



**Crisis Resolution Home Treatment Services
Survey of referring clinicians**

**Report prepared for
The National Audit Office**



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1 Summary of Findings

- On average, respondents say they see 165 patients in a typical 6-month period primarily because of a mental health concern.
- Of these the average proportion of new concerns was 33%.
- When a patient presents they are usually referred on to an available resource
 - CRHT service
 - Psychiatry.
- The use and usefulness of protocols varies greatly across respondents.
- Out-of-hours referral options generally remain the same as those in-hours.
- 18% of respondents were not aware of how they may differ if at all.
- Psychiatrists are the most aware of CRHT services in terms of their availability, who they are intended to treat and who they will accept.
- 59% of patients presenting with an acute crisis would be referred on the CRHT services.
- Of these an estimated 63% of patients receive the service.
- 71% of patients whose needs would be best met with admission get an admission.
- The main reason for not being admitted is a shortage of beds.

2 Introduction

Crisis Resolution Home Treatment (CRHT) services are provided for adults (aged 18 to 65) who are experiencing an acute mental health crisis which, without the involvement of the service, would be likely to result in hospitalisation. The aim of these services is to treat people in the least restrictive environment, with the minimum of disruption to their lives, and in their own home. Independent clinical evaluation of the working of CRHT shows that this model of services is preferable to inpatient treatment in appropriate cases, resulting in higher patient satisfaction and equal or better patient outcomes.

The National Audit Office conducts audits of government departments, agencies and some public bodies. Part of the office's remit is to report on the value gained for public money spent. As part of its current programme the NAO is evaluating CRHT services to assess:

- whether the services are seeing the patients they should be seeing;
- whether CRHT services are properly resourced and configured to achieve the desired outcomes;
- whether the services are economical, efficient and effective.

The NAO is gathering a range of opinions in this area, including those who refer to CRHT services. This section of the evaluation has been achieved by commissioning Doctors.net.uk to survey a cross section of its membership to obtain their feedback on CRHT services.

3 Research Objectives & Methodology

The objectives of the research project were to gather the opinions of clinicians referring patients to CRHT services. A number of areas were covered in the questionnaire. These can be broadly grouped as follows.

- The number of patients respondents are seeing with a mental health concern.
- Action for presenting patients.
- Understanding of Crisis Resolution Home Treatment (CRHT) services.
- Strengths and weaknesses of Crisis Resolution Home Treatment services.
- Crisis Resolution Home Treatment service referrals.
- Inpatient admissions.

The questionnaire via which the data for the survey were collected is provided in Section 5 of this report.

The survey was conducted using an on-line methodology. Participants were a subset of the members of Doctors.net.uk who practice, in one of the selected specialities, in England. All members of Doctors.net.uk are GMC registered medical practitioners who access the Doctors.net.uk website through a user name and password. Doctors.net.uk have been contracted to conduct the fieldwork, collect all responses, analyse the information and prepare this report as a summary of the research findings.

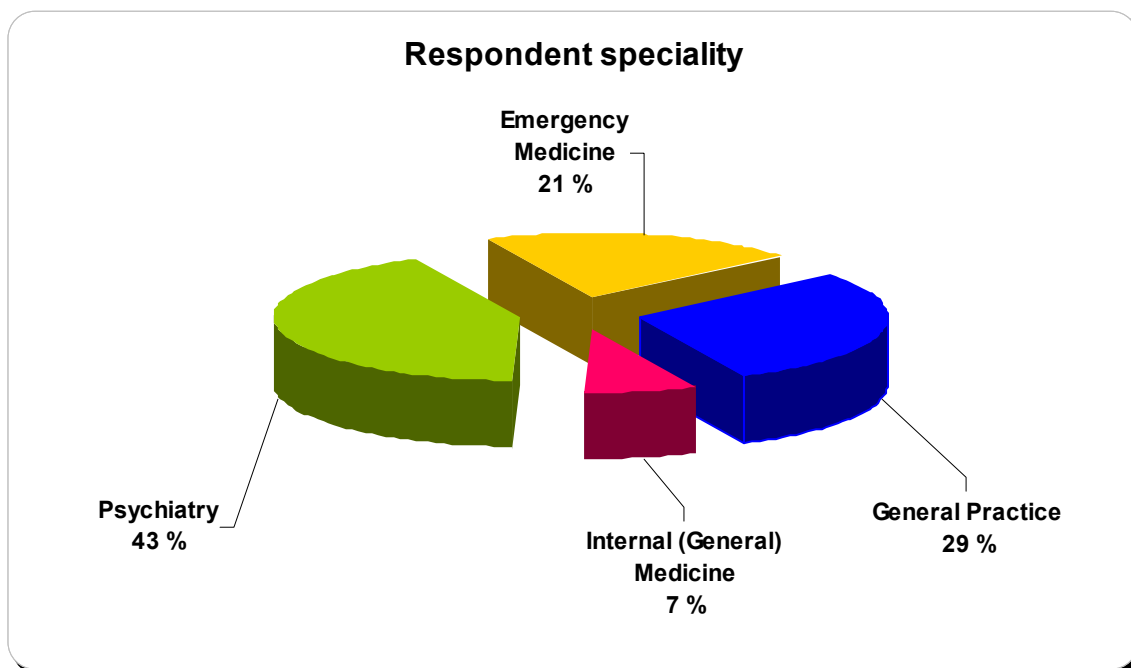
4 Demographics & Results

4.1 Sample Demographics

The main fieldwork for the survey took place between 16th March 2007 and 26th March 2007. Additional fieldwork was undertaken between 1st and 5th June 2007 to include additional respondents in the Psychiatry speciality. In total, 597 respondents participated. Respondents covered in this report were taken from the following range of disciplines:

- Emergency Medicine
- General Practice
- Internal (General) Medicine
- Psychiatry.

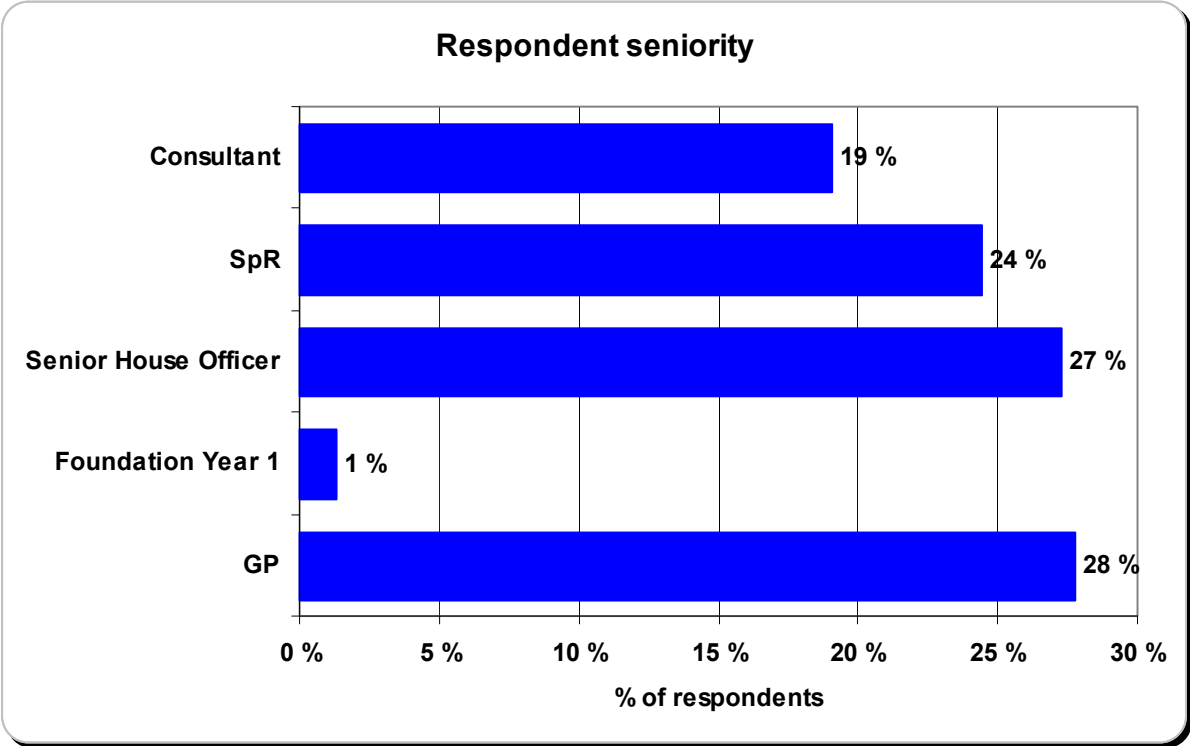
Figure 1 : Split of respondent speciality



The sample was structured such that Psychiatry contributed the most respondents (43%) with General Practice contributing 29%. The split of respondents between primary care and secondary care was

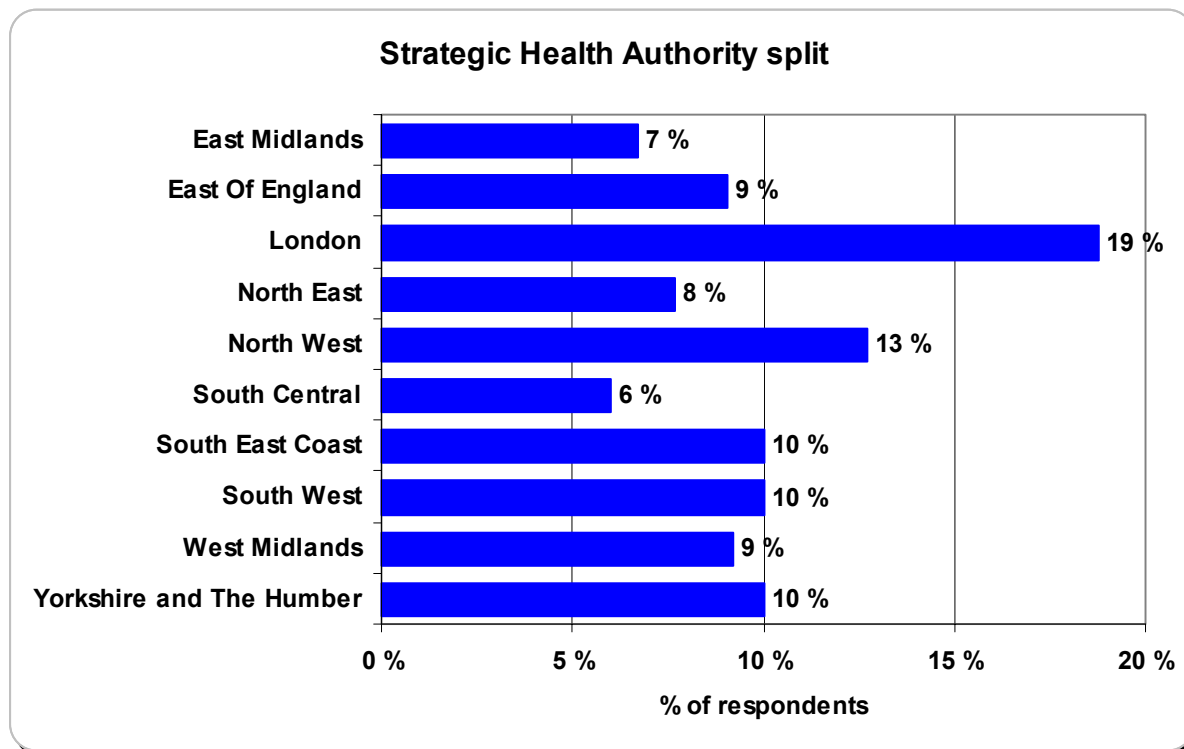
- Primary care – 29%
- Secondary care – 71%

Figure 2 : Seniority of respondent



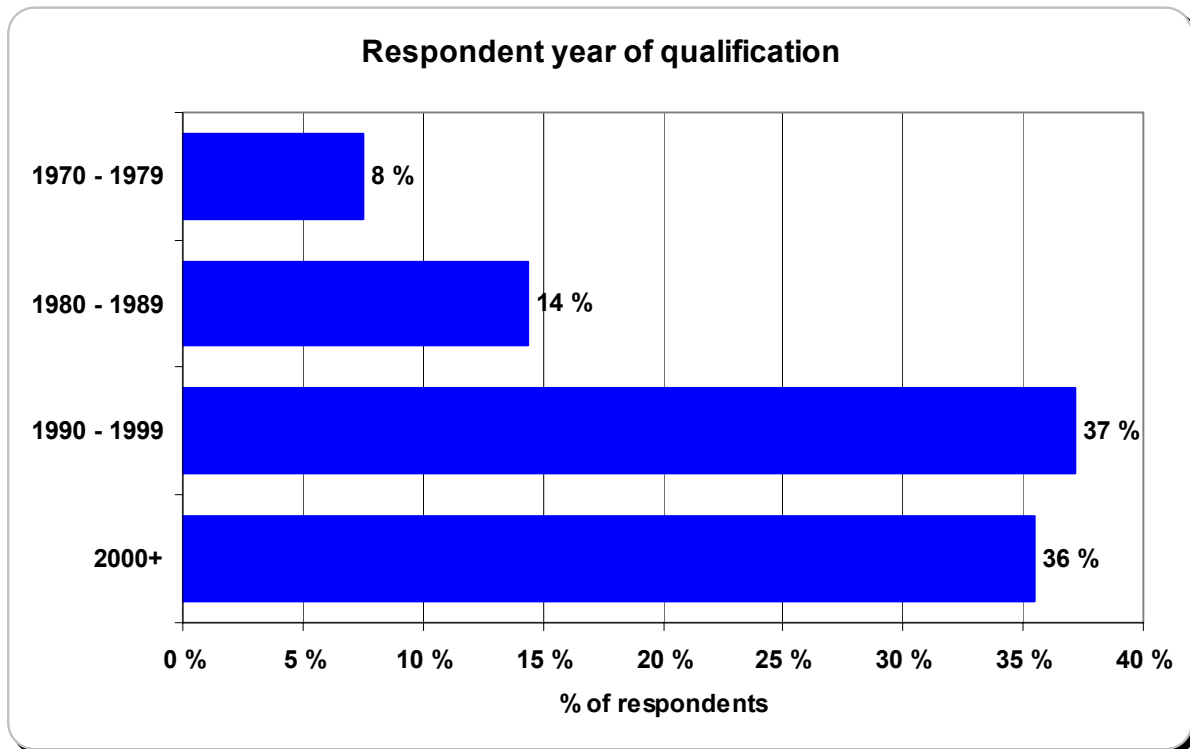
In terms of regional representation, the split of respondents across the regions was as follows.

Figure 3 : Split of sample across SHAs



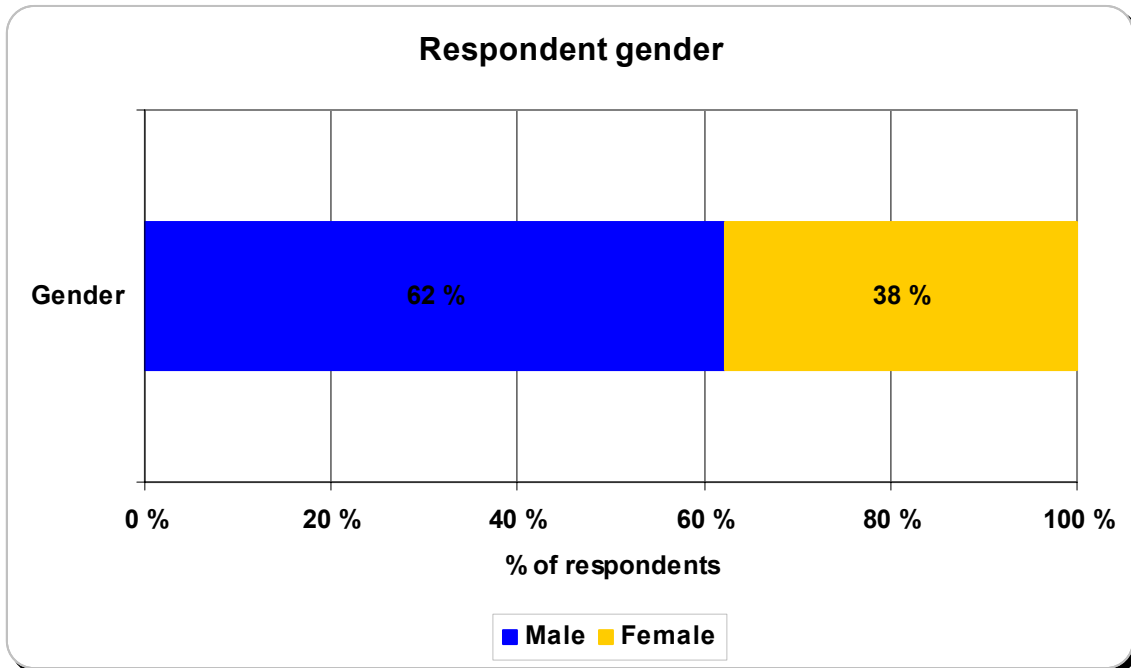
Just less than 1/5th of the sample was based in the London Strategic Health Authority (19%). The North West Strategic Health Authority had the next largest representation (13%). Overall, there was good coverage of all Strategic Health Authorities in England.

Figure 4 : Breakdown of year of qualification.



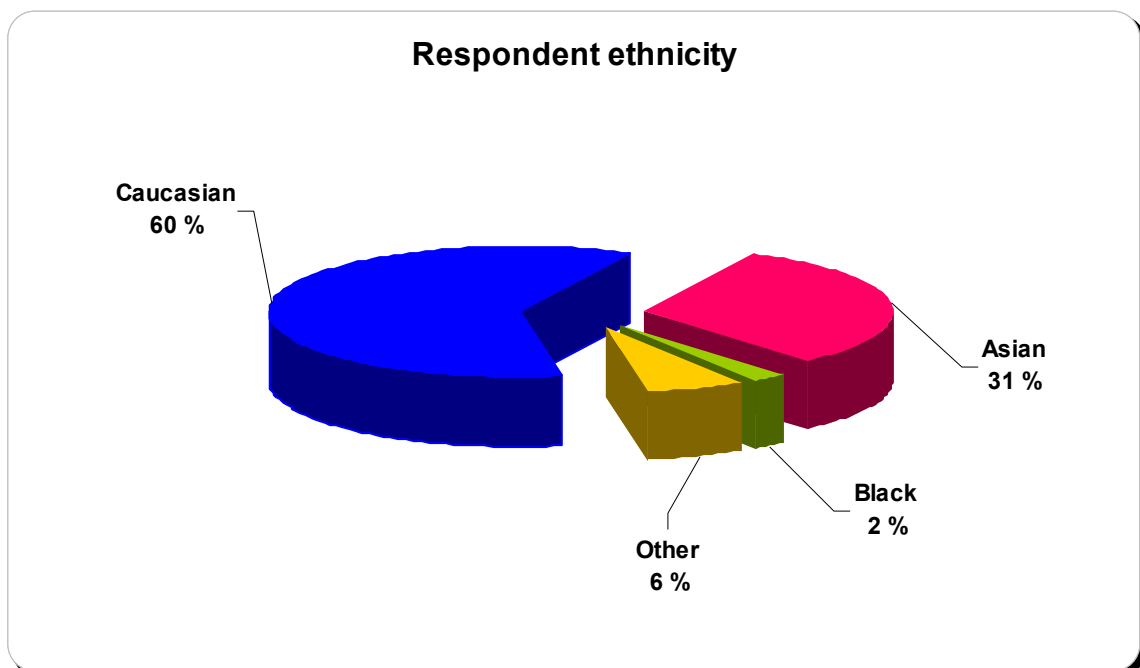
The majority of respondents (37%) qualified during the 1990's with 36% qualifying post 2000. No respondents qualified prior to 1970.

Figure 5 : Breakdown of respondent gender



In terms of respondent gender the split of the sample was 62% male and 38% female.

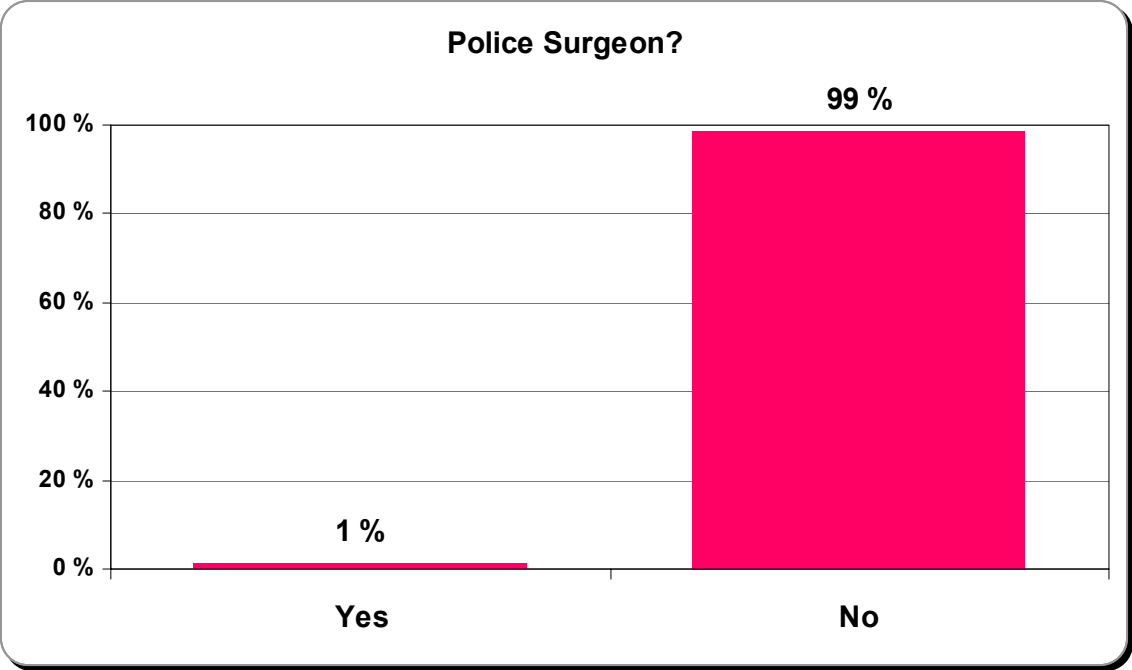
Figure 6 : Breakdown of respondent ethnicity



The majority of respondents (60%) classed themselves as Caucasian, with Asian respondents forming the second largest group of respondents (31%).

Only 7 of the 597 respondents were Police Surgeons.

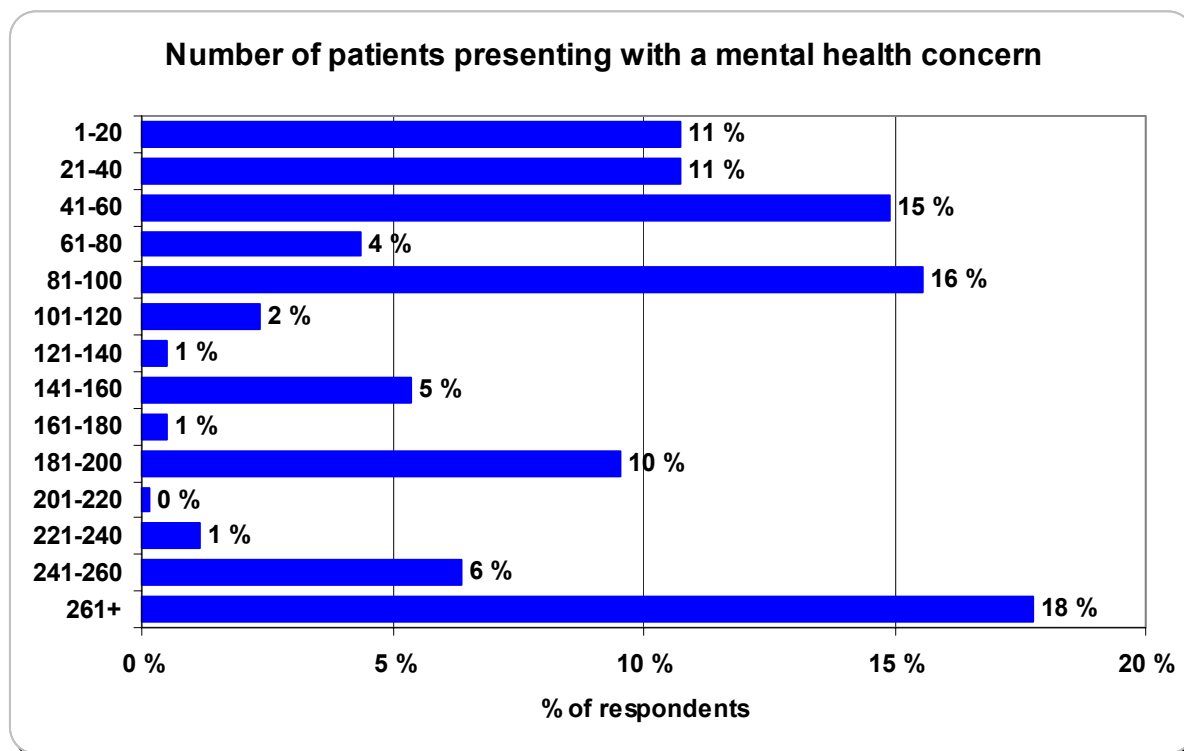
Figure 7 : Is the respondent a police surgeon?



4.2 Results

4.2.1 Number of patients seen with mental health concern

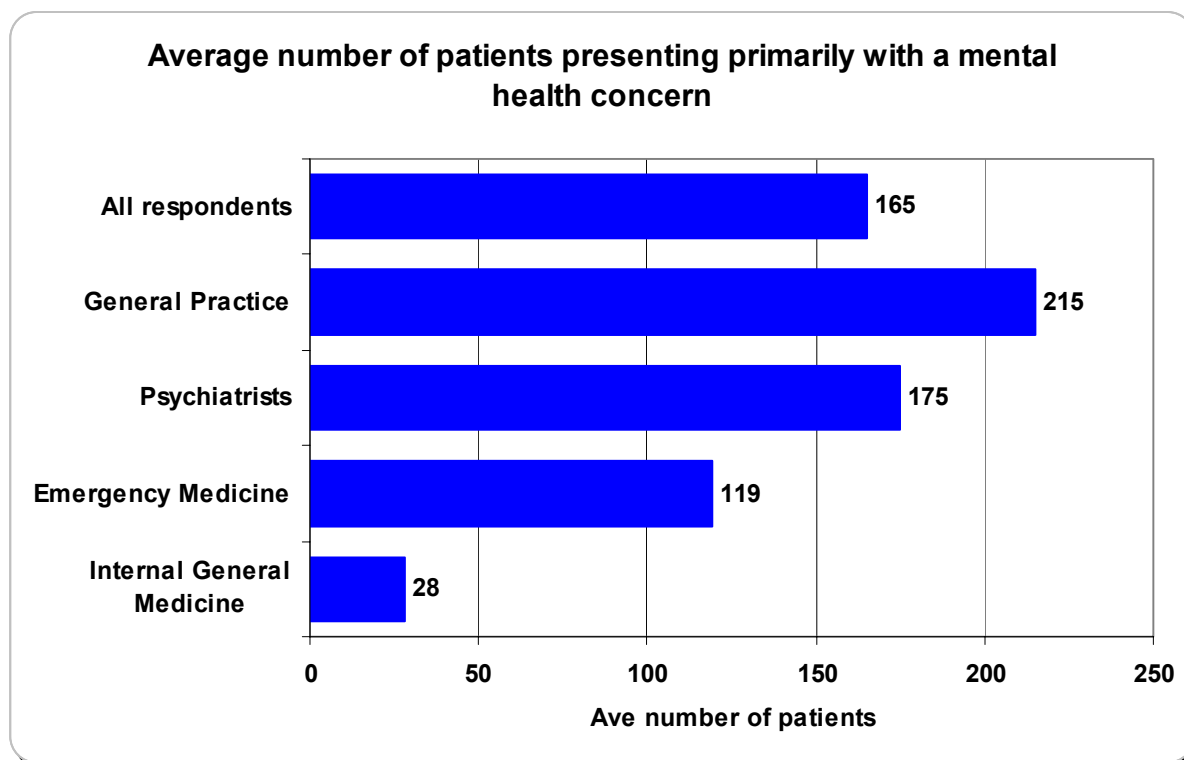
Figure 8 : Patients presenting primarily with a mental health concern



Considering the sample as a whole, almost a fifth (18%) of respondents are seeing in excess of 260 patients presenting primarily with a mental health concern in a six month period. However, this does vary by speciality.

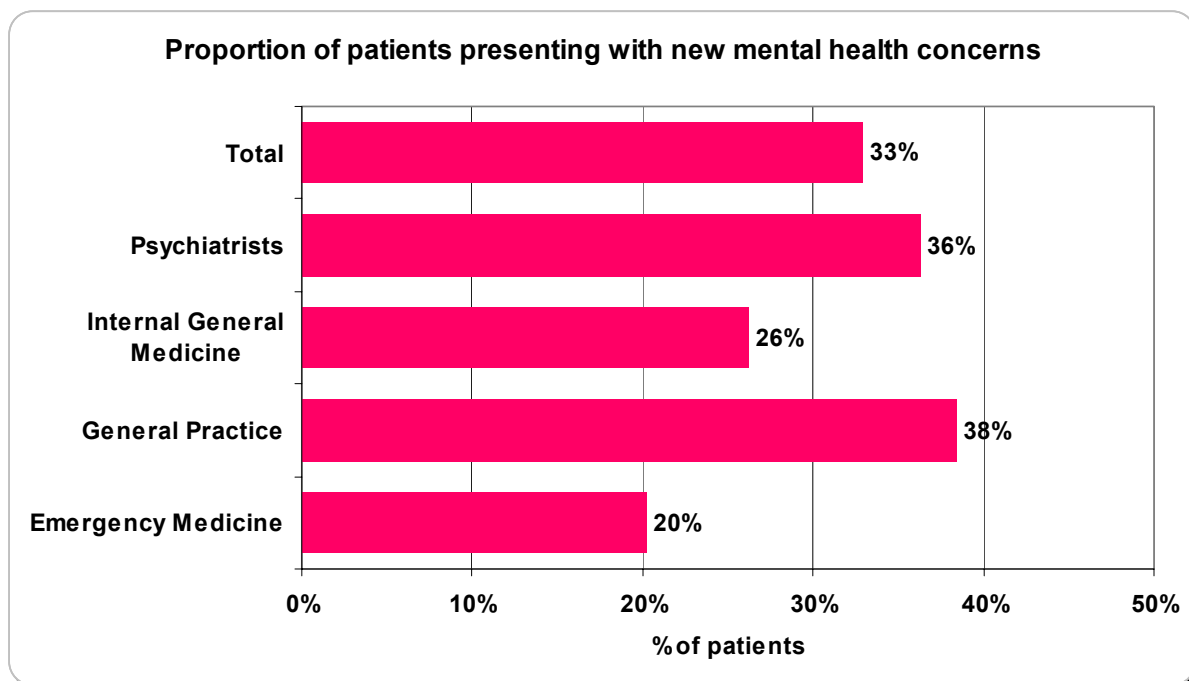
The higher end of the scale is heavily influenced by General Practitioners and Psychiatrists. General Practitioners see the most patients who present primarily with a mental health concern, 24% of the GP group see in excess of 260 such patients in a typical a six month period. Of the Psychiatrist group, 21% will see in excess of 260 patients presenting primarily because of a mental health concern in this period.

Figure 9 : Average number of patients presenting primarily because of a mental health concern



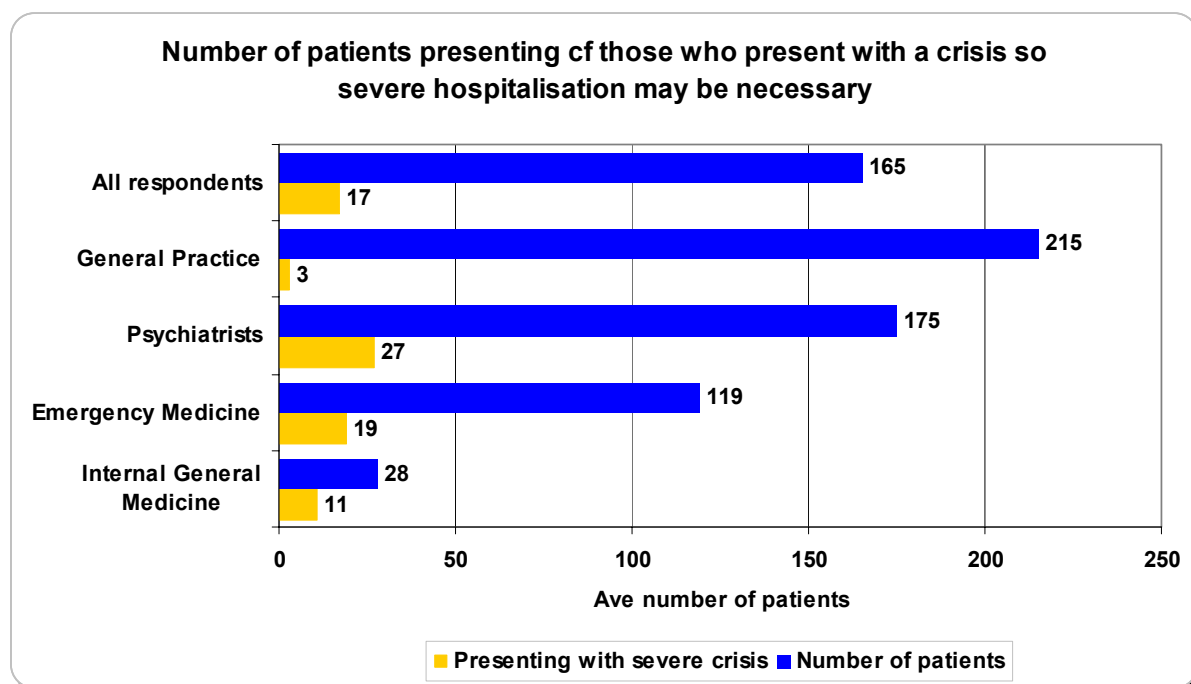
The average number of relevant patients across all respondents was 165 in a six month period. However, the chart above demonstrates how this varies across the specialities, with General Practitioners reporting the highest number of patients presenting primarily with a mental health concern (average 215 patients).

Figure 10 : Proportion of patients presenting with mental health concerns which are new



Overall a third (33%) of patients presenting primarily because of a mental health concern, do so with a new concern. General Practitioners see a slightly higher proportion of new cases (38%) compared with Psychiatrists (36%). Emergency Medicine specialists see the lowest proportion of patients with a new concern in this area.

Figure 11 : Number of patients presenting with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution / home treatment team, hospitalisation would be necessary



On average Psychiatrists see the most actual patients, in a six-month period, whose crisis is so severe it may require the patient to be hospitalised (27). General Practitioners see the fewest (3).

Table 1 : Proportion of patients presenting with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution / home treatment team, hospitalisation would be necessary

	Ave no of patients presenting with a mental health concern	Ave no presenting with severe crisis	Number with severe crisis as a proportion of total number presenting
Internal General Medicine	28	11	40%
Emergency Medicine	119	19	16%
Psychiatrists	175	27	15%
General Practice	215	3	1%
All respondents	165	17	10%

4.2.2 Action for presenting patients

The course of action when patients present with a severe psychiatric crisis varies across the respondent group. Referral of the patient to a suitable resource is a common choice. Referrals commonly take place to the psychiatry department. A large proportion of respondents mentioned the CRHT team as their first point of referral.

With regard to protocols, their presence varies across the respondent group, as did respondents' views regarding whether they work well or not. In some cases respondents felt the protocols were excellent; in others they were not seen as making a positive contribution to the process.

Referrals seem mainly to be made by phone or fax for speed. Fax or letters are usually used at a later date as a backup. Referral methods vary according to the urgency of the case.

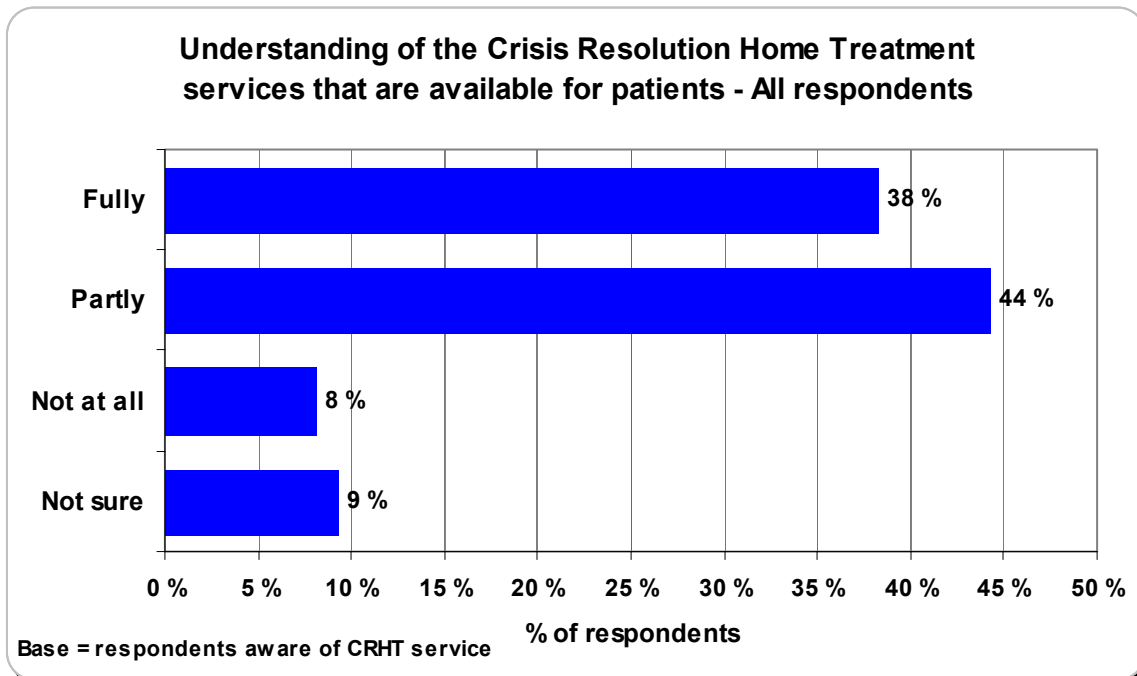
In the out-of-hours period the arrangements for crisis management are generally the same as those during normal hours for most respondents. Where 24-hour cover doesn't exist services are provided through an on-call psychiatry route or via the A&E department.

In some cases respondents simply don't refer patients out of hours as there are no arrangements in place.

Almost 1/5th (18%) of respondents said that they did not know how the arrangements differ in the out-of-hours period. General Practitioners were the group who most often said that they did not know how the service differed, 34% of the GP respondents were not aware of this information.

4.2.3 Understanding of Crisis Resolution Home Treatment (CRHT) services¹

Figure 12 : Understanding of Crisis Resolution Home Treatment services available for patients – all respondents



¹ The percentages reported in this section differ slightly from those cited in the main NAO report (paragraphs 3.30-3.32), since the NAO analysis removes *all* 64 respondents who stated in *any* of the three questions that there were no CRHT services locally. However, the above analysis by Drs.Net eliminates such respondents on a question-by-question basis, and hence includes respondents who answered responded 'partly' or 'fully' on that question despite responding elsewhere that there were no local CRHT services. The result is that the percentages reported by the NAO for these sections are 0%-3% higher than those reported by Drs.Net.

Figure 13 : Understanding of Crisis Resolution Home Treatment services available for patients – Emergency Medicine Specialists

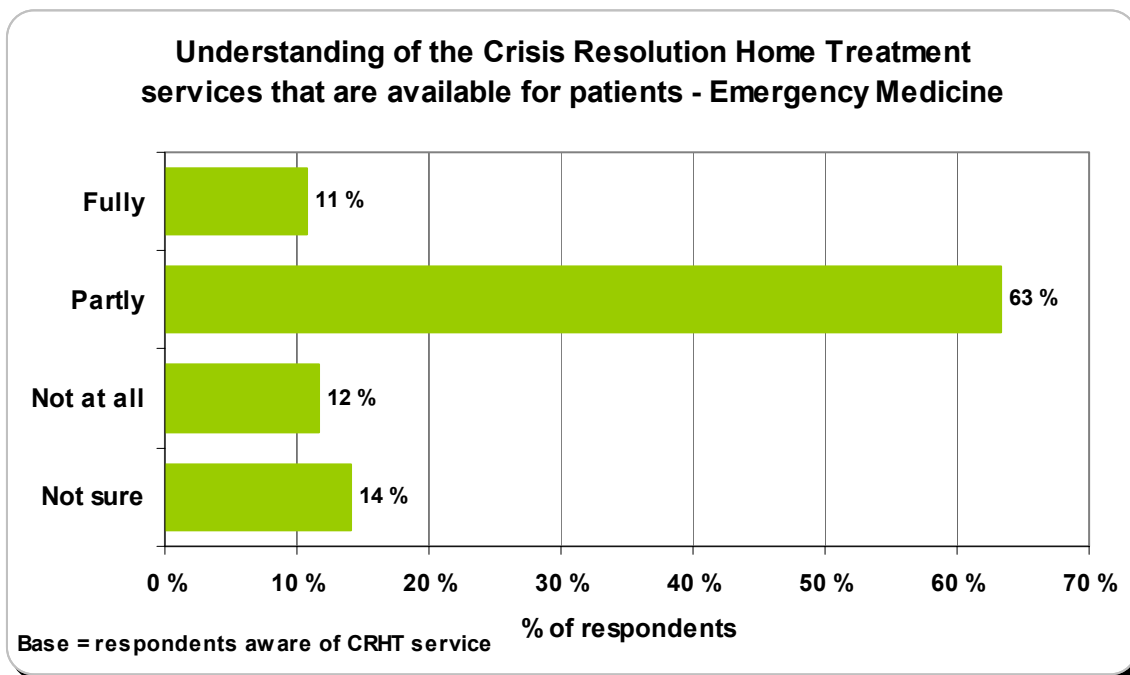


Figure 14 : Understanding of Crisis Resolution Home Treatment services available for patients – General Practitioners

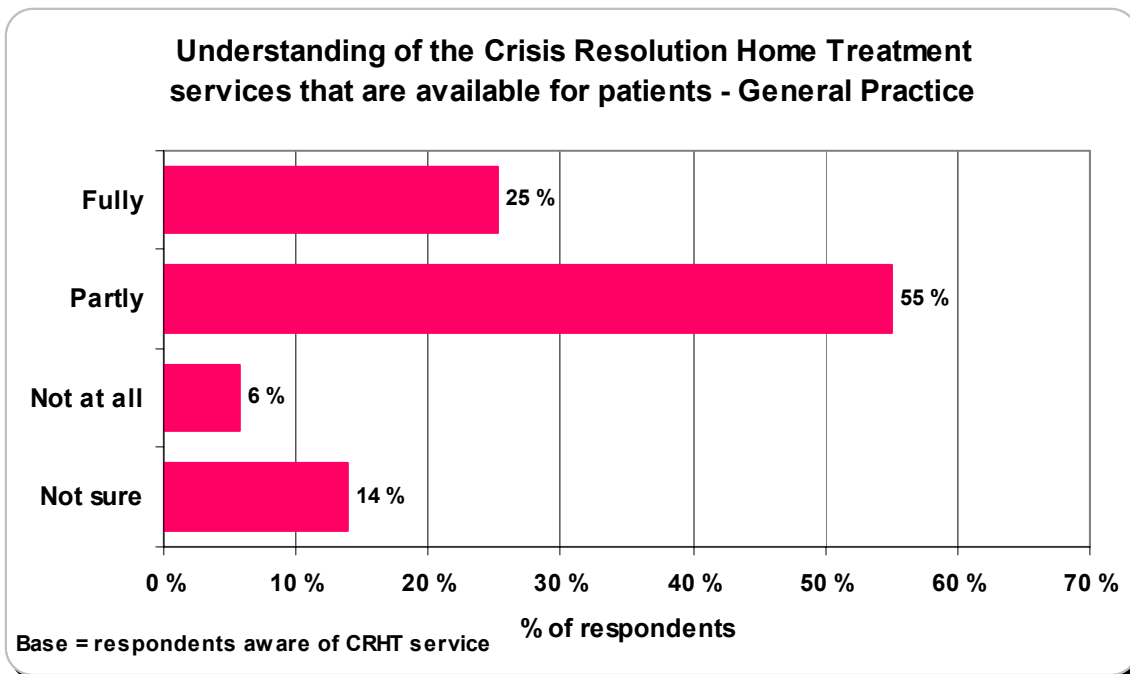


Figure 15 : Understanding of Crisis Resolution Home Treatment services available for patients – Internal General Medicine

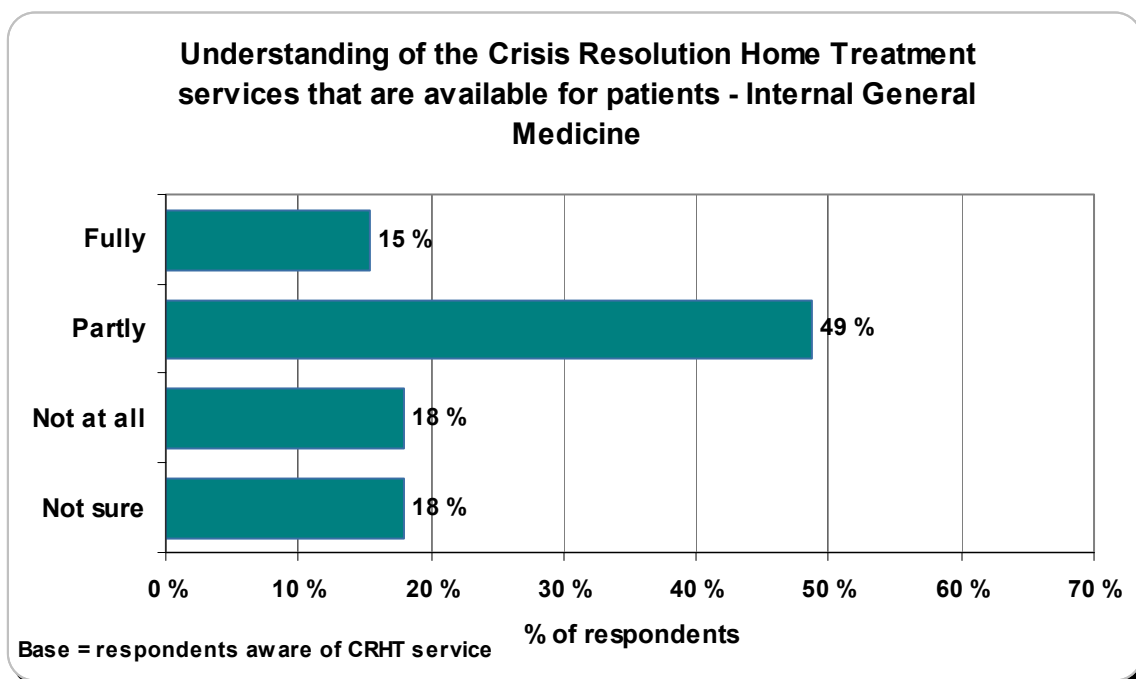
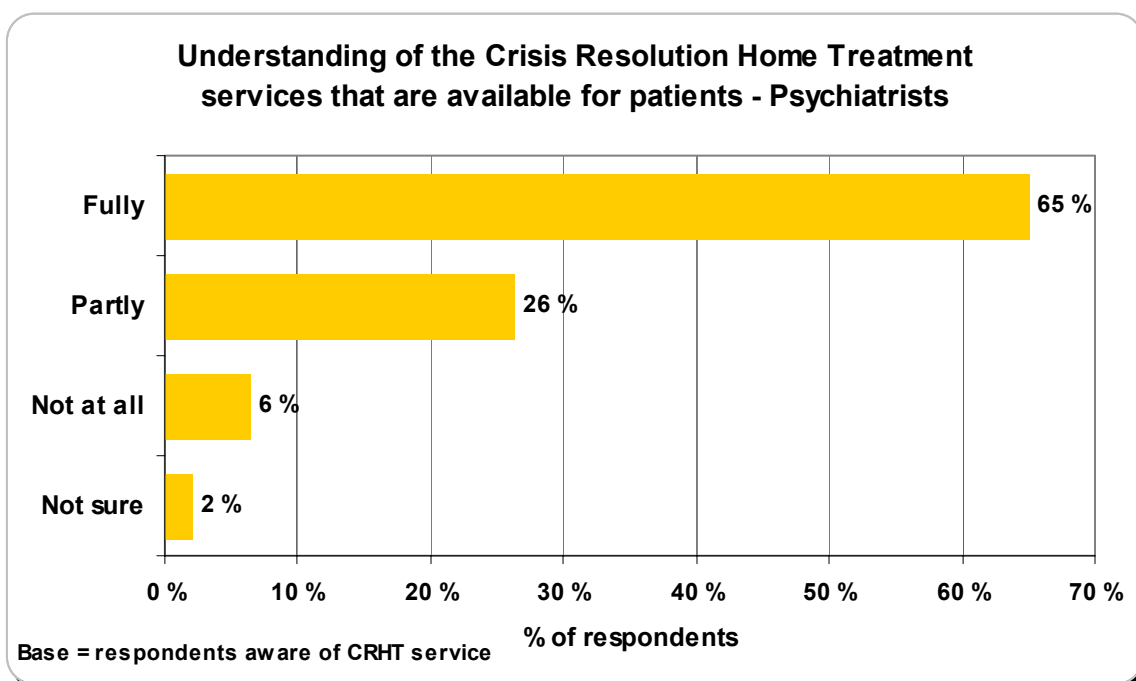


Figure 16 : Understanding of Crisis Resolution Home Treatment services available for patients – Psychiatrists



Where respondents had access to Crisis Resolution Home Treatment services, respondents generally reported that they were either fully aware of the services available (38%) or partly

aware (44%). The majority of Psychiatrists (65%) report that they fully understand the CRHT services that are available to their patients. The other three specialities report that they are, in the main, partly aware of services available:

- Emergency Medicine – 63% partly aware;
- General Practice – 55% partly aware;
- Internal General Medicine – 49% partly aware.

Figure 17 : Respondents understanding of who Crisis Resolution Home Team will accept for referrals – all respondents

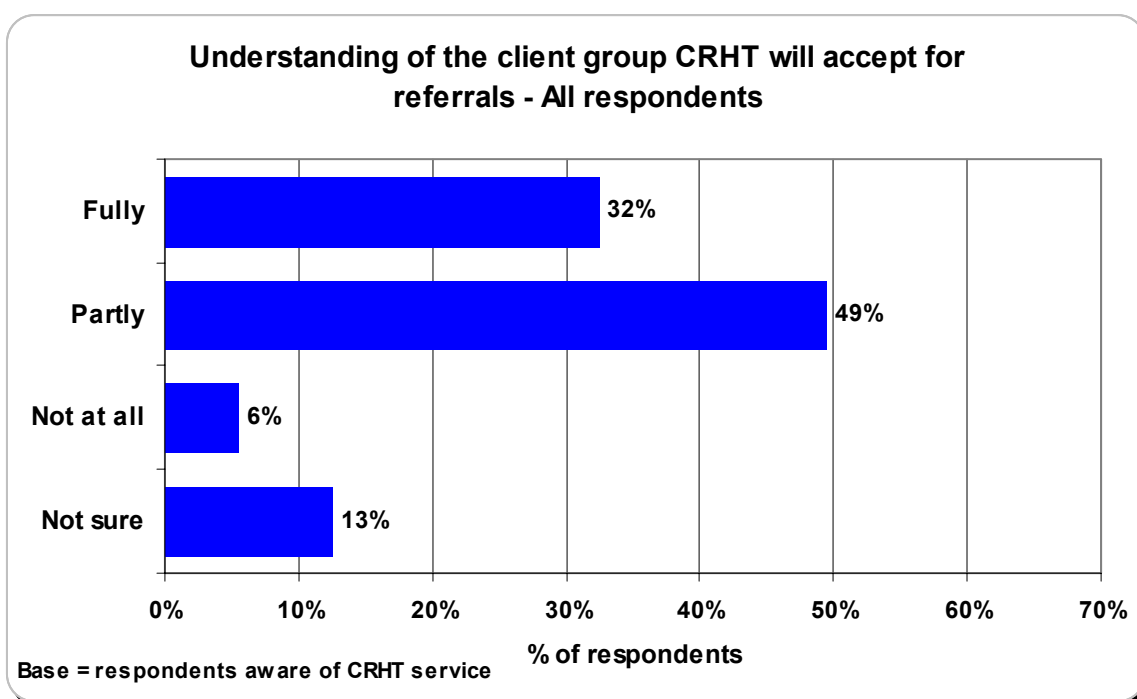


Figure 18 : Respondents understanding of who Crisis Resolution Home Team will accept for referrals – Emergency Medicine

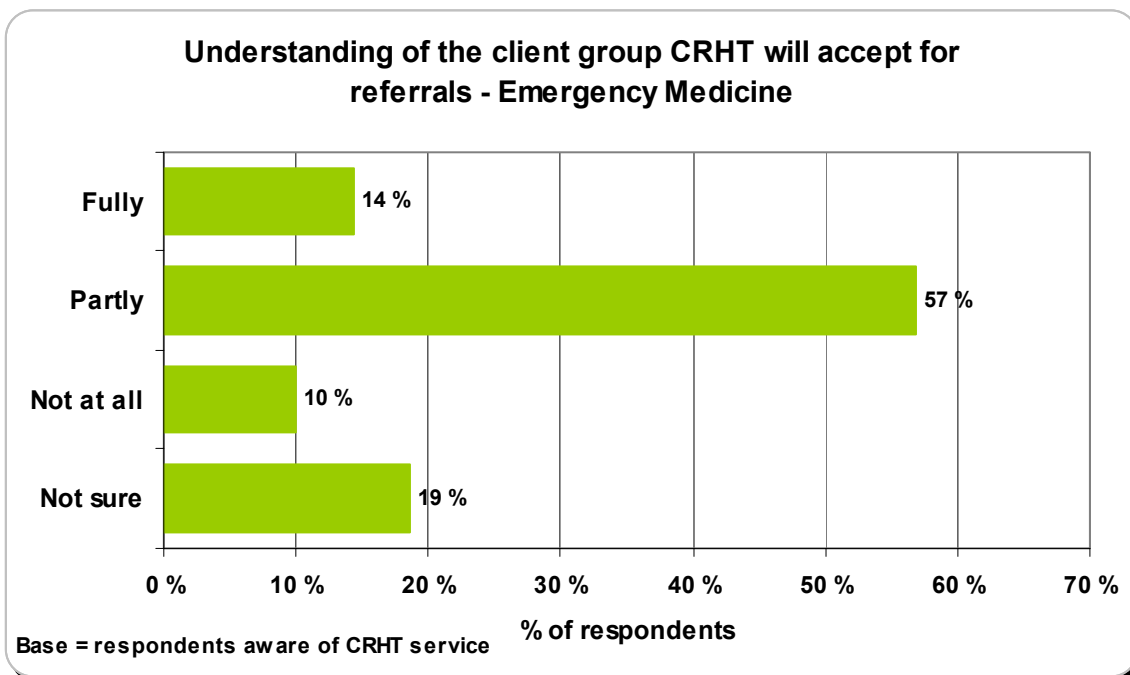


Figure 19 : Respondents understanding of who Crisis Resolution Home Team will accept for referrals – General Practice

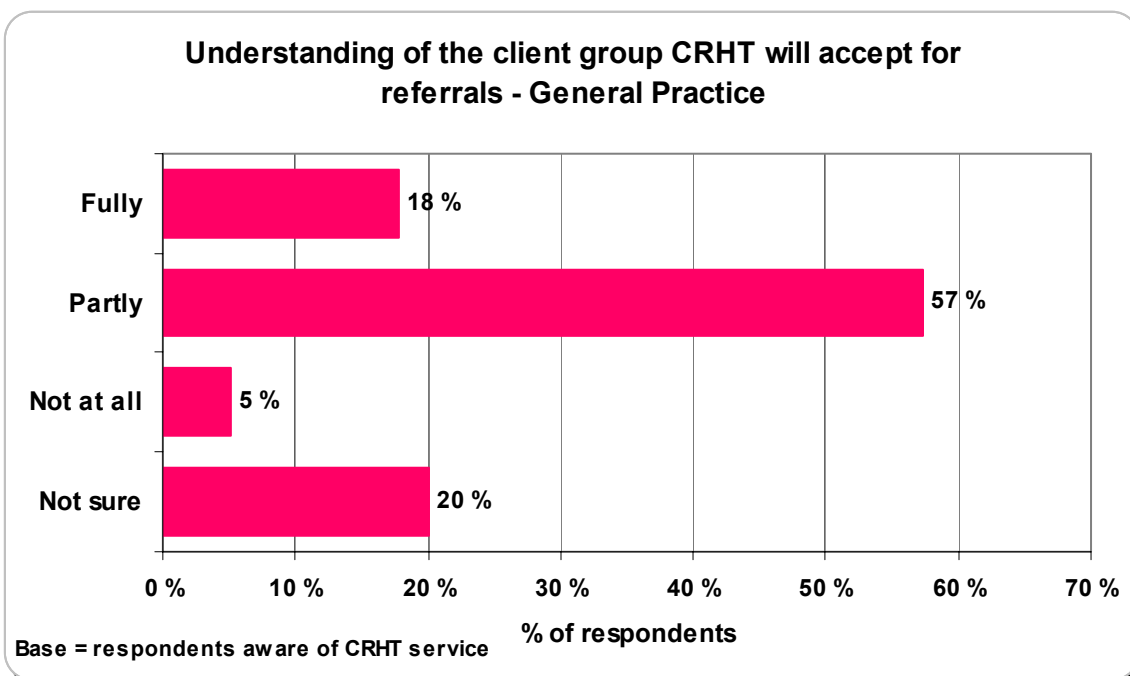


Figure 20 : Respondents understanding of who Crisis Resolution Home Team will accept for referrals – Internal General Medicine

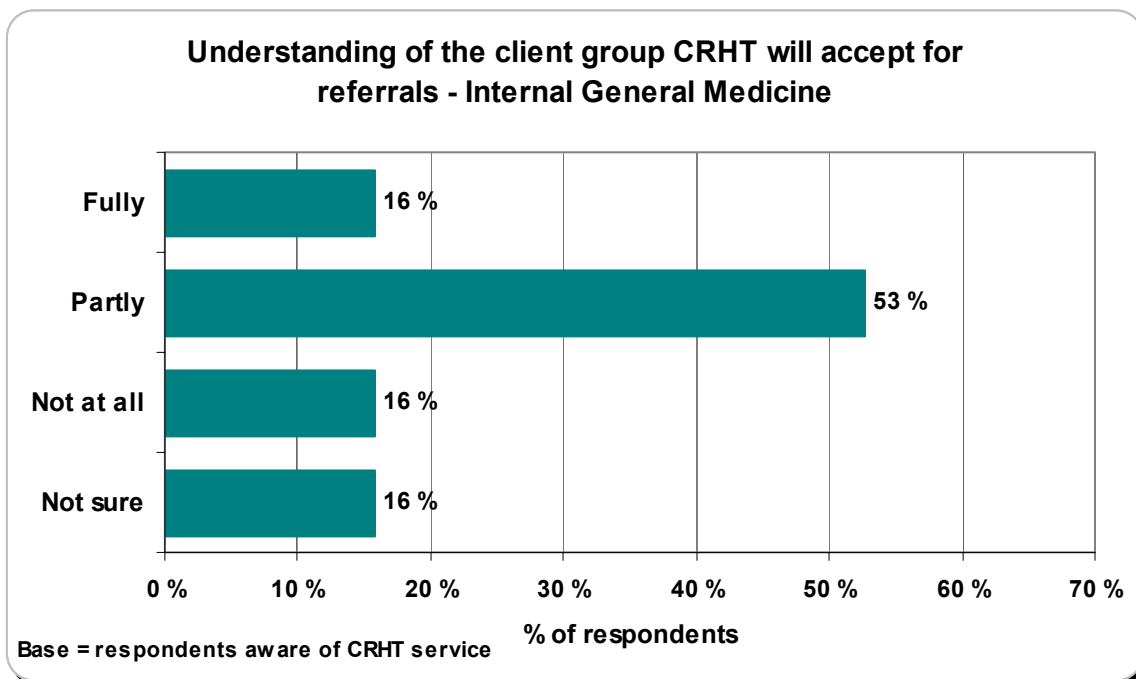
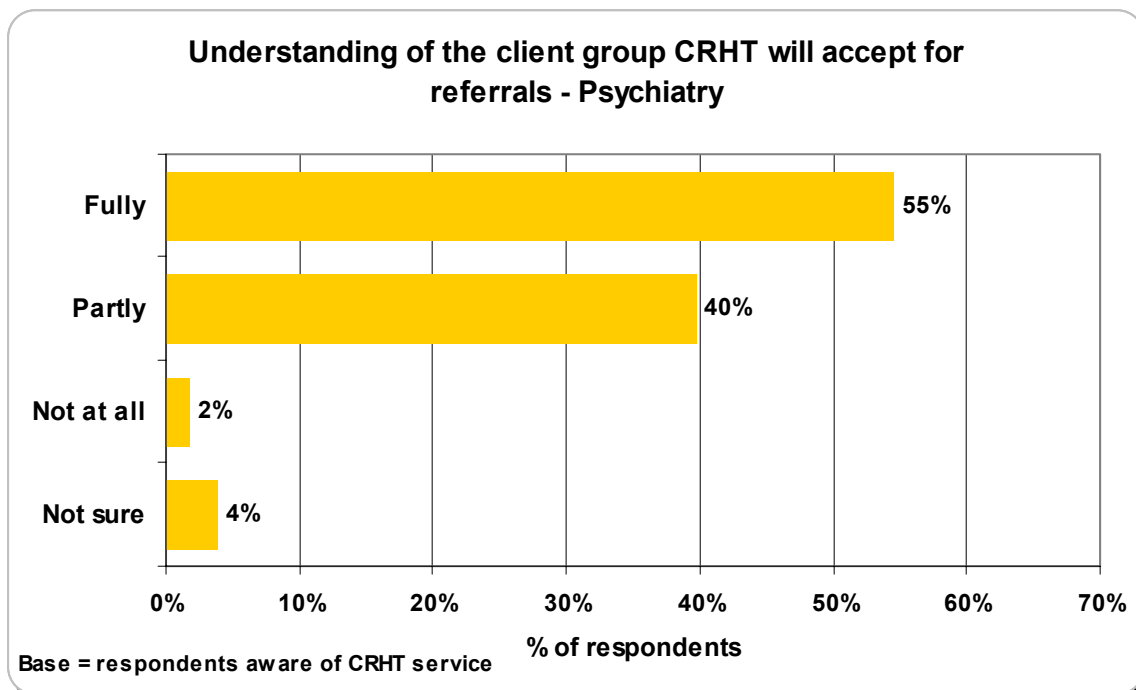


Figure 21 : Respondents understanding of who Crisis Resolution Home Team will accept for referrals – Psychiatry



Again most specialities reported that they were partly aware of the client group CRHT services will accept for referrals. The exception being Psychiatrists where the majority (55%) said they were fully aware of this information.

Figure 22 : Respondents understanding of client group Crisis Resolution Home Team are intended to treat – all respondents

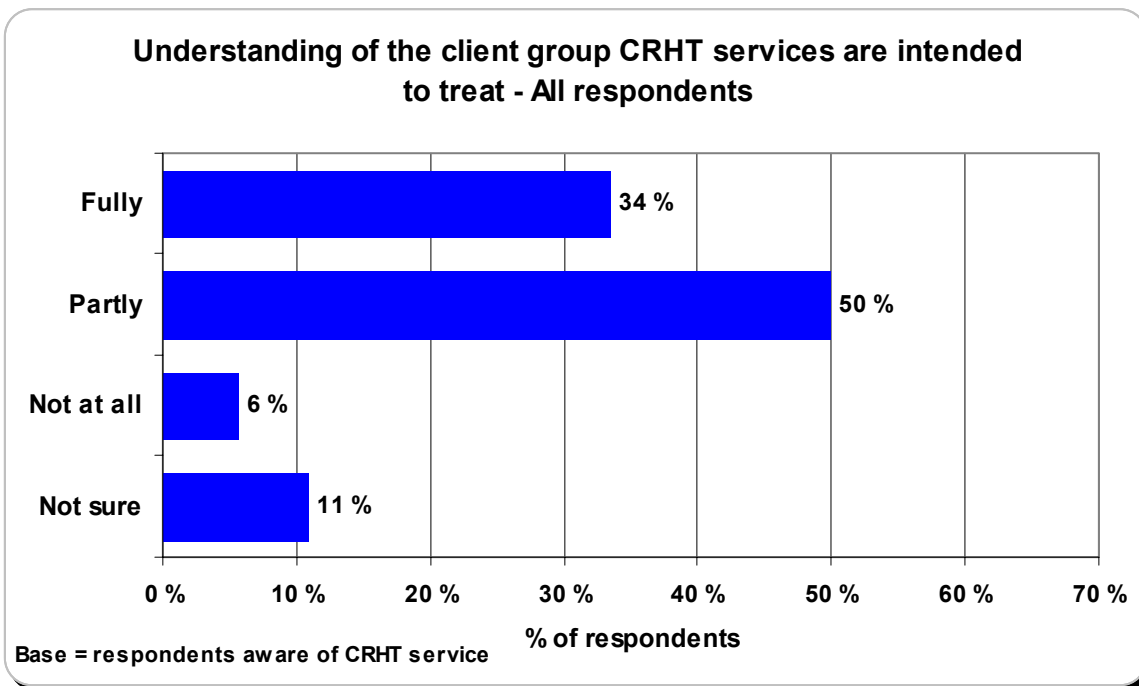


Figure 23 : Respondents understanding of client group Crisis Resolution Home Team are intended to treat – Emergency Medicine

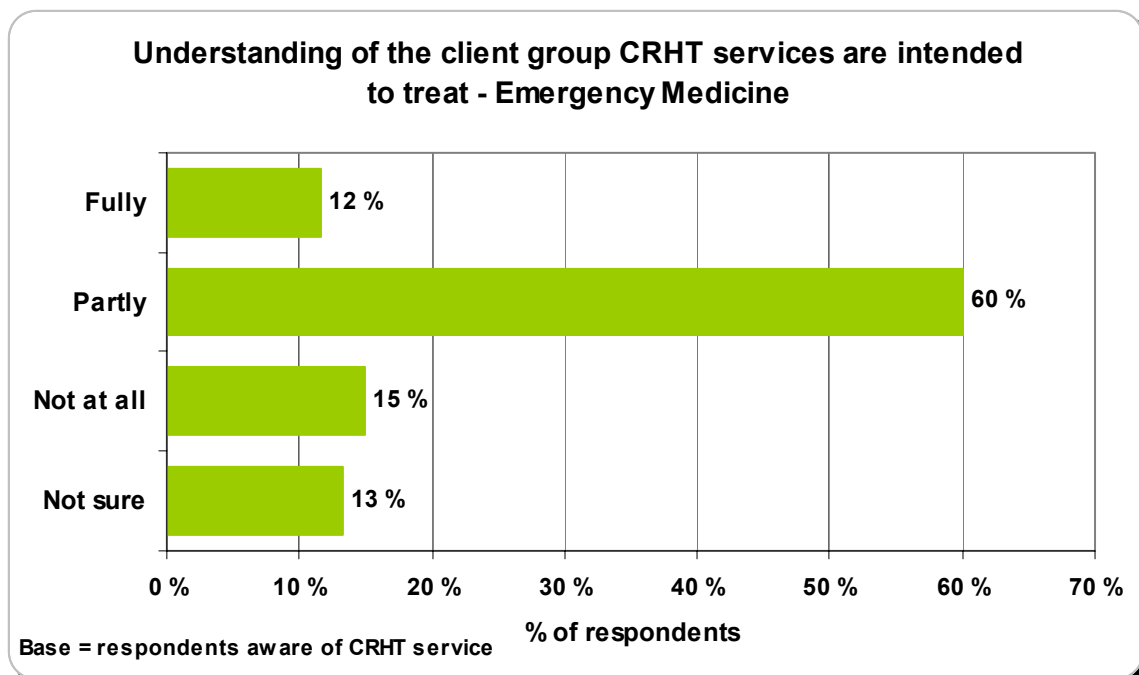


Figure 24 : Respondents understanding of client group Crisis Resolution Home Team are intended to treat – General Practice

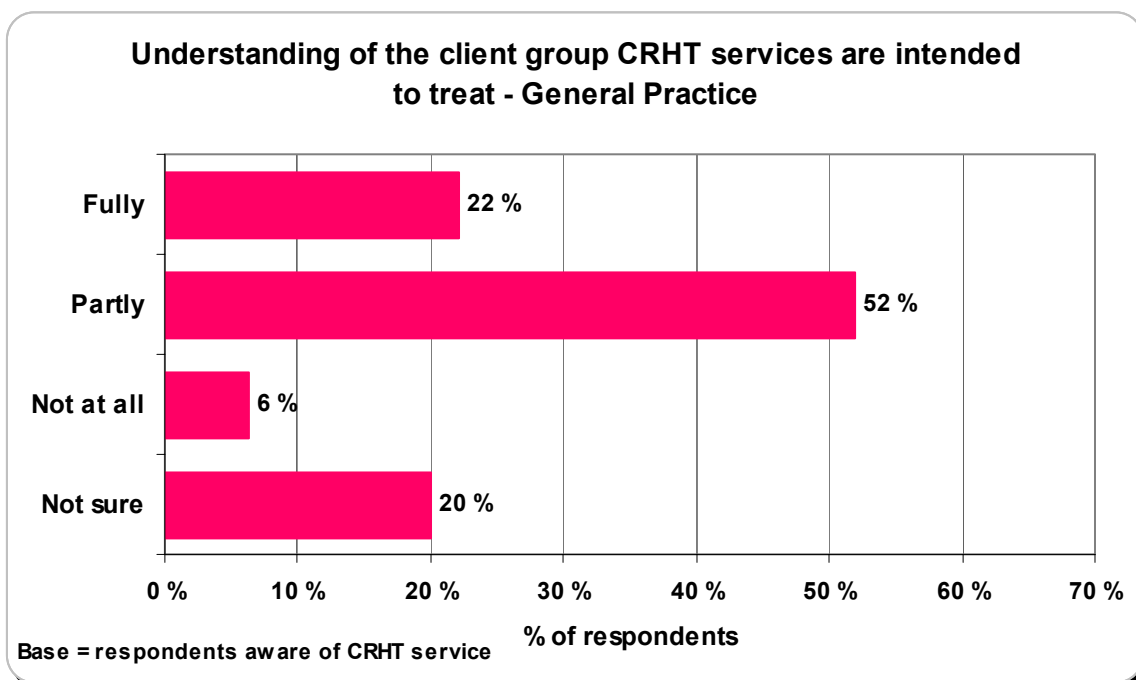


Figure 25 : Respondents understanding of client group Crisis Resolution Home Team are intended to treat – Internal General Medicine

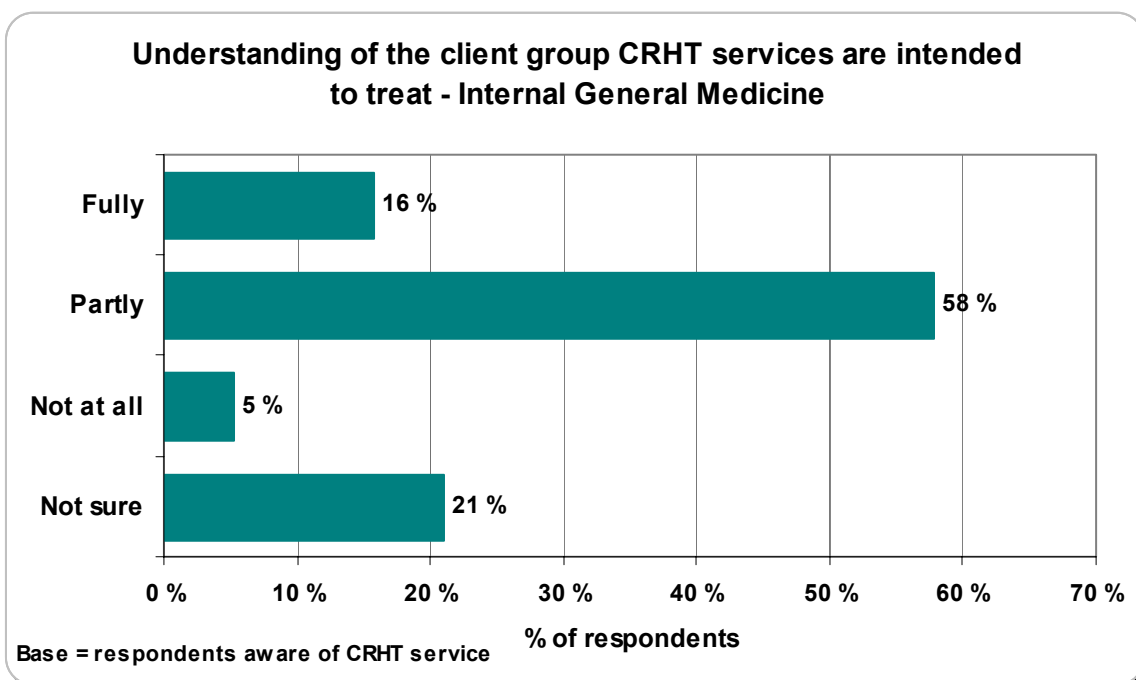
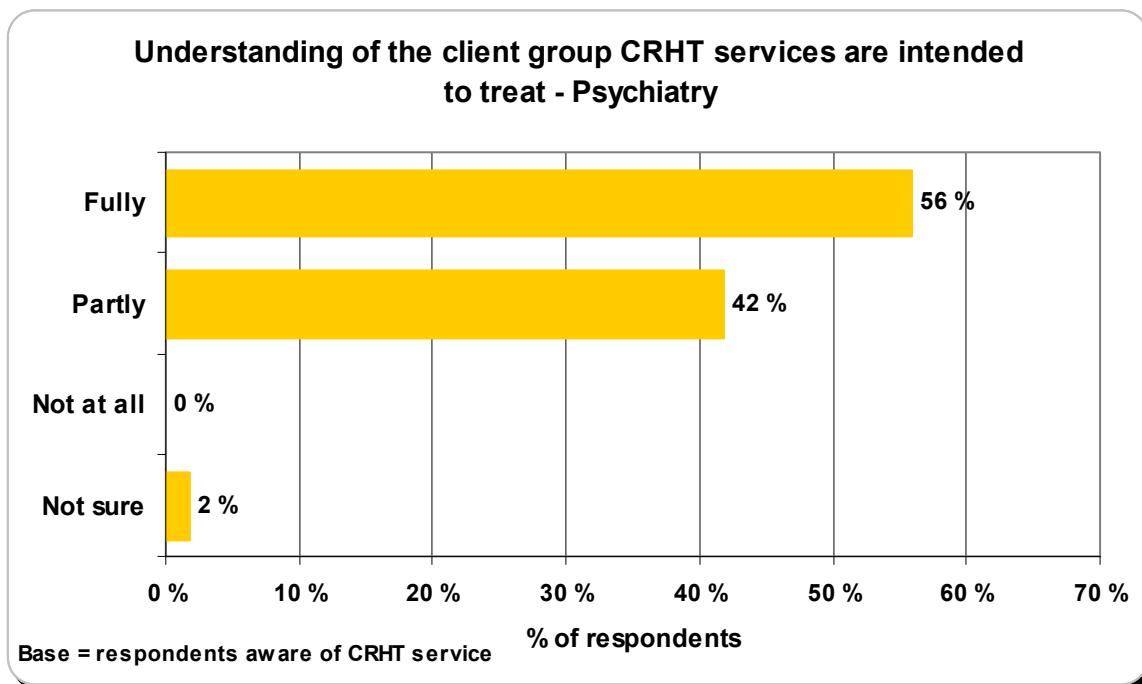


Figure 26 : Respondents understanding of client group Crisis Resolution Home Team are intended to treat – Psychiatry



Half of all respondents (50%) say they are partly aware of the client group CRHT teams are intended to treat. Again Psychiatrists were generally more aware of this information no Psychiatrists reported that they were not at all aware and only 2% said they were not sure in this area.

4.2.4 Strengths and weaknesses of Crisis Resolution Home Team

The strengths of Crisis Resolution Home Treatment services were broadly categorised as:

- Quick response
- Reduces admissions and treats patients in their home environment which is better for the patient and means the whole family can be involved
- 24 hour service
- Know who to refer to
- Effective service
- Expert knowledge.

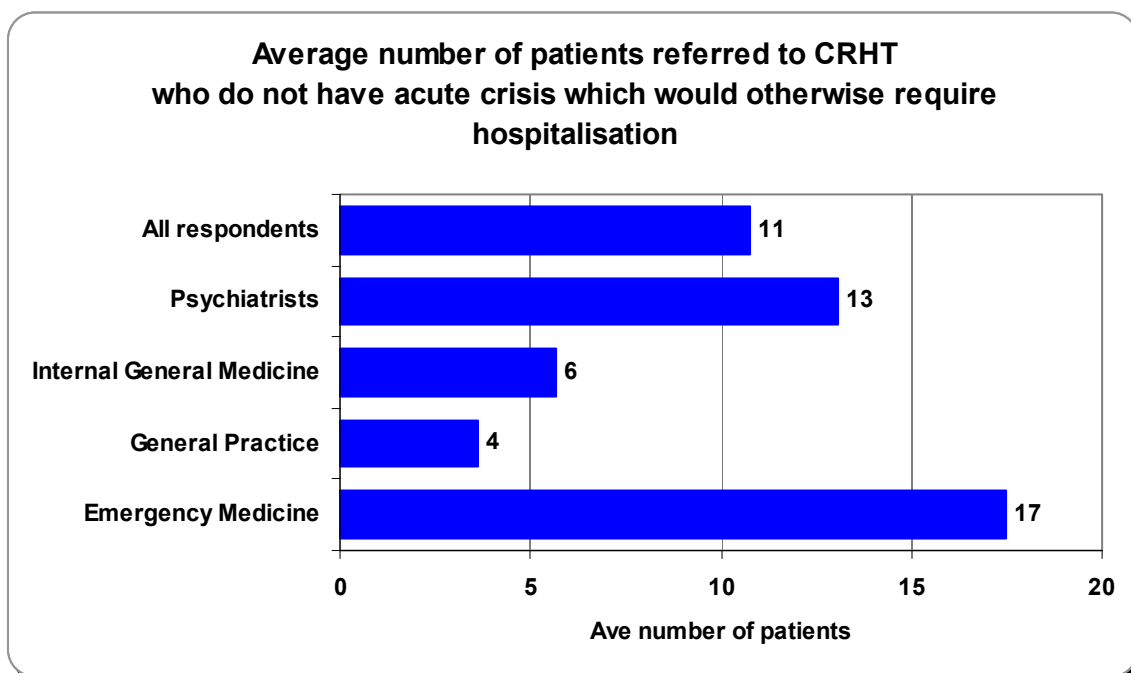
Some respondents were not sure what the strengths of the CRHT services were and some did not feel there were any strengths within the service.

In terms of weaknesses, the key areas mentioned by respondents were:

- Poor availability/lack of staff
- Not always clear who they'll take- won't take those who have taken alcohol, for instance
- Slow/tedious processes and long response times
- Difficult to reach
- Lack of doctor input
- Short period of follow-up,

4.2.5 Crisis Resolution Home Team referrals

Figure 27 : Average number of patients referred to CRHT services who do not have an acute psychiatric crisis which would otherwise require hospitalisation

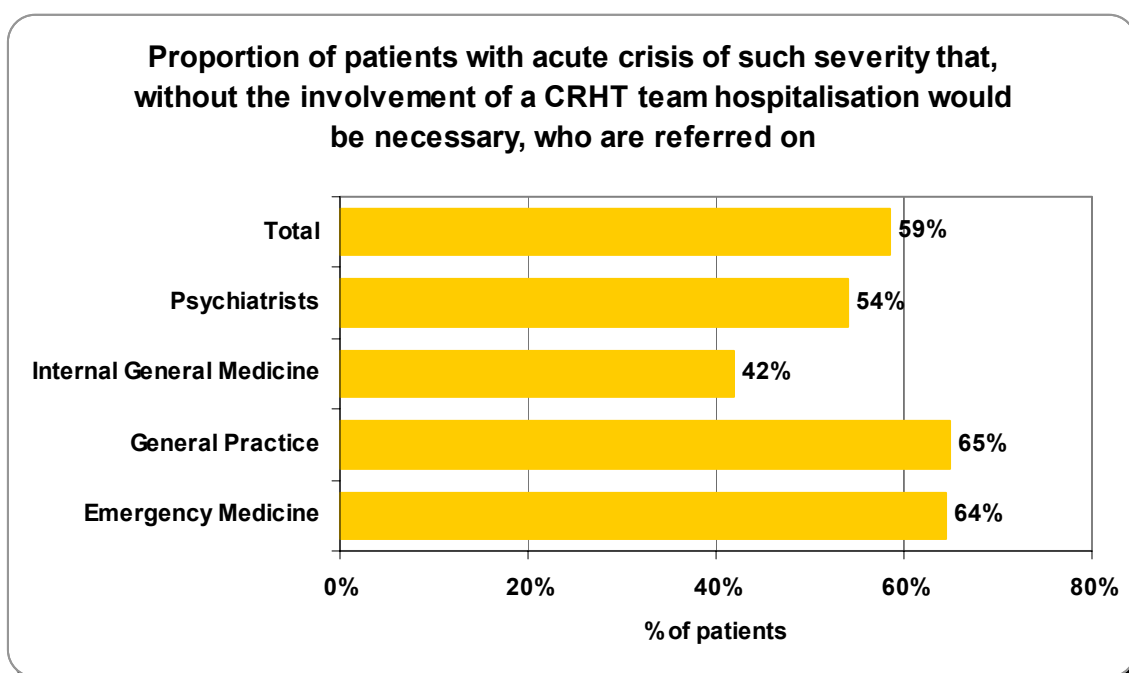


Overall respondents report that an average of 11 such patients would be referred in a six-month period. This rises to 17 amongst Emergency Medicine specialists.

The main reason for referring patients in this situation was that the respondent wanted an assessment of the patient. Other reasons for these referrals were:

- To get immediate follow up/community support for the patients
- To gain specialist input/respondent wasn't sure about patient
- Because there was no other option
- Patient had suicidal intent.

Figure 28 : What proportion of patients with an acute psychiatric crisis which would require hospitalisation are referred on?



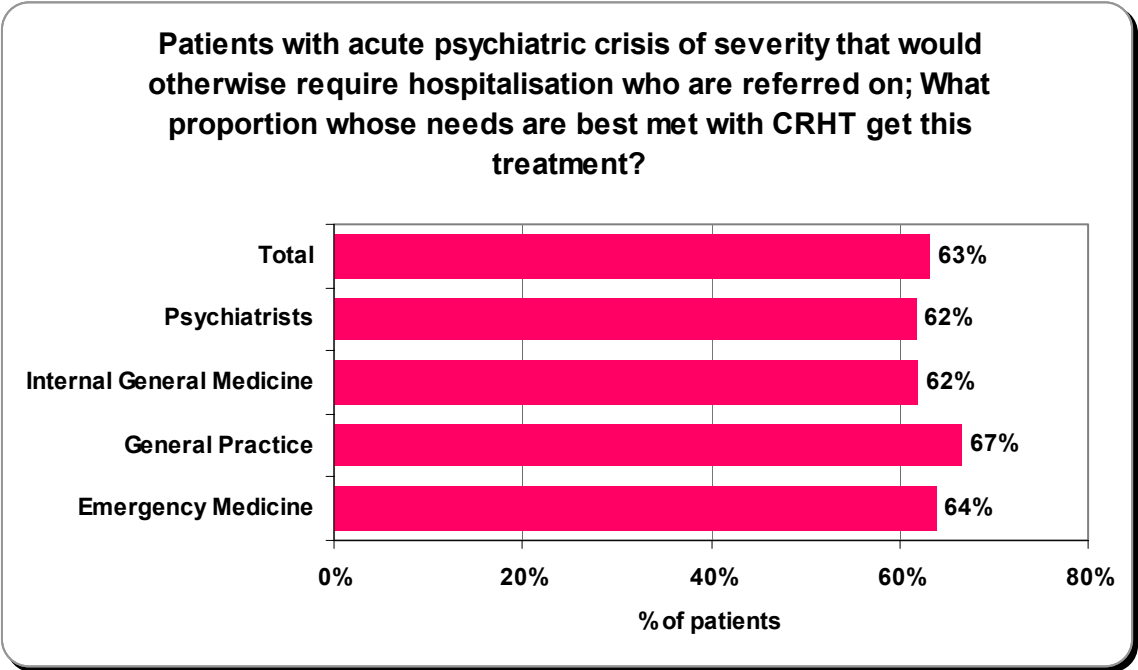
In general, 59% of patients in this situation would be referred on.

A wide range of reasons for not referring 100% of patients to CRHT were cited, the main ones being:

- In some cases the respondent would be accepting referral;
- The patient may have other co-morbidities;
- In some cases the respondent felt it was a very short-term crisis and would pass before the CRHT were involved;
- CRHT services are not available in their area or at the time the patient needed it
- The respondent doesn't have faith in the CRHT service.

Many respondents said that they recognised that the patient simply needed to be hospitalised. A proportion of respondents did not know why they had not referred 100% of patients in this situation.

Figure 29 : What proportion of patients whose needs would be best met by Crisis Resolution Home Treatment services, receive this treatment?



Just under half of respondents (49%) said they did not know what proportion of patients whose needs would be best met by CRHT, actually get that treatment. This rose to 75% amongst Emergency Medicine Specialists but was at its lowest amongst Psychiatrists at 29%.

Across all respondents who did know the proportion of patients (305 respondents), the estimation is that 63% of those patients for whom treatment by the CRHT service would be most suitable actually get that treatment.

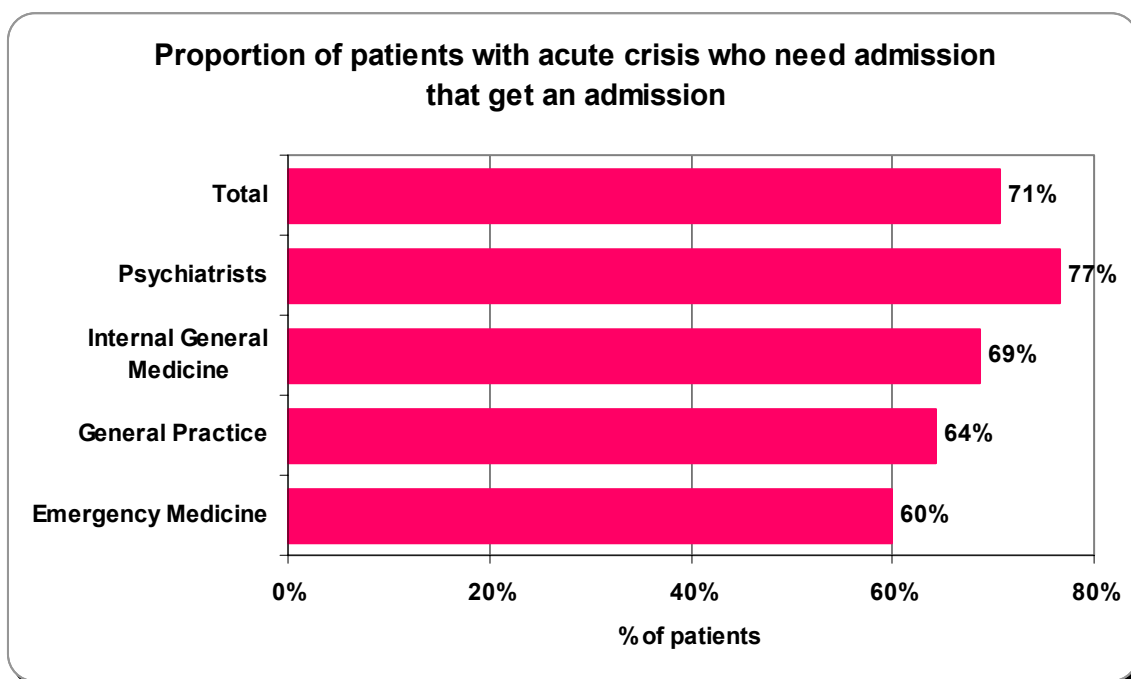
In the cases where the needs of the patient would have been best met by the CRHT service, but the patient did not receive such treatment, the key reasons given for this were:

- That the service doesn't exist in their area
- The service is unavailable or understaffed
- The patient doesn't meet the service referral criteria
- Alcohol or drugs are involved.

With regard to what happens to these patients, the majority of respondents who gave an opinion in this area said that they felt they were generally managed through admission to hospital. Just under half of the respondents (47%) said that they did not know what happens to these patients.

4.2.6 Inpatient admissions

Figure 30 : Proportion of patients with an acute crisis whose needs would be best met with an admission that receive an admission



Overall, 71% of patients whose needs would be best met with an admission to hospital get such an admission. This rises to 77% of Psychiatry patients and is at its lowest at 60% with Emergency Medicine patients. 34% of respondents answered that they did not know the proportion of patients in this category.

The main reason these patients were not admitted, even though the respondent felt this was the best option, was that there wasn't a bed available for them at the time. Lack of beds and lack of resources were consistently mentioned here. Other reasons were that the CRHT team had decided to take them on following assessment, or that the patient or their family had decided that the patient should not be admitted.

18% of respondents did not know what happens to those patients who are not admitted when that would have been the best route for them. Of those who could comment, respondents felt there would be a number of options.

- The patient would re-present at a later date and would be admitted, possibly in worse health.
- They'd be picked up by the CRHT service.
- They would be discharged with community follow up.
- They would be managed by the GP.
- They would be home treated.
- They would struggle on in the community.

5 Appendices

5.1 Questionnaire

Introduction

The National Audit Office (NAO) is independent of Government and reports to Parliament (the Committee of Public Accounts) on the use of public funds. Your participation in this survey will contribute to an NAO report on the economy, efficiency and effectiveness with which the Department of Health and the NHS are delivering services to mental health patients in England. All respondents who complete in full will be entered into the prize draw for 20,000 eSR points. Thank you for participating.

Year of Qualification:

- Pre 1960 (1)
- 1960 - 1969 (2)
- 1970 - 1979 (3)
- 1980 - 1989 (4)
- 1990 - 1999 (5)
- 2000+ (6)

Please select your gender:

- Male (1)
- Female (2)

Which of these Strategic Health Authority (SHA) regions do you work in?

- East Midlands (1)
- East Of England (2)
- London (3)
- North East (4)
- North West (5)
- South Central (6)
- South East Coast (7)
- South West (8)
- West Midlands (9)
- Yorkshire and The Humber (10)

Select your ethnicity:

- Caucasian
- Asian
- Black
- Other _____

Select your speciality:

- Emergency Medicine
- General Practice
- Internal General Medicine
- Psychiatrists

- Paediatricians
- Elderly care
- Other _____

Are you a police surgeon?

- Yes
- No

Which of these best describes your seniority?

- Consultant (1)
- SpR (2)
- Senior House Officer (3)
- Foundation Year 1 (4)
- GP (5)

In a typical 6-month period, approximately how many patients that come to see you do so primarily because of a mental health concern?

Of these, approximately what proportion are coming with mental health concerns that are new?

Answer out of 100%

In a typical 6-month period, approximately how many mental health patients do you see who are presenting with an acute psychiatric crisis of such severity that hospitalisation may be necessary?

What actions do you take when such patients present to you? Please describe

- **Whether you would normally make a referral.**
- **Who this referral would go to (if there is more than one stage in the referral pathway, please describe**
- **Whether the referral is by letter/phone/fax**

We are interested to hear whether you follow agreed protocols for making referrals and how far you feel these work efficiently and effectively.

How do arrangements differ for out-of-hours referrals?

Don't know

Please read the following carefully before you proceed:

1) Crisis Resolution Home Treatment (CRHT) services are intended for patients with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary.

2) These services are intended to allow people to be treated in the least restrictive environment with minimum disruption to their lives. CRHT can be provided in a range of settings and offers an alternative to inpatient care.

A CRHT service should:

- Act as a 'gatekeeper' for all people requiring access to mental health inpatient services or other emergency care, rapidly assessing individuals with acute mental health problems and referring them to the most appropriate service*
- Provide immediate multi-disciplinary, community-based treatment 24 hours a day, 7 days a week.*

Do you feel you understand:

The Crisis Resolution Home Treatment services that are available for your patients?

- Fully
- Partly
- Not at all
- Not sure
- There are no local Crisis Resolution Home Treatment services

Do you feel you understand:

The client group your local Crisis Resolution Home Treatment services will accept for referrals?

- Fully
- Partly
- Not at all
- Not sure
- There are no local Crisis Resolution Home Treatment services

Do you feel you understand:

The client group your local Crisis Resolution Home Treatment services are intended to treat?

- Fully
- Partly
- Not at all
- Not sure
- There are no local Crisis Resolution Home Treatment services

What do you see as the strengths and benefits of the Crisis Resolution Home Treatment services for your patients?

What do you see as the weaknesses and shortcomings of the Crisis Resolution Home Treatment services for your patients?

In a typical 6-month period, approximately how many patients do you refer (whether directly or indirectly) to CRHT services who do NOT have an acute psychiatric crisis of such severity that, without the involvement of a CRHT team, hospitalisation would be necessary?

What are your reasons for referring such patients to CRHT services?

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary: What proportion do you refer onwards?

Enter a percentage out of 100%

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary: Why do you not refer onwards 100% of these patients?

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary: Of the patients that you DO refer onwards: What proportion of those whose needs are best met with crisis resolution home treatment get this treatment?

Please enter a % out of 100%

Don't know

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary:

Of the proportion that do NOT get crisis resolution home treatment:

Why do you think they don't get crisis resolution home treatment?

Don't know

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary:

Of the proportion that do NOT get crisis resolution home treatment:

What do you think happens to them instead?

Don't know

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary:

What proportion of those whose needs are best met with an inpatient admission, get an admission?

Please enter a % out of 100%

Don't know

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary:

Of the proportion that do not get this admission:

Why do you think they don't get the admission?

Don't know

Of those patients who come to you with an acute psychiatric crisis of such severity that, without the involvement of a crisis resolution/home treatment team, hospitalisation would be necessary:

Of the proportion that do not get this admission:

What do you think happens to them instead?

Don't know