

# A National Survey of Crisis Resolution and Home Treatment Teams

## Poster 8

Bethan Paterson, Bryn Lloyd-Evans, Sonia Johnson

bethan.paterson@ucl.ac.uk; b.lloyd-evans@ucl.ac.uk

The CORE study, University College London, Mental Health Sciences Unit, 67-73 Riding House Street, London W1W 7EJ



### 1 Background

Crisis resolution teams ('CRTs') provide assessment and home treatment as an alternative to acute admission (1).

Positive findings include:

- evidence of reduced admissions (2)
- lower healthcare costs (3,4)
- high service user satisfaction (5)



However, reservations about whether the original model is working well include:

- admissions without CRT assessment (7)
- fleeting contacts and abrupt discharges (6,8)
- lack of help with practical and social issues (7,9)

The current CRT model is not particularly detailed and there is limited evidence on which service characteristics and interventions are associated with good outcomes (10).

### 2 Objectives

**CORE study objectives:** to develop an evidence base on how to optimise the functioning of CRTs.

**National survey objectives:** to describe CRT characteristics and service delivery and to seek views on barriers and facilitators to CRT care.

### 3 Methods

218 CRTs identified in England.

All managers invited to complete an online survey of team characteristics and practices.



#### HS&DR Funding Acknowledgement:

This project was funded by the NIHR Health Services and Delivery Research programme (project number RP-PG-0109-10078).

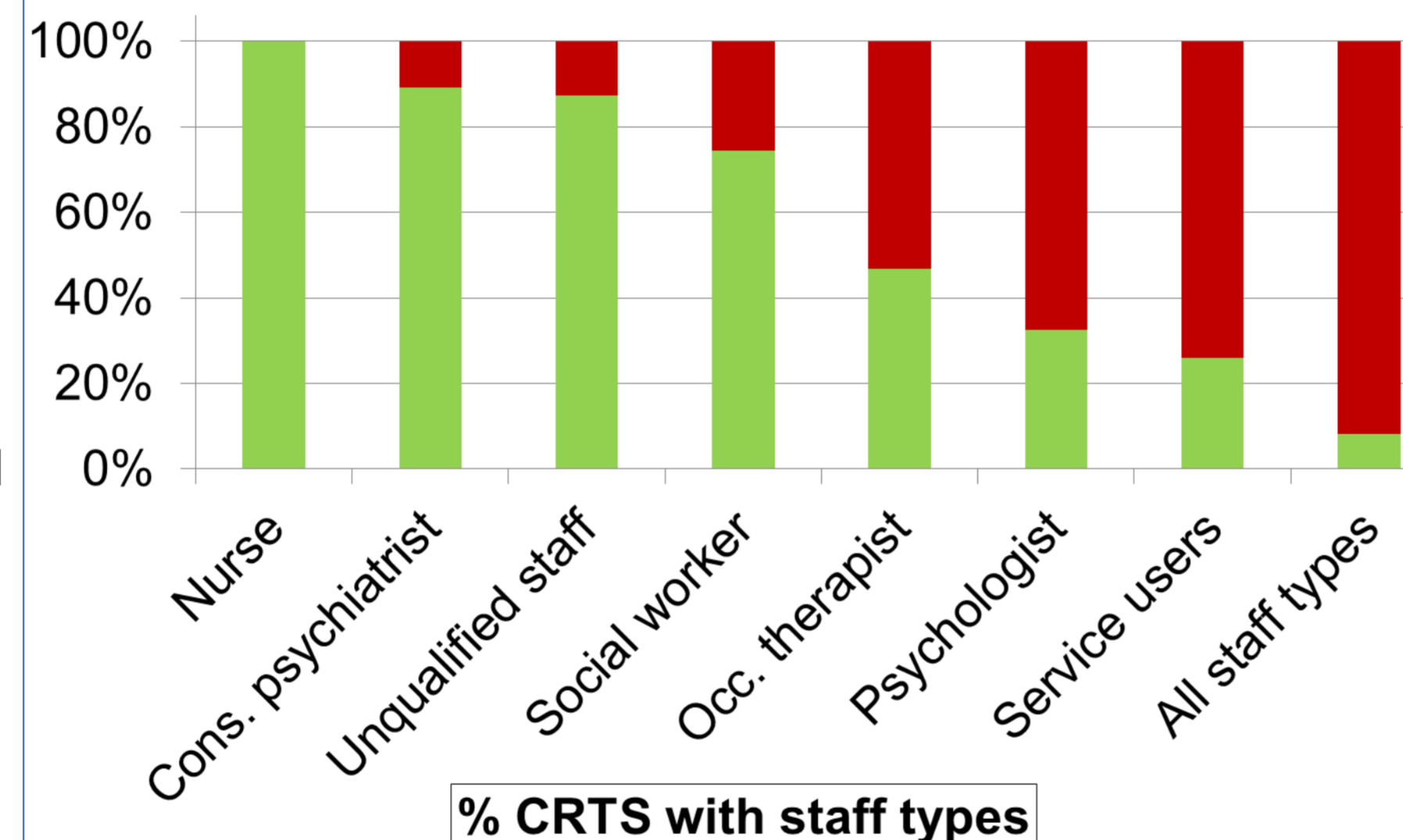
### 4 Results

Examples of variations in service characteristics:

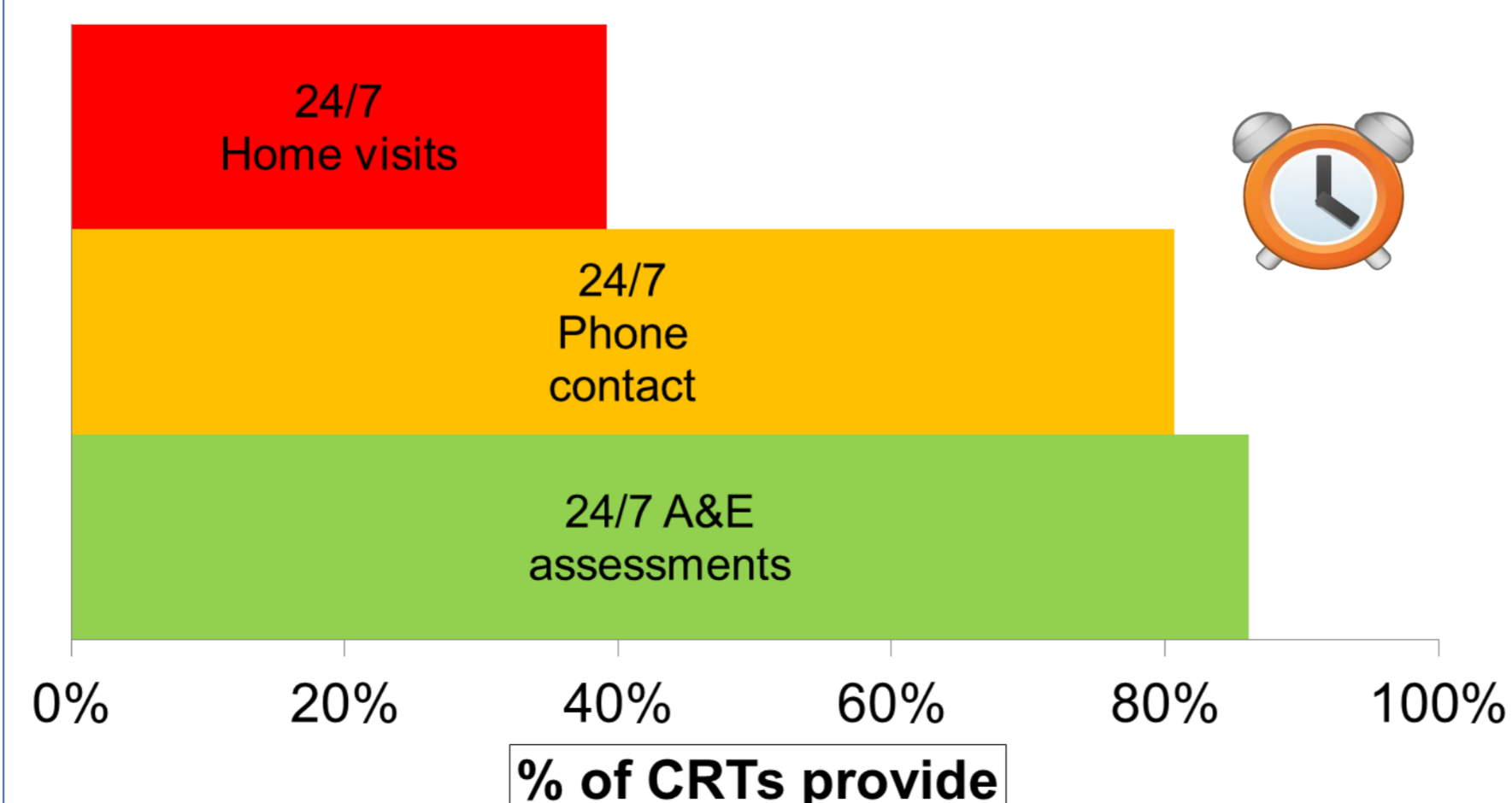
88% survey response

88% survey response

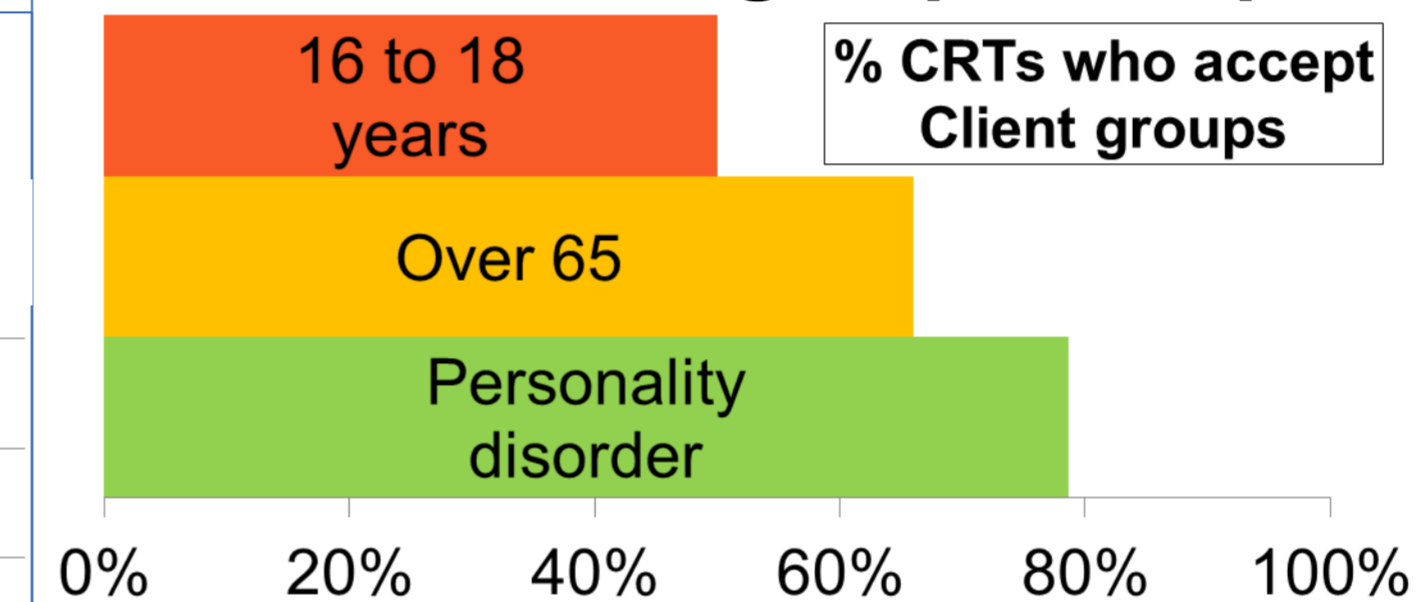
#### Not all teams multi-disciplinary



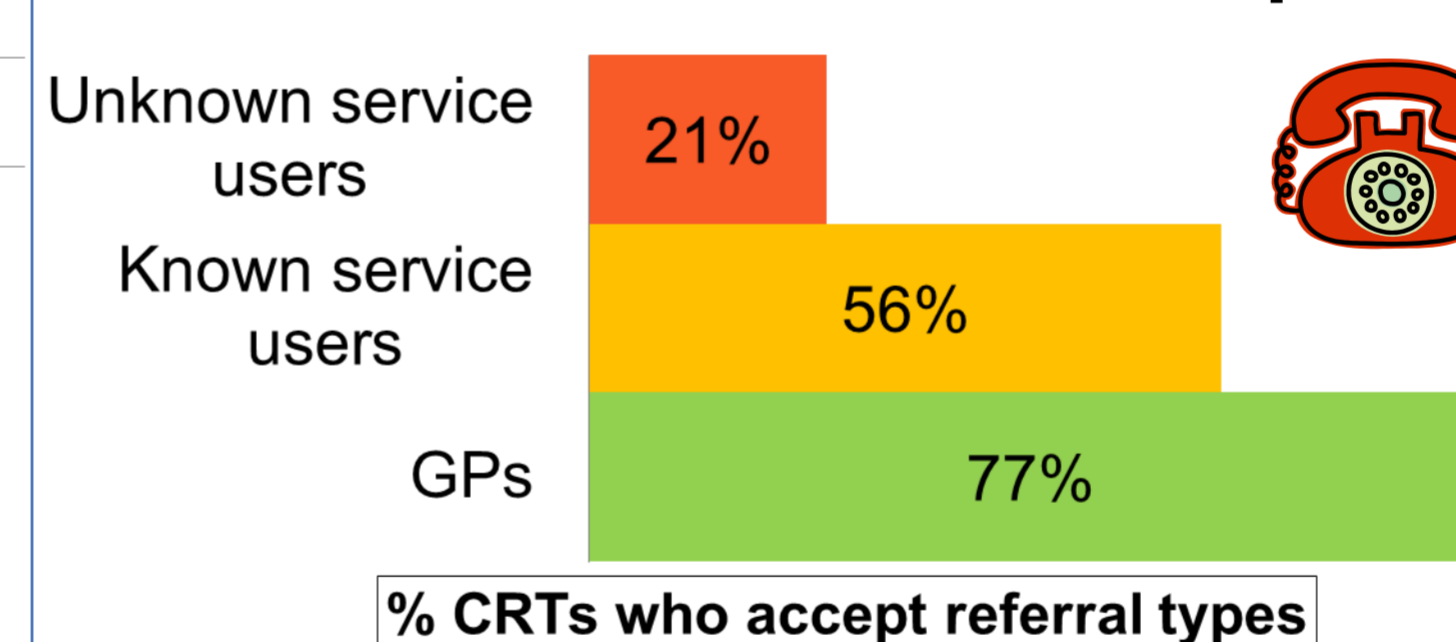
#### Not always a 24 hour service



#### Various client groups accepted



#### Not all referral sources accepted



#### Not all admissions gatekept:

- CRT not informed of admissions
- CRT not able to attend all assessments



#### Early discharge only working well in 50% of CRTs:

- Ward staff reluctant to discharge
- Accommodation not available

### Useful practices

With other services:

- Joint working
- Joint discharge meetings



With service users:

- Eliciting feedback
- Named worker system

### 5 Conclusion and next steps

The survey found considerable variation in practices amongst the 88% of CRTs who responded.

These findings have informed the development of a fidelity measure to assess how far CRTs are achieving a model of best practice. The CORE study is now reviewing model fidelity in 75 UK CRTs and developing and testing a resource kit to help CRTs achieve high fidelity.

The study is due to end in March 2016.

#### References

1. Department of Health. Crisis Resolution/Home Treatment Teams. The Mental Health Policy Implementation Guide. London: Department of Health; 2001.
2. Johnson S, Nolan F, Pilling S, Sandor A, Hoult J, McKenzie N et al. Randomised controlled trial of acute mental health care by a crisis resolution team: the north Islington crisis study. *BMJ*. 2005; 331(7517):599.
3. McCrone P, Johnson S, Nolan F, Pilling S, Sandor A, Hoult J et al. Impact of a crisis resolution team on service costs in the UK. *Psychiatr Bull*. 2009; 33:17-19.
4. McCrone P, Johnson S, Nolan F, Pilling S, Sandor A, Hoult J et al. Economic evaluation of a crisis resolution service: a randomised controlled trial. *Epidemiologia e Psichiatria Sociale*. 2009; 18:54-58.
5. Johnson S, Nolan F, Hoult J, White IR, Bebbington P, Sandor A et al. Outcomes of crises before and after introduction of a crisis resolution team. *Br J Psychiatry*. 2005; 187(1):68-75.
6. National Audit Office. Helping People through Mental Health Crisis: the Role of Crisis Resolution and Home Treatment Teams. 2007; London: National Audit Office
7. Onyett S, Linde K, Glover G, Floyd S, Bradley S, Middleton H. Implementation of crisis resolution/home treatment teams in England: national survey 2005-2006. *Psychiatr Bull*. 2008; 32:374-377
8. Clark, S, Khattak, S and Nahal J. Crisis Resolution and Home Treatment: The Service User and Carer Experience. London: National Audit Office; 2008.
9. Jones M, Polak, P. Crisis and confrontation. *Br J Psychiatry*. 1968; 114: 169-174.
10. Johnson S, Needle J. Crisis resolution teams: rationale and core model. In: Johnson S, Needle J, Bindman J, Thornicroft G, editors. *Crisis Resolution and Home Treatment in Mental Health*. Cambridge: Cambridge University Press; 2008.

#### Department of Health Disclaimer:

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR HS&DR programme, NIHR, NHS or the Department of Health.

