, they take the apartment from you, you have to start all over again. That's stress.
		I have a place to live on my own, but it's not affordable. I can't sleep when I open the mailbox saying, 'Final notice that this will be cut off.
	Housing First Trajectory: Figuring out Next Steps	I don't even feel safe when I'm locked in the apartment. Sometimes I imagine a bullet coming in the window straight at where I'm sleeping at. Last night I heard six shots.
Humberstone 2002	Surviving alienation	Well at times we're left alone for quite a long time during the day and I find it quite lonely sometimes . . . I had schizophrenia and I was sort of a lonely person and I was quite withdrawn, really quite withdrawn some days on my own and quite lonely . . . I think it's part of the illness spending lonely periods on my own.
	Survival and basic life stuff	I like it after being in prison for awhile . . . it's better to be in one of these corrective places than to go to jail.' 'If staff members find someone in your room and you are wide awake, and they know you are sleeping with them, they give you notice of two weeks.' 'Oh if you didn't want to do them [the chores] you just had to do them, like if you didn't want to do them they threatened to expel you from the house . . . and most of us wanted to be expelled.
Lindstrom 2011	Spatial: Home as place	It was fun to think through how I wanted it and how I would spend my money to make it just the way I wanted it. Now I think I have created my own personal style here.
	Organizational Structuring - living conditions	Oh, it's important to keep appointments, like the meeting of the girls today; you need to map out the day so that you don't become totally stuck in the couch. Otherwise it will be like floating around aimlessly. You do need pep-talks that will help you to get on with your own routines.
		When I moved in, I had been evicted by all the other landlords in town. Food, sleeping, no friends – everything was miserable. Here, I have been able to develop my potential, and now I have more control over my everyday life. I like to live here and try to make everyday life meaningful… It is supportive and it helps to prevent problems.
	Being forced to socialize	I've become more plucky, and can say "no" even to an opinionated person. I have learnt through others how to deal with different situations,

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		problems, symptoms, conflicts, celebrations, courses, etc.
		A collective probably becomes what it is through those who live in it. Mr A (a resident) is a family tyrant; Ms B (another resident) loves you and beats you to death with the same warm hand, and when she's your neighbour you don't stay bored for long!
		We do have a lot in common and when you have shared both daily events and difficult situations, you also feel a special sense of belonging.
	Being promoted by coaches	It is good to be helped to resolve conflict or to learn how you could handle it, so that we don't have to avoid each other afterwards… They (coaches) have listened to my concerns and have come up with tips on how to solve a problem – for example, in my work or in handling finances.
		It's good that our own personal space at home is respected by the coaches – they don't just walk in uninvited.
		It's important to relieve my anxiety, to have an opportunity to talk, to get help to turn my ideas into something positive. It shows that you are not worthless, that I am not a little rat, but a person worthy of living my own life.
	Facing challenges	There are lots of pros and cons, and it is quite demanding to live like this… Sometimes I feel anxious as a result of all the expectations, from both myself and others, that I cannot live up to. If I know that the expectations of me are positive, it gives me an extra desire to really show that I'm capable of doing more than they think I can.
		I am jealous of MB [resident] when he goes to work: he has really struggled and succeeded. It may take time for me to realize that I have also changed. It puts pressure on your expectations of yourself – to grasp what needs to be done and use your own resources.
		When you have so many failures behind you, it is not at all obvious that you will dare to try again and again. It is really hard to face new challenges, but when you do, and you succeed, you're rewarded a thousand times over.
Mancini 2013	The Importance of Practical Guidance and Unconditional Support	People can't force you to quit. Like with my pills and all that stuff, they couldn't force me, that was my decision and when I make the decision to get messed up, I have somebody sitting there and going. 'look what happened.' And they put these things out there and say, 'this is what happens when you're messed up and this is what's happening when you're not. Which one do you want?' I didn't see the difference when I was sober and when I wasn't. They helped me see it. Then you make the decision on your own, for good. When people try to force you to do something, it seems like, sometimes you build a wall and when you can't force me to do anything you know. But when they give you the options, they let you make that decision, you seem to feel better about it. I didn't have somebody telling me I had to do this, they give me the choice. [Consumer Quote]
	The Negative Impact of Ambiguity	They said to me, if you want to use, you can do all you want to do and as long as you don't bring it in the building and all that stuff. I don't know if that philosophy is a real good thing. I think it enables sometimes people to go out and use. Uh, because you're telling them, we don't

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		care. You know, we don't care if you go out and do your crack or whatever, just don't bring it in the building. But, what I've seen, with my own eyes since I've been here, they go out and use, once they go out and they use, they're gonna bring their stuff back with them…. I think it has a lot to do with telling them, hey you can go out and use. [Consumer Quote].
Padgett 2007	Control and self-determination	And now I'm here I got my space. I got the balls to be like, yo I'm not taking that shit no more. Get up and just go. If I wanna see him I go see him but he gotta know I gotta place to live. And I got to go home eventually and you can't hold me down and stuff like that. You can't do that. [#121 Control group, who had crossed over to Pathways by time of interview]
		I want it to be my home. I don't want no dirty motherfuckers in there with their dicks hanging or jerking off, or fucking around. I don't want it... As much as I need money, I said no. [He said] '''Come on, 10 or 12 bucks.'' I Said, ''No, it ain't worth it. I'm sorry. I will starve. I'll drink water. I'll make it, somehow. You know, you can live on water for a day or two. [#137 Control group, who had crossed over to Pathways by time of interview]
	Routines of daily life: 'The simple things'	That's what makes me feel good at times, the simple things. To be able to get up and know that I got two new shirts, a clean pair of jeans, clean socks and I can feel good about myself. I explain that to my peers too. That's what part of recovery's about. [#144 Pathways Group]
	Identity construction (and repair)	It wasn't until I got with Pathways that I started straightening up, like, learning how to stop using, you know, taking a good look at me, and realizing who I really am. You know I grew up in a church. I had good discipline when I was growing up. My mother wouldn't even let us say curses. We wasn't even allowed to say the word 'behind'. [#118 Pathways group]
	The 'what's next' of having a home	I have to either get myself a job, a volunteer position, or something I have to be doing something constructive. In other words, go back into society, you know what I mean. I just got this apartment the goal is to reintegrate you back into society.
Parker 2017	Staying in transitional housing	So my case manager he said that I had relapses. And that I have to be sober for a year or two Then they can apply for an apartment And I have to get a reference or I have to be referred by someone I'm not a pretentious guy But I need an apartment. You understand? It doesn't matter distance. We have a subway system so great, you see? [#131 Control group]
	Why am I here?	[T]here was a doctor back at the [Community clinic], he pretty much threatened me with injections if I didn't come here. [INT032]
		[I]n all honesty, I'm probably not quite capable of looking after myself fully now, you know. [CLIN053]
		Yeah, like the problem I had when I was at home was my brother is a dealer, so there was always drugs there for me. [INT004]
	The CCU provides a transformational space	I'm just trying to use this place really to achieve my goals, you know pushing my boundaries with anxiety and building confidence, learning living skills such as cooking. [INT004]

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	Getting life back on track	[Be]'cause when people come from mental illnesses, or they feel like they've made too many mistakes or they can't – they can't fix them but [you develop] more pride. . .[and] confidence, you know, being here. [INT082]
	A place to learn new things	We're all here to get better and get, um, our independence and try and learn to - how to learn to live on our own and stuff like that. [CLIN094]
	A supported living environment	[T]hey don't tolerate problematic behaviour and especially in. . .regards to addictions. So I feel safe. [CLIN090]
		. . .I feel safe here, that's just a main thing. . .'Cause I don't really like men. Men have abused me and stuff. [INT082]
	Shifting from dependence to independence	They're sort of teaching you what the real world will be like when you're out on your own [after acute inpatient care]. [CLIN094]
		They are helping me, um, with other things that are more complex, such as housing and. . .dealing with [welfare agencies] and. . .connecting with an employment consultant and stuff like that. [CLIN090]
Petersen 2015	Daily activities	…yet you have made it through the first year…then it gets easier and easier'' (to learn daily activities)
	Part of a group	…it gives you this feeling of giving something back when you participate actively in the household
	Meeting people	…you learn a lot about yourself and how you can work on things (when living with others)
	Creating long lasting relationships	I have had a really good girlfriend while I have been living here
	Relations in general: Poor social network	I know that I am not alone and this is enough for me to prevent being psychotic
	Staff: Conversations	…if you get too bad, they knock on the door, then you come back to life and reality
	Understanding and acceptance	…we understand each other better…you feel safe …you develop yourself with people who also have a mental illness
	Abuse	…three times I have been abused by one of the residents living here, really bad rape and sexual abuse, it has been really difficult for me'
Piat 2017	From housing to home	everybody's grating on everybody else's nerves…other people with mental illness can be extremely challenging to live with and when you're not doing so great yourself it doesn't help
		not having to deal with others' issues, and not having to dread walking in your front door not knowing what's going to be waiting for you inside.
		sometimes when you're not doing well, any little molehill will stop you from getting things accomplished. And sometimes finding the damn change for that damned machine is a molehill.
	From basics to bonuses	here I have my own appliances. That, to me, symbolizes […] the autonomy [needed] to succeed [Ben]
		it's much better here. I can do my grocery shopping; it's not very far…a 15–20 min walk [Ben]

Author	Author's reported finding	Quote
	From here to there, and everywhere	it's nice to have a Tim Horton's not far from me if I want to go and have a coffee or sandwich with a friend […] it's positive to have it beside [my] place [Julian]
		[…] my corner, with the [convenience] store and the bus stop. Public transportation is just beside me if I need it
	Green Places.	I like sitting up there and just relaxing […] looking at flowers is calming and healing
	On views and vantage points	"It's my own space. It's my chaos [….] I'm not having to negotiate for what's hanging on my wall."
	Taking a position on tenant loneliness	…you can retreat. … You're likely to bump into people with issues; (but) that's not necessarily a problem because you're not living in the same apartment with them.
	Confronting loneliness in supported housing	I have all of the facilities here … like internet and telephone, so I can keep in touch with people … When I interact with people I'm much more positive-minded, much happier…
		the opportunity to have a "thank you dinner with friends, having previously. … crashed at their place for 10 months."
Rambarran 2013	Home	I wanted to come back because I was raised here . . . Here is my home and there is no way that. I am. . . . You know. . . . there is no way that I would ever want to move out of (this Borough) again. [Participant A]
		I don't know this area to go out and go for walks or anything you know, so it makes you a bit. . . . unnerving. [Participant G]
	Loss	Well I found a lot of things had changed, since I left. . . . pubs are not there anymore. . . . it made me feel, that I have lost something. . . . friends in the pub. . . . [Participant F]
	Trust	I was really really reluctant about it . . . I was very frightened about moving on . . . on to more independent accommodation. I knew I had to. . . . I knew I was ready for it, but . . . it still didn't change from the feelings of anxiety I had . . . but R was such . . . she. . . . the thing about R is that she. . . . she believes in you and she was like you can do it. [Participant B]
Roick 2006	Type I: Heavy users in sheltered accommodation	And then I said, Dr X, I'm not going back to [name of the residence]. I don't want to go back there again. I don't get along so well with the people in that place, and I end up in the hospital a lot there, anyway [R4].
	Type II: Heavy users in private residences	Yeah, it bothers me that people always get mad at me because of my – oh, how can I say it – that my strange behaviour makes people angry with me. Doesn't matter if it's with my family or with my friends. You notice it afterwards. And that's terribly burdening [R8].