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

Brynmor Lloyd-Evans,1 Marina Christoforou,1 David Osborn,1,2 Gareth Ambler,3 Louise Marston,4 Danielle Lamb,1 Oliver Mason,4 Nicola Morant,1 Sarah Sullivan,5 Claire Henderson,6 Rachael Hunter,4 Stephen Pilling,7 Fiona Nolan,8 Richard Gray,9 Tim Weaver,10 Kathleen Kelly,11 Nicky Goater,12 Alyssa Milton,13 Elaine Johnston,1 Kate Fullarton,1 Melanie Lean,1 Beth Paterson,1 Jonathan Piotrowski,14 Michael Davidson,1 Rebecca Forsyth,1 Liberty Mosse,1 Monica Leverton,1 Puffin O’Hanlon,1 Edward Mundy,1 Tom Mundy,1 Ellie Brown,15 Sarah Fahmy,1 Emma Burgess,1 Alasdair Churchard,1 Claire Wheeler,1 Hannah Istead,1 David Hindle1 and Sonia Johnson1,2*

1Division of Psychiatry, University College London, London, UK
2Camden and Islington NHS Foundation Trust, London, UK
3Department of Statistical Science, University College London, London, UK
4Research Department of Primary Care and Population Health, University College London, London, UK
5School of Social and Community Medicine, University of Bristol, Bristol, UK
6Health Service and Population Research, King’s College London, London, UK
7Division of Psychology and Language Sciences, University College London, London, UK
8School of Health and Social Care, University of Essex, Colchester, UK
9Department of Nursing and Midwifery, La Trobe University, Melbourne, VIC, Australia
10Mental Health Social Work and Interprofessional Learning, Middlesex University London, London, UK
11Oxford Health NHS Foundation Trust, Oxford, UK
12West London Mental Health Trust, London, UK
13Brain and Mind Centre, University of Sydney, Sydney, NSW, Australia
14Avon and Wiltshire Mental Health Partnership NHS Trust, Bath, UK
15Psychiatric Health Strategic Research Centre, Deakin University, Geelong, VIC, Australia

*Corresponding author s.johnson@ucl.ac.uk
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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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