

**GRADE tables for review question 1.2 For adults with depression, what are the relative benefits and harms associated with different settings for the delivery of care?**

GRADE tables not provided for subgroup analyses of NMA dataset

**Table 38: Clinical evidence profile for comparison 2 Crisis resolution team care versus standard care (for adults with non-psychotic severe mental illness)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Crisis resolution team care	Standard care	Relative (95% CI)	Absolute		
<b>Psychiatric symptom severity 8 weeks after crisis (measured with: Brief psychiatric rating scale (BPRS); Better indicated by lower values)</b>												
1 (Johns on 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	107	104	-	SMD 0.29 lower (0.56 to 0.02 lower)	VERY LOW	CRITICAL
<b>Service utilisation: Admission as inpatient 6 months after crisis (assessed with: Number of participants that had been admitted to a psychiatric ward within 6 months after crisis)</b>												
1 (Johns on 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	39/134 (29.1%)	84/124 (67.7%)	RR 0.43 (0.32 to 0.57)	386 fewer per 1000 (from 291 fewer to 461 fewer)	VERY LOW	IMPORTANT
<b>Service utilisation: Bed days in hospital 6 months after crisis (measured with: Number of bed days in hospital for those admitted within 6 months after crisis; Better indicated by lower values)</b>												
1 (Johns on 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	134	123	-	SMD 0.45 lower (0.69 to	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Crisis resolution team care	Standard care	Relative (95% CI)	Absolute		
										0.20 lower)		
<b>Psychological functioning: Quality of life 8 weeks after crisis (measured with: Manchester short assessment of quality of life (MANSA) 8 weeks after crisis; Better indicated by higher values)</b>												
1 (Johnson 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	114	103	-	SMD 0.11 lower (0.37 lower to 0.16 higher)	VERY LOW	IMPORTANT
<b>Social functioning 8 weeks after crisis (measured with: Life Skills Profile (LSP); Better indicated by lower values)</b>												
1 (Johnson 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	133	124	-	SMD 0.2 higher (0.05 lower to 0.44 higher)	VERY LOW	IMPORTANT
<b>Social functioning 6 months after crisis (measured with: Life Skills Profile (LSP); Better indicated by lower values)</b>												
1 (Johnson 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	133	122	-	SMD 0.06 higher (0.18 lower to 0.31 higher)	VERY LOW	IMPORTANT
<b>Patient satisfaction 8 weeks after crisis (measured with: Client Satisfaction Questionnaire - 8 item version (CSQ-8); Better indicated by higher values)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Crisis resolution team care	Standard care	Relative (95% CI)	Absolute		
1 (Johnson 2005)	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	118	108	-	SMD 0.23 higher (0.03 lower to 0.49 higher)	VERY LOW	IMPORTANT

**CI: Confidence interval; RR: Risk ratio; SMD: Standardised mean difference**

- High risk of bias associated with randomisation method due to significant difference between groups at baseline and non-blind participants, intervention administrator(s) and outcome assessor(s)
- Not depression-specific population
- 95% CI crosses 1 clinical decision threshold

**Table 39: Clinical evidence profile for comparison 4 Acute psychiatric day hospital care versus inpatient care (for adults with depression and non-psychotic severe mental illness)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient care	Relative (95% CI)	Absolute		
<b>Psychiatric symptom severity at 2-3 months post-admission (measured with: Comprehensive Psychopathological Rating Scale (CPRS; change score)/Brief Psychiatric Rating Scale (BPRS; change score)/Hamilton Rating Scale for Depression (HAM-D; change score); Better indicated by lower values)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient care	Relative (95% CI)	Absolute		
3	randomised trials	very serious <sup>1</sup>	serious <sup>2</sup>	serious <sup>3</sup>	no serious imprecision	none	682	599	-	SMD 0.05 higher (0.22 lower to 0.33 higher)	VERY LOW	CRITICAL
<b>Psychiatric symptom severity at 12-14 months post-admission (measured with: Comprehensive Psychopathological Rating Scale (CPRS; change score)/Brief Psychiatric Rating Scale (BPRS; change score); Better indicated by lower values)</b>												
2	randomised trials	very serious <sup>1</sup>	very serious <sup>4</sup>	serious <sup>3</sup>	serious <sup>5</sup>	none	663	586	-	SMD 0.19 lower (0.81 lower to 0.42 higher)	VERY LOW	CRITICAL
<b>Response at 3 months post-admission (assessed with: Number of people showing ≥47% improvement on Hamilton Rating Scale for Depression (HAM-D))</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	no serious indirectness	very serious <sup>6</sup>	none	6/24 (25%)	8/20 (40%)	RR 0.62 (0.26 to 1.5)	152 fewer per 1000 (from 296 fewer to 200 more)	VERY LOW	CRITICAL
<b>Remission at 3-13 months post-admission (assessed with: Present State Examination: Index of Definition ≤4/&lt;7 on Hamilton Rating Scale for Depression (HAM-D))</b>												
2	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	very serious <sup>6</sup>	none	33/80 (41.3%)	33/71 (46.5%)	RR 0.91 (0.65 to 1.26)	42 fewer per 1000 (from 163 fewer to 121 more)	VERY LOW	CRITICAL
<b>Service utilisation: Duration of index admission (follow-up 12-14 months; measured with: Number of days/months in hospital; Better indicated by lower values)</b>												
4	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	800	735	-	SMD 0.55 higher (0.44 to 0.65 higher)	VERY LOW	IMPORTANT
<b>Service utilisation: Readmission at 4-12 months post-admission (assessed with: Number of patients readmitted to hospital)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient care	Relative (95% CI)	Absolute		
3	randomised trials	very serious <sup>1</sup>	serious <sup>2</sup>	serious <sup>3</sup>	very serious <sup>6</sup>	none	39/183 (21.3%)	47/189 (24.9%)	RR 0.79 (0.41 to 1.52)	52 fewer per 1000 (from 147 fewer to 129 more)	VERY LOW	IMPORTANT
<b>Service utilisation: Emergency contacts 4 months post-admission (assessed with: Number of participants making emergency contacts within 4 months post-admission)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	12/38 (31.6%)	6/45 (13.3%)	RR 2.37 (0.98 to 5.71)	183 more per 1000 (from 3 fewer to 628 more)	VERY LOW	IMPORTANT
<b>Service utilisation: Outpatient contact 4 months post-admission (assessed with: Number of participants making outpatient contacts within 4 months post-admission)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	very serious <sup>6</sup>	none	14/38 (36.8%)	12/45 (26.7%)	RR 1.38 (0.73 to 2.62)	101 more per 1000 (from 72 fewer to 432 more)	VERY LOW	IMPORTANT
<b>Psychological functioning: Quality of life at 2-months post-admission (measured with: Manchester short assessment of quality of life (MANSA); Better indicated by higher values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	596	521	-	SMD 0.01 higher (0.11 lower to 0.13 higher)	VERY LOW	IMPORTANT
<b>Psychological functioning: Quality of life at 14-months post-admission (measured with: Manchester short assessment of quality of life (MANSA); Better indicated by higher values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	596	521	-	SMD 0.01 higher (0.11 lower to 0.13 higher)	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient care	Relative (95% CI)	Absolute		
<b>Social functioning response at 12-13 months (assessed with: Number of participants scoring 2 role disabilities or less on Groningen Social Disabilities Schedule (GSDS)/Number of participants living in the community and social functioning at previous level (according to the social performance and behaviour assessment schedule))</b>												
2	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	41/91 (45.1%)	30/90 (33.3%)	RR 1.36 (0.94 to 1.96)	120 more per 1000 (from 20 fewer to 320 more)	VERY LOW	IMPORTANT
<b>Social functioning impairment at 2-months post-admission (measured with: Groningen Social Disabilities Schedule, Second revision (GSDS-II); Better indicated by lower values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	596	521	-	SMD 0.3 lower (0.42 to 0.19 lower)	VERY LOW	IMPORTANT
<b>Social functioning impairment at 14-months post-admission (measured with: Groningen Social Disabilities Schedule, Second revision (GSDS-II); Better indicated by lower values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	596	521	-	SMD 0.15 lower (0.27 to 0.04 lower)	VERY LOW	IMPORTANT
<b>Satisfaction at 4 months post-admission (assessed with: Number of participants satisfied or very satisfied with their treatment)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	31/38 (81.6%)	19/45 (42.2%)	RR 1.93 (1.33 to 2.81)	393 more per 1000 (from 139 more to 764 more)	VERY LOW	IMPORTANT
<b>Satisfaction at 2 months post-admission (measured with: Client Assessment of Treatment (CAT); Better indicated by higher values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	596	521	-	SMD 0.03 higher (0.09 lower to 0.15 higher)	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acute day hospital care	Inpatient care	Relative (95% CI)	Absolute		
<b>Carer distress at 3-months post-admission (measured with: General Health Questionnaire (GHQ; change score); Better indicated by lower values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	38	39	-	MD 1.1 lower (3.15 lower to 0.95 higher)	VERY LOW	IMPORTANT
<b>Carer distress at 12-months post-admission (measured with: General Health Questionnaire (GHQ; change score); Better indicated by lower values)</b>												
1	randomised trials	very serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	24	31	-	MD 0.4 lower (2.98 lower to 2.18 higher)	VERY LOW	

**CI: Confidence interval; RR: Risk ratio; SMD: Standardised mean difference**

1. Risk of bias is high or unclear across multiple domains
2.  $I^2 > 50\%$
3. Non depression-specific population
4.  $I^2 > 80\%$
5. 95% CI crosses 1 clinical decision threshold
6. 95% CI crosses 2 clinical decision thresholds

**Table 40: Clinical evidence profile for comparison 5 Non-acute day hospital care versus outpatient care (for adults with depression and non-psychotic severe mental illness)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Non-acute day hospital care	Outpatient care	Relative (95% CI)	Absolute		
<b>Psychiatric symptom severity at 4-6 months post-admission (measured with: Psychiatric Evaluation Form (change score)/Present State Examination (change score); Better indicated by lower values)</b>												
2	randomised trials	serious <sup>1</sup>	very serious <sup>2</sup>	serious <sup>3</sup>	very serious <sup>4</sup>	none	75	69	-	SMD 0.08 higher (0.72 lower to 0.88 higher)	VERY LOW	CRITICAL
<b>Psychiatric symptom severity at 8-12 months post-admission (measured with: Psychiatric Evaluation Form (change score)/Present State Examination (change score); Better indicated by lower values)</b>												
2	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	no serious imprecision	none	73	66	-	SMD 0.15 lower (0.49 lower to 0.19 higher)	LOW	CRITICAL
<b>Service utilisation: Admission as inpatient 6-12 months post-admission (assessed with: Number of participants admitted into inpatient care during the study period)</b>												
3	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	very serious <sup>4</sup>	none	16/136 (11.8%)	12/145 (8.3%)	RR 1.26 (0.52 to 3.06)	22 more per 1000 (from 40 fewer to 170 more)	VERY LOW	IMPORTANT
<b>Global functioning at 6-months post-admission (measured with: Global Assessment Scale (GAS; change score); Better indicated by lower values)</b>												
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	very serious <sup>4</sup>	none	34	18	-	SMD 0.04 higher (0.53 lower to 0.61 higher)	VERY LOW	IMPORTANT
<b>Global functioning at 12-months post-admission (measured with: Global Assessment Scale (GAS; change score); Better indicated by lower values)</b>												



Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Non-acute day hospital care	Outpatient care	Relative (95% CI)	Absolute		
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	33	18	-	SMD 0.12 lower (0.7 lower to 0.45 higher)	VERY LOW	IMPORTANT
<b>Social functioning at 4-6 months post-admission (measured with: Social Adjustment Scale-Self Report (SAS-SR; change score)/Social Functioning Scale (SFS; change score); Better indicated by lower values)</b>												
2	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	74	67	-	SMD 0.2 lower (0.54 lower to 0.14 higher)	VERY LOW	IMPORTANT
<b>Social functioning at 8-12 months post-admission (measured with: Social Adjustment Scale-Self Report (SAS-SR; change score)/Social Functioning Scale (SFS; change score); Better indicated by lower values)</b>												
2	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>3</sup>	serious <sup>5</sup>	none	73	67	-	SMD 0.31 lower (0.65 lower to 0.03 higher)	VERY LOW	IMPORTANT
<b>Satisfaction at 4-6 months post-admission (assessed with: Number of participants satisfied or very satisfied with their treatment)</b>												
2	randomised trials	serious <sup>1</sup>	very serious <sup>2</sup>	serious <sup>3</sup>	very serious <sup>4</sup>	none	59/92 (64.1%)	67/106 (63.2%)	RR 1 (0.47 to 2.12)	0 fewer per 1000 (from 335 fewer to 708 more)	VERY LOW	IMPORTANT

**CI: Confidence interval; RR: Risk ratio; SMD: Standardised mean difference**

- Risk of bias is high or unclear across multiple domains
- I-squared > 80%
- Non-depression specific population
- 95% CI crosses 2 clinical decision thresholds

- 95% CI crosses 1 clinical decision threshold

**Table 41: Clinical evidence profile for comparison 6 Community mental health teams versus standard care (for adults with non-psychotic severe mental illness)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Community mental health teams (CMHTs)	Standard care	Relative (95% CI)	Absolute		
<b>Psychiatric symptom severity at 3 months post-entry (measured with: Comprehensive Psychopathological Rating Scale (CPRS); Better indicated by lower values)</b>												
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	no serious imprecision	none	48	52	-	SMD 0.06 lower (0.45 lower to 0.33 higher)	LOW	CRITICAL
<b>Service utilisation: Admission as inpatient at 3 months post-entry (assessed with: Number of participants admitted into inpatient care during the study period)</b>												
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	7/48 (14.6%)	16/52 (30.8%)	RR 0.47 (0.21 to 1.05)	163 fewer per 1000 (from 243 fewer to 15 more)	VERY LOW	IMPORTANT
<b>Service utilisation: Admission as inpatient for &gt;10 days at 3 months post-entry (assessed with: Number of participants admitted into inpatient care for more than 10 days during the study period)</b>												
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	2/48 (4.2%)	11/52 (21.2%)	RR 0.2 (0.05 to 0.84)	169 fewer per 1000 (from 34 fewer to 201 fewer)	VERY LOW	IMPORTANT
<b>Satisfaction at 3 months post-entry (assessed with: Number of participants satisfied with their treatment)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Community mental health teams (CMHTs)	Standard care	Relative (95% CI)	Absolute		
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	34/41 (82.9%)	25/46 (54.3%)	RR 1.53 (1.13 to 2.06)	288 more per 1000 (from 71 more to 576 more)	VERY LOW	IMPORTANT
<b>Satisfaction at 3 months post-entry (measured with: Service Satisfaction Score; Better indicated by higher values)</b>												
1	randomised trials	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	serious <sup>3</sup>	none	41	46	-	SMD 0.85 higher (0.41 to 1.29 higher)	VERY LOW	IMPORTANT

**CI: Confidence interval; RR: Risk ratio; SMD: Standardised mean difference**

- Risk of bias is high or unclear across multiple domains
- Non-depression specific population