

# **Crisis resolution teams for people experiencing mental health crises: the CORE mixed-methods research programme including two RCTs**

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## Plain English summary

### The CORE mixed-methods research programme

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## Plain English summary

Crisis resolution teams (CRTs) offer care at home as an alternative to hospital admission in a mental health crisis. However, there are doubts about their quality and success in keeping people out of hospital.

The first study aimed to work out what best practice in CRTs looks like and how it can be achieved. The study started by looking at previous research and investigating the views of CRT staff, clients and families. The previous research and views were used to develop a measure of how far a CRT achieves best practice, completed on a visit to the CRT by an expert group of reviewers, including a service user or carer. A set of strategies were then developed to help teams achieve best practice, including coaching from a CRT expert and online resources. It was tested whether or not 15 teams trying to use these strategies over 1 year would be more successful than 10 other teams. These strategies did not increase satisfaction with CRTs, but seemed to lead to better CRT quality and fewer hospital admissions.

The second study developed and tried out a way of helping people avoid relapse after leaving CRT care through sessions. These sessions were with peer-support workers who had personal experience of using mental health services, and involved helping people plan things to do to keep well and prevent future crises. This was tested in a trial: 221 people were offered the peer support and 220 were not. Twenty-nine per cent of those who received peer support needed crisis care over the following year, compared with 38% who did not. Satisfaction with care was also greater in the peer-support-worker group, but no other clear positive effects were found.

From this study, a way of assessing whether or not CRTs follow what service users, staff and experts agree is good practice is now available. A peer-support programme has also been developed, which has the potential to reduce the need for people discharged from CRTs to return to crisis services.



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