

Mapping the implementation of adult psychiatric home hospitalization services: a scoping review protocol

Vânia L. Martins^{1,2,3} • Lara Guedes Pinho^{2,4} • Rosa Silva^{5,6,7} • David Giménez-Diez⁸ • Margarida Tomás⁹ • Ana Cristina Vidal^{3,10} • Marisa Soares^{3,9} • Manuel Lopes^{2,11}

¹NOVA National School of Public Health, Public Health Research Centre, Comprehensive Health Research Centre, CHRC, REAL, CCAL, NOVA University Lisbon, Lisbon, Portugal, ²Comprehensive Health Research Centre (CHRC), Universidade de Évora, Évora, Portugal, ³Almada-Seixal Local Health Unit, Almada, Portugal, ⁴Escola Superior de Saúde, Instituto Politécnico de Viana do Castelo, Viana do Castelo, Portugal, ⁵Nursing School, University of Porto, Porto, Portugal, ⁶RISE-Health, Nursing School, University of Porto, Porto, Portugal, ⁷Portugal Centre for Evidence Based Practice: A JBI Centre of Excellence, Health Sciences Research Unit: Nursing, Nursing School of the University of Coimbra, Coimbra, Portugal, ⁸GRIVIS Research Group, Department of Nursing, Faculty of Medicine, Autonomous University of Barcelona, Barcelona, Spain, ⁹Nursing Research Innovation and Development Centre of Lisbon (CIDNUR), Nursing School, Universidade de Lisboa, Lisbon, Portugal, ¹⁰Egas Moniz School of Health and Science, Caparica, Portugal, and ¹¹Nursing Department, Universidade de Évora, Évora, Portugal

ABSTRACT

Objective: This review will map and summarize international evidence on the determinants of implementation of adult psychiatric home hospitalization (PHH) services.

Introduction: Adult PHH is increasingly recognized as a viable alternative to acute inpatient care for adults experiencing mental health crises. Yet, despite growing implementation, guidance on how PHH services are organized, integrated, and adapted remains scattered and heterogeneous. Additionally, international variation remains high, and key determinants affecting their adoption, integration, and sustainability are still insufficiently explored.

Eligibility criteria: This review will include international sources published from 2000 onward that describe the implementation of PHH services for adults (≥ 18 years) in acute mental health crisis. It will explore any mental health care setting—community-based, hospital-linked, or home-based—where PHH is employed as an alternative to traditional inpatient admission.

Methods: The scoping review will be conducted in accordance with the JBI methodology for scoping reviews and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) guidelines. A comprehensive 3-step search strategy will be applied across academic databases (eg, PubMed, PsycINFO, Psychology and Behavioral Sciences Collection, Scopus, and CINAHL Complete), guideline repositories (eg, World Health Organization, National Institute for Health and Care Excellence), and gray literature sources (eg, Google Scholar, ProQuest Dissertations and Theses, and institutional or organizational websites). Eligible sources will include formal guidance documents, empirical studies (eg, qualitative, quantitative, mixed methods), and gray literature related to the determinants of implementation of PHH services. To support a structured examination of implementation determinants, this review will apply the Consolidated Framework for Implementation Research and the Implementation Outcomes Framework as guiding frameworks for data charting, analysis, and presentation.

Review registration: OSF (<https://osf.io/y5482/>)

Keywords: acute mental disorder; implementation science; intensive home treatment; mental health services; psychiatric home hospitalization

JBI Evid Synth 2026; 00(0):1–10.

Correspondence: Vânia Lúcia Domingues Martins, vld.martins@ensp.unl.pt

RS is associate editor of JBI Evidence Synthesis but was not involved in the editorial processing of this manuscript. The other authors declare no conflicts of interest.

DOI: 10.11124/JBIES-25-00391

Introduction

Home-based acute psychiatric care has developed over the past 4 decades as an intensive alternative to inpatient treatment, enabling individuals with acute mental illness to receive multidisciplinary care in their home environment.¹ This broad category includes diverse models aimed at managing acute psychiatric episodes outside hospital settings. Within this field, hospital-at-home models were designed as substitutes for conventional general hospital admission and, in Portugal, have been operationalized through home hospitalization.²

Evidence indicates that PHH reduces coercion, trauma, and hospital admissions, while enhancing treatment options, collaboration, user satisfaction, and cost-efficiency.^{3,4} However, real-world implementation remains highly variable and fragmented across contexts, with marked differences in scope, organizational structures, staffing, and integration within health systems.^{4,5} This variability reflects a persistent evidence-to-practice gap, whereby complex interventions encounter organizational, cultural, and policy barriers, alongside substantial delays in translating research evidence into routine service delivery.^{6,7}

Implementation science addresses these challenges by examining determinants shaping adoption and sustainability.⁸ For instance, a Norwegian study on crisis resolution teams showed wide variation despite being implemented nationally, with input from national, local, and individual levels.⁹ These findings reflect broad concerns raised by implementation researchers regarding the persistent gap between evidence-based treatment models and their integration into real-world clinical settings. Proctor and Landsverk (2009) assert that implementation research occupies a distinct and essential role within the translational science continuum, one of importance for mental health research, bridging the space between treatment development and routine service delivery. This gap has been repeatedly noted as a critical issue in mental health services, where evidence-based interventions are often slow to be adopted or are only partially implemented within community practice settings.¹⁰

To address these challenges without limiting the scope of the review, we will employ a structured implementation science framework, using the Consolidated Framework for Implementation Research (CFIR 2.0) as a guiding analytic lens. This systematically captures

determinants across 5 domains: innovation, outer setting, inner setting, characteristics of individuals, and process.⁷ Importantly, CFIR 2.0 will not be used to restrict eligibility or limit the inclusion of sources; rather, it will facilitate the organization, mapping, and interpretation of implementation determinants across diverse contexts and service models. Recent work to update the CFIR based on extensive user feedback reinforced its applicability and relevance for mapping implementation determinants across diverse contexts.⁷ Moreover, conceptual frameworks are increasingly used in scoping reviews, reflecting a broader effort to enhance methodological rigor and analytic depth.^{11,12}

Identifying core PHH components and organizational mechanisms is essential to define an intervention. Mapping these innovation-related, organizational, contextual, individual, and process-related elements will enable the identification of key facilitators and barriers, supporting a comprehensive understanding of conditions influencing the implementation and sustainability of PHH across health systems.⁸

Yet, we acknowledge that not all research to date is easily comparable or cohesive. For instance, despite a psychiatric crisis being central in acute mental health care, the term lacks a consistent international definition. Previous studies highlight that existing criteria—such as severity (eg, requiring inpatient admission without team intervention)—do not fully capture its essential features.¹³ Consequently, this review will adopt an inclusive approach of accepting the operational definitions used in each source, to enable a systematic mapping and comparison of how psychiatric crisis is conceptualized across contexts and care models.

To give another example, international models also vary in age inclusion. Most services focus on adults aged between 18 and 65 years.¹⁴ However, some models have been specifically adapted to serve older adults, particularly those with complex needs, such as dementia. For instance, Molina and Lawson (2024) described a dementia-specialist intensive support team supporting older individuals in crisis.¹⁵ These differentiated models highlight the importance of mapping how PHH services are tailored to distinct population groups. With population aging, this is increasingly relevant: the World Health Organization (WHO) and the United Nations classify ≥ 60 years as

older adults,¹⁶ a group for whom hospitalization carries high risks.¹⁵

Given the complexity and multi-level nature of PHH, a scoping review was selected as the most appropriate design because the evidence is heterogeneous, international, and includes empirical studies, guidelines, and policy documents, and because outcomes are varied and often not directly comparable, as demonstrated by the previous examples. Unlike systematic, realist, or meta-synthesis reviews, the aim will not be to evaluate effectiveness but to map evidence breadth, categorize implementation determinants, clarify key concepts, and identify gaps to inform future research and service development.¹⁷

A preliminary search of PROSPERO, OSF, and *JBHI Evidence Synthesis* was conducted and no current or in-progress scoping or systematic reviews on the topic were identified. There are several related reviews, but none address the specific objectives of the present review. For example, Wheeler *et al.* (2015) conducted a systematic review on the implementation of crisis resolution teams in adult mental health services.¹⁸ While related in focus, this review is now over a decade old, does not examine PHH as a model, and does not use a structured implementation framework. Additionally, a systematic review protocol by Dayani *et al.* (2025) registered in PROSPERO aims to synthesize evidence on community-based mental health teams in low- and middle-income countries. This protocol includes participants of all ages (children, adolescents, adults) and does not focus on PHH or adopt an implementation science lens.¹⁹ Overall, the current reviews either focus on different service models, have a geographic or demographic restriction, lack an implementation framework, or have become outdated.

This review will address a distinct gap by mapping and synthesizing international evidence on determinants of PHH for adults, thereby enhancing our understanding of service delivery across contexts and informing debates in countries, such as Portugal, where such models are not yet established.

Review questions

- i) What organizational and innovation-related determinants of the implementation and sustainability of adult PHH services are reported internationally?

- ii) How are PHH service models organized and delivered across different health system contexts, including team composition, intensity of care, and modes of delivery?
- iii) How are the roles, competencies, and engagement of key stakeholders—health professionals, service managers, service users, and carers—described in relation to the implementation of PHH services?
- iv) What implementation outcomes are reported in relation to PHH services?

Eligibility criteria

Participants

This scoping review will consider studies that include adults experiencing acute mental health crises, particularly those considered for psychiatric hospital admission due to the severity of their condition. As there is no international consensus regarding the definition of psychiatric crisis, no single normative definition will be imposed. For the purpose of this review, a working definition will be adopted, whereby a psychiatric crisis is understood as episodes requiring urgent, intensive psychiatric intervention in response to enduring mental health difficulties, involving a high risk of harm to oneself or others, severe functional deterioration, or behavioral dysregulation.²⁰

Sources will be considered eligible if they describe PHH or equivalent services as defined within the respective guideline or service description. Equivalent services will be those sharing key characteristics with PHH according to the operational description provided in the Context section. We will be interested in capturing perspectives from multiple stakeholder groups—including health professionals, service managers, policymakers, and carers—rather than individual clinical outcomes. Participants will be adults with no upper age limit, as this review adopts an inclusive definition of adulthood, considering all individuals aged ≥18 years. Conversely, PHH services that exclusively target children or adolescents will be outside the scope of this review.

Concept

This review will consider studies that explore determinants influencing the implementation of adult PHH services, examined through an implementation science approach. CFIR 2.0, comprising 5 domains and 39

constructs, provides a standardized repository of implementation determinants and a shared terminology to support consistent analysis across diverse contexts.²¹ While there are other frameworks, CFIR 2.0 has been selected for its broad applicability and capacity to capture multi-level implementation factors in complex services, such as PHH.²² In this review, CFIR 2.0 will guide data charting, analysis, and presentation without restricting inclusion or coding, allowing the identification of determinants beyond predefined constructs. Evidence will be mapped according to CFIR 2.0 domains—innovation, outer setting, inner setting, individuals, and process—to explore factors influencing PHH implementation. Eligibility for this review will not require the explicit use of implementation science terminology or CFIR constructs.

Context

This review will consider studies that frame PHH as an overarching model of care, in which acute psychiatric treatment is delivered at home as an alternative to inpatient admission. Services included will substitute inpatient care, provide intensive support, and manage psychiatric crises, and they will be delivered in the patient's home environment, typically by multidisciplinary teams.³ Different configurations of PHH will be considered, including emerging hybrid and digitally supported models. The review will adopt a systematic mapping approach, encompassing all identified service types, thereby capturing the diversity of international models without imposing predefined categorical constraints. Studies from all sociocultural, health system, and geographic contexts will be included. Low-intensity home care models (eg, occasional visits, social support, outreach without multidisciplinary input) will be excluded.

Types of sources

This scoping review will consider a broad range of sources describing the organization, development, implementation, or delivery of adult PHH services. Eligible sources will comprise primary studies of any design (eg, qualitative, quantitative, mixed methods, observational, descriptive) and gray literature, such as policy documents, implementation manuals, guidelines, and reports. Guidelines are defined as documents providing recommendations for clinical or public health action, where recommendations are understood as statements intended to support decision-making on clinical, diagnostic, or public health

interventions.²³ Sources may be local, regional, national, or international. Conference abstracts will be included only if the full text is available. No language restrictions will be applied: English, Spanish, and Portuguese will be reviewed directly, while other languages will be translated. Translation will be performed using DeepL (DeepL, Cologne, Germany). Translations will be checked against the original text for contextual consistency, and a second reviewer will verify key extracted content. Any discrepancies will be resolved through discussion and, if necessary, re-translation.

Eligible materials will be limited to those published from 2000 onwards. Although there were earlier forms of home-based psychiatric care, they were largely fragmented and locally driven. The year 2000 marked a shift towards more formalized, policy-supported, and guideline-informed models of community and home-based psychiatric care, reflecting broader international developments in structured and coordinated approaches.^{4,5} This period coincided with key institutional developments, including the UK National Service Framework for Mental Health (1999) and the establishment of the National Collaborating Centre for Mental Health (2001) to support National Institute for Health and Care Excellence (NICE) guideline development.²⁴ Restricting the timeframe to post-2000 publications ensures that the review captures contemporary, institutionalized, and transferable service models, allowing for a consistent and analytically meaningful examination of implementation determinants.

Methods

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews²⁵ and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).²⁶ This protocol has been registered in OSF (<https://osf.io/y5482/>).

Search strategy

The search strategy will aim to locate published guidance documents, empirical studies, and gray literature. An initial limited search of MEDLINE and CINAHL was conducted to identify sources on the topic. The text words contained in the titles and abstracts of relevant sources, and the index terms used to describe the sources, were used to develop a full search strategy

to be applied across multiple bibliographic databases, including PubMed, CINAHL (EBSCOhost), PsycINFO (EBSCOhost), and Psychology and Behavioral Sciences Collection (EBSCOhost), as well as Scopus (for an example, see Appendix I). Gray literature sources will be searched through Google Scholar (first 100 results), institutional and non-governmental organizational websites (eg, UK Department of Health, Mental Health Commission of Canada, European Commission, Mental Health Europe, Mind UK, the International Initiative for Mental Health Leadership), guideline repositories (eg, WHO, NICE), and ProQuest Dissertations and Theses. The search strategy, including all identified keywords and index terms, will be adapted for each included information source. The reference lists of sources included in the review will be screened, and key authors or organizations contacted if necessary, to identify additional sources.

Source of evidence selection

Following the search, all identified records will be collated and uploaded into Mendeley v.1.68.0. (Mendeley Ltd., Elsevier, Netherlands) and duplicates removed. A pilot test (on a 10% initial random sample) will assess consistency in applying the eligibility criteria. Two reviewers (MT, VM) will independently screen the titles/abstracts against the predefined eligibility criteria, and the results will be compared to determine the level of agreement between the reviewers (75% agreement required). If concordance is lower, the criteria will be refined.

Following the pilot test, titles and abstracts will be screened by 2 reviewers (MT, VM) independently for assessment against the eligibility criteria for the review. Potentially relevant sources will be retrieved in full and their citation details imported into the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI; JBI, Adelaide, Australia).²⁷ The full text of selected citations will be assessed in detail against the eligibility criteria by 2 reviewers independently. Reasons for exclusion of full-text papers that do not meet the eligibility criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer (LP). The results of the search will be reported in full in the final scoping review and presented in a PRISMA flow diagram.²⁶

Data extraction

Data will be extracted from sources included in the scoping review guided by CFIR 2.0's 5 domains, which will be complemented by implementation outcomes from Proctor's framework (acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, sustainability),²⁸ where explicitly reported, to enhance our understanding of implementation processes.⁸ The data extracted will include general information (authorship, year, country, type of source), population characteristics (age, target population, operational definition of psychiatric crisis), and implementation determinants aligned with CFIR 2.0 and relevant implementation outcomes. Data extraction will also record how psychiatric crisis is defined, to enable a comparison across models and contexts. A draft data extraction tool is provided (see Appendix II). The draft data extraction tool will be pilot tested by 2 reviewers (MT, MS) using 2 sources and modified and revised as necessary during the process of extracting data from each included source. This approach is aligned with the flexible nature of scoping reviews and the iterative refinement process anticipated by the reviewers, where searching, screening, and selection are expected to inform one another throughout the review.^{25,29} Modifications will be detailed in the full scoping review. Any disagreements that arise between the reviewers (VM, MS) will be resolved through discussion or with a third reviewer (AV) as necessary. Authors of included sources will be contacted up to 2 times to request missing or additional data, where required. If no response is received, the source will be included based on the available information, and missing data will be documented in the review as not reported.

Data analysis and presentation

All included sources will undergo full data extraction and descriptive, exploratory analysis. A staged analytical approach will be employed, aligned with the types of sources defined previously:

- i) Formal guidance and technical documentation (eg, guidelines, manuals, frameworks, and governmental or institutional reports) will be descriptively analyzed to map reported recommendations, normative standards, and policy-level expectations.
- ii) Empirical studies (qualitative, quantitative, mixed methods, observational, descriptive) will be used to map service characteristics, organizational

arrangements, team composition, stakeholder roles, and modes of delivery.

- iii) Policy and gray literature will be mapped to further contextualize implementation processes and service configurations, particularly where empirical evidence is limited or there are local adaptations.

Data analysis will integrate deductive data charting, which will involve mapping the extracted information to the CFIR 2.0 domains in order to structure the findings, alongside inductive thematic analysis, which will serve to identify patterns, concepts, and insights emerging beyond those constructs. This combined analytical strategy will allow for the flexible organization of evidence, without constraining the reviewers' analytic interpretation, thereby supporting the inductive emergence of patterns and themes while permitting the review to remain open to insights beyond predefined constructs.²⁹ This approach aligns with established scoping review guidance, which supports the complementary use of framework-informed and inductive analyses to descriptively and exploratorily synthesize heterogeneous evidence across diverse sources.³⁰

Findings will be presented through narrative synthesis, supported by summary tables, descriptive figures, and conceptual maps. Evidence gaps across source types and analytic categories will be explicitly identified to inform future research.

Declarations

This review will form part of a doctoral project of VLM.

No AI tools were used to conduct any methodological aspect of this protocol; AI was used only as a supportive tool for language editing, translation assistance, and text refinement of the manuscript, with all scientific content fully developed and validated by the authors.

Funding

This research is co-funded by the Foundation for Science and Technology (FCT) through the European Social Fund (ESF), under the Doctoral Research Scholarships in a Non-Academic Environment programme, Ref. No. 2024.05909.BDANA.

Author contributions

VLM, MT, ACV, and MS contributed to the study design and drafting of the study protocol. RS made a substantial contribution to the methodology, formal analysis, and academic revision. LGP, ACV, RS, DGD, and ML contributed to writing (review and editing). DGD conducted a comprehensive academic revision of the manuscript, providing critical feedback on structure, clarity, and methodological coherence, with particular attention to alignment with CFIR 2.0, JBI methodology, and PRISMA-ScR guidelines. All authors (VLM, LGP, RS, DGD, MT, ACV, MS, ML) contributed to writing the manuscript.

Global priority and equity alignment

This review aligns with Sustainable Development Goal 3 (Good Health and Well-being) by mapping and summarizing evidence on the implementation of psychiatric home hospitalization models aimed at improving access to community-based, person-centered mental health care and reducing the reliance on inpatient admission.

References

1. Singh R, Rowan J, Burton C, Galletly C. How effective is a hospital at home service for people with acute mental illness? *Australas Psychiatry* 2010;18(6):512-6.
2. Soares M, Martins V, Tomás M, Sousa L, Nascimento T, Costa P, *et al.* Psychiatric home hospitalization: the role of mental health nurses—a scoping review. *Healthcare* 2025;13(3):231.
3. Vázquez ID, Tintó AL, Arjona CH, Martínez MB, Díaz AC. Accompanying mental health problems at home: preliminary data from a crisis resolution and home treatment team in Catalonia. *J Psychiatr Ment Health Nurs* 2023;30(5):974-82.
4. Johnson S, Dalton-Locke C, Baker J, Hanlon C, Salisbury TT, Fossey M, *et al.* Acute psychiatric care: approaches to increasing the range of services and improving access and quality of care. *World Psychiatry* 2022;21(2):220-36.
5. Holgersen KH, Pedersen SA, Brattland H, Hynnekleiv T. A scoping review of studies into crisis resolution teams in community mental health services. *Nord J Psychiatry* 2022;76(8):565-74.
6. Bauer MS, Kirchner JA. Implementation science: what is it and why should I care? *Psychiatry Res* 2020;283:112376.
7. Damschroder LJ, Reardon CM, Widerquist MAO, Lowery J. The updated Consolidated Framework for Implementation Research based on user feedback. *Implement Sci* 2022;17(1):75.

8. Damschroder LJ, Reardon CM, Widerquist MAO, Lowery J. Conceptualizing outcomes for use with the Consolidated Framework for Implementation Research (CFIR): the CFIR outcomes addendum. *Implement Sci* 2022;17(1):76.
9. Hasselberg N, Gråwe RW, Johnson S, Ruud T. An implementation study of the crisis resolution team model in Norway: are the crisis resolution teams fulfilling their role? *BMC Health Serv Res* 2011;11:96.
10. Proctor EK, Landsverk J, Aarons G, Chambers D, Glisson C, Mittman B. Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Adm Policy Ment Health* 2009;36(1):24-34.
11. Shahin Z, Messick A, Harris J, Waterfield KC, Shah GH. A scoping review of theoretical models and conceptual frameworks used in public health services and systems research literature. *Glob J Med Public Health* 2020;9(1):1-11.
12. Lopes AS, Ribeiro AL, Lamas B, Santos D, Fernandes D, Silva R, *et al.* Oncology care humanization in adults: a scoping review protocol. *JBIM Evid Synth* [epub ahead of print].
13. Tobitt S, Kamboj S. Crisis resolution/home treatment team workers' understandings of the concept of crisis. *Soc Psychiatry Psychiatr Epidemiol* 2011;46(8):671-83.
14. Koureta A, Papageorgiou C, Asimopoulos C, Bismiki E, Grigoriadou M, Xidia S, *et al.* Effectiveness of a community-based crisis resolution team for patients with severe mental illness in Greece: a prospective observational study. *Community Ment Health J* 2023;59(1):14-24.
15. Molina E, Lawson C. Evaluating the effectiveness of a home treatment team for older adults and adults with dementia in a mental health crisis: a retrospective analysis. *FPOP Bull* 2024;168(2):24-31.
16. World Health Organization. Decade of healthy ageing: plan of action 2021-2030 [internet]. WHO; 2020 [cited 2026 May 20]. Available from: <https://www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action>.
17. Khalil H, Peters MDJ, Tricco AC, Pollock D, Alexander L, McInerney P, *et al.* Conducting high quality scoping reviews—challenges and solutions. *J Clin Epidemiol* 2021;130:156-60.
18. Wheeler C, Lloyd-Evans B, Churchard A, Fitzgerald C, Fullarton K, Mosse L, *et al.* Implementation of the crisis resolution team model in adult mental health settings: a systematic review. *BMC Psychiatry* 2015;15:74.
19. Dayani K, Ahmed F, Kolumbet O, Kulish V, Pinchuk A, Virchenko V, *et al.* Systematic review of community-based mental health teams in low- and middle-income countries (LMICs) [internet]. PROSPERO; 2025 [cited 2026 May 20]. Available from: <https://www.crd.york.ac.uk/PROSPERO/view/CRD420251009991>.
20. Wood L, Williams C, Luxon L, Kumary A, Roth A. Developing a psychosocial competency framework for adult and older adult acute mental health inpatient care. *Psychol Psychother* [epub ahead of print].
21. Means AR, Kemp CG, Gwayi-Chore MC, Gimbel S, Soi C, Sherr K, *et al.* Evaluating and optimizing the Consolidated Framework for Implementation Research for use in low- and middle-income countries: a systematic review. *Implement Sci* 2020;15(1):17.
22. Kirk MA, Kelley C, Yankey N, Birken SA, Abadie B, Damschroder L. A systematic review of the use of the Consolidated Framework for Implementation Research. *Implement Sci* 2015;11:72.
23. World Health Organization. WHO guidelines [internet]. WHO; 2026 [cited 2025 May 2]. Available from: <https://www.who.int/publications/who-guidelines>.
24. Boardman J, Parsonage M. Government policy and the National Service Framework for Mental Health: modelling and costing services in England. *Adv Psychiatr Treat* 2009;15(3):230-40.
25. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Scoping reviews. In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIM Manual for Evidence Synthesis* [internet]. JBI; 2024 [cited 2026 May 20]. Available from: <https://synthesismanual.jbi.global>.
26. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, *et al.* The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71.
27. Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIM Manual for Evidence Synthesis* [internet]. JBI; 2024 [cited 2026 May 20]. Available from: <https://synthesismanual.jbi.global>.
28. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, *et al.* Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health* 2011;38(2):65-76.
29. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3(2):77-101.
30. Pollock D, Peters MDJ, Khalil H, McInerney P, Alexander L, Tricco AC, *et al.* Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBIM Evid Synth* 2023;21(3):520-32.

Appendix I: Search strategy

PubMed		
Search conducted: July 30, 2025		
Search	Query	Records retrieved
#1	("psychiatric"[tiab] OR "mental health"[tiab] OR "mental health crisis"[tiab] OR "acute psychiatric"[tiab] OR "acute psychiatric episode"[tiab] OR "severe mental illness"[tiab])	436,652
#2	("Delivery of Health Care"[Mesh] OR "Program Development"[Mesh] OR implementation[tiab] OR "implementation science"[tiab] OR "service delivery"[tiab] OR "organizational model"[tiab] OR fidelity[tiab] OR barriers[tiab] OR facilitators[tiab] OR "intervention characteristics"[tiab] OR "implementation process"[tiab] OR "service model"[tiab] OR "team composition"[tiab] OR "clinical protocol"[tiab] OR "delivery model"[tiab] OR "service structure"[tiab] OR sustainability[tiab] OR "implementation outcomes"[tiab])	1,736,085
#3	("Home Care Services, Hospital-Based"[Mesh] OR "hospital at home"[tiab] OR "hospital* at home"[tiab] OR "home hospital*"[tiab] OR "psychiatric hospital at home"[tiab] OR "hospital at home psychiatry"[tiab] OR "intensive home treatment"[tiab] OR "home-based acute psychiatric care"[tiab] OR "acute home-based mental health care"[tiab] OR "acute community mental health service*"[tiab] OR "Inpatient Equivalent Home Treatment"[tiab] OR "crisis resolution and home treatment"[tiab] OR "crisis home treatment"[tiab] OR CRT[tiab] OR CRHT[tiab] OR "alternatives to inpatient admission"[tiab] OR "admission avoidance"[tiab] OR "early supported discharge"[tiab] OR "virtual ward*"[tiab] OR "Psychiatric Home Hospitalization"[tiab])	26,100
#4	(#1) AND (#2) AND (#3)	123
Limited to sources from 2000 onward; no language limits.		

Appendix II: Draft data extraction instrument

Charting form: empirical studies										
Paper code	Paper reference	Population characteristics	Type of source	Extracted data by CFIR 2.0 domain(s)						Notes/quotes
	Authorship, year, country	Age group, target population	Source type	Innovation	Inner setting	Outer setting	Characteristics of individuals	Implementation process	Implementation outcomes	Operationalization/description of psychiatric crisis

CFIR, Consolidated Framework for Implementation Research.

Charting form: formal guidance										
Paper code	Paper reference	Publishing organization	Type of source	Extracted data by CFIR 2.0 domain(s)						Notes/quotes
	Authorship, year, country	eg, WHO, NICE, National Guideline Clearinghouse	Document classification: eg, clinical guidelines, policy frameworks, implementation manuals	Innovation	Inner setting	Outer setting	Characteristics of individuals	Implementation process	Implementation outcomes	Operationalization/description of psychiatric crisis

CFIR, Consolidated Framework for Implementation Research; NICE, National Institute for Health and Care Excellence; WHO, World Health Organization.

Charting form: gray literature									
Paper code	Paper reference	Authoring institution	Extracted data by CFIR 2.0 domain(s)						Notes/quotes
	Authorship, year, country	Gray literature source	Innovation	Inner setting	Outer setting	Characteristics of individuals	Implementation process	Implementation outcomes	Operationalization/description of psychiatric crisis

CFIR, Consolidated Framework for Implementation Research.