CAMH Crisis

Mental health crisis services for children and young people: An Evidence Synthesis

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Crisis responses for children and young people: an evidence synthesis of service organisation, effectiveness and experiences (CAMH Crisis)

Funding acknowledgement

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Department of Health and Social Care disclaimer

- The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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Background

- One in six children aged 5-19 in England has a probable mental health difficulty
- Increasing numbers of CYP are seeking help, or having help sought on their behalf, during mental health crises
- Crisis care for CYP is a UK and international policy priority
- This review aimed to investigate the evidence underpinning crisis responses, and specific objectives were to critically appraise, synthesise, and present the best available international evidence related to crisis services for CYP aged 5 to 25 years.

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Objectives

These were to investigate the:

- organisation of crisis services across education, health, social care and the third sector;
- experiences and perceptions of young people, families and staff with regards using and working in these services;
- effectiveness of current models of mental health crisis support for children and young people;
- goals of crisis interventions.

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Defining ‘crisis’

Building on the definition used in the Cochrane review of crisis services for adults, we defined a crisis response for CYP as:

The provision of a service in response to extreme psychosocial distress, which for children and young people may be provided in any location such as an emergency department, a specialist or non-specialist community service, a school, a college, a university, a youth group, or via a crisis support line.

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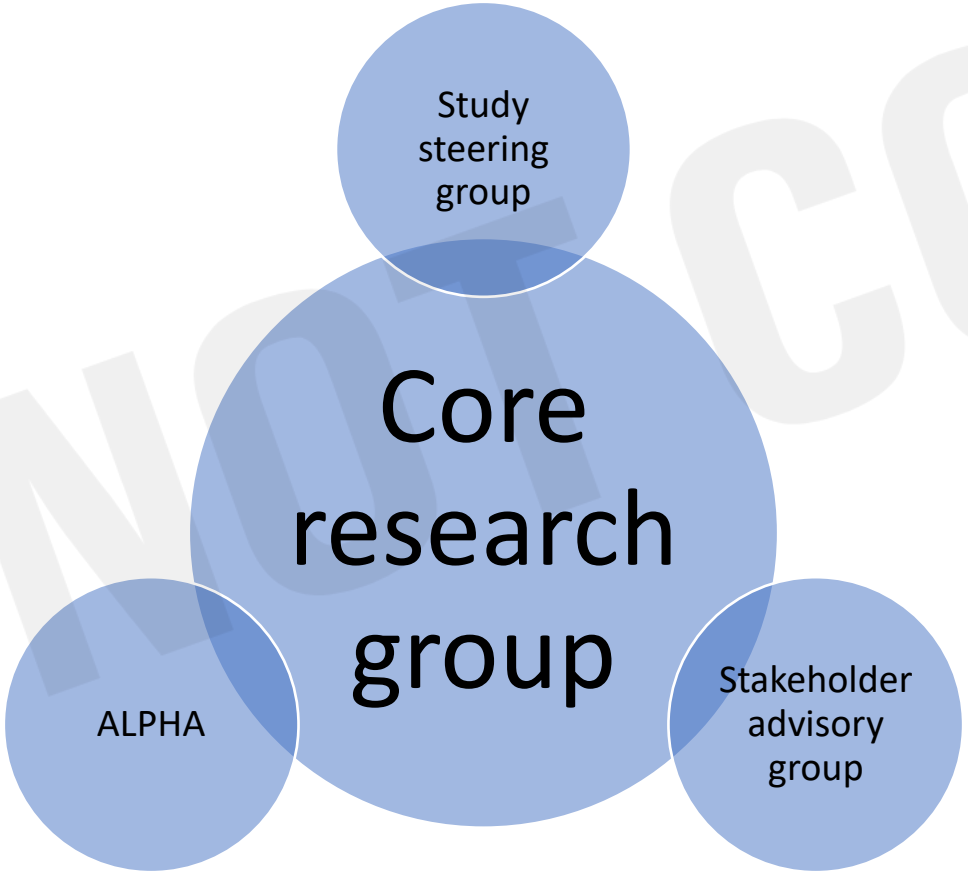

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Methods

- The protocol for this project is registered with PROSPERO
- English language international evidence

  Age range 5-25,

  Date ranges from January 1995 to January 2021.

- **17 databases**

  supplementary searching was undertaken to identify grey literature.

- Two team members appraised all the retrieved research reports (except grey literature) using critical appraisal checklists.
- Separate analysis was conducted for each objective.

- Confidence in research findings was assessed using the Grading of Recommendations, Assessment, Development and Evaluation and the Confidence in the Evidence from Reviews of Qualitative Research approaches.

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Results of database searching

- 58,025 records retrieved
- 22,857 after duplicates removed
- 22,621 irrelevant records removed on title and abstract
- 236 full text articles screened

138 reports were used to inform this evidence synthesis

- 42 primary research articles (across 48 reports)
- 39 descriptive accounts of organisation of crisis services (across 36 reports)
- 54 policy, guidelines and other non-research material

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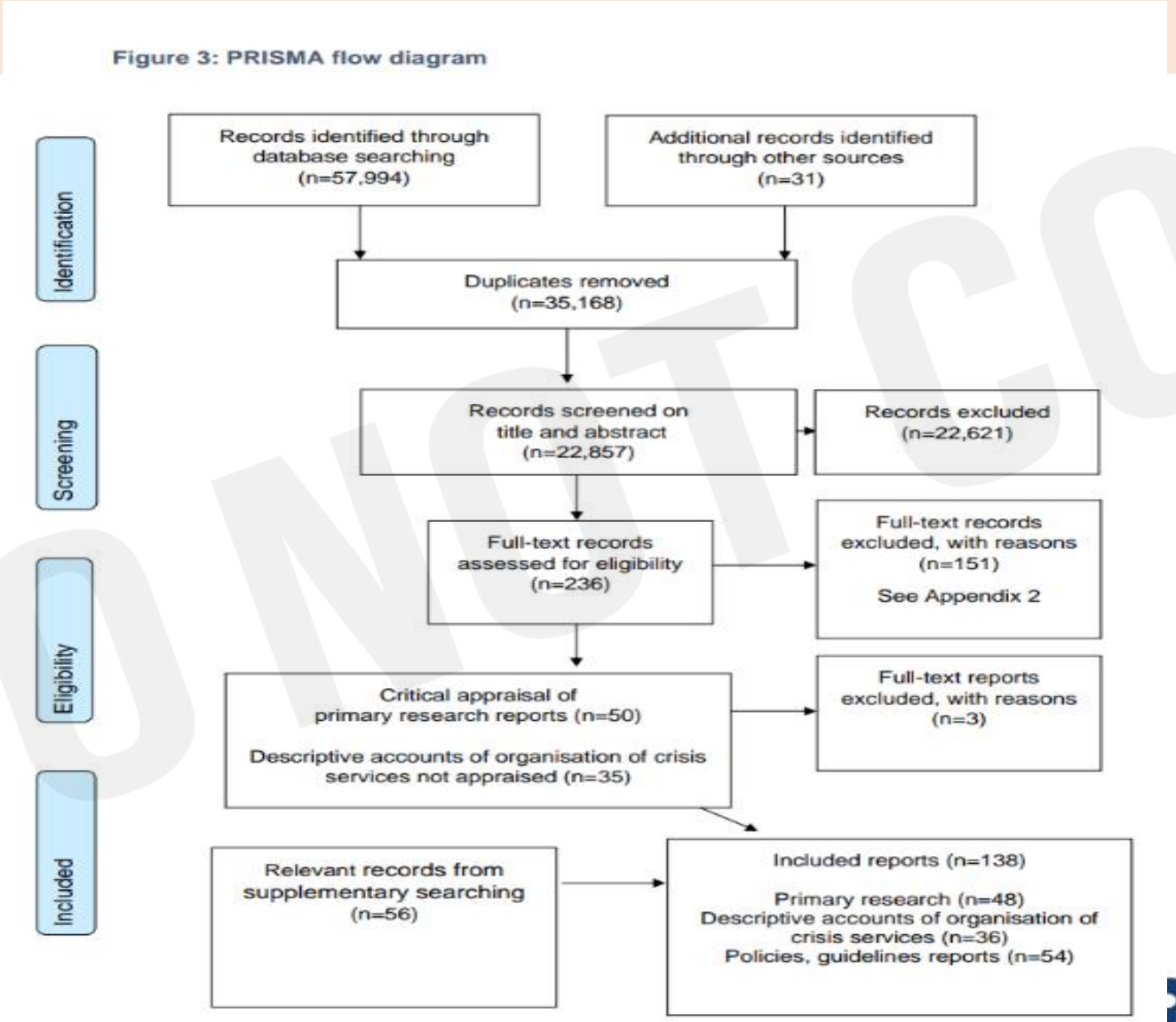

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Countries where research was conducted

Research Studies

- USA (n=25)
- Canada (n=8)
- Australia (n=2)
- Ireland, Netherlands, New Zealand, Sweden and the UK (all n=1)

Descriptive accounts of the organisation of crisis services

- USA (n=19)
- Canada (n=10)
- Australia (n=3)
- Germany, New Zealand, Switzerland, The Netherlands and the UK (all n=1)

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Organisation of crisis services

We found crisis services organised in these three ways:

- **triage/assessment-only** (provided in emergency departments and educational settings, and via telephone triage and out of hours services);
- **digitally mediated support approaches** (via telephone, text or online);
- **intervention approaches and models** (organised in a variety of ways, including ways spanning services and settings).

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Organisation of crisis services

Material from policy, guidance and other non-research material was synthesised into four themes that explored further the organisation of crisis services/responses

Recommendations for initial assessment in the ED

- Separate age appropriate areas
- Undertaken by professionals with expertise with this client group
- Clear follow-up pathways
- All ED staff need to have appropriate training and skills

The importance of providing home and community-based crisis support

- First port of call and admission should be avoided
- Families make an important contribution to planning and provision of care

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Organisation of crisis services

Places of safety

- Creation of dedicated Section 136 facilities
- Experienced and trained staff
- Inappropriateness of adult mental health facilities and police cells

General characteristics of a crisis response

- Providing a timely response
- Age-appropriate
- A single point of access
- Accessibility and availability
- Responsive and needs-led
- Evidence-based
- Multi-agency working
- Suitably qualified/experienced professionals
- Crisis planning
- Risk assessment

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Experiences of crisis services

- Barriers and facilitators to seeking and accessing appropriate support *(including those relating to service eligibility, knowing where to go, access, having support, external factors including transport and costs, and transitions)*
- What CYP want from crisis services *(including peer support, services specifically for young people, positive attributes amongst health professionals, different forms of support and pathways)*
- Children's, young people's, and families' experiences of crisis services *(lack of support before crisis is reached, experiences of ED, community and inpatient settings)*
- Service provision *(inappropriate admissions to adult wards, availability of a crisis team outside traditional office hours, police involvement and places of safety, boundary issues and variable service provision across different regions).*

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Effectiveness of current models

1. Crisis services **initiated in EDs** reduce depression and improve family functioning or empowerment. Children and young people receiving these services are more likely to be referred to and attend intensive outpatient care and are less likely to be hospitalised, and they report greater satisfaction with services;
2. **Mental health teams in the ED** mean CYP are less likely to be hospitalised, length of stay is decreased, and CYP are more likely to return home;
3. **Assessment within the ED** prompts referral to community services;

4. Health care staff are satisfied with some aspects of mental health crisis services but are generally dissatisfied with the lack of out-of-hours availability;
5. **Telepsychiatry** decreases length of stay and costs, staff satisfaction is improved, and parents report high levels of satisfaction

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Effectiveness of current models

6. CYP receiving **mobile crisis services** are less likely to attend the ED;
7. **Home or community-based programmes** reduce depression, psychiatric symptoms, the number of suicide attempts and completed suicides. They can improve self-concept, family adaptability or cohesion and are more cost-effective
8. CYP receiving **home or community-based** services are more likely to remain in the community post-treatment and less likely to be hospitalised, reporting greater satisfaction with services.
9. CYP receiving **outpatient mental health** programmes are less likely to be hospitalised and experience quicker access to additional resources. An association also exists between parental satisfaction and increased adherence to outpatient treatment
10. Specific **inpatient programmes** reduce psychiatric symptoms and suicidality and improve psychosocial functioning. Both crisis programmes within residential treatment centres and inpatient programmes are effective in reducing length of stay and costs.

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Effectiveness of current models

10. No completed suicides or suicide attempts are reported within **educational settings** when assessment approaches are introduced. A variety of referral destinations are noted and in some cases referrals to more acute levels of care are avoided, and levels of staff satisfaction are high.

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Goals of crisis intervention

These include:

1. to keep children and young people in their home environment as an alternative to admission,
2. to assess need and to plan,
3. to improve children and young people's and/or their families engagement with community treatment,
4. to link children and young people and/or their families to additional MH services as necessary,
5. to provide peer support,
6. to stabilise and manage the present crisis, over the immediate period,
7. to train and/or supervise staff

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Conclusions

- CYP and families do not always know how to access services, and may then find themselves not eligible
- Text, phone and online crisis provision are welcomed
- CYP would like access to peers or age-appropriate out-of-hours services
- Attendance at an emergency department was the default service given the lack of alternatives and this is experienced as stressful
- There is evidence that care in emergency departments is effective, but this is not policy preference in the UK

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Limitations

- Literature included in this evidence synthesis was largely drawn from the USA
- Models of, or approaches to, crisis care in the USA may not be directly applicable to the UK given the differences in the way healthcare is commissioned and delivered
- A wide range of crisis provision approaches was reported across many different settings making comparison difficult and meaning that only general conclusions can be drawn

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Crisis care for children and young people with mental health problems: national mapping, models of delivery, sustainability and experience

FOLLOW ON STUDY.....

1. To describe and map NHS, local authority, education and third sector approaches to the implementation and organisation of crisis care for children and young people across England and Wales.
2. To identify eight contrasting case studies in which to evaluate how crisis services have developed and are currently organised, sustained, experienced and integrated within the context of their local systems of services.
3. To compare and contrast these services in the context of the available international evidence, drawing out and disseminating clear implications for the design and delivery of future crisis responses for children and young people and their families.

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Work packages

- Work package 1: Describing and mapping approaches to the implementation and organisation of crisis care for CYP across England and Wales [months 1-24]
- Work package 2: Evaluating crisis responses within the context of their local systems of services [months 8-24]
- Work package 3: Comparing and contrasting services, and drawing out and disseminating clear implications for future design and delivery of crisis responses [months 25-30]

PP Involvement throughout

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Code	Model Title	Definition	Mode of provision	Intervention type	Setting
A	Community in-person rapid response	Primarily an in-person response, which provides rapid mental health crisis assessment, triage and/or support for CYP in their community setting (e.g., education, youth justice, home, community, or other non-clinical setting). May involve multiple partners.	Primarily in-person	Assessment, triage and/or support	Community
B	Emergency mobile response	An emergency mobile response where first responders provide crisis assessment, triage and/or support for CYP in mental health crisis (e.g., police, ambulance, joint responses with MH staff) as needed.	In-person	Assessment, triage and/or support	Community
C	Non-residential care haven	A community-based service which provides assessment and immediate support for CYP in mental health crisis in a given location (e.g., hub, one stop shop, crisis café, drop-in). May involve NHS and 3rd sector.	Primarily in-person	Assessment and support	Community
D	Remote provision	A service which primarily provides remote crisis assessment, triage and/or support via the use of technology to CYP (e.g., telephone, text, video conference, apps).	Remote	Assessment, triage and/or support	Community
E	Day care	A non-residential day service providing support, activity and therapeutic groups, for CYP in mental health crisis (e.g., community-based services, therapeutic day hospital services).	In-person	Assessment, triage and/or support	Community
F	Hospital-based rapid response	A hospital-based rapid response (e.g., A&E department, PDU/CDU (psychiatric/clinical decision unit), outpatient clinic, inpatient MH ward, paediatric ward), where assessment can be conducted and support plans developed for CYP in mental health crisis. May involve residential stay.	In-person	Assessment, triage and/or support	Hospital
G	Residential crisis house	A residential service providing time-limited, non-hospital support for CYP in mental health crisis.	In-person	Assessment and support	Community residential
H	Crisis placements service	A service involving the offer of short-term crisis foster placements in the foster carer's home for people in mental health crisis, supported by local crisis services.	In-person	Assessment and support	Community residential
I	Assessment and/or triage only	Responses which are limited to assessment and/or triage and/or signposting onwards, but which do not extend to the provision of ongoing support.	In-person or remote	Assessment and/or triage only	Community or hospital

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https://cardiff.onlinesurveys.ac.uk/crisis-care-for-children-and-young-people-with-mental-heal-6

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Opportunity for questions and discussion

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