



## Evidence Search results

<b>Search topic:</b>	Impact of Psychologists working with / in Mental Health Home Treatment Teams (also known as crisis or intensive teams)
<b>Date requested:</b>	17 <sup>th</sup> February 2026
<b>Date completed:</b>	1 <sup>st</sup> April 2026
<b>Search completed by:</b>	Laetitia Delaleuf
<b>Number of results selected:</b>	28
<b>Time taken:</b>	11

## Citing this evidence search

If you reference this search in any paper, publication or presentation, please let us know and use the following format:

Delaleuf, L. (2026). *Evidence summary: Impact of psychologists working with / in Mental Health Home Treatment Teams (crisis or intensive teams)*. Taunton, UK: Somerset NHS Foundation Trust Knowledge & Library Service.

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## Summary of results

*Copilot AI may have been used in part or in full to create this summary.*

Although the necessity of having a mental health professional / psychologist is recognised as an important component of the crisis teams ([The British Psychological Society, 2021](#)), measuring the impact of their contributions is not as robustly evidenced. One key author who has published on this is Selam Ebrahim with the article **Psychologists' perspectives on the contribution of psychology to acute adult mental health inpatient, crisis response home treatment and mental health liaison services** published in 2022 ([Ebrahim, S. 2022](#)). The author analysed 49 psychologists' responses from questionnaires and found the following themes:

- Direct interventions: this encompasses assessments, formulation and adaptation of brief interventions. Mulligan, L.D. et al. ([2023](#)) evaluated the impact of the "crisis toolbox", and they concluded that it "could help reduce depression and anxiety in people experiencing crisis".
- Indirect interventions with supporting other teams through MDT teams, training, increasing psychological awareness and skills in teams and supporting staff wellbeing.
- Lack of resources and psychological awareness: difficulty in seeing or increasing the benefit of a psychological approach to models, pathways or cases.

This summarises the extent of the literature found. Although the direct contribution is difficult to quantify due to the lack of strong evidence, there is mention of the contribution of psychologists in indirect support through training of the workforce to psychological support or brief intervention ([Ahmed, H. et al. 2024](#); [Macdonald, B. and Goody, L., 2024](#))

Macdonald, B. and Goody, L. ([2024](#)) have also formulated a psychologically informed model specifically embedded into crisis resolution home treatment teams with tips and best practices to integrate evidence-based recommendations. The document highlights the impact of underinvestment into psychologists in crisis team which results into a vicious circle of lack of opportunities for users, lack of depth in support and a perception that psychological support is not part of core services. This makes it challenging to provide evidence and secure funding. Conversely, investing in psychological professionals brings more comprehensive support and training, increases appreciation for their roles, and produces stronger evidence to justify further investment.

Clibbens, N. et al. ([2024](#)) highlighted the difficulty of balancing the needs, the care provision and the staffing level. If a crisis box is useful ([Mulligan, L.D. et al. 2023](#)), flexibility and confidence to deliver interventions are crucial and not consistent across services. There is also a need for psychological support and clinical supervision.

A service evaluation in Hywel Dda University Health Board ([JonesWebster, S. et al. 2024](#)) of the perception of staff of the role of assistant psychologist in the Crisis Resolution and Home Treatment Team (CRHTT) showed that there is more that needs to be done to improve the understanding of the role. So, there is a clear need for other health professions to understand the role of the psychological professions in crisis intervention teams.

Additionally, these are examples where psychologists' contributions improved patient care in crisis:

- EMDR has been implemented within Crisis Resolution and Home Treatment Teams, including cases where assessments were conducted by psychologists ([Proudlock, S. and Hutchins, J. 2016](#)). Additionally, a 2020 publication ([Proudlock, S. and Peris, J. 2020](#)) further validates the efficacy of EMDR therapy in crisis team environments.
- The psychology profession has demonstrated valuable contributions within inpatient units, which may be applicable to crisis teams:
  - o Wood, L. et al. ([2019](#)) found that employing assistant psychologists in inpatient units supports both staff and patients, offering a cost-effective means of delivering low-intensity psychological interventions.
  - o Conner, K.R. et al. ([2021](#)) adapted a brief suicide intervention program for implementation during hospitalisation among adult patients who have attempted suicide.



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- Robinson, A. et al. (2025) explored CBT-informed crisis management for psychosis, emphasising the significance of collaborative approaches and empowering patients to manage their own crises.
- Support of psychologists' volunteers during the pandemic through a telephone-based psychological crisis intervention in Portugal (Ribeiro, E. et al. 2021)
- Single session intervention: Bullock, J. et al. (2021) with Comprehend, Cope, and Connect .
- Team case formulation in crisis mental health settings: Riches, S. et al. (2024)
- A Crisis intervention for people with borderline personality disorders provides positive results for patients and less time spent in the hospital. (Grindey, A., Ottiwell, B. and Lawrence, A. 2023)
- Co-response crisis teams (police + mental health staff) can improve outcomes and reduce strain on police. Evidence overall is mixed because studies and approaches vary (Helfgott, J. B., Hickman, M. J., Labossiere, A. P. 2016; Ghelani, A., Douglin, M. and Diebold, A. 2023 and Marcus, N. and Stergiopoulos, V. 2022)

Moreover, Sullivan, L. (2018) made a plea for integrating more psychological model to crisis intervention teams and reducing the heavily medicated approach to patients. This is also highlighted by the briefing paper published in 2021 by [British Psychological Society](#).

Furthermore, in the section [complimentary](#), I have added articles that show other countries' initiatives ([Holgerson, K. H. et al. 2022](#); [Ruud, T. et al. 2024](#): Norway; [Cyranka, K. et al. 2021](#): Poland); or crisis team evaluation ([Araci, D. and Clarke I. 2017](#)) or mental health support during perinatal crisis ([Rubio, L. et al. 2021](#)) or tools to develop psychologists' competencies in crisis ([Munoz, F.A. et al. 2025](#))

Finally, I have added an article from 2013 ([Murphy, N. et al. 2013](#)) that already highlight the potential that psychologists can bring to crisis teams and the need for their role to be more defined.

I hope this is helpful. Please contact the Library if you would like any further information or would like to revise your search: [library@somersetft.nhs.uk](mailto:library@somersetft.nhs.uk).

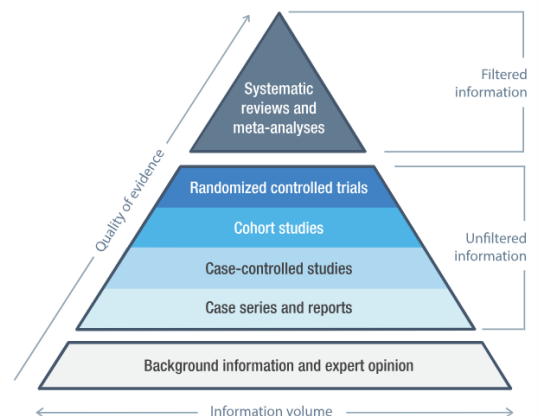
We would like to capture information about the impact this evidence search has had on your practice or decision—making. We can use this to promote this service to others within the Trust and it also ensures this service continues to develop and meet the needs of everyone who uses it. Please take a few moments to complete our short [impact survey](#).

## Search results

### Full-text access:

Abstracts are provided where available. To check if the full-text of an article is available, click on the links provided and log in with your NHS OpenAthens username and password, if prompted. You can register for an NHS OpenAthens username and password at: <https://openathens.nice.org.uk>. If there is no link, or the full-text is not available to you, please send the details of the article to [library@somersetft.nhs.uk](mailto:library@somersetft.nhs.uk) or and we will try and find it for you.

For your information, and to help you assess the quality of the research, here is a [hierarchy of the quality of evidence](#) that you may find useful:





## REVIEWS

### **A Systematic Review and Narrative Synthesis Examining the Facilitators and Barriers of Psychological Intervention Delivery in Crisis Resolution Home Treatment Teams**

**Authors:** Ahmed, Haleemah; Bendall, Caroline; Anwar, Faiza; Al-Janabi, Mariam and Wood, Lisa

**Publication Date:** 2024

**Journal:** Clinical Psychology & Psychotherapy 31(4), pp. e3032

**Abstract:** background: Mental health crisis rates in the United Kingdom are on the rise. The emergence of community mental health models, such as Crisis Resolution Home Treatment Teams (CRHTTs), offers a vital pathway to provide intensive assessment and treatment to individuals in their homes, including psychological interventions. Previous qualitative literature has identified facilitators and barriers to the implementation of psychological interventions within CRHTT settings; however, a synthesis of this literature has not yet been conducted. To address this gap, a systematic review was undertaken with the aim of identifying the reported facilitators and barriers of implementing evidence-based psychological interventions in CRHTTs. Method: A systematic review and narrative synthesis were conducted. Studies were included if they examined the implementation of evidence-based psychological interventions in a CRHTT setting. The study population had to be 18 and over and could include healthcare professionals working in CRHTTs, service users of CRHTTs, or family and carers of CRHTT service users. Studies of any formal research methodology were included. Four databases were searched (MEDLINE, CINAHL Plus, Embase and PsycINFO), along with Google Scholar, to identify eligible studies. Results: Six studies were identified, using mixed qualitative and quantitative methodologies, with the predominant focus being the exploration of stakeholder perspectives on care implementation within CRHTTs, encompassing aspects including but not restricted to psychological care implementation. The literature was deemed to be of moderate to high quality. Facilitators included adapting psychological therapies, prioritizing the therapeutic relationship, increasing psychological skills and training of CRHTT staff and psychologically informed CRHTT models. The barriers identified included a medical model bias within teams, resource constraints and elements pertaining to CRHTT services. Conclusions: Further robust research in this area is imperative. We recommend that future research be implemented in the form of service evaluations and randomized controlled trials (RCTs) and that the principles of implementation science be used to assess and develop the evidence base for psychological intervention delivery in CRHTTs.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1002/cpp.3032>

### **Effectiveness of Canadian police and mental health co-response crisis teams: A scoping review**

**Authors:** Ghelani, Amar; Douglin, Margaret and Diebold, Alishau

**Publication Date:** Jan , 2023

**Journal:** Social Work in Mental Health 21(1), pp. 86–100

**Abstract:** People with mental health concerns are over-represented in police-involved deaths in Canada. Calls for alternative responses to people in crisis have generated interest in programs that partner police with mental health professionals. This review summarizes what is known about the effectiveness of co-response programs in meeting client and community needs. Methods followed PRISMA-ScR standards. Eight studies evaluating Canadian co-response programs were included. Co-response programs can reduce involuntary hospital transport, improve referrals, and decrease emergency department wait times. Research is needed to determine whether they reduce the use of force and meet client's needs in the community.

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## **Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models**

**Authors:** Marcus, Natania and Stergiopoulos, Vicky

**Publication Date:** 2022

**Journal:** Health & Social Care in the Community 30(5), pp. 1665–1679

**Abstract:** Police are the default first responders in most mental health crisis intervention models worldwide, resulting in a heavy burden on police, perceived criminalization of individuals with complex mental health needs, and escalation of aggression that resort to violence. Models, such as crisis intervention teams (CIT), and co-response programmes aim to improve service user experiences and outcomes by providing mental health training to police, or pairing law enforcement officers with mental health clinicians, respectively. Despite these efforts, mental health-related calls continue to result in negative outcomes, and activists and policymakers are advocating for non-police models of crisis intervention. Evidence-based practice in mental health crisis intervention is urgently needed. The present review's main objective was to examine, synthesise and compare outcomes across police, co-responder and non-police models of mental health crisis intervention internationally using a rapid review framework. A systematic search of four electronic databases of studies published between 2010–2020 and a grey literature search was conducted, yielding (n = 1008) articles. A total of 62 articles were included in the present review. Studies were largely observational, lacking control groups and were of low-moderate quality with a high potential for bias. Overall, there is little evidence to suggest that the CIT model impacts crisis outcomes. Co-responder models evidenced improved outcomes compared to police only models, however, evidence was often mixed. Non-police models varied significantly, and studies tended to be too low quality to make comparisons or draw conclusions, however, research on youth models and crisis resolution home treatment suggested positive outcomes. Findings highlight the need for high-quality studies and policies to facilitate the implementation and evaluation of novel approaches not involving police. Cross-sectorial collaboration and service user input are urgently needed to inform, develop, test and disseminate effective models of crisis intervention acceptable to service users.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1111/hsc.13731>

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## **BRIEFING PAPERS / REPORTS**

### **The role of assistant psychologists working in crisis resolution and home treatment teams**

**Authors:** JonesWebster, Summer;Williams, Aimee;Farmer, Bobby;Cox, Siobhan;Thomas, Nicola and Leonard, Eleanor

**Publication Date:** 2024

**Journal:** Journal of Psychiatric Intensive Care 20(2), pp. 95–119

**Abstract:** A service evaluation was conducted to explore staff perception of the role of assistant psychologists (APs) working in a Crisis Resolution and Home Treatment Team (CRHTT). Four APs were employed on a pilot scheme and embedded in four CRHTTs across Hywel Dda University Health Board (HDUHB). Using a mixed-methods survey, data were collected from staff working with these CRHTTs (N = 26). Quantitative results reported that the participants perceived the contribution of the AP as 'very valuable' to both the team and its patients. Qualitative results identified two overarching themes (Additional Value and Additional Expectations) and five themes (with subthemes): (1) A Stepping Stone; (2) A Different Perspective; (3) More is Needed; (4) Clarifying the Remit; and (5) The Impact on Discharge. Integrative analysis indicated that there is a need to improve staff understanding of the role and its remit. Further evaluation and research is needed to ensure greater understanding and clarification of the role. (Psycho Database Record (c) 2025 APA, all rights reserved)

**Access or request full text:** <https://libkey.io/libraries/2838/10.20299/jpi.2024.008>



## **Developing psychologically informed care in Crisis Resolution and Home Treatment Teams: a model and toolkit (Report)**

**Authors:** Macdonald, B. and Goody., L.

**Publication Date:** 2024

**Accessed:** Mar 4, 2026

**Abstract:** Mental health services are rapidly changing and adapting to growing need and service user feedback. Crisis care holds a particularly pivotal position within this challenged system, by supporting the interface between community and inpatient care. Most people accessing crisis services are in acute distress and have often experienced previous trauma. Feedback from service users in research and routine evaluation gives a consistent message that person centred care based on humanity and compassion is a high priority. Psychologically informed care is an approach to delivering services that considers individuals' emotional and psychological needs, with particular emphasis on the impact of trauma. Psychologically informed care is of relevance to all parts of our system and has encouraging outcomes across a range of health care settings (*Dekka et al 2023*). There is a clear link between relational ways of working which champion collaboration and shared decision making with positive outcomes for service users, staff and organisations. Multi-disciplinary staff teams (MDTs) trained in psychologically informed ways of working along with embedded psychological professionals are key to progressive mental health care. This paper proposes a model of psychologically informed care that is particularly applicable to crisis resolution home treatment teams (CRHTTs) and includes tips and best practice examples to demonstrate the application of evidence-based recommendations. Whilst this model and toolkit is generalisable to other mental and physical health care teams, it is important to note that this paper is focused on Adult CRHTTs. Further exploration would be beneficial in specialist crisis teams such as those in children's or intellectual disability services. We envisage that the paper can be utilised as a tool kit for teams to develop this way of working through bringing together national recommendations for acute mental health care, sharing of best practice examples from the South East, and outlining a model to strategically develop services.

**Access or request full text:** <https://www.ppn.nhs.uk/south-east/resource-library/communities-of-practice-1/crisis-cop/577-psychologically-informed-crisis-teams-paper-september-2024/file>

## **A community-based crisis intervention for people with borderline personality disorder**

**Authors:** Grindey, Ashleigh; Ottiwell, Ben and Lawrence, Amy

**Publication Date:** 2023

**Journal:** Mental Health Practice 26(3), pp. 27–33

**Abstract:** Why you should read this article: • To learn about the structured clinical management model for treating people with borderline personality disorder (BPD) • To acknowledge the need for community-based crisis interventions in BPD to avoid hospital admission • To read about a 'managing distress pathway' developed by a home-based treatment team for people with BPD Structured clinical management is an evidence-based intervention for people with borderline personality disorder (BPD). There is a lack of evidence on crisis interventions for people with BPD, who are often admitted to hospital or supported in emergency care settings when they present with acute mental health needs. The home-based treatment team (HBTT) at an English NHS mental health trust undertook a pilot service improvement project in which they designed a 'managing distress pathway' – a crisis intervention for people with BPD adapted from the structured clinical management model. A small-scale evaluation of the project found that, after the intervention, patients spent less time in hospital and staff's skills and confidence in supporting patients had improved. Patients reported high levels of satisfaction with their care. By using the principles of structured clinical management within an HBTT, non-specialist mental health practitioners can deliver effective community-based crisis interventions for people with BPD.

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## **Psychological services within the Acute Adult Mental Health Care Pathway: Guidelines for service providers, policy makers and decision makers.(Report)**

**Authors:** The British Psychological Society and Association of Clinical Psychologists

**Publication Date:** 2021

**Accessed:** Mar 11, 2026

**Abstract:** Improved access to psychological assessment, formulation and a range of brief evidence based

psychological interventions (individual, family and group) is required in the acute adult mental health pathway to increase treatment choice, effectiveness and collaborative care.

Psychologists should be an integral part of acute adult mental health teams to promote reflective, compassionate, trauma informed care for service user's and carers, and to influence the multidisciplinary team culture.

Reflective, psychologically led team supervision and post-incident support are required to promote the psychological wellbeing, resilience and retention of staff; ameliorating the emotional impact of working in challenging environments.

Psychologists should have capacity to provide training to increase psychological skills in the workforce, enhancing psychologically informed care provision, and to provide supervision of psychologically informed interventions.

For a comprehensive, effective, acute mental health service to be delivered psychological staffing provision needs to be reviewed and increased across the pathway. Recommendations for staffing and skill mix are provided.

**Access or request full text:** <https://acpuk.org.uk/wp-content/uploads/2021/10/REP162-Acute-Care-Briefing-WEB.pdf>

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## **RANDOMISED CONTROLLED TRIAL**

### **Pilot RCT of the Attempted Suicide Short Intervention Program (ASSIP) adapted for rapid delivery during hospitalization to adult suicide attempt patients with substance use problems**

**Authors:** Conner, Kenneth R.;Kearns, Jaclyn C.;Esposito, Erika C.;Pizzarello, Edmund;Wiegand, Timothy J.;Britton, Peter C.;Michel, Konrad;Gysin-Maillart, Anja C. and Goldston, David B.

**Publication Date:** 2021

**Journal:** General Hospital Psychiatry 72, pp. 66–72

**Abstract:** Objective: The Attempted Suicide Short Intervention Program (ASSIP) was adapted for hospital delivery and to address substance use problems as well as evaluated for feasibility, acceptability, and therapist fidelity in a series of preparatory steps (n = 28) and in a pilot randomized controlled trial, RCT (n = 34). Method: In the RCT, patients with suicide attempts and substance use problem(s) with sufficient lengths of stay to deliver three ASSIP therapy sessions in hospital were randomized to adapted ASSIP or treatment as usual control. A blinded assessor identified suicide reattempts over 6-month follow-up with the Columbia-Suicide Severity Rating Scale (C-SSRS) and a comprehensive multi-source method. Treatment process measures and the Scale for Suicidal Ideation (SSI) were also administered. Results: Median hospital stay was 13 days. ASSIP subjects reported high satisfaction with the treatment and high therapeutic alliance. Study therapists showed high fidelity to the modified ASSIP intervention. Repetition of suicide attempt was common in both study groups including a combined 9 (26%) subjects with reattempt based on C-SSRS and 13 (38%) subjects with reattempt based on multiple sources. Conclusions: Adult suicide attempt patients with substance use problems who require lengthy hospitalizations are at exceptionally high risk and may require additional strategies to lower risk.

**Access or request full text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC8448954/>

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## STUDIES

### **Practitioner Psychologists' Experiences of Delivering a Cognitive Behavioural Therapy Informed Crisis Intervention for Psychosis in Inpatient Settings: A Mixed Methods Investigation within the CRISIS study.**

**Authors:** Robinson A.;Morant N.;Ariyo A.;Butterworth H.;Nykavaranda P.;Shah N.M.;Dare C.;Persaud K.;Guerin E.;Birken M.;Johnson S. and Wood, L.

**Publication Date:** 2025

**Journal:** medRxiv (pagination), pp. Date of Publication: 28 Oct 2025. **Please note this is a preprint so may not have been peer-reviewed.**

**Abstract:** Objectives Cognitive behaviour therapy for psychosis (CBTp) should be delivered in psychiatric inpatient settings, yet little is known about therapists' perspectives on delivering it. This study examined therapists' perspectives on delivering a crisis-focused CBTp-informed (cCBTp) intervention. Design The study was part of the CRISIS (CRISIS cbtp in Inpatient Settings) study, a feasibility randomised controlled trial of the cCBTp intervention for inpatients experiencing psychosis. A mixed methods approach combined therapy log data and qualitative interviews with therapists after the trial therapy was complete. Methods Seven CRISIS study therapists completed a therapy log, which we analysed descriptively. Semi-structured interviews with six of these therapists explored their experiences with intervention training and delivery, which was analysed using thematic analysis. Results The results from the therapy log demonstrated that therapists' undertook a comprehensive assessment and prioritised engagement with all participants, and most developed a formulation, which informed change strategy delivery aligned with the patient's goals. In the qualitative interviews, therapists emphasised the importance of delivering culturally competent flexible, person-centred therapy and supporting patients to work towards goals such as coping with the crisis and discharge planning. They described challenges of delivering therapy in the acute crisis context including interruptions to therapy sessions, patients experiencing acute symptoms, and environment restrictions. Conclusions The study demonstrated the importance of delivering cCBTp collaboratively and supporting patients in understanding and managing their own crisis. It also identified several challenges therapists had delivering the therapy. Further research is needed to explore therapists' experiences of delivering psychological interventions in this setting.

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**Access or request full text:** <https://www.medrxiv.org/content/10.1101/2025.10.27.25338870v1.full-text>

### **Psychosocial Care Delivery in Intensive Home Treatment During a Mental Health Crisis: A Qualitative Thematic Analysis**

**Authors:** Clibbens, Nicola;Close, Adrienne;Poxton, Julie;Davies, Carly;Geary, Lesley and Dickens, Geoffrey

**Publication Date:** 2024

**Journal:** International Journal of Mental Health Nursing 33(6), pp. 2257–2266

**Abstract:** ABSTRACT Community-based intensive home treatment (IHT) is delivered as an alternative to psychiatric hospital admission as part of crisis resolution services. People receiving IHT present with complex mental health issues and are acutely distressed. Home treatment options are often preferred and there is evidence of service fidelity, although less is known about psychosocial care in this setting. Underpinned by a critical realist epistemology, this study aimed to explore psychosocial care in the context of home treatment from the perspectives of staff, service users and family carers. Data were collected using individual interviews and focus groups in two NHS organisations in England. An inductive qualitative thematic analysis resulted in five themes focused on (1) the staffing model and effective care provision, (2) the organisation of work and effective care provision, (3) skills and training and service user need, (4) opportunities for involvement and personal choice, and (5) effective communication. Findings suggest that co-production may improve congruence between IHT service design, what service users and carers want and staff ideals about



optimal care. Service designs that optimise continuity of care and effective communication were advocated. Staff training in therapeutic interventions was limited by not being tailored to the home treatment context. Evidence gaps remain regarding the most effective psychosocial care and related training and supervision required. There is also a lack of clarity about how carers and family members ought to be supported given their often-crucial role in supporting the person between staff visits.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1111/inm.13394>

### **Clinical psychologists' experience of facilitating team case formulation in acute and crisis mental health settings**

**Authors:** Riches, Simon;Csehi, Reka;Nicholson, Sarah L.;Cohen, Annis;Winter, Helen and Saidel, Simone

**Publication Date:** 2024

**Journal:** Journal of Psychiatric Intensive Care 20(1), pp. 43–57

**Abstract:** Background: Team case formulation is recommended clinical practice for managing patients' challenging behaviour in acute psychiatric settings. There are limited standardised protocols for case formulation and research lacks insights from facilitators. This predominantly qualitative study aimed to explore facilitators' experience of team case formulation in acute psychiatric settings to understand this practice and inform future approaches. Methodology: Clinicians with experience of facilitating team case formulation were recruited. Quantitative data was collected using visual analogue scales. Qualitative data was collected through in-depth semi-structured interviews and analysed using thematic analysis. Results: Participants were ten clinical psychologists. Findings highlighted benefits of team case formulation, including increasing staff understanding of patients' challenging behaviour and support for staff. Participants reported that a variety of models and approaches are used, which provide different ways of understanding complex presentations and challenging behaviour. Challenges to delivering case formulation included disruptions to sessions, unclear roles and expectations, and limited attendance, preparation time, and patient involvement. Challenges with dissemination and follow-ups to case formulation included lack of communication and agreement amongst staff and difficulties putting intervention plans into practice due to lack of resources. Conclusion: Team case formulation has benefits for staff and patients. While case formulation appears to enhance psychological-mindedness of staff, promote a person-centred approach, improve ward-culture, and reduce patients' challenging behaviours, there is a need to increase resources, consistency in approaches, collaboration between staff, and evaluation of outcomes. Findings from this study have the potential to inform frameworks for team case formulation. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

**Access or request full text:** <https://libkey.io/libraries/2838/10.20299/jpi.2024.002>

### **Clinical Effects of the 'Crisis Toolbox' (CTB): A Brief, Skills Based, Intervention Delivered in a Crisis Resolution and Home Treatment Team**

**Authors:** Mulligan, Lee D.;Neil, Sandra T.;Carter, Lesley-Anne;DeBank, Georgia;Johnstone, Megan;Fox, Katie and Veakins, Dominic

**Publication Date:** Aug , 2023

**Journal:** Community Mental Health Journal 59(6), pp. 1172–1180

**Abstract:** Access to psychological interventions for people under Crisis Resolution and Home Treatment Teams (CRHTTs) is limited. The Crisis Toolbox (CTB) is a skills-based intervention designed to increase access using flexible methods of delivery. This study aimed to evaluate the clinical effects of the CTB. A retrospective service evaluation of 399 participants who accessed the CTB between November 2020 and February 2021 was employed. Sessional measures comprising the Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Scale (GAD-7) were recorded across three time points. Overall, there were significantly decreasing trends in PHQ-9 ( $\beta = -1.6$ ,  $p < 0.001$ ) and GAD-7 scores ( $\beta = -1.5$ ,  $p < 0.001$ ) in participants who accessed the CTB. The magnitude and direction of specific trends differed according to age, diagnosis, and neurodiversity. The CTB could help reduce depression and anxiety in people experiencing crisis. Randomised controlled trials are now required to test its acceptability, feasibility, and effectiveness.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1007/s10597-023-01100-6>



**Psychologists' perspectives on the contribution of psychology to acute adult mental health inpatient, crisis response home treatment and mental health liaison services**

**Authors:** Ebrahim, Selma

**Publication Date:** Oct , 2022

**Journal:** Journal of Mental Health (Abingdon, England) 31(5), pp. 666–672

**Abstract:** Background: There are significant pressures and quality issues in acute adult mental health services in the UK. Aims: To understand the contribution of psychologists in acute services to patient care and service quality. Methods: Forty-nine psychologists with experience in Adult Mental Health Inpatient Services, Crisis Resolution Home Treatment Teams and Liaison Mental Health Services responded to a questionnaire-based survey. Results: The first theme "Direct interventions" identified the value of psychological assessment, formulation and adapted brief interventions. The second theme "Indirect Interventions", viewed psychology as an integral part of the Multi-Disciplinary Team, enabling psychologically informed care, increasing psychological skills in the workforce and supporting staff wellbeing. The third theme outlined a lack of psychological resources in services and limited understanding about their potential benefits. The potential of increased resources to promote psychologically informed cultures, staff wellbeing, and improve patient choice through greater access to psychological treatments was noted. Conclusions: This is the largest UK study of psychologists within acute mental health care, identifying benefits for patients and services. Further research is needed on the impact of psychological interventions on patient outcomes and workforce wellbeing.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1080/09638237.2021.1875410>

**Single-session Comprehend, Cope, and Connect intervention in acute and crisis psychology: A feasibility and acceptability study**

**Authors:** Bullock, Jonathan;Whiteley, Christopher;Moakes, Kaylee;Clarke, Isabel and Riches, Simon

**Publication Date:** Jan , 2021

**Journal:** Clinical Psychology & Psychotherapy 28(1), pp. 219–225

**Abstract:** Comprehend, Cope, and Connect (CCC) is a third-wave cognitive behavioural approach developed for acute mental health services. The aim of this study was to assess feasibility and acceptability of a newly developed, manualized single-session CCC intervention delivered face-to-face with service users in acute and crisis psychology services in South London. The study adopted a within-subjects pre-post-test design. Participants (N = 23) were recruited from five acute psychiatric wards and a crisis resolution home treatment team. Service users had a range of diagnoses of complex and severe mental health conditions, in particular mood, personality, and psychotic disorders. Feasibility data were gathered for number of times the CCC formulation was accepted, duration of CCC intervention, clinician adherence to manualised protocol, and frequency of goal-based activity completion. Acceptability data on pre- and post-CCC mood and post-CCC helpfulness were self-reported by participants. Findings indicated a significant increase in positive mood (large effect) and moderate-high helpfulness rating postintervention. Most participants reported goal-based activity completion. There was high fidelity to the protocol, high percentage of acceptance of the formulation and formulation components completed, and frequent single-session completion. Single-session CCC appears feasible and acceptable in acute and crisis psychology services and yields formulation-driven goal-based activities intended to stabilize mental health crisis. High fidelity to formulation protocol suggests broader applications for single-session CCC, for example, to support clinical staff to manage crisis situations in their work environment or to train nonpsychologist clinicians to deliver the intervention for service users. A randomized controlled trial of single-session CCC would increase validity and generalisability of findings.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1002/cpp.2505>



### **Using EMDR therapy with patients in an acute mental health crisis**

**Authors:** Proudlock, Simon and Peris, Jasmine

**Publication Date:** Jan 9, 2020

**Journal:** BMC Psychiatry 20(1), pp. 14–7

**Abstract:** Background: Death by suicide continues to be a global public health concern with little research demonstrating the effectiveness of treatment options. This exploratory study exams the efficacy of Eye Movement Desensitisation and Reprocessing (EMDR) Therapy delivered to patients experiencing an acute mental health crisis to explore if by treating their background trauma, improvements could be seen in their general psychopathology and if there was a resulting decrease in their desire for suicide. Methods: A practice-based service development project was conducted within a mental health hospital. A non-randomised, exploratory pre-test post-test design was utilised. Participants were identified from adult patients currently receiving care from either an inpatient mental health ward or the Crisis Resolution and Home Treatment Team (CRHTT). Those who had reported experiencing at least one event that they considered to be traumatic were offered EMDR Therapy. Notes from the electronic database were analysed to assess contact with services 12 months prior to treatment and following treatment. Results: 72 patients were offered treatment in the study with 57 completing treatment. Patients made significant improvements across all the psychometrics, including a reduction in suicidal ideation. The majority needed less than 10 sessions and needed no onward referral for further psychological therapy. Cost savings were realised by retracting referrals for further therapy and in early discharge from CRHTT and acute wards, and by preventing admissions. Contact with services post treatment also reduced. Conclusions: EMDR Therapy can be an effective treatment for patients experiencing a mental health crisis who have a trauma picture, resulting in significant improvements in their mental well-being and substantial cost savings for the National Health Service (NHS).

**Access or request full text:** <https://libkey.io/libraries/2838/10.1186/s12888-019-2426-7>

### **Evaluating the introduction of assistant psychologists to an acute mental health inpatient setting**

**Authors:** Wood, Lisa; Jones, Amy; Bishop, Ellie and Williams, Claire

**Publication Date:** 2019

**Journal:** Journal of Psychiatric Intensive Care 15(1), pp. 21–29

**Abstract:** Objective: Mental health inpatient wards care for those who are experiencing acute mental health distress but continue to lack access to psychological therapies and depend on pharmacological treatments. Assistant psychologists are a cost-effective workforce which can deliver low intensity interventions to improve patient care. However, the implementation of assistant psychologists in a mental health inpatient setting has not been formally examined. The aim of this study was to evaluate implementation of two newly appointed assistant psychologists in a mental health inpatient setting. Method: A mixed-methods approach was adopted for the purposes of this study. Outcome measures were completed by staff (burnout) and patients (ward atmosphere and therapeutic alliance) as well as qualitative interviews about their experiences of the assistant psychologists (analysed using thematic analysis). Results: Quantitative results did not demonstrate an improvement in either staff or patient outcomes. Qualitative data identified a number of key benefits of having the assistant psychologist including their time available to spend with patients, the delivery of low intensity psychological interventions, and their psychological skills. Conclusions & implications for practice: Assistant psychologists are a cost-effective workforce that shows promise for delivering low-intensity psychological interventions in acute mental health settings. However, larger most robust research is required.

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## **Psychological therapy for inpatients receiving acute mental health care: A systematic review and meta-analysis of controlled trials**

**Authors:** Paterson, Charlotte;Karatzias, Thanos;Dickson, Adele;Harper, Sean;Dougall, Nadine and Hutton, Paul

**Publication Date:** -11th , 2018

**Journal:** The British Journal of Clinical Psychology 57(4), pp. 453–472

**Abstract:** Objectives: The effectiveness of psychological therapies for those receiving acute adult mental health inpatient care remains unclear, partly because of the difficulty in conducting randomized controlled trials (RCTs) in this setting. The aim of this meta-analysis was to synthesize evidence from all controlled trials of psychological therapy carried out with this group, to estimate its effects on a number of important outcomes and examine whether the presence of randomization and rater blinding moderated these estimates. Method: A systematic review and meta-analysis of all controlled trials of psychological therapy delivered in acute inpatient settings was conducted, with a focus on psychotic symptoms, readmissions or emotional distress (anxiety and depression). Studies were identified through ASSIA, EMBASE, CINAHL, Cochrane, MEDLINE, and PsycINFO using a combination of the key terms 'inpatient', 'psychological therapy', and 'acute'. No restriction was placed on diagnosis. The moderating effect of the use of assessor-blind RCT methodology was examined via subgroup and sensitivity analyses. Results: Overall, psychological therapy was associated with small-to-moderate improvements in psychotic symptoms at end of therapy but the effect was smaller and not significant at follow-up. Psychological therapy was also associated with reduced readmissions, depression, and anxiety. The use of single-blind randomized controlled trial methodology was associated with significantly reduced benefits on psychotic symptoms and was also associated with reduced benefits on readmission and depression; however, these reductions were not statistically significant. Conclusions: The provision of psychological therapy to acute psychiatric inpatients is associated with improvements; however, the use of single-blind RCT methodology was associated with reduced therapy-attributable improvements. Whether this is a consequence of increased internal validity or reduced external validity is unclear. Trials with both high internal and external validity are now required to establish what type, format, and intensity of brief psychological therapy is required to achieve sustained benefits.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1111/bjc.12182>

## **A descriptive evaluation of the Seattle Police Department's crisis response team officer/mental health professional partnership pilot program.**

**Authors:** Helfgott, Jacqueline B.;Hickman, Matthew J. and Labossiere, Andre P.

**Publication Date:** 2016

**Journal:** International Journal of Law & Psychiatry 44, pp. 109–122

**Abstract:** The Seattle Police Department (SPD) recently enhanced their response to individuals in behavioral crisis through a pilot Crisis Response Team (CRT) consisting of dedicated Crisis Intervention Team (CIT) officers (OFC) paired with a Mental Health Professional (MHP). This study presents results of an incident-based descriptive evaluation of the SPD's CRT pilot program, implemented from 2010 to 2012. The purpose of the evaluation was to determine the value-added by the MHP in cases involving individuals in behavioral crisis as well as the effectiveness of the CRT program with regard to resolution time, repeat contacts, and referral to services. Data were collected from SPD general offense and supplemental reports for a 12-month segment of the program. Key variables included incident location, case clearance, repeat contacts, linkages to services, and case disposition. Results of analyses of general offense and supplemental reports are presented and implications for future development of the OFC/MHP partnership are discussed.

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## **ARTICLES**



### **Telephone-based psychological crisis intervention: the Portuguese experience with COVID-19**

**Authors:** Ribeiro, Eugénia;Sampaio, Adriana;Gonçalves, Miguel M.;Taveira, Maria Do C. éu;Cunha, Jácome;Maia, Ângela;Matos, Marlene;Gonçalves, Sónia;Figueiredo, Bárbara;Freire, Teresa and Soares, Tércio

**Publication Date:** 2021

**Journal:** Counselling Psychology Quarterly 34(3), pp. 432–446

**Abstract:** Portugal is one of the European countries that implemented early protective measures in the context of the COVID-19 pandemic. Portugal declared a state of emergency on 18 March, and a set of regional and national preventive public health measures was progressively implemented. Studies on the psychological impact of pandemics show evidence of the negative impact on mental health. Of particular concern are individuals with previous fragility (e.g. personal, family or occupational) and those undergoing life transitions. In this paper, we present a telephone-based psychological crisis intervention that was implemented to provide brief, appropriate, and timely psychological help. This intervention follows standard models of crisis intervention and is structured in five phases and five different intervention modules to take into account the impact of the pandemic on the mental health of specific risk groups. With these support services, we hope to help our community better cope with the immediate impact of the pandemic and to contribute to preventing serious mental health problems in the medium and long term.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1080/09515070.2020.1772200>

### **Demedicalising crisis resolution home treatment teams – A psychological intervention for acute care services**

**Author:** Sullivan, Luke

**Publication Date:** 2018

**Publication Details:** Clinical Psychology Forum, 1, (1) pp.39–43.

**Abstract:** There is currently no consistent psychological model for working with people in crisis resolution home treatment teams. The following article provides an overview of a psychological model for psychologists in this setting.

**Access or request full text:** [Your interlibrary loan requests > SWIMS catalogue](#)

### **EMDR Within Crisis Resolution and Home Treatment Teams**

**Authors:** Proudlock, S. and Hutchins, J.

**Publication Date:** 2016

**Journal:** J EMDR Pract and Res 10(1), pp. 47–56

**Abstract:** This article describes how eye movement desensitization and reprocessing (EMDR) can be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. It explores previous research in this area and examines how offering EMDR therapy may expedite recovery for clients and how offering immediate access to specialized treatment can result in NHS Trusts reducing costs associated with further psychological treatment in the community. Nine cases are presented of clients who were under the care of an NHS crisis resolution and home treatment team and who received brief EMDR therapy. Treatment directly addressed recent or historical traumatic experiences, without extensive preparation even though clients had suicidal intent and were in crisis. All clients showed marked improvement in their mental state and a reduction in their risk regarding harm to self and harm to others. An audit of the patient electronic database was used to examine contact with mental health services 12 months posttreatment. Three of the nine clients reaccessed crisis services at 6, 8, and 11 months, respectively, concerning new crises unrelated to the material initially processed with EMDR. EMDR therapy has the potential to significantly improve the outcomes of clients experiencing a mental health crisis but more research is needed in this area.; This article describes how eye movement desensitization and reprocessing (EMDR) can be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. It explores previous research in this area and examines how offering EMDR therapy may expedite recovery for clients and how offering immediate access to specialized treatment can result in NHS Trusts reducing costs associated with further psychological treatment in the community. Nine cases



are presented of clients who were under the care of an NHS crisis resolution and home treatment team and who received brief EMDR therapy. Treatment directly addressed recent or historical traumatic experiences, without extensive preparation even though clients had suicidal intent and were in crisis. All clients showed marked improvement in their mental state and a reduction in their risk regarding harm to self and harm to others. An audit of the patient electronic database was used to examine contact with mental health services 12 months posttreatment. Three of the nine clients re-accessed crisis services at 6, 8, and 11 months, respectively, concerning new crises unrelated to the material initially processed with EMDR. EMDR therapy has the potential to significantly improve the outcomes of clients experiencing a mental health crisis but more research is needed in this area.

**Access or request full text:** <https://spj.science.org/doi/10.1891/1933-3196.10.1.47>

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## OLDER ARTICLE

### **Clinical psychologists working in crisis resolution and home treatment teams: a grounded theory exploration**

**Authors:** Murphy, Nicola;Vidgen, Andrew;Sandford, Clare and Onyett, Steve

**Publication Date:** -11-29 , 2013

**Journal:** The Journal of Mental Health Training, Education and Practice 8(4), pp. 181–195

**Abstract:** – There has been a rapid development and implementation of crisis resolution home treatment teams (CRHTT) in the UK over the past decade. The available research studies of this service provision to date have largely focused on issues related to the “outputs” of CRHTT, for example cost efficacy and the impact on admission rates. There is limited research on the experiences of clinical psychologists within CRHTT. This is despite the fact that it would seem that research exploring the experiences of mental health professionals in CRHTT is important, as working in a new area of service provision may present specific challenges. An understanding of the nature of these challenges is considered important in order to support clinical psychologists in these settings, and to sustain and improve service delivery. –This study presents a qualitative exploration of clinical psychologists’ experiences of working in a CRHTT. In total, 11 clinical psychologists were interviewed about their perceptions of working within CRHTT, their relationships with other professionals and their experiences of working with service users in “crisis”. The grounded theory approach was employed to analyse participants’ accounts. –Two themes were identified: psychological and clinical work and teamwork. The emergent themes are compared to the wider literature on clinical psychologists’ experiences of working in teams, and working with service users in “crisis”. – This research demonstrates the value of a clinical psychology perspective in acute mental health settings. It also highlights the value of a clinical psychological perspective in multi-disciplinary team working. It draws attention to the need for clinical psychologists working in CRHTT settings to be able to more clearly articulate their roles in these services. It points to the importance of clinical psychologists considering the interventions they provide to service users with complex presentations. Also, it highlights their need to consider the psychological interventions they provide in CRHTT settings more generally, as this area of work does not closely align with NICE guidelines.

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## COMPLEMENTARY ARTICLES

### **Development of the Crisis and Emergency Intervention Skills Scale (CEISS) and an analysis of its psychometric properties.**

**Authors:** Munoz, F. A.; Alarcon, R.; Trillo, J.; Miranda, J. and Polo, C.

**Publication Date:** 01 17 , 2025

**Journal:** Scientific Reports 15(1), pp. 2287

**Abstract:** Emergency psychology is a branch of psychology that, although it began several years ago due to dramatic events around the world, is increasingly being established in the day-to-day work of the emergency department. Due to the very specific nature of this type of intervention, it is essential that, in addition to proper training and experience, emergency psychologists have a series of competencies. In this study, we developed a questionnaire, the Crisis and Emergency Intervention Skills Scale (CEISS), ad hoc for this research, and we determined the relationship of the CEISS score with the most relevant competencies. These capacities to intervene and provide assistance in crisis situations were found to be the sum of several skills. Positive correlations of CEISS scores with resilience, attention, clarity and regulation, which are related to emotional intelligence, were found. Knowing what psychological competencies are necessary for the correct performance of this type of task, as well as for professionals to have good psychological self-protection, is of great help when managing situations that require this type of intervention.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1038/s41598-025-86992-y>

### **Patient-reported outcome, clinician-reported outcome, and patient satisfaction with treatment by crisis resolution teams: a multicenter pre-post study of outcome and associated factors in Norway**

**Authors:** Ruud, T.; Hasselberg, N.; Siqueland, J. and Holgersen, K. H.

**Publication Date:** -1-31 , 2024

**Journal:** BMC Psychiatry 24, pp. 82

**Abstract:** Background: Crisis resolution teams (CRTs) have become a part of mental health services in many high-income countries. Many studies have investigated the impact of CRTs on acute admissions to inpatient units, but very few studies have investigated patient-reported and clinician-reported outcomes for CRT service users. Our aims were to study patient-reported and clinician-reported outcomes of CRT treatment, how the outcomes were associated with characteristics of the service user and the treatment, and whether outcomes were different across CRTs. Methods: The study was a pre-post observational multicenter study of 475 patients receiving treatment from 25 CRTs in urban and rural areas in Norway. There was no control group. Outcomes were change in mental health status reported by service users using CORE-10 and by clinicians using HoNOS. Patient satisfaction was measured using CSQ-8 at the end of the treatment. Components of CRT accessibility and interventions were measured by clinicians reporting details on each session with the service user. CRT model fidelity was measured using the CORE CRT Fidelity Scale version 2. We used paired t-tests to analyze outcomes and linear mixed modeling to analyze associations of the outcomes with the characteristics of service users and the treatment provided. Using independent t-tests, we analyzed differences in outcomes and patient satisfaction between two clusters of CRTs with differences in accessibility. Results: The patient-reported outcomes and the clinician-reported outcomes were significantly positive and with a large effect size. Both were significantly positively associated with practical support and medication management and negatively associated with collaboration with mental health inpatient units. Patient satisfaction was high at the end of the treatment. CRTs with higher accessibility had a significantly better clinician-reported outcome, but no significant differences were reported for patient-reported outcomes or patient satisfaction. Conclusions: CRT treatment led to improved symptom status as reported by patients and clinicians, as well as high patient satisfaction. Practical support and medication management were the interventions most strongly associated with positive outcomes. Some of the variations in outcomes were at the team level. Patient- and clinician-reported outcomes should be used more in studies on the effect of treatment provided by crisis resolution teams. Supplementary Information. The online



version contains supplementary material available at 10.1186/s12888-024-05543-3.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1186/s12888-024-05543-3>

**A scoping review of studies into crisis resolution teams in community mental health services**

**Authors:** Holgersen, Katrine Høyer;Pedersen, Sindre Andre;Brattland, Heidi and Hynnekleiv, Torfinn

**Publication Date:** -11th , 2022

**Journal:** Nordic Journal of Psychiatry 76(8), pp. 565–574

**Abstract:** Background and purpose of article: Crisis Resolution Teams (CRT) for rapid assessment and short-term treatment of mental health problems have increasingly been implemented internationally over the last decades. Among the Nordic countries, the CRT model has been particularly influential in Norway, where 'Ambulante akutteam (AAT)' is a widespread psychiatric emergency service for adult patients. However, the clinical practice of these teams varies significantly. To aid further development of the service and guide future research efforts, we carried out a scoping review to provide an up-to-date overview of research available in primary studies focusing on phenomena related to CRTs in English and Scandinavian literature. Methods: A systematic literature search was conducted in the bibliometric databases MEDLINE, Embase, PsychINFO, Scopus, and SveMed+. Included studies were thematically analyzed using a qualitative method. Results: The search identified 1516 unique references, of which 129 were included in the overview. Thematic analysis showed that the studies could be assigned to: (1) Characteristics of CRTs (k = 45), which described key principles or specific interventions; (2) Implementation of CRTs (k = 54), which were descriptive about implementation in different teams, or normative about what clinical practice should include; and (3) Effect of CRTs (k = 38). Conclusions: The international research literature on CRTs or equivalent teams is extensive. Many sub-themes have been studied with various research methodologies. Recent studies provide a better evidence base for how to organize services and to select therapeutic interventions, but there is still a need for more controlled studies in the field.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1080/08039488.2022.2029941>

**Psychological crisis intervention for covid-19 lockdown stress in patients with type 1 diabetes mellitus: Survey study and qualitative analysis.**

**Authors:** Cyranka K.;Dudek D.;Malecki M.T.;Matejko B. and Klupa, T.

**Publication Date:** 2021

**Journal:** JMIR Mental Health 8(6) (pagination), pp. Article Number: e28097. Date of Publication: 01 Jun 2021

**Abstract:** Background: The COVID-19 pandemic has challenged the worldviews of most people. Social isolation after the COVID-19 lockdown has not only led to economic difficulties but also resulted in adverse psychological reactions. As in most countries, including Poland, this situation has been very challenging for patients with type 1 diabetes mellitus (T1DM). In Poland, a crisis intervention team for patients with T1DM was established. The goal of the team was to provide psychological support for these patients, if needed, and to present information concerning how these patients may obtain medical consultations and prescriptions. Objective(s): We aimed to analyze the psychological parameters and main emotional reactions of patients with T1DM during the COVID-19 lockdown. Method(s): An email with information concerning the possibility of having a web-based consultation with psychologists and psychiatrists and an attached set of psychological tests was sent to all patients with T1DM who were under the care of an outpatient diabetes clinic. The consultations were performed by licensed clinical psychologists and psychologists. This study was approved by the Bioethics Committee of the Jagiellonian University in Krakow, Poland. Result(s): The patients who decided to use psychological support had statistically higher levels of anxiety (state  $P=.043$ ; trait  $P=.022$ ), stress ( $P=.001$ ) than those of patients from the group who did not seek support. Conclusion(s): The presented intervention team may be perceived as an example of important and successful cooperation and communication between specialists of different fields of medicine (diabetology, psychiatry, and psychology) in a crisis situation.

**Access or request full text:** <https://libkey.io/libraries/2838/10.2196/28097>



**Experiences of intensive home treatment for a mental health crisis during the perinatal period: A UK qualitative study.**

**Authors:** Rubio L.;Lever Taylor B.;Morant N. and Johnson, S.

**Publication Date:** 2021

**Journal:** International Journal of Mental Health Nursing 30(1), pp. 208–218

**Abstract:** Some women with severe perinatal mental health difficulties in England are cared for by acute home treatment services, known as Crisis Resolution Teams (CRTs), which provide short-term home-based treatment for adults experiencing a mental health crisis. Intensive home treatment has been trialed in a number of countries, but it is not known how well suited it is to the needs of perinatal women. This qualitative study aimed to explore how women and practitioners experience the provision of intensive home treatment for perinatal mental health problems. Semi-structured interviews were conducted with women who had received intensive home treatment in the perinatal period (n = 15), and focus groups were held with practitioners working in CRTs or in specialist perinatal mental health services (3 groups, n = 25). Data were analysed thematically. Women commonly found intensive home treatment problematic, experiencing it as intrusive and heavily risk-focused, with poor staff continuity and little tailoring to the perinatal context. However, women valued emotional support when provided, particularly when it had a perinatal focus, sometimes based on practitioners sharing their own experiences. Some women also appreciated avoiding hospital admission, but choice was often limited. Practitioners reported a lack of perinatal training among CRT staff and described difficulties tailoring treatment to perinatal women's needs. Currently, intensive home treatment, as offered by CRTs, may not be well suited to women with perinatal mental health difficulties. Findings suggest a need to develop community crisis responses that are better tailored to the needs of this population.

**Access or request full text:** <https://libkey.io/libraries/2838/10.1111/inm.12774>

**Investigating the efficacy of a whole team, psychologically informed, acute mental health service approach**

**Authors:** Araci, David and Clarke, Isabel

**Publication Date:** Aug , 2017

**Journal:** Journal of Mental Health (Abingdon, England) 26(4), pp. 307–311

**Abstract:** Background: Service user demand and service changes, from hospital based, to community and hospital mix, within acute adult mental health services, focus the need for psychologically informed, holistic, approaches. Aims: (1) Describe and report feasibility of a psychologically led Intensive Support Programme (ISP) to meet this need. (2) Present results of a pilot evaluation of this programme. Method: ISP was implemented in four acute mental health services of the Southern Health NHS Trust, available to both inpatient and outpatient acute services. Evaluation of the service one month after data collection, illustrates operation and level of uptake across different professional roles. The programme was evaluated by assessing psychological distress (CORE-10) and confidence in self-management (Mental Health Confidence Scale) of participating service users before and after intervention. Results: The service evaluation demonstrated extensive roll out of this programme across acute services of an extensive NHS Trust. Repeated measure t-tests demonstrated significant decrease in distress ( $p < 0.0005$ ) and significant increase in confidence in self-management of mental health ( $p < 0.0005$ ). Conclusion: Evaluation shows that ISP can be delivered in routine care in an acute mental health service and results in improvement in self-management skills and facilitation of recovery.

**Access or request full text:** <https://libkey.io/libraries/2838/10.3109/09638237.2016.1139065>

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Example Keywords/search strategy	Limits used
See below.	English 10 years

**AI prompts (if used)**

AI tool used: Copilot

Date accessed: 24/03/2026

Prompts used:

I am conducting an evidence search on the Impact of Psychologists (and other related vocabulary) working with / in Mental Health Home Treatment Teams (also known as crisis or intensive teams). Please generate a list of 3-4 key articles in this topic. Can you search for reviews, trials, studies, reports, audit, improvement projects or other grey literature material such as conference proceedings or PhD dissertations. The documents need to be published after 2015 and in English language.

Here is my search strategy for PsycInfo in Ovid platform. Use this as a base for the vocabulary for the key concepts:

APA PsycInfo <2002 to March 2026 Week 3>

- 1 exp crisis intervention/ 9719
- 2 (Mental adj3 Health adj3 Hom\* adj3 Treat\*).tw,id. 71
- 3 (crisis adj3 (resolu\* or intens\* or intervent\*).tw,id. 3228
- 4 (intens\* adj3 hom\* treat\*).tw,id. 59
- 5 (communit\* adj3 (crisis or intens\*) adj3 (team\* or servic\* or interven\* or treat\*).tw,id. 295
- 6 or/1-5 [CRHTT] 11647
- 7 psychologist\*.tw,id. 57196
- 8 (psychology adj3 (professional\* or practition\* or specialist\* or clinician\* or assistant\*).tw,id. 4142
- 9 (mental adj2 health adj3 (professional\* or practition\* or specialist\* or clinician\* or assistant\*).tw,id. 26737
- 10 clinical psychologists/ or mental health personnel/ or psychologists/ 23826
- 11 or/7-10 [Psychologists] 89019

**Databases/sources used**

<input type="checkbox"/> Pubmed	<input type="checkbox"/> HMIC	<input type="checkbox"/> BMJ Best Practice
<input checked="" type="checkbox"/> MEDLINE	<input type="checkbox"/> Social Policy & Practice	<input type="checkbox"/> Trip Pro
<input type="checkbox"/> Emcare	<input checked="" type="checkbox"/> CINAHL	<input checked="" type="checkbox"/> Cochrane Library
<input checked="" type="checkbox"/> Embase	<input checked="" type="checkbox"/> PsycINFO (2002-2025)	<input checked="" type="checkbox"/> KnowledgeShare
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