

CORE - Crisis resolution team Optimisation and RElapse prevention

- DH National Institute of Health Research funded programme directed by Professor Sonia Johnson (UCL), managed by Camden & Islington NHS Foundation Trust. Run from 2011-2016, aims to improve the standard of support offered to users of Crisis Resolution Teams (CRTs), through:
 - The development of an evidence base to optimise the functioning of CRTs (Workstream 1)
 - The development and testing of a peer-delivered self-management intervention to bridge the gap between crisis and continuing care (Workstream 2)

CORE Study, Workstream 1
Optimising the Functioning of Crisis
Resolution Teams

CORE Phase 4: Evaluation of
implementation of a CRT Resource Kit

Background

- CRHT's became mandatory for all NHS trusts from the NHS plan (2000)
- To begin with the evidence base was criticised as scanty
- There has been criticism of the original model of CRHT's and how this is applied
- The majority of evidence/study's have focussed on the positive financial benefit of CRHT's

CORE Study Workstream 1, Phase 1 2011-2012

- The UCL core study team set out to develop a crisis team model that was encapsulated within a fidelity measure. They did this using the following evidence:
 - (i) A review of all the research evidence*
 - (ii) A review of government and expert guidelines*
 - (iii) Interviews with all key CRHT stakeholder groups*
 - (iv) A Survey of all CRHT's in England regarding service delivery and organisation*

- A 39 item fidelity measure was developed using this evidence
- This measure was used within a review process with 75 teams nationally
- All 7 AWP teams took part in this phase of CORE

CORE Phase 4 Aims

- To develop a “resource pack” to support service improvement in CRTs
- To test whether its implementation improves CRTs’ model fidelity and outcomes for service users and staff
- To understand barriers and facilitators to achieving high model fidelity in CRTs

Hypotheses (as a result of receiving the resource pack)

- 1) *Service users satisfaction will rise*
- 2) *Fidelity scores will rise*
- 3) *Service users perceived continuity of care will be greater*
- 4) *Hospital admissions, compulsory admissions and inpatient bed days will be fewer*
- 5) *Re-admissions to acute care and compulsory admissions at 6 month follow up will be fewer*
- 6) *Staff morale and satisfaction will be greater*
- 7) *Fidelity scores will be associated with better outcomes on other service measures*

Trial design

- Cluster Randomised Trial with 25 CRTs
- 15 CRTs receive the Resource Pack, 10 control CRTs do not
- AWP has 6 teams in the study (4 in the resource pack, 2 in the control group)
- Participating Trusts:

Avon and Wiltshire 
Mental Health Partnership NHS Trust

Camden and Islington 
NHS Foundation Trust

North East London 
NHS Foundation Trust


Northamptonshire

South London and Maudsley 
NHS Foundation Trust

Surrey and Borders Partnership 
NHS Foundation Trust

Base Line Data

- 1) 15 Service user interviews
 - 2) Fidelity review and report
 - 3) Patient records data – re bed usage etc.
 - 4) Staff satisfaction questionnaires
 - 5) Interviews with the facilitator
 - 6) Staff and facilitator focus groups
- All to be re-done at end point plus a 2nd fidelity review after 6 months of start



Timescale

- Baseline data collection from June 2014
- Resource pack implementation for one year from December 2014/January 2015
- Follow-up data collection at all sites January 2016

The Resource Pack

- Online Resource Pack (resources describing positive practice and implementation strategies and how to implement local improvement work)
- Local Facilitator for each team to support implementation
- Structures and support from the CORE team to help implementation

Some underpinning principles

- Working to local priorities, using local resources
 - not a one size fits all training package
- Starting with your strengths
- No rose-tinted glasses
- Making the best use of evidence and positive practice
 - Captured under the “Resources for priority improvements”

Some underpinning principles

- Secured senior sponsorship
- Small steps based on personal commitments
- Building local capacity for sustainable change

The Local Facilitator

Each CRT receiving the resource kit will have a Local Facilitator

- Senior staff with CRT experience (any discipline)
- 0.1 fte for 12 month implementation period
- Trusts can recruit internally or through the study team
- Facilitators receive initial training and ongoing support from the study team (Steve Onyett and others)

What will the Local facilitators do?

Local facilitators will be crucial to implementing the Resource Pack. As required, they may:

- Coach and support the CRT manager
- Help develop a team service improvement plan
- Deliver CRT team training
- Work directly with CRT clinicians to demonstrate positive practice or mentor
- Plan/encourage internal audit of key team processes
- Liaise with senior management re resources or organisational changes

The Online Resource Pack

- Materials reflecting positive practice gathered from CRTs nationally
- Case studies
- Video and audio
- Journal articles and policy papers
- Links to useful websites
- Facilitators' area

Resource Pack Website

Search UCL
UCL Home > Core Resource Kit > Resources > Content and delivery of care > Item 14: Assessing carers' needs and offering s...

Core Resource Kit

- Home
- About
- Resources
- Referrals and access
- Content and delivery of care
 - Item 11: Comprehensive assessments
 - Item 12: Provision of information about CRT service
 - Item 13: Involving and working with key supporters
 - Item 14: Assessing carers' needs and offering support**
 - Item 15: Reviewing, prescribing, and delivering medication
 - Item 16: Promoting understanding of illness and medication, and addressing concerns around medication
 - Item 17: Psychological interventions
 - Item 18: Physical health
 - Item 19: Helping with social and practical problems
 - Item 20: Providing individualised care
 - Item 21: Length of visits
 - Item 22: Prioritising good therapeutic relationships
 - Item 23: Offering choice in how support is provided
 - Item 24: Helping plan for future crises
 - Item 25: Planning aftercare
 - Item 26: Ending CRT care
- Staffing and team procedures
- Location and timing of help

Item 14: Assessing carers' needs and offering support

Target


- a) The CRT offers families/carers the opportunity to meet CRT staff separately from the service user to discuss their own support needs.
- b) The CRT provides carers/families with information about local services for carers (e.g. welfare advice, carers groups).
- c) The CRT specifically records (using a structured form or as part of assessment/treatment plans) carers' needs and a support plan and provides the carer with a written copy.
- d) The CRT staff demonstrate a clear, shared understanding of how carers may be supported even where service users refuse permission to share information with carers.

Why this is important

Many CRT service users rely heavily on a carer, who may themselves be under a significant amount of strain as a result of the service user's condition. All stakeholders agreed that supporting carers was a central part of the CRT's role, and carers have a right under the Carers Act 1995 to an assessment of their needs. Some services have explored additional ways of supporting carers such as carers' groups.

In this video John gives his first hand of experience of just how important it was for him to receive support for his needs from the Crisis Team and how this had a positive impact on both his well-being and his wife's recovery.

Mental Health Carers - a film by GMW



Ways of doing this well

Some of the most effective strategies teams are using around the country include:

- Providing clear info about local services ([link to examples](#))
- Carers' assessment/support plan schedule ([link to examples](#))
- Clear Trust policy on information sharing and confidentiality ([Berkshire example](#))
- Mental Health Services self-assessment checklist form from Triangle of Care
- Dedicated carers' support workers or carers' champions within the CRT team may help to maintain a focus on supporting carers (AWP Bristol team had a carers champion I think.)
- Linking with a local acute ward may help to provide a crisis-focused short-term carers' support group (think Greenwich CRT do this)

“
It made all the difference, I had given up hope that things would ever be easier and I had stopped thinking about my needs, they reminded me that I am important too.
 ”

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User Experience Outcomes



Service User Questionnaires

- CSQ-8
- Continu-um
- Both collected at Baseline and Follow-up

CRT Service Outcomes

CORE Fidelity Scale

- Collected at Baseline and Follow-up (Resource Pack Group and Control Group) and at 6 months (Resource Pack Group only)



CRT Service Data

- Hospital admissions
- Readmissions to acute care
- Compulsory admissions
- Inpatient bed days
- Collected at Baseline and Follow-up

Staff Outcomes

Staff Questionnaires

Baseline and Follow-up:

- The Work Engagement Scale
- The General Health Questionnaire
- The Maslach Burnout Inventory
- The Work-Related Acceptance and Action Questionnaire



Qualitative Interviews

Focus Group Interviews

with i) CRT Staff and ii) Local Facilitators

- Collected at Follow-up



CORE Study Workstream 2: A peer-delivered self-management intervention to bridge the gap between crisis and continuing care

1. Selection and adaptation to a CRT context of the intervention. This ran from 2012-2013
2. Piloting its implementation and evaluation. This ran from 2012-2014
3. Investigation of its effectiveness and cost-effectiveness in a randomised controlled trial. This will run from 2014-2016

CORE Workstream 2: Phase 3: A randomised controlled trial of a peer-provided self-management intervention for people leaving CRT care

- up to ten sessions with a peer support worker
- offer sympathetic listening and seek to instil hope through appropriate sharing of skills and coping strategies acquired in their own recovery journey
- also include the following structured elements in a self-management workbook for participants to complete:

- Setting personal recovery goals
- Help with plans to re-establish community functioning and support networks following a crisis
- Using the experience of recent crisis to identify early warning signs and an action plan to avoid or attenuate relapse
- Planning strategies and coping resources to maintain wellbeing once a crisis has abated