# Crisis alternatives to hospital admission

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Acute inpatient care is a costly part of mental health services and is frequently experienced as unsatisfactory by service users. Crisis alternatives to acute inpatient wards are therefore of great interest as a potential means to increase service user choice and the effectiveness and acceptability of mental health crisis care.

Sonia Johnson's research group at University College London have an ongoing programme of research into crisis alternatives. In this seminar, we will present new data, not yet publically available, from one recently completed and one ongoing research study regarding crisis residential care and crisis home treatment respectively. Sonia Johnson will provide an overview of her research and the wider literature regarding acute care systems and alternatives to admission. Sarah Fahmy will present results from two multi-site studies which sought service users' views about optimal crisis care and means to improve therapeutic alliance between staff and service users in acute services. Beth Paterson will report findings from a national survey of Crisis Resolution Team managers in England, describing patterns of service organization and delivery and managers' views on key factors influencing effective crisis home treatment. Brynmor Lloyd-Evans will present the development of a fidelity measure to assess adherence to a model of best practice for Crisis Resolution Teams and research plans to investigate the validity of the measure and the effectiveness of implementation resources to enhance model fidelity. Alyssa Milton will present the development of a peer-supported, self-management programme for people following a period of care from a Crisis Resolution Team and preliminary results from piloting the programme.

This symposium all fits into the ENMESH sub-theme of "health services research", within the "psychosocial Interventions that promote better outcomes and recovery" theme. It also includes presentations relevant to the ENMESH themes of "effectiveness evaluation of complex recovery orientated interventions in routine mental health services" and "improving communication skills for better mental health services".

# Optimal mental health acute care systems: what do we know?

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*Background/Objectives*

Acute hospital admission is both costly and often not favoured by service users in crisis. As a result, the quest for effective alternatives to acute admission has been and remains been one of the central projects in mental health service delivery and research in Europe. A consensus is however yet to emerge on the best ways of planning acute care systems to optimise both service user experiences and effectiveness and cost effectiveness.

*Methods*

An overview will be presented both of the presenter's group's work on alternatives to acute admission and on other key work. Potential future directions for service development and research will be described.

*Results*

The body of evidence on acute care in mental health is surprisingly insubstantial considering the importance of this area from both service user and service planner perspective. Nonetheless, crisis resolution and home treatment teams, crisis houses and acute day programmes all have some supporting evidence as models that avert some (but not all) admissions, and improve service user satisfaction and choice. They may not, however, prevent compulsory admissions, at least unless enhanced by additional interventions.

While admission alternatives are potentially effective, challenges in implementation remain substantial. Pitfalls include failing to focus on those who are most acutely at risk, and providing care that is limited in strength of therapeutic relationships or in the range of interventions available. Particular challenges in systems with multiple forms of acute care are to ensure all service users enter care pathways that are appropriate to their needs, and to avoid excessive discontinuities in care.

*Discussion/Conclusion*

The current challenges in research and service delivery in acute care systems and potential future directions will be outlined. The main challenges relate to achieving high quality implementation of potentially effective models and designing effective acute care pathways that result in good outcomes, low readmission rates and service user choice whenever feasible.

# Service users' perspectives on acute care: findings from qualitative interviews in acute wards, crisis houses and home treatment teams

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*Background/Objectives:*
Alternatives to hospital admission – both residential crisis houses and home treatment – have been shown to increase service users' satisfaction with mental health acute care. Good relationships with staff and feeling safe have been identified as important, but little is known about how optimise to service users' experience of acute care.
In one study (TAS2), we explored service users' experience of admission to hospital wards and residential crisis houses, aspects of their relationships with service staff, and factors which facilitate or impede good staff-service user relationships. In a second study (CORE), we interviewed service users of Crisis Resolution Teams (CRTs) to understand their experience of acute home treatment and views on best practice in CRTs.

*Methods:*
TAS 2: Semi-structured interviews were conducted with service users at 4 crisis houses and 4 acute wards in London. Participants wer purposively sampled to reflect the socio-demographic characteristics and service use history of all users of the service. Interviews focused on participants' views on therapeutic alliance between staff and patients including: expectations of, characteristics of, preferences for, barriers to, facilitators of and recommendations for therapeutic alliance.
CORE: Semi-structured interviews were conducted with service users from 10 CRTs in urban and rural settings in England. Participants were asked for their views on the most important aspects of CRT services and on best practice regarding CRT service organisation and delivery.
For both studies, interviews were transcribed and analysed thematically by multiple coders using Nvivo software. Interview schedules and coding frames were developed collaboratively with involvement from researchers and stakeholder groups. Service user researchers conducted interviews wherever possible.

*Results*
Results will be presented from interviews with service users of Crisis houses (n=14), acute hospital wards (n=15) and CRT services (n=*40).*

*Discussion*
The implications from both studies will be discussed for how to optimise service users' experience of acute care and relationships between staff and service users. Implications for involvement of service users in research will also be considered.

# Results from National Survey of innovative practice in Crisis Resolution Teams in England

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*Background/Objectives*

Crisis Resolution Teams (CRTs) aim to provide rapid assessment in a mental health crisis followed by intensive home treatment. The aim of the national survey was to contribute towards an evidence base on how to optimise the functioning of CRTs in real-world clinical settings. The survey was one source of evidence to be combined to other sources to formulate a model of best practice in CRTs and a fidelity measure to assess best practice to be tested in later stages of the CORE Study, a nationally-funded UK research study.

*Methods*

218 CRTs were identified in 65 NHS Trusts in England. The manager of each CRT was contacted and invited to complete an electronic survey on team characteristics, services provided, initiatives used to improve CRT practice and initiatives to improve service user and carer experiences.

*Results*

192 teams (88% of total) responded and completed at least part of the survey. 84.4% of teams completed all or at least two thirds of the survey. Most key elements of previous UK government guidance were delivered by some CRTs, but few CRTs met them all. Similarly to a previous survey in 2005 we found considerable variation between CRTs regarding: referral criteria and processes, location and service structure, staffing mix and numbers, arrangements for working with other services, gatekeeping and types of interventions provided.

*Discussion/Conclusion*

Our survey provides a description of current service organisation and delivery in Crisis Resolution Teams in England. It identifies what can be feasibly delivered in CRTs and the views of a key stakeholder group about important elements ofthe CRT model. Although most services have been developed within the last dozen years in response to a national mandate and implementation guidance, we found considerable variation in service delivery and organisation. Clear specification of a CRT model is required, as are resources to assess and facilitate model implementation.

# Optimising service organization and delivery in Crisis Resolution Teams: the development of a CRT fidelity measure

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*Background*

Crisis Resolution Teams (CRTs) providing acute home treatment can reduce mental health hospital admissions and increase users' satisfaction with acute care. However the CRT model is not highly specified. Critical ingredients have not been established empirically and there is substantial variation in CRT services' organization and practice.

*Objectives*

Following methods established by the US Evidence Based Practices Program, we developed a fidelity measure for CRTs, designed to assess services' adherence to a model of CRT good practice and aid service improvement.

*Methods*

72 statements about aspects of good practice in CRTs were generated from development work for the CORE study (a systematic review of literature and CRT guidelines; a national survey of managers of CRT services in England; and interviews and focus groups with CRT stakeholders (n=105)). 68 CRT stakeholders took part in in concept mapping meetings in the UK and Norway. Participants grouped statements thematically and rated their importance. Concept mapping data were analysed using Ariadne software and used to inform development a CRT fidelity measure. The fidelity measure was refined through further stakeholder consultation and piloting of one-day fidelity reviews in four CRTs. A fidelity survey of 75 UK CRTs will be conducted in July-December 2013.

*Results*

A 39-item fidelity measure was generated, with each item scored on a scale of 1-5. The measure included items rated by stakeholders as of high-importance, which represented four thematic elements of CRTs: referrals and access; content and delivery of care; staffing and team procedures; timing and location of care. Procedures were developed for using the measure to assess CRT fidelity during one-day fidelity reviews. Preliminary results from a 75-team survey of CRT fidelity will be presented.

*Discussion*

The CRT fidelity measure defines a model of CRT good practice. It can feasibly be used to assess model fidelity in CRT services and promote service improvement. Plans to investigate the psychometric properties of the measure and develop implementation resources to help CRTs achieve high model fidelity will be discussed.

# Development and design of a peer-support self-management programme for people following mental health crisis

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*Background/Objectives*

Crisis Resolution Teams (CRTs) have been widely established across the United Kingdom as an alternative to acute inpatient care for mental health consumers in crisis. CRTs have been reported to have postive impacts on inpatient admissions, healthcare costs and service user satisfaction. Continuity of care between services during and following a period of CRT support has been identified by service users as areas of service provision that could be improved. These reports suggest that CRT support can end abruptly and insufficient attention is place on promoting self management strategies that help to maintain well being and avoid future crises or relapse. Peer-facilitated self-management programs may have scope address these service gaps; however, there have been no known evaluations of peer-support self-management interventions for people leaving CRT care in the research liturature. Therefore, as part of the ongoing CORE project we are comprehensively developing and evaluating a peer facilted self management programme in a large scale multistage mixed methods RCT.

*Methods*

In the development phase of the project systematic reviews of Randomised Controlled Trials were initially conducted for both peer facilitated support and for self-management programmes. Multi-stage interview and focus group consultation were held with stakeholders including service-users, clinicians and carers to inform programme acceptability, feasibility and design. A subsequent pre-pilot, facilitated by trained peers (n=4), was conducted with service-users post discharge (n=10) so as to gain an understanding of the feasibility of the programme in a real world setting. Interviews with participants and a focus group with peer support workers were conducted post-preliminary pilot to understand stakeholders' experience of the programme and triangulate views on how to enhance the intervention. From this, a randomised controlled pilot was established and is currently being trialled (n=40).

*Results*

Design features and results from all completed stages of the project will be presented and discussed.

*Discussion/Conclusions*

A multi-stage mixed methods approach that combines systematic review, multiple stakeholder qualitative consultations and rigorous programme piloting has proved a useful tool to assist design and development of real-world research.