

What really matters in Crisis Resolution and Home Treatment Team care:

The CORE fidelity scale summarises consensus on best practice in CRHTTs from all available evidence

Excellent communication

- Publicly available, direct phone number for referrers and service users.
- Thorough handovers and information sharing within the team so staff attend visits well informed.
- Consistent, comprehensive notes kept of all assessments and visits, written up promptly.
- High quality risk assessments are recorded for all.

Items: 2, 33



Staffing

- Multidisciplinary team to include: psychiatrists, nurses, social workers, occupational therapists, psychologists, pharmacists, support workers, service user employees.
- 14 FTE staff per caseload of 25 service users.

Items: 27, 28, 29, 32, 36



Frequent and reliable visits

- Service users are visited frequently, with twice daily visits usual until the crisis starts resolving.
- An intensive and persistent approach is taken to people who are hard to engage.
- At least some of the visits received are of substantial length – 30mins to an hour.
- Contacts are usually at home or in other community settings.
- Times fit in with service users and carers' needs, the team come when they say they will, always call if prevented from doing so.

Items: 12, 21, 23, 38, 39



Active engagement with family and friends

- With the service user's permission, contact family or involved supporters, and invite them to assessments, care planning, discharge meetings.
- Offer support and information.

Items: 13, 14, 16, 26



Kindness and compassion

- Kind and compassionate staff who listen carefully and sympathetically.
- Developing good therapeutic relationships with service users and carers should be a major focus.
- Regular CRHTT-specific training and monthly supervision can help maintain good relationships.

Items: 21, 22, 30



Quick response to all

- Clinical staff available to answer phone calls from referrers, service users, and carers immediately.
- Initial assessments carried out within 4 hours.
- Staff available 24/7 to take calls from service users on caseload and carers.

Items: 1, 9



Focus on severe crises

- The team works only with people experiencing severe crises where hospitalisation likely to be needed without the team.
- Distressed people not at risk of admission are directed to other more suitable services.
- Discharge is prompt once crisis resolved, with time on caseload usually less than a month.

Items: 4, 10



Individualised care plans

- Comprehensive assessments to provide individualised care and risk management plans for every service user.
- Care plans are based on assessment of individual medical, psychological and social need.
- Brief psychological interventions readily available
- Team addresses major social and practical problems contributing to crises
- Team always assesses needs for physical health assessment and care
- Self-management and relapse prevention work carried out as standard.

Items: 11, 12, 15, 16, 17, 18, 19, 20, 24, 31, 35



Continuity with other services

- Regular meetings with other services in order to facilitate seamless transfer of care.
- Joint visits take place throughout time on caseload & at discharge to agree shared care plans.

Item: 8, 25, 34, 37



Open access to all

24/7 service that accepts referrals from: all secondary mental health services, primary care staff e.g. GPs, midwives, practice nurses, service users and their families, police and other emergency services, and voluntary sector and housing services.

Items: 3, 5,

24/7

Gatekeeping/early discharge

- The team gatekeeps 100% of voluntary and compulsory admissions in person.
- All inpatients are screened for suitability for early discharge, with rapid discharge and same-day follow up when appropriate

Items: 6, 7

