

Crisis teams in 2016 – why is there a need to improve model fidelity?

Prof Sonia Johnson

Division of Psychiatry, UCL

www.core-study.ucl.ac.uk

Core study stakeholder day – Feb 23 2016

Plan

- Why a need for quality improvement?
- Why a fidelity scale approach?
- The CORE study at UCL
- Evidence on ingredients of good practice
- Development of the CORE fidelity scale
- Trial of a resource pack for improving fidelity in crisis teams.

What was the pioneering vision for crisis teams?

- Pioneers with variety of rationales
- Some common themes:
 - Avoiding hospital: expensive, stigmatised and unpopular, better to be able to invest resources elsewhere
 - Therapeutic relationships may be stronger and more equal on patients' home ground
 - Social networks can be mobilised more effectively
 - Working in community makes social triggers to crisis more visible
 - More likely to acquire sustainable coping skills



What is the evidence on the potential effectiveness of crisis teams?

Two studies in Islington:

South Islington study – natural experiment comparing cohorts before vs. after introduction of a crisis team N=200 (Johnson et al. 2005a)

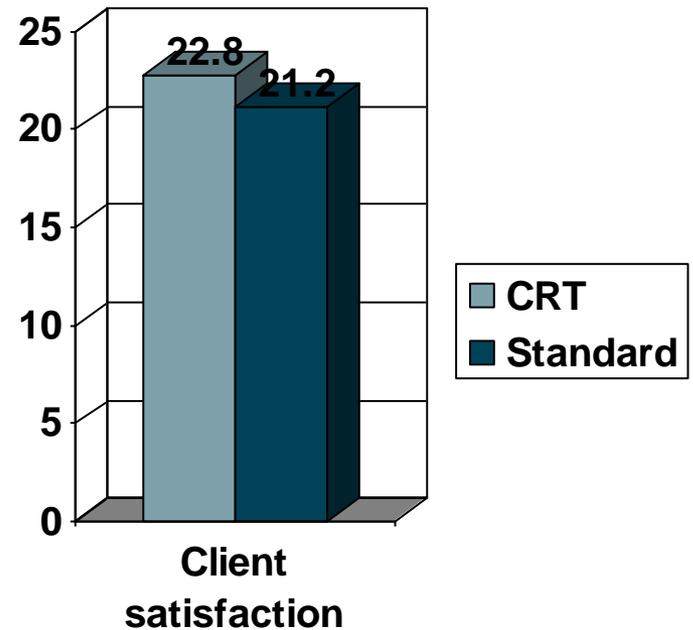
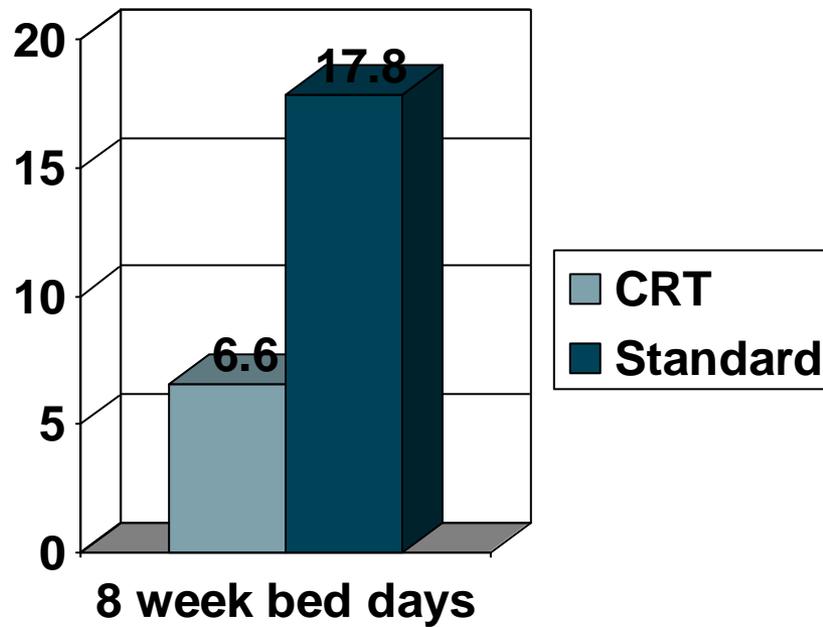
North Islington study – **randomised controlled trial** comparing crisis team availability vs. standard care N=260 (Johnson et al., 2005b)

Findings

- **Reduction in admissions and bed use. Costs also less.**
- **Greater client satisfaction with crisis team**
- **No difference in compulsory admissions or any other outcome**

Workforce studies: Happy staff

Primary outcomes of North Islington Crisis Resolution Team study



$P < 0.0005$, adjusted

$P = 0.01$, adjusted

CRTs – achievements and cause for concern

A nationwide shift in resources, staff, treatment focus Research – fall in admissions, good satisfaction achievable (e.g. in trials)

BUT some cause for concern:

- Uncertainty as to whether fall in admissions uniformly achieved (NB current bed crisis)
- Compulsory admissions still rising
- Significant service user and carer dissatisfaction e.g. MIND Acute Care report, #crisisteamfail
- Is risk management adequate? Average of 150 suicides per year for CRT patients: now higher than for inpatient wards (Hunt et al. 2014)
- High readmission rates? Approx 50% in 1 year in Candi

#crisisteamfail

 Reluctant and 12 others follow



The Joy of Bex @debecca · Jan 14

I'm in Crisis. The Crisis Team line goes to answerphone. I could have predicted it.

#crisisteamfail



Billiam Babble @billiambabble · 8 Aug 2015

A&E #CrisisTeam after J's O/D today: read a book on "Mindfulness".

goo.gl/X6XE8c

#crisisteamfail #MHUK #NHS



Cherry @SarahCherry88 · 8 Jun 2015

5 hours ago crisis team said they would see me. just rang to see where they are and they have no record of the planned visit **#crisisteamfail**



MentalHealth Mission @MentalHealthMis · 17 Apr 2015

I've had a walk, I've ran out of tea, I don't like hot chocolate, I don't have a bath & #diazepam hasn't worked. Now what? **#crisisteamfail**

 Charlotte Walker and 1 other follow



Bodhmall @bodhmall · 15 Feb 2015

Dragged myself to see crisis team this am as arranged, everyone out apart from bleep holder who didn't even ask how I felt **#crisisteamfail**



Reports and reviews (all citing CORE)



Crisis Care Concordat

Mental Health

The Commission to review the provision of acute inpatient psychiatric care for adults

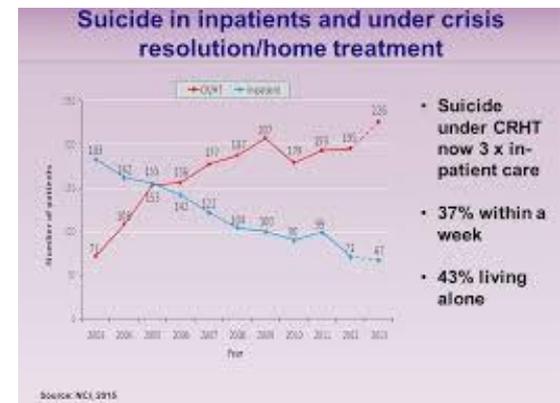
Improving acute inpatient psychiatric care for adults in England



Mental health under pressure

Key messages

- An absence of robust data makes it difficult to provide a definitive assessment of the state of mental health services. What is clear is that it is under huge pressure. While increased political support and a stronger policy focus is welcome, paths of escape for mental health remain a long way off.
- Funding for mental health services has been cut in recent years. Our analysis shows that around 40 per cent of mental health trusts experienced reductions in income in 2003/04 and 2004/05.
- There is widespread evidence of poor-quality care. Only 14 per cent of patients say that they received appropriate care in a crisis, and there has been an increase in the number of patients who report a poor experience of community mental health care.
- Bed occupancy in inpatient facilities is frequently well above recommended levels, with community services, in particular crisis resolution and home treatment teams, often unable to provide sufficient levels of support to compensate for reductions in beds. This is having a negative impact on safety and quality of care.
- The lack of available beds is leading to high numbers of out-of-area placements for inpatients. Out-of-area placements are costly, have a detrimental impact on the experience of patients and are associated with an increased risk of suicide.
- In recent years, mental health providers have embarked on transformation programmes to implement large-scale changes to services, working and organisational structures.
- These programmes have been based on reducing costs, shifting demand away from acute services, and delivering care focused on recovery and self-management.
- There has been recognition of the evidence-base services implemented under previous national programmes, notably the National Service Framework for Mental Health, in favour of care pathways and models of care in which the evidence base on what works is often limited. These initiatives represent a step in the right direction, with 1000 formal evaluations to indicate impact on the quality of or access to care.
- These transformation programmes have usually resulted in stable reductions and have prevented many mental health providers from falling into deficit. This may



- Suicide under CRHT now 3 x inpatient care
- 37% within a week
- 43% living alone

Reports and reviews

 You Retweeted



louis appleby @ProfLAppleby · Feb 9

Pressure on mental health beds harms safety of crisis teams: today's report highlights rising suicide in CRHT in our 2015 [@NCISH_UK](#)

 You Retweeted



Andy Bell @Andy__Bell__ · Jan 11

[@andymcnicoll](#) Good to see crisis resolution teams in today's announcement, they were in 1999 service framework but later diluted and eroded



UCL Core Study @corestudyucl · 11 Nov 2015

Community crisis system not adequate in many areas - new report from [@TheKingsFund](#) citing [@corestudyucl](#) findings
linkis.com/www.kingsfund....



Helen Gilbert @helengilbert · 15 Jul 2015

Commission finds bed crisis in mental health one of lack of alternatives to admission and delayed discharge bit.ly/1138kpJ [@rcpsvch](#)

 Sarah Brennan and 33 others follow



Terence Lewis @PARITYFORMH · 12 Jun 2015

[#CQC](#) say we know what good [#CrisisCare](#) looks like and how to do. But not enough happening on the ground. Getting it right will save £1mss.

Why CORE?

- Clear from many sources that implementation of crisis team model has at least partly failed
- Primary difficulties – patient and carer experiences, providing a real substitute for acute care admission
- Failure results in great difficulty for whole acute care system
- Part of failure is in establishing and disseminating a clear model of good crisis care
- CORE addresses this gap.

CORE Study: overview

1

- Develop a model of best CRT practice
- Evidence review, national survey, stakeholder interviews

2

- Develop a “fidelity scale” to assess teams’ model adherence
- Assess UK CRT fidelity in a 75-team survey
- Gather best practice examples and resources from CRTs

3

- Develop quality improvement resources for CRTs
- Test CRT “Resource Pack” in a 25-team cluster randomised trial

Acknowledgement

This presentation presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme (Reference Number: RP-PG-0109-10078).

The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

Further information

On Twitter:

@corestudyucl

@soniajohnson

@uclpsychiatry

Study website: www.ucl.ac.uk/core-study

Resource pack: www.ucl.ac.uk/core-resource-pack

Bryn Lloyd-Evans – trial manager

Tel: +44 (0)20 7679 9428

Email: b.lloyd-evans@ucl.ac.uk

Sonia Johnson- lead investigator

Email: s.johnson@ucl.ac.uk





All our thanks for so much help!!