## Supplementary Material

### File 1: Table of questions asked in qualitative questionnaire

| Group | Question |
|---|---|
| All Participants | What would make discharge from an acute mental health ward **safe** in your opinion? |
| All Participants | What would make discharge from an acute mental health ward **effective** in your opinion? |
| All Participants | What would you like to see prioritised for research into discharge from an acute ward? |
| All Participants | Can you think of any important outcomes to measure in research assessing discharge interventions? |
| Service User | What do you think is the most difficult aspect of discharge from a mental health acute ward? |
| Service User | What might improve discharge from a mental health ward? |
| Service User | Was there any one person/group/intervention which really made a difference for you? If so what was it? What made it so powerful? |
| Service User | Do you have any other feelings or concerns not addressed in previous questions? |
| Family member/carer | What do you consider to be the most difficult components of discharge for your family member/friend from an acute mental health ward? |
| Family member/carer | What types of improvement would you expect to see in your family member/friend following a successful discharge from an acute mental health ward? |
| Mental health professional | What do you consider to be the most difficult aspects of discharge from an acute unit for your service-users? |
| Mental health professional | Are there any changes/behaviours you would expect to see in a service-user during or following a safe and/or effective discharge? |
| Researchers | If applicable, what outcomes did you measure in past research (of discharge interventions)? |
| Researchers | Are there any concepts that you think are important to measure, but chose not to, due to not having a suitable measurement instrument? |
| End users of research | If you were looking to use research to inform changes to the discharge procedure within your professional role, what outcomes would you like to see reported? |
| End users of research | In your opinion, what measurements would persuade you that a discharge intervention is effective? |

## File 2: Results of Meta-synthesis of Outcomes and data from questionnaire

### Clinical

| From Review | Additional from Meta-synthesis |
|---|---|
| Reoccurrence (i.e. Relapse) | Stability |
| Clinical Recovery | Physical Health and Wellbeing |
| Personal Recovery | Iatrogenic harm (patient safety incidents- harm caused by the care system) |
| Substance Misuse (inc. alcohol) | Serious accidental injury |
| Self-injury (i.e. harm to self) | Mortality |
| Suicide Risk | Mental health and illness (symptoms/psychological distress) |
| Suicidal Ideation | |
| Suicide Attempted | |
| Suicide Completed | |
| Medication Knowledge | |
| Medication Adherence | |
| Medication Side Effects | |
| Medication Management | |
| Global Functioning | |

### Service

| From Review | Additional from Meta-synthesis |
|---|---|
| Emergency department visits post discharge | Police intervention post discharge |
| Readmission | Engagement with psychological intervention |
| Length of stay pre-discharge | Engagement with community services |
| Length of stay post-discharge (i.e. subsequent readmissions) | Availability of appropriate community support (i.e. allocated key worker) |
| Outpatient appointment/visit adherence | Length of time before follow up/aftercare |
| Service use | Leaving the hospital against medical advice |
| | Service user involvement in decision making (shared decision making) |
| | Serious incidents (i.e. serious incidents reported formally) |

### Satisfaction

| From Review | Additional from Meta-synthesis |
|---|---|
| Service user expectations of care | Professionals/care teams satisfaction with information provision at discharge |
| Service user satisfaction with discharge | Service user satisfaction with information provision at discharge (e.g. regarding medication, risk, crisis planning) |
| Service user experience of discharge | |
| Service user satisfaction with treatment | |
| Carer/family/other satisfaction with discharge | |
| Staff satisfaction with discharge | |

### Personal

| From Review | Additional from Meta-synthesis |
|---|---|
| Hopelessness | Feelings of safety |
| Boredom | Feelings of support (from various groups- i.e. family, professionals and friends) |
| Loneliness | Experience of stigma |
| Isolation | Quality of interpersonal relationships (friends and family) |
| Coping skills | Self-management |
| Concern/anxiety about discharge | |
| Autonomy (e.g. independence, autonomous decision making) | |

| | |
|---|---|
| Housing Stability | |
| Discharge to appropriate accommodation | |
| Service user knowledge of own condition | |
| Quality of life | |
| Community participation | |
| Violence | |
| Aggression | |
| Victim of crime | |
| Stable relationships with health professionals | |
| Employment | |

**Discharge Planning**

| From Review | Additional from Meta-synthesis |
|---|---|
| | Service user involvement in discharge planning |
| | Family/carer involvement in discharge planning |
| | Advocate involvement in discharge planning |
| | Completion of planned care |
| | Continuity of contact |
| | Service user readiness for discharge (incl. preparation) |
| | Clinical readiness for discharge |
| | Experience of coercion at discharge (e.g. feeling forced to leave) |
| | Provision of financial support (e.g. benefits advice, debt advice) |
| | Delays in expected discharge |
| | Service availability (e.g. availability of community services, CPN, follow-up, social worker, bed in residential service) |
| | Family/carer/other readiness for discharge |
| | Staff understanding of safe and effective discharge |
| | Plan for community engagement |
| | Is there a plan for care post discharge created |
| | Has the plan for care post-discharge been communicated with patient |
| | Has information about the discharge been reported to other relevant services |

**Changes/Combinations**

| Outcomes from Review | Changes/Combinations |
|---|---|
| Social Recovery | Combined into quality of interpersonal relationships |
| Relapse | PPI suggestion change to reoccurrence |
| Self-harm | PPI suggestion change to self-injury |
| Depression | Combined into symptoms |
| Anxiety | Combined into symptoms |
| Illegal drug use | Combined into substance misuse |
| Alochol use | Combined into substance misuse |
| Addiction severity | Combined into substance misuse |
| Crisis planning | Combined into information provision |
| Risk communication | Combined into information provision |
| Allocated worker | Combined into availability of appropriate community support |
| Better knowledge transfer | Combined into information provision (professional) |
| Therapeutic alliance | Combined into stable relationships with HPs |
| Contact with ambulatory care | Combined into emergency visits |
| Treatment adherence | Combined into medication adherence and engagement with psychological services |
| 7 day follow up | Changed to length of time before follow up for global audience |
| Psychological distress | Combined into symptoms |
| Family relations | Combined into quality of interpersonal relationships |
| Community integration and functioning | Combined into Community participation |

**Outcomes Removed from Process**

| Outcomes from Review | Reason |
|---|---|
| Antipsychotic Politherapy | Too specific |
| Autistic life | Too specific |

| | |
|---|---|
| Medication Problems | Too vague |
| Functional Recovery | Meaning not explicit |
| Satisfaction with service in community | Not relevant for this COS |
| Global satisfaction with discharge | Meaning not explicit |
| Quality of care | Too vague |
| Treatment decision making | Not relevant for this COS |
| Financial cost to provider | Impossible to measure |
| Number of beds | Too vague |
| Staff workload | Too vague |
| Freedom | Too vague |
| Self-activity | Too vague |

**Carer outcomes**

| **Outcomes from Review** | **Decision** |
|---|---|
| Caregiver Burden | Yes |
| Caregiver Health Status | No (too specific) |
| Caregiver Knowledge about illness | Yes |
| **From Synthesis** | |
| Carer support | No |
| Relationship between family and SU | No (probably a variable) |

**File 3: Participant Demographics**

| **Categories** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Group** | **Service Users** | **Families and Carers** | **Healthcare Professionals** | **Researchers** | **End-users of Research** | | | | | | |
| **n** | 27 | 17 | 39 | 37 | 15 | | | | | | |
| **Gender** | **Male** | **Female** | **Other** | | | | | | | | |
| **n** | 28 | 63 | 0 | | | | | | | | |
| **Age** | **18-24** | **25-34** | **35-44** | **45-54** | **55-64** | **65-74** | **75-84** | | | | |
| **n** | 4 | 20 | 30 | 24 | 10 | 4 | 1 | | | | |
| **Location** | **International** | **East of England** | **East Midlands** | **London** | **North West** | **North East** | **South East** | **South West** | **Wales** | **West Midlands** | **Yorkshire and the Humber** |
| **n** | 24 | 2 | 11 | 7 | 16 | 1 | 6 | 5 | 0 | 13 | 7 |

**Locations for International participants**

| **Country** | **N** |
|---|---|
| Australia | 4 |
| Canada | 2 |
| China | 1 |
| France | 1 |
| Germany | 1 |
| Iran | 1 |
| Italy | 1 |
| Northern Ireland | 1 |
| South Africa | 1 |
| Switzerland | 4 |
| USA | 7 |

**File 4: Full list of Delphi outcomes, consensus levels, and round of inclusion/exclusion**

| | **R1 Percentage agreement** | **R1 Percentage Disagreement** | **Median** | **Researchers** | **Sus and carers** | **HCPs and DMs** | **Round 2 Status** | **Round 2** | **Researcher** | **Sus and carers** | **HCP and DMs** | **Median** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Service user involvement in discharge planning (inc. feeling listened to) | 87% | 4% | 7 | 65% | 100% | 95% | Include | | | | | |
| Functioning (health, social, etc.) | 83% | 3% | 6 | 69% | 100% | 81% | Include | | | | | |
| Mental health and illness (symptom/psychological distress) | 83% | 3% | 6 | 73% | 91% | 86% | Include | | | | | |
| Personal Recovery | 82% | 1% | 6 | 75% | 86% | 86% | Include | | | | | |
| service user understanding of discharge plan | 81% | 3% | 6 | 65% | 91% | 86% | Include | | | | | |
| Quality of life | 81% | 1% | 6.5 | 65% | 90% | 86% | Include | | | | | |
| suicide Completed | 80% | 4% | 7 | 80% | 90% | 68% | Include | | | | | |
| Readmission | 80% | 6% | 6 | 77% | 77% | 86% | Include | | | | | |
| service user involvement in decision making (shared decision making) | 77% | 4% | 7 | 50% | 95% | 86% | Include | | | | | |
| service user satisfaction with information provision at discharge (e.g.<br>regarding medication, risk, crisis planning) | 77% | 6% | 6 | 65% | 86% | 81% | Include | | | | | |
| service user knowledge of how to access community support (i.e. in an emergency) | 77% | 3% | 6 | 58% | 91% | 86% | Include | | | | | |
| Recurrence (i.e. relapse) | 75% | 1% | 6 | 58% | 91% | 76% | Include | | | | | |
| Suicide Attempted | 75% | 4% | 6 | 62% | 86% | 81% | Include | | | | | |
| discharge to appropriate accommodation | 75% | 3% | 6 | 69% | 91% | 67% | Include | | | | | |
| service user satisfaction with treatment | 74% | 7% | 6 | 58% | 91% | 71% | Re-present | 59% | 43% | 67% | 70% | 6 |
| service Availability (e.g. availability of community service, CPN, follow-up, social worker, | 74% | 7% | 6 | 46% | 86% | 95% | Re-present | 45% | 27% | 67% | 50% | 5 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| bed in residential service) | | | | | | | | | | | | |
| Existence of a plan for community engagement/ care post discharge | 74% | 4% | 6 | 58% | 77% | 90% | Re-present | 72% | 57% | 83% | 90% | 6 |
| Feeling of support (from various group i.e. family, professional, friends) | 72% | 4% | 6 | 65% | 77% | 71% | Re-present | 43% | 33% | 50% | 50% | 5 |
| Suicide Risk | 71% | 3% | 6 | 58% | 77% | 81% | Re-present | 42% | 43% | 56% | 25% | 5 |
| Family/carer/other involvement in discharge planning (inc. feeling listened too) | 71% | 6% | 6 | 65% | 77% | 75% | Re-present | 58% | 50% | 67% | 65% | 6 |
| service user readiness for discharge (incl. preparation) | 71% | 6% | 6 | 58% | 77% | 81% | Re-present | 35% | 27% | 50% | 30% | 5 |
| Feeling of safety | 70% | 7% | 6 | 65% | 73% | 71% | Re-present | 36% | 37% | 56% | 25% | 5 |
| service user satisfaction with discharge | 69% | 4% | 6 | 50% | 76% | 86% | Re-present | 45% | 40% | 50% | 50% | 5 |
| Physical Health and Wellbeing | 68% | 3% | 6 | 50% | 77% | 81% | Re-present | 49% | 43% | 61% | 45% | 5 |
| service user experience of discharge | 68% | 10% | 6 | 46% | 86% | 76% | Re-present | 29% | 23% | 44% | 30% | 5 |
| Housing stability | 68% | 3% | 6 | 62% | 77% | 67% | Re-present | 41% | 37% | 39% | 40% | 5 |
| Coping skills | 68% | 6% | 6 | 50% | 77% | 80% | Re-present | 39% | 40% | 50% | 35% | 5 |
| Continuity of contact | 68% | 6% | 6 | 64% | 77% | 62% | Re-present | 65% | 63% | 72% | 60% | 6 |
| Mortality | 67% | 7% | 6 | 68% | 76% | 57% | Re-present | 42% | 43% | 50% | 30% | 5 |
| self management | 67% | 4% | 6 | 46% | 86% | 71% | Re-present | 29% | 23% | 39% | 20% | 5 |
| Length of time before follow up/aftercare | 65% | 6% | 6 | 46% | 77% | 76% | Re-present | 58% | 43% | 83% | 65% | 6 |
| Isolation | 65% | 9% | 6 | 46% | 73% | 81% | Re-present | 55% | 50% | 72% | 45% | 6 |
| Availability of appropriate community support (i.e. allocated key worker) | 64% | 9% | 6 | 38% | 82% | 76% | Re-present | 52% | 27% | 72% | 70% | 6 |
| service user knowledge of own condition | 64% | 6% | 6 | 42% | 91% | 62% | Re-present | 36% | 30% | 50% | 35% | 4 |
| service user expectation of care | 63% | 3% | 6 | 35% | 76% | 81% | Re-present | 28% | 20% | 28% | 40% | 4 |
| Hopelessness | 63% | 9% | 6 | 54% | 67% | 71% | Re-present | 46% | 47% | 44% | 45% | 5 |
| suicidal Ideation | 62% | 7% | 6 | 46% | 77% | 67% | Re-present | 51% | 50% | 61% | 45% | 6 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medication Adherence | 62% | 4% | 6 | 50% | 82% | 52% | Re-present | 45% | 47% | 44% | 40% | 5 |
| Loneliness | 62% | 10% | 6 | 42% | 68% | 81% | Re-present | 41% | 37% | 56% | 30% | 5 |
| Information about the discharge reported to other relevant service | 62% | 9% | 6 | 50% | 73% | 71% | Re-present | 48% | 37% | 78% | 40% | 5 |
| service user experience of coercion at discharge | 61% | 6% | 6 | 46% | 77% | 63% | Re-present | 43% | 40% | 67% | 35% | 5 |
| Clinical readiness for discharge | 60% | 6% | 6 | 48% | 67% | 67% | Re-present | 36% | 30% | 39% | 40% | 5 |
| Medication side Effects | 59% | 7% | 6 | 38% | 77% | 67% | Re-present | 41% | 30% | 61% | 35% | 5 |
| Emergency department visit post discharge | 59% | 6% | 6 | 58% | 68% | 52% | Re-present | 62% | 63% | 67% | 60% | 6 |
| Quality of interpersonal relationship (friend and family) | 59% | 7% | 6 | 50% | 77% | 52% | Re-present | 46% | 40% | 72% | 35% | 5 |
| Iatrogenic harm (patient safety incident or harm caused by the care system) | 59% | 4% | 6 | 40% | 64% | 71% | Re-present | 51% | 37% | 72% | 50% | 6 |
| Completion of planned care | 59% | 7% | 6 | 50% | 76% | 52% | Re-present | 39% | 40% | 56% | 30% | 5 |
| Concern/anxiety about discharge | 58% | 9% | 6 | 31% | 73% | 76% | Re-present | 26% | 17% | 33% | 35% | 4 |
| Autonomy (e.g. independence, autonomous decision making) | 57% | 3% | 6 | 35% | 73% | 70% | Re-present | 36% | 27% | 50% | 30% | 5 |
| staff understanding of safe and effective discharge | 57% | 10% | 6 | 40% | 68% | 67% | Re-present | 41% | 30% | 67% | 35% | 4 |
| self injury (i.e. harm to self) | 57% | 6% | 6 | 50% | 64% | 52% | Re-present | 49% | 53% | 61% | 35% | 5 |
| Financial support (e.g. benefit advice, debt advice) | 57% | 9% | 6 | 38% | 82% | 57% | Re-present | 46% | 40% | 72% | 30% | 5 |
| stable relationship with health professional | 55% | 4% | 6 | 38% | 71% | 58% | Re-present | 33% | 37% | 50% | 20% | 5 |
| Medication Management | 54% | 3% | 6 | 42% | 71% | 52% | Re-present | 42% | 37% | 61% | 40% | 5 |
| Carer/family/other satisfaction with discharge | 54% | 9% | 6 | 35% | 68% | 57% | Re-present | 36% | 27% | 61% | 35% | 4 |
| Clinical Recovery | 53% | 7% | 6 | 60% | 55% | 43% | Re-present | 36% | 33% | 50% | 30% | 5 |
| service use | 52% | 4% | 6 | 46% | 50% | 63% | Re-present | 30% | 33% | 39% | 15% | 4 |
| Violence | 52% | 9% | 6 | 46% | 60% | 48% | Re-present | 29% | 33% | 33% | 15% | 4 |
| Victim of crime | 52% | 12% | 6 | 38% | 68% | 48% | Re-present | 28% | 30% | 44% | 10% | 4 |
| Experience of stigma | 52% | 7% | 6 | 42% | 59% | 57% | Re-present | 30% | 20% | 50% | 25% | 4 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Engagement with psychological intervention | 51% | 4% | 6 | 35% | 45% | 76% | Re-present | 33% | 30% | 67% | 5% | 4 |
| Cancellation or change to follow up meeting | 51% | 12% | 6 | 19% | 82% | 57% | Re-present | 42% | 23% | 67% | 40% | 5 |
| serious incident (i.e. serious incident reported formally) | 50% | 6% | 5.5 | 44% | 45% | 62% | Exclude | | | | | |
| Employment | 50% | 7% | 5.5 | 58% | 48% | 38% | Exclude | | | | | |
| Medication Knowledge | 49% | 9% | 5 | 35% | 64% | 52% | Exclude | | | | | |
| Engagement with community service | 49% | 4% | 5 | 35% | 50% | 71% | Exclude | | | | | |
| Length of stay pre-discharge | 46% | 10% | 5 | 38% | 55% | 48% | Exclude | | | | | |
| Family/carer/other readiness for discharge | 46% | 9% | 5 | 42% | 55% | 43% | Exclude | | | | | |
| Leaving the hospital against medical advice | 45% | 14% | 5 | 46% | 55% | 33% | Exclude | | | | | |
| Outpatient appointment/visit adherence | 44% | 4% | 5 | 54% | 57% | 24% | Exclude | | | | | |
| Aggression | 44% | 10% | 5 | 42% | 43% | 48% | Exclude | | | | | |
| Delay in expected discharge | 43% | 13% | 5 | 12% | 67% | 57% | Exclude | | | | | |
| substance Misuse (incl. alcohol) | 41% | 9% | 5 | 28% | 50% | 48% | Exclude | | | | | |
| serious accidental injury | 40% | 12% | 5 | 25% | 36% | 62% | Exclude | | | | | |
| Community participation | 39% | 6% | 5 | 35% | 36% | 48% | Exclude | | | | | |
| stability | 38% | 4% | 5 | 13% | 59% | 47% | Exclude | | | | | |
| Advocate involvement in discharge planning | 37% | 12% | 5 | 24% | 45% | 45% | Exclude | | | | | |
| Professional/care team satisfaction with information provision at discharge | 36% | 13% | 5 | 19% | 45% | 48% | Exclude | | | | | |
| Primary Care/Community service/Nongovernmental or Charity service satisfaction | 35% | 16% | 5 | 15% | 50% | 48% | Exclude | | | | | |
| Police intervention post discharge | 34% | 16% | 5 | 35% | 32% | 35% | Exclude | | | | | |
| staff satisfaction with discharge | 28% | 16% | 5 | 19% | 36% | 29% | Exclude | | | | | |
| Boredom | 26% | 25% | 4 | 12% | 36% | 33% | Exclude | | | | | |
| Meaningful Activity (i.e. employment, studying, volunteering) | New outcome proposed in round 1 | | | | | | Include | 77% | 73% | 83.33% | 80% | 6 |
| Resilience | New outcome proposed in round 1 | | | | Do not present | | | | | | | |
| Dual harm (i.e. a person harms themselves and others) | New outcome proposed in round 1 | | | | | | Exclude | 32% | 23% | 55.56% | 30% | 4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Annual admissions | New outcome proposed in round 1 | Do not present | | | | | | |
| Harm to others (violence, criminal or risk-taking behaviour) | New outcome proposed in round 1 | Do not present | | | | | | |
| Levels of patient confidentiality | New outcome proposed in round 1 | Do not present | | | | | | |
| Personal learning | New outcome proposed in round 1 | Do not present | | | | | | |

**File 5: Proposed potential service user discharge experience PROM that includes items of most importance to stakeholders in addition to the core outcome set**

| Item | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1. I felt involved in my discharge planning | | | | | |
| 2. I understood my discharge plan | | | | | |
| 3. I know how to access support in the community | | | | | |
| 4. I was frequently involved in decisions about my care at discharge | | | | | |
| 5. I was discharged to appropriate accommodation | | | | | |
| 6. I was satisfied with the information provided to me at discharge | | | | | |

**File 6: Outcome Measure Recommendation Results**

## Methods

After the core outcome set was agreed in the consensus meeting, we invited all participants from the earlier stages of the project to recommend measures and time markers in a final online questionnaire. Participants were invited to participate if they had been involved in any of the previous online rounds. The invitation made it clear that the questionnaire is most relevant to researchers, but that other groups with an opinion or interest are welcome to contribute. This was due to the specific knowledge of instruments required to complete this round.

In this questionnaire participants were presented with the four core outcomes. For each core outcome they were presented with any measures used to assess that outcome in our systematic review studies [1] and any additional measures that had been recommended to the team during the process. Participants were asked to choose the one most appropriate, (don't know, other, new instrument, no instrument were also options). A second question also asked which time markers would be recommended, with options to select all applicable. These options were also developed based on time markers used in the systematic review [1].

## Results

Forty-three of the 93 invited participants responded (15 service users, 8 family members/carers, 23 researchers, 10 healthcare professionals, 3 end users of research), although as in previous rounds these were not distinct categories.  Fifty-three percent of the respondents were researchers, this was expected as in the email we suggested that this stage may be more meaningful or of interest to this group, but as a team we chose not to exclude other groups with opinions on measurement instruments. Twenty-three percent of participants were international researchers (from USA, Switzerland, Canada, and Australia). Table 4 shows the preliminary minimum measure recommendations and time markers, additional file 5 shows the results upon which the recommendations were based.

*Table 1: Summary of Measurement Recommendations*

| Core Outcome | Instrument/Measure | Time Marker |
|---|---|---|
| Readmission | Retrospective review of administrative data | Within 28 days of discharge |
| Suicide Completed | Retrospective review of administrative data | Within 28 days of discharge |
| Psychological Distress | Kessler Psychological Distress (K10) | One month post-discharge |
| Quality of Life | ReQoL-10 | One month post-discharge |

### 1. Readmission

A minimum recommendation of using retrospective review of administrative data for readmissions within a defined time period, the most agreed was 28 days. Participants indicated that routine data collection might cover slightly different time periods. Twenty-six of the 43 participants recommended a measure of around a month (1 month, 30 days or 28 days) with 28 days being this most popular. However, they also advise that this should be supplemented either by cross-checking with service-users, case managers or carers, where possible to improve quality of data. Those looking for more comprehensive data may also like to record 7 days, 3 months and 6 months as these were also popular recommendations.

### 2. Quality of Life

The participants recommended that researchers use the Recovering Quality of Life (ReQoL-10) at one month post-discharge [35]. This was the most recommended instrument by the group. However, many participants also voted for ReQoL 20, a large proportion of the group suggested this outcome. As this is a quality of life measure specific to mental health recovery they felt this is most appropriate. The one month time marker is in-keeping with the other COS time frames, making a more comprehensive and accessible core outcome set. Those using within-participant measures of quality of life may like to also measure a pre-discharge baseline. Researchers looking for more thorough assessment of quality of life may like to also measure at 7 days post-discharge and 3 months, as these were also highly recommended time markers or use the ReQoL 20 and report both scores for comparability.

### 3. Suicide Completed

The participants recommended retrospective review of administrative data, for suicide completed within 28 days of discharge. Retrospective review is in line with other outcomes and was marginally the highest suggestion. We chose within 28 days for consistency with readmission data. Researchers looking for more comprehensive data may want to use 7 days and 3 months as these were highly recommended also. They may also want to cross-check this information against other sources (carers/case managers) to ensure it is correct and reported, particularly as participants mentioned the impact of incorrect coroner's reports on such data.

### 4. Psychological Distress

The participants recommended Kessler Psychological Distress (K10) one month post-discharge [36] . For consistency with other outcomes we recommend measure at one month. Seven days and 3 months are also highly recommended, so we would recommend these for research that is more robust. Although there were very few votes for instruments for psychological distress and qualitative comments revealed that participants felt this is not measurable. The same amount of people who voted for K10 also voted for interviews or other measures and a similar amount recommended the development of a new measure, CORE-10 was similarly close [37]. Whilst we make this recommendation, we also suggest that future researchers may look to develop something specific for Psychological Distress in this core outcome set. Interviews would not effectively facilitate the between study comparison, the key purpose of a COS.

**Outcome 1: Readmission**

| Measure | Number of votes | Important comments |
|---|---|---|
| Interviews with SUs | 12 | • In some countries… there is no easily accessible data on readmission rates…in our experience self-reported in the most reliable way |
| Retrospective review of administrative data | 13 | • Might not show people who need admission but don't because there's no bed |
| Extracted from case-managers notes and cross-checked with hospital records | 10 | • Might be easier to gather administrative data, but worth cross-checking to improve quality of information |
| Self-reported questionnaire | 1 | |
| Other- carer interview | 2 | |
| Total | 38 | |

**Conclusion:** A minimum recommendation of using retrospective review of administrative data. This will allow for various studies with diverse time and financial limits to use the COS. However, we also advise that this should supplemented either by cross-checking with service-users, case managers or carers, where possible to improve quality of data.

**Time Markers**

| Time marker | Number of Votes |
|---|---|
| Within 2 days | 3 |
| Within 3 days | 2 |
| Within 7 days | 17 |
| Within 28 days | 12 |
| Within 30 days | 7 |
| Within 1 month | 7 |
| Within 6 weeks | 4 |
| Within 12 weeks | 7 |
| Within 3 months | 11 |
| Within 6 months | 14 |
| Other (1yr and 3yrs) | 1 |
| | |

| | |
|---|---|
| Around 3 days | 5 |
| Around a month | 26 |
| Around 3 months | 18 |

**Conclusion:** The minimum recommendation to record readmission within 28 days. 26 of the 43 participants recommended a measure of around a month (1 month, 30 days or 28 days) with 28 being this most popular. Those looking for higher quality or more comprehensive data may also like to record 7 days, 3 months and 6 months as these were also popular recommendations.

**Outcome 2: Quality of Life**

| Instrument | **Number of votes** | **Comments** |
|---|---|---|
| ReQol- 10 | 9 | 'I think ReQol would be best for patients in MH services as I understand it was validated for CMHT patients but if someone didn't have contact with MH services before and isn't under a CMHT afterwards another measure might be better.' |
| ReQol- 20 | 3 | |
| Quality of Life Brief Version (Lehman) | 2 | |
| WHO Quality of Life Scale | 5 | |
| Manchester Short Assessment Quality of Life (MANSA) | 1 | |
| Satisfaction with Life Scale (SWLS) | 1 | |
| SF12 | 2 | |
| EQ5D | 0 | |
| AQoL-8D | 0 | |
| Other (ICECAP) | 1 | |
| Develop a new tool | 2 | |
| No instrument (interviews etc. instead) | 7 | I think the use of tools should be complemented with interviews with service users and carers. |
| Total | 33 | |
| ReQoL combined (10+20) | 12 | |

**Conclusion:** We recommend that researchers use ReQoL-10. This was the most voted for instrument. If we also combine the scores with those who voted for ReQoL 20, a large proportion of the group suggested this outcome. As this is a quality of life measure specific to mental health recovery we feel this is most appropriate.

**Time markers**

| **Time Point** | **Number of votes** |
|---|---|
| Within 2 days | 3 |
| Within 3 days | 2 |
| Within 7 days | 16 |
| Within 28 days | 11 |
| Within 30 days | 6 |
| Within 1 month | 9 |
| Within 6 weeks | 3 |
| Within 12 weeks | 5 |
| Within 3 months | 21 |
| Within 6 months | 11 |
| Other (within 9 months, 12 months and 3 years) | 2 |
| Pre-discharge | 9 |
| | |
| Around 3 days | 5 |
| Around 1 month | 26 |
| Around 3 months | 26 |

**Conclusion:** We recommend a minimum measure of QoL at one month post-discharge in RCTs. This is in keeping with the readmission time frames, making a more comprehensive and accessible core outcome set. Those using within-participant measures of quality of life may like to also measure a pre-discharge baseline. Those looking for more thorough assessment of QoL may like to also measure at 7 days post-discharge and 3 months, as these were also highly recommended time markers.

**Core Outcome 3: Suicide completed**

| **Measure** | **Number of votes** |
|---|---|
| Retrospective review of administrative data | 18 |
| Extracted from case managers and cross-checked with hospital records | 17 |
| Extracted from clinical case notes | 14 |
| Other<br>Extracted from serious incident reporting<br>From family and friends | 4 |
| Total | 53 |

**Conclusion**: Retrospective review of administrative data. To keep in line with other outcomes and was marginally highest measure.

| **Time Marker** | **Number of votes** |
|---|---|
| Within 2 days | 2 |
| Within 3 days | 2 |
| Within 7 days | 20 |
| Within 28 days | 12 |
| Within 30 days | 4 |
| Within 1 month | 9 |
| Within 6 weeks | 0 |
| Within 12 weeks | 4 |
| Within 3 months | 14 |
| Within 6 months | 13 |
| Other | 2 |
| | |
| Around 3 days | 4 |
| Around 1 month | 25 |
| Around 3 months | 18 |

**Conclusion.** Within 28 days for consistency with other outcomes. Other researchers may want to use 7 days and 3 months as these were highly recommended also.

**Outcome 4: Psychological Distress**

| **Instrument** | **Number of votes** |
|---|---|
| Kessler Psychological Distress (K10) | 6 |
| CORE-10 | 5 |
| Brief Psychiatric Rating Scale (BPRS) | 3 |
| Brief Symptom Inventory (BSI) | 1 |
| The positive and negative symptom scale | 1 |
| The Discharge List (DL) â€“ 20 item scale | 2 |
| Clinical Global Impression to Assess illness severity | 0 |
| ASI (Psychiatric problem subscale) | 0 |
| PSYRAT (Psychological Distress subscale) | 1 |
| Develop a new self-assessment tool for psychological distress | 5 |
| Other | 1 |
| No instrument (interview or other method instead) | 6 |
| Total | 31 |

**Conclusion:** We recommend Kessler Psychological Distress (K10). Although there were very few votes for measures. The same amount of people who voted for K10 also voted for interviews or other measures and a similar amount recommended the development of a new measure, CORE-10 was similarly close. Whilst we make this recommendation, we also suggest that future researchers may look to develop something specific for this core outcome set. Interviews would not allow for easy comparison of scores so would not be relevant for a core outcome set.

**Time Markers**

| **Time Marker** | **Number of votes** |
|---|---|
| Within 2 days | 2 |
| Within 3 days | 4 |
| Within 7 days | 22 |
| Within 28 days | 8 |
| Within 30 days | 4 |
| Within 1 month | 14 |
| Within 6 weeks | 3 |
| Within 12 weeks | 4 |
| Within 3 months | 15 |
| Within 6 months | 14 |
| Other | 3 |
| Pre-discharge baseline measure at ... | 5 |
| | |
| Around 3 days | 6 |
| Around 1 month | 26 |
| Around 3 months | 19 |

**Conclusion:** The minimum recommendation is one month post-discharge. For consistency with other outcomes we recommend measure at one month. 7 days and 3 months are also highly recommended, so we would recommend these for more thorough research.