

Crisis intervention effective in severe mental illness

Clinical Question	How effective are crisis intervention models for people with serious mental illness experiencing an acute episode compared to standard care?
Bottom Line	Crisis care, with or without an ongoing homecare package, provided support that was worthwhile, acceptable and less expensive than standard care. Furthermore, crisis care avoided repeat admission to hospital; improved the mental state of service users more than standard care; was more acceptable and satisfactory to service users and placed less burden on families and carers. There were no differences in death rates between crisis intervention and standard care. There were no data on staff satisfaction, carer input, complications with medication or number of relapses. Follow-up ranged from 3 to 24 months.
Caveat	The review included only 8 studies. The methods of most of these studies were considered poor and there was no definitive description of crisis intervention or crisis care for studies included before 2006, meaning there was a lack of focus on crisis care in its pure form. Most studies excluded service users with alcohol or drug misuse, and those who were a danger of being harmful to themselves or others.
Context	A particularly difficult challenge for community treatment of people with serious mental illnesses is the delivery of an acceptable level of care during the acute phases of severe mental illness. Crisis care, where support is provided during a crisis for service users in their home or a community setting, offers a possible solution.
Cochrane Systematic Review	Murphy SM et al. Crisis intervention for people with severe mental illnesses. Cochrane Reviews, 2015, Issue 12. Art. No.: CD001087.DOI: 10.1002/14651858.CD001087.pub5. This review contains 8 studies involving 1,144 participants.
