

Randomised Controlled Trial of a peer-provided, self-management intervention for people leaving CRT services

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Research question:

For people leaving crisis resolution teams, how effective is a peer-provided self-management intervention when compared to self-management intervention alone, in improving;

- Readmission to acute care
- Satisfaction with services
- In-patient bed use
- Time to readmission to acute care
- Self rated recovery
- Psychiatric symptoms
- Cost effectiveness
- Loneliness
- Social Networks

Setting

Crisis resolution teams in 5 NHS Trusts

- Camden and Islington
- South London and Maudsley
- North East London
- Avon and Wiltshire
- West London &/or Surrey and Borders

Covering inner city and more mixed urban and rural areas

Participants

440 in total (88 from each site)

Participants must

- a. Have been on a CRT caseload for at least a week
- b. Have the capacity to provide written informed consent
- c. Understand the intervention delivered in English
- d. Enter the study no more than 1 month after discharge

Participants

440 in total (88 from each site)

Participants must **NOT**

- a. Present high risk to others
- b. Be discharged outside of the CRT catchment area

Process

The study design is a single blind randomised controlled trial.

The 88 participants from each of the study sites are randomly allocated to receive either

- A peer-provided self-management intervention (n=44)

Or

- The self-management intervention alone (n=44)

Participants

In order to achieve a sample of participants who are broadly representative of the general CRT population, 50% of people who participate in the trial will have a diagnosis of;

- Schizophrenia or other psychosis
- Bipolar disorder

Intervention

- Up to ten sessions with a peer support worker
 - Concluding within 3 months of leaving CRT care
 - Meetings may take place at a participant's home, NHS premises or other suitable location.
- A self-management workbook, aimed to help
 - Setting personal recovery goals
 - Plans to re-establish community functioning and support networks
 - Identify early warning signs and an action plan
 - Planning strategies and coping resources to maintain wellbeing after crisis.

Process

The peer support workers will receive

- Training covering the self management workbook, safety, confidentiality, self disclosure, boundaries, engagement and listening skills & cultural sensitivity
- Regular group supervision from within the CRT
- Additional optional supervision with the study team
- Local CRT induction – lone working, confidentiality, safety

Use of the recovery plan

Will there be any difference between those who receive peer support and those who do not in -

- how much the recovery plan is discussed or read?
- Making a written plan?

How often was the recovery plan used or written in peer support sessions?

Will use of the recovery plan affect participants' outcomes?