

Crisis resolution team's practice and knowledge regarding their patients' children

It takes a village

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The Crisis Resolution Team (CRT) model

- Alternative to hospitalization for people in crisis
 - In operation 24/7 as the optimal goal
 - Gate keeper function for acute/emergency beds
 - Contributes to early discharge by providing close monitoring
- Intended to respond quickly and work intensively
 - Quick response time on referrals
 - Provides intensive follow-up
 - Low caseload to provide intensive follow-up
- Primarily meeting people where they prefer
 - Home based care if the patients want this
 - Intended mainly to work as mobile teams

Crisis resolution teams (CRTs) in Norway

- There are 54 CRTs in community mental health centres in Norway
- Multi-disciplinary teams with an average of 10 professionals
- Multi-centre study done in 2015 with 25 CRTs taking part
- Little is known about the CRTs attention to needs for patients' children

Multi-centre study of outcome of CRTs

- Pre-post observational study on outcome of CRTs
- 25 CRTs participated and included 974 patients
- Only users giving written consent are included
- Data collection from both service users and CRTs at intake & discharge
- Included a few questions regarding children of the patients

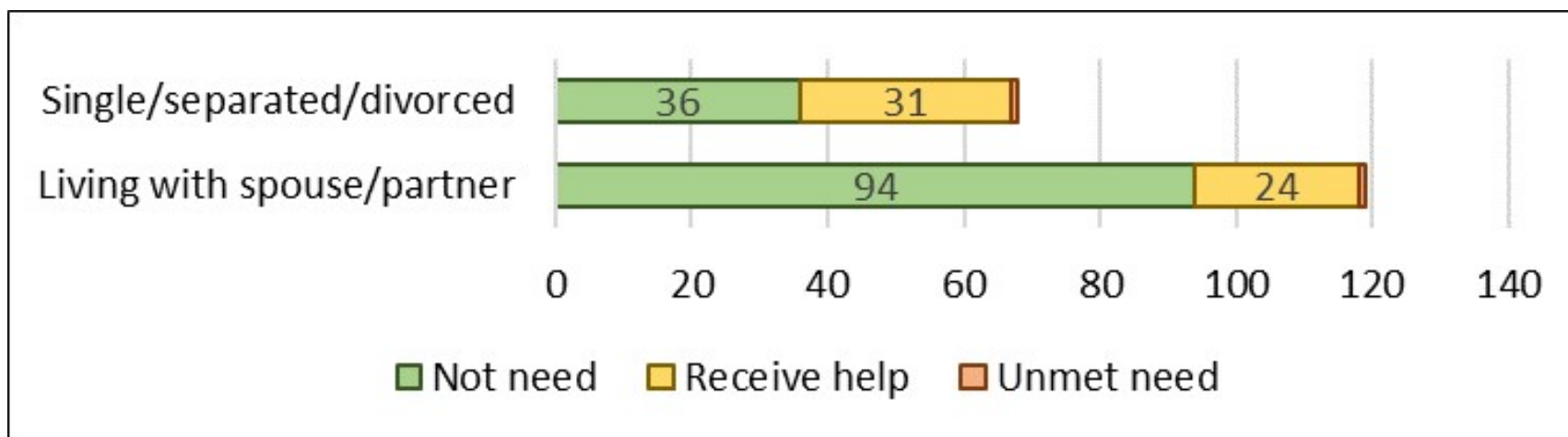
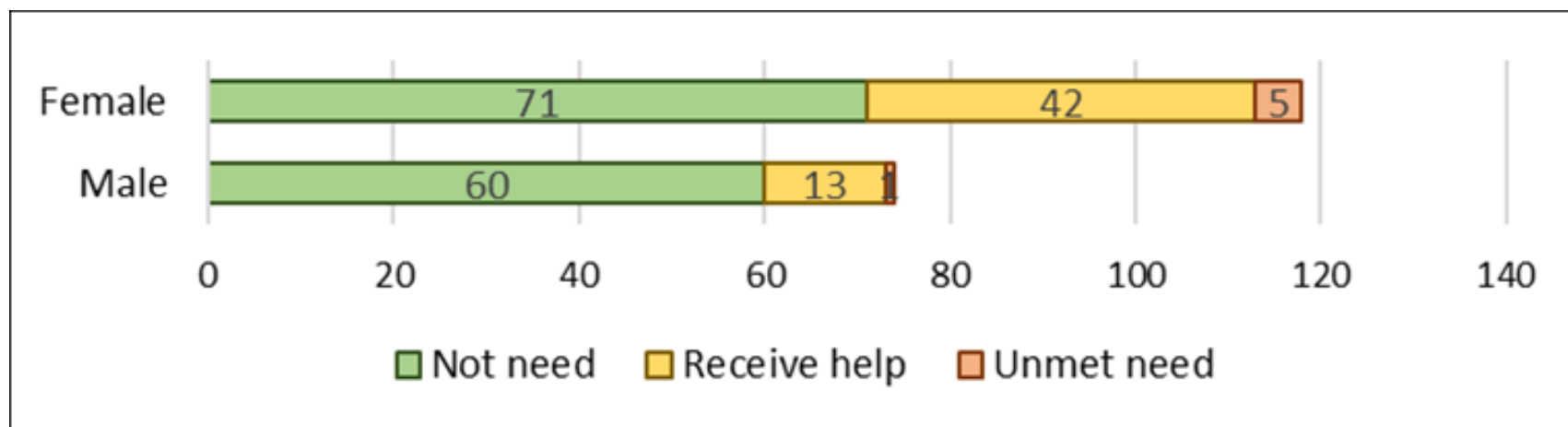
Questions to the CRTs regarding children of the patient

- Number of children under age 18 (own/others)
- Whether the patient has care for children (part time / full time)
- Whether the patient's children need help
 - Children do not need help
 - Children receive help (met need)
 - Children need help, but do not receive it (unmet need)
 - Unknown to the CRT team
- The study included some measurements of the CRT's practice.
- Assessment of the CRTs' fidelity to the CRT model included assessment of whether the team safeguarded children

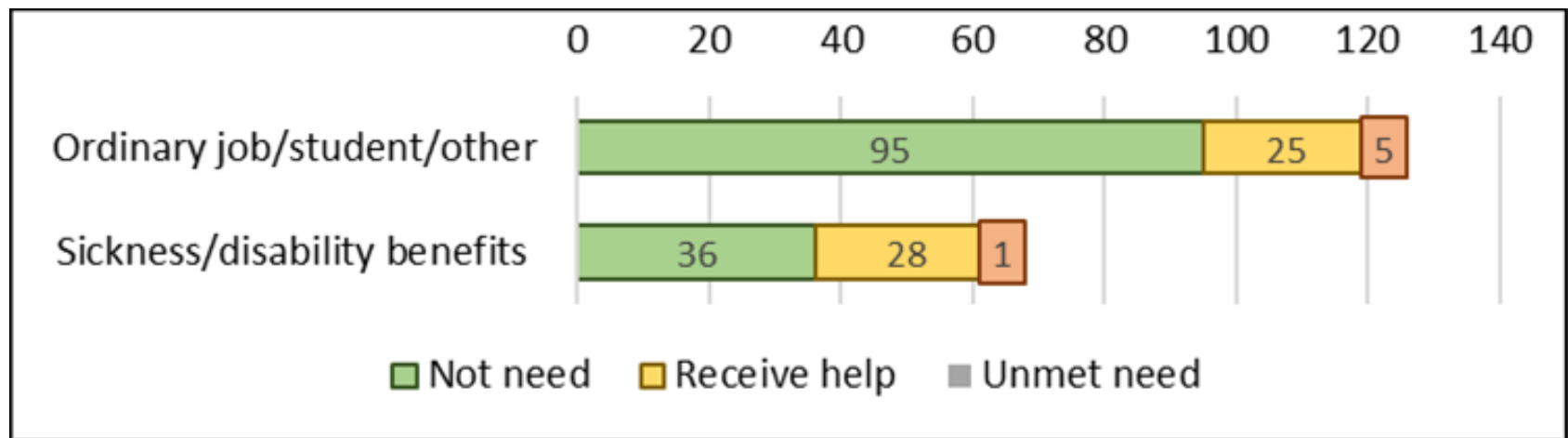
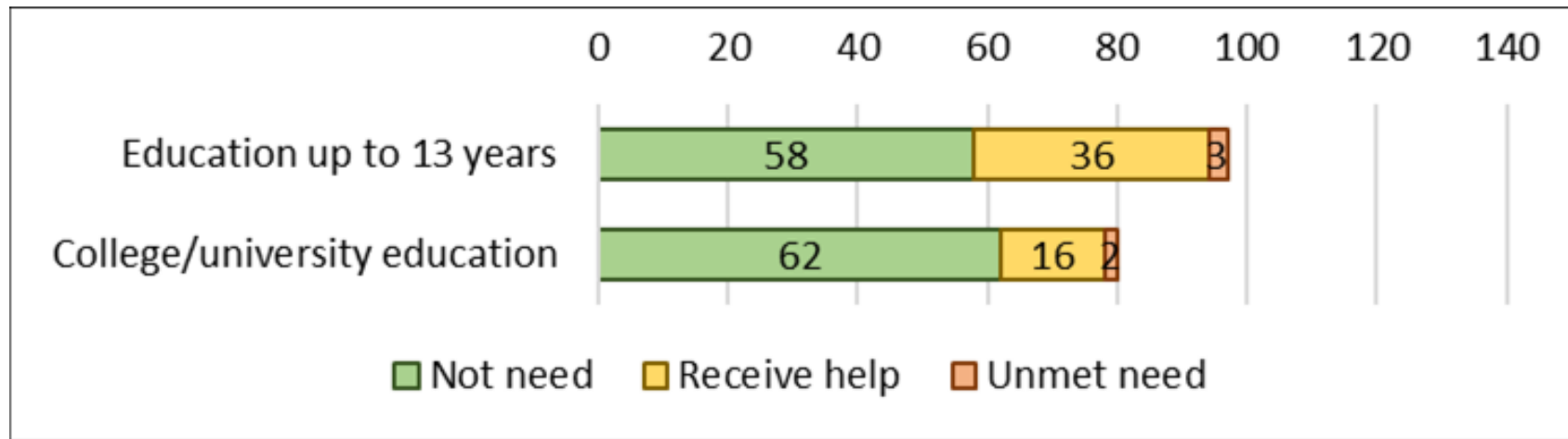
Data reported from the CRTs on children and their needs

- Data reported from the CRTs on 974 patients
- 326 (33%) of the patient are reported to have children
 - Care for children full time 172 (53%)
 - Care for children part time 74 (23%)
 - Do not have care for children 42 (13%)
 - Unknown/not answered 38 (12%)
- For 192 (58 %) of these patients the CRT reports the needs of children
 - No needs for help 131 (68%)
 - Receive help (met needs) 55 (29%)
 - Unmet needs for help 6 (3%)
- For 134 (42%) of the patients with children their needs are not reported

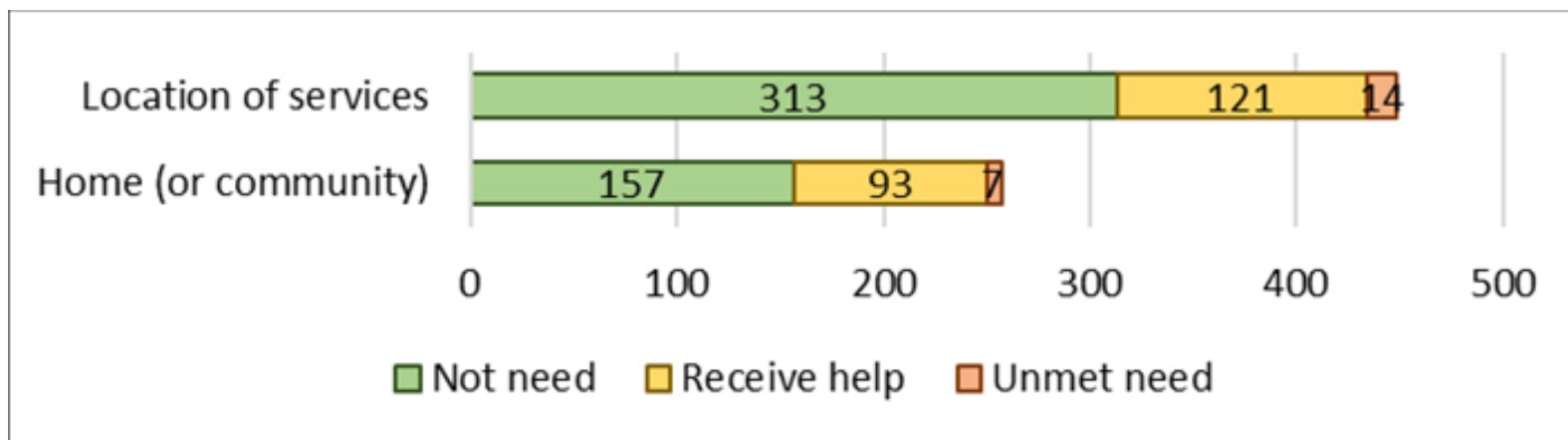
Number of patients with children needing care: Patient gender and marital status



Number of patients with children needing care: Patient education and main source of income



Locations for meetings with patients and needs of children

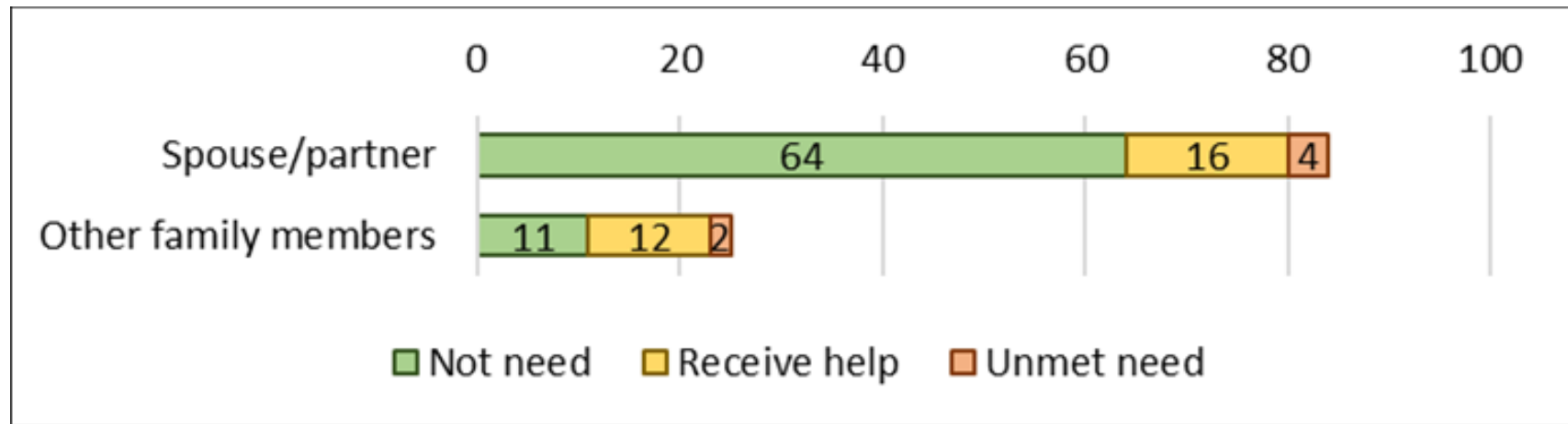


Portion of meetings in patients' home:

33 % is average for all meetings recorded in the study

36 % for patients with children known to receive help

Family participating in meetings with patients with children



Spouse/partner participates in 12 % of meetings (average in the study: 7 %)

Other family members participates in 4 % of meetings (average in study: 6 %)

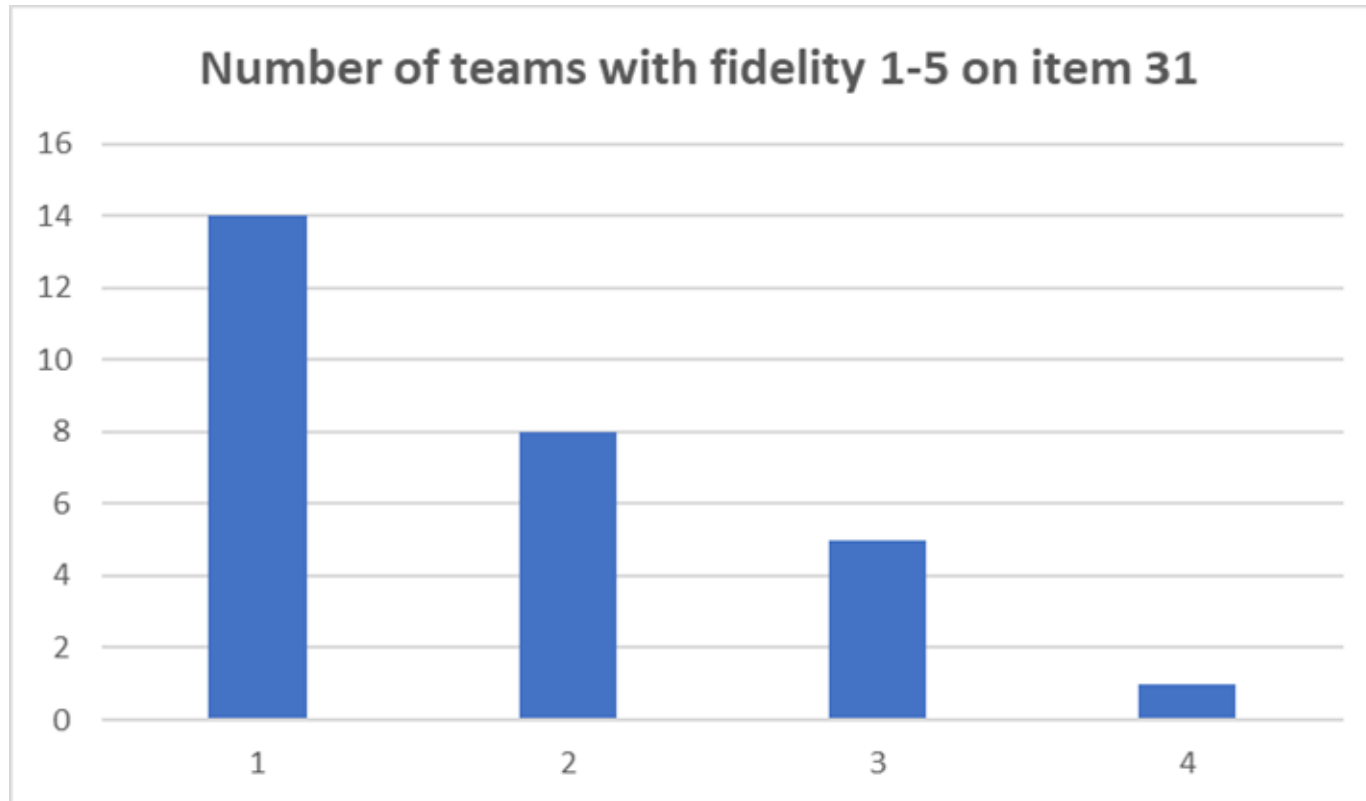
The CORE Crisis Resolution Fidelity Scale

- Scale to measure a team's practice in relation to the CRT model.
- Developed by the CORE Study in England based on
 - existing research
 - survey to team leaders
 - qualitative interviews with many stakeholders.
- 39 items rated by assessment team on various components in the model
- Each item rated on a scale 1-5 (1 = no fidelity to 5 = very high fidelity)
- Information sources for rating fidelity
 - written procedures
 - reading 10 randomly selected patient records
 - interviews with team leader, team members
 - Interviews with patients, carers and collaborating services

Item 31 on risk assessment and risk management procedures

- Safeguarding children is one criterion of this item
- Assessment of this is based on requirements in national guidelines
 - Staff training in safeguarding children and vulnerable adults is up-to-date
 - Staff show awareness of thresholds for contacting other agencies
 - At least 80% of staff trained within time period specified in guidelines
- Also ask 6 patients and 6 carers/relatives:
 - Did the team ask if you/(your relative) had care for children and examined whether the children needed help?

Fidelity of 28 Norwegian CRTs on item 31



More than half of the teams met the criterion on safeguarding children.
76 % of patients had been asked by the CRT regarding children.
51 % of relatives had been asked regarding children of the patient.

Summary: CRTs' knowledge regarding children at intake

- Norwegian CRTs seem to not know whether the patient has children and care for children for 10 % of their patients.
- CRTs know much less about the met/unmet needs for help for children of patients seen by the team.
- Among the children with known need for help, 69 % have no needs, 29 % receive help and 3 % have unmet needs.
- Help to children or unmet needs seems to be reported higher if patient is female, single, and/or on sickness benefits or disability pension/support.

Summary: CRTs' practice meeting family and children

- Portion of meetings located to the patient's home is 33 % (as average).
- Spouse/partner participates in meetings slightly more often than for the average CRT patient, and other family members as average.
- On fidelity scale on risk management, most teams are rated poor/low, but more than half of the teams meet the criterion on safeguarding children.