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CRISIS RESOLUTION & HOME TREATMENT FOR INDIVIDUALS WITH COMPLEX EMOTIONAL NEEDS:
A META-ETHNOGRAPHIC SYNTHESIS

Michael Haslam[1] (Supervised by Prof. Karen Wright[1] Dr Emma Jones[1] & Dr Gary Lamph[2])

BACKGROUND

➢ A great deal of research already exists around the experiences of, and responses to, individuals with Complex Emotional Needs (CEN), seeking care in a mental health crisis. The diagnostic label of Personality Disorder, is particularly associated with increased levels of health service utilisation (Hong, 2016) with frequent and unscheduled contacts to Emergency Departments (Shaikh, et al. 2017).

➢ Fewer studies, however, focus upon this, specifically, within the context of a mental health Crisis Resolution and Home Treatment (CRHT) setting. This is despite the CRHT role as 'gatekeeper' to mental health services, frequently exposing staff members to unscheduled out-of-hours contacts with Individuals experiencing emotional crises.

➢ Existing literature around CRHT has primarily focused upon the structure & function of the team (SjØlie & Karlsson, 2010), however, a growing body of qualitative evidence focussing upon experiences within the context of a CRHT setting is emerging, both in relation to the delivery of, and receiving of mental health crisis care (Nelson, et al. 2016; Carpenter & Tracy, 2015; Freeman, et al. 2011).

➢ There was, therefore, a need to synthesise the findings of these qualitative primary research studies in order to develop new understandings into how home-based mental health crisis care for people with CEN is experienced by both those who give and receive care.

OBJECTIVE

Using a meta-ethnographic approach (Noblit & Hare, 1988), a synthesis of selected qualitative primary research studies was undertaken, with the aim to develop new insights into home-based mental health crisis care for people with CEN, and how this is experienced by both those delivering and receiving care.
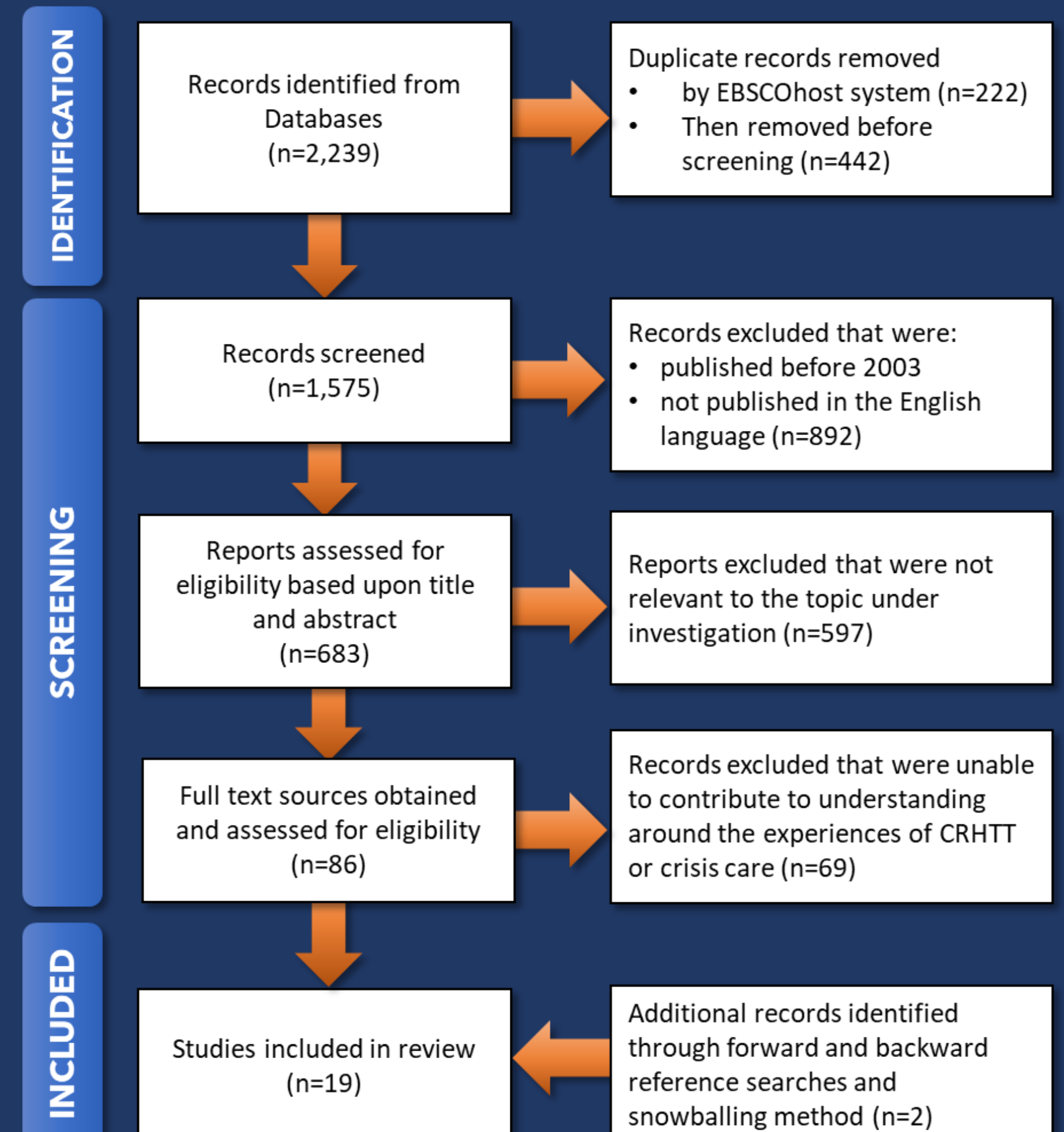
METHOD

➢ **PICo** model (Richardson, et al. 1995) used to identify relevant search terms (as below):

POPULATION	"Complex Emotional Needs", "Personality Disorder"
PHENOMENON OF **I**NTEREST	response*, relation*, care, experience*
RESEARCH **CO**NTEXT	Crisis, "crisis resolution", "crisis team," "crisis service", "crisis support", "home treatment"

➢ Search terms applied to Web of Science, Scopus, PsycINFO, CINAHL complete and Medline (with full text) databases between June and July 2022

➢ 19 qualitative primary research studies, considered able to contribute to understanding around home-based mental health crisis care, and how this is experienced, were identified (see PRISMA diagram, to the right)

➢ A qualitative evidence synthesis was conducted using Noblit & Hare's, (1988) 7-stage meta-ethnographic approach.

➢ Studies were 'translated into one another' using a reciprocal translation (comparing studies that directly examine the same concept) and a line of argument synthesis employed, identifying the 4 key themes (**CONTEXTUAL, FUNCTIONAL, RELATIONAL** and an overarching theme, **DECISIONAL**), explained below.

IDENTIFICATION
Records identified from Databases (n=2,239) →
Duplicate records removed
- by EBSCOhost system (n=222)
- Then removed before screening (n=442)

SCREENING
Records screened (n=1,575) →
Records excluded that were:
- published before 2003
- not published in the English language (n=892)

Reports assessed for eligibility based upon title and abstract (n=683) →
Reports excluded that were not relevant to the topic under investigation (n=597)

Full text sources obtained and assessed for eligibility (n=86) →
Records excluded that were unable to contribute to understanding around the experiences of CRHTT or crisis care (n=69)

INCLUDED
Studies included in review (n=19) ←
Additional records identified through forward and backward reference searches and snowballing method (n=2)

CHARACTISTICS OF INCLUDED STUDIES

➢ **STUDY DATES**
Ranged from 2007-2022

➢ **METHODOLOGY**
6 studies used Phenomenology
3 used Grounded Theory
1 used Framework analysis
1 used participatory research
1 used discourse analysis
7 studies methodology unclear

➢ **INTERNATIONAL CONTEXT**
15 studies from the UK
2 from Norway
1 from the Netherlands
1 from Spain

➢ **PARTICIPANT NUMBERS**
Over 433 CRHT Clinician Participants
304 Service User Participants
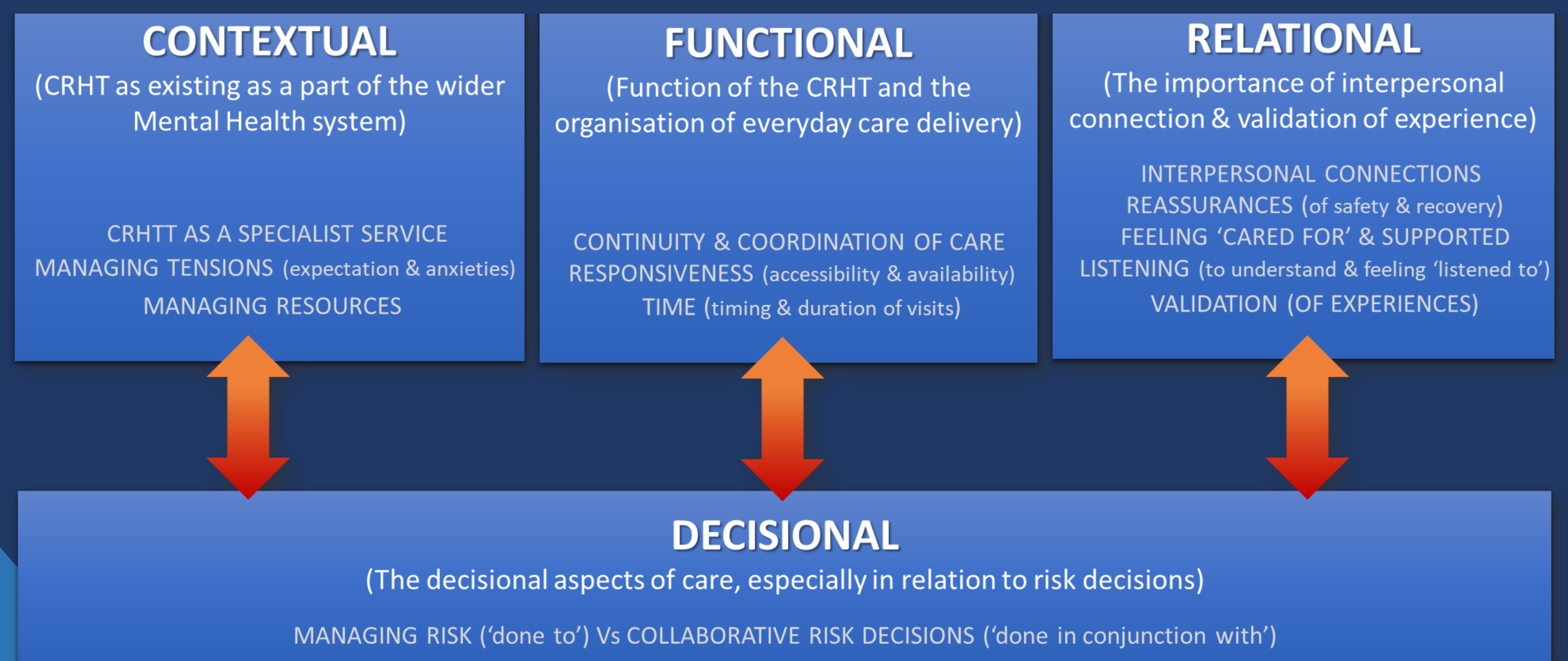
➢ **QUALITY APPRAISAL RATING**
★★★ (Walsh & Downe, 2006)
17 studies rated 'high' quality
1 study rated 'medium'
1 study rated 'low'

FINDINGS

← Increased emphasis upon these domains for Clinicians working within CRHT

Increased emphasis upon, and importance of, these domains to Service User experience of CRHT →

CONTEXTUAL
(CRHT as existing as a part of the wider Mental Health system)

CRHTT AS A SPECIALIST SERVICE
MANAGING TENSIONS (expectation & anxieties)
MANAGING RESOURCES

FUNCTIONAL
(Function of the CRHT and the organisation of everyday care delivery)

CONTINUITY & COORDINATION OF CARE
RESPONSIVENESS (accessibility & availability)
TIME (timing & duration of visits)

RELATIONAL
(The importance of interpersonal connection & validation of experience)

INTERPERSONAL CONNECTIONS
REASSURANCES (of safety & recovery)
FEELING 'CARED FOR' & SUPPORTED
LISTENING (to understand & feeling 'listened to')
VALIDATION (OF EXPERIENCES)

DECISIONAL
(The decisional aspects of care, especially in relation to risk decisions)

MANAGING RISK ('done to') Vs COLLABORATIVE RISK DECISIONS ('done in conjunction with')

CONCLUSIONS

1. There is a lack of current qualitative research specifically considering the lived experience of CRHT for those with CEN

2. In the studies reviewed, especially where the diagnostic label of 'Personality Disorder' was discussed, the label was often considered a barrier to helpful responses

3. A focus within CRHT upon the individual's risk, has the potential to lead to the 'objectification' of a person carrying the label and to undermine their need for personalised care

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mhaslam1@uclan.ac.uk   @mbhaslam

[1] University of Central Lancashire [2] Edge Hill University