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A randomised controlled trial of Joint Crisis Plans for people with psychotic illnesses

Submission date	Recruitment status	[ ] Prospectively registered
19/05/2003	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
19/05/2003	Completed	[X] Results
Last Edited	**Condition category**	[ ] Individual participant data
07/09/2009	Mental and Behavioural Disorders	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Study objectives
1. To measure the cost effectiveness of Joint Crisis Plans for people with psychotic illnesses with respect to hospital admission
2. To establish the feasibility of a more definitive RCT of Joint Crisis Plans

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics Committees of the South London and Maudsley NHS Trust, Lewisham University Hospital, South West London and Saint George's NHS Trust, and Thames Gateway NHS Trust. Ethical Approval Number: 188/97

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Not Specified

Health condition(s) or problem(s) studied
Psychosis and bipolar affective disorder

Interventions
Active intervention: Joint Crisis Plan production

Introductory meeting
Having informed the participant and their keyworker of the allocation, the research worker arranged a meeting between himself, the participant and if possible the keyworker. The aims of this meeting were, first, that the research worker would explain the overall procedure for producing the JCP, and, second, that the keyworker should introduce the JCP menu to the participant, help him or her to identify early warning signs of relapse and formulate possible advance statements to be included.

Joint Crisis Planning meeting
To finalise the JCP contents the research worker then organised and facilitated at a meeting between the participant, team consultant or other qualified team psychiatrist and keyworker, where the JCP contents were finalised. The participant was encouraged to bring a carer or other to act as an advocate. The research worker's role as facilitator was to act as a neutral third party external to the team. By taking this role, he was in the best possible position to achieve the following aims:
1. To ensure that different options for the menu are explored
2. To help all parties reach consensus wherever possible, such that the participant is happy to carry the JCP and all those it designates to act in future are willing to carry out the designated action
3. If consensus cannot be reached one of two options are chosen by the patient; either the

differences are made clear but the JCP retains this title as other contents have been agreed jointly, or, the document is renamed a crisis card because of the lack of joint agreement
During the meeting, the contents of the plan were written down by the research worker in the form of the first person and using the exact words agreed on.

Checking the JCP content
After the planning meeting the research worker produced the typed version of the JCP as an A4 sheet. He then either met with the participant to check the content, or sent him or her the JCP and consulted him or her about the content over the telephone. If the participant wanted changes to be made, the research worker consulted relevant CMHT members if he deemed that the change required the team's agreement first.

Distribution
Once any further changes had been made, copies were sent by the research worker to all those whom the participant had designated on the menu. The participant was also sent a clear plastic wallet for the JCP.

Control intervention
The Joint Crisis Plan represents a new form of information held on paper by a patient. It was decided that in order to receive the best available care under usual conditions, the control group should receive whatever information was currently available on paper. At the time this consisted of two types:
1. A copy of the Care Plan done as part of the Care Programme Approach (CPA)
2. Leaflets on local services, different types of mental illness and other aspects of care
As all participants should have been given a copy of their care plan if covered by the CPA, and as none of the participating teams routinely gave out the second type of information, it was decided to make the latter the control intervention. Prior to beginning recruitment, the investigator and research worker visited each CMHT base and hospital to which patients from the participating sectors were admitted to collect whatever information was available. Participants in the control group were given whatever was available relating to their CMHT and Trust, plus any other relevant information we had found at their site or elsewhere. The types of information distributed were as follows:
Hospital admission (what to expect, what to bring, rules)
Mental health resource centres (services available, opening hours)
Medication
Mental Health Act information booklet for patients ('Out of the Maze')
Social Security information on welfare benefits
Advocacy services
Social Services and voluntary sector information on local services (drop in centres, vocational training etc.
Information on mental illnesses
Trust policies, e.g. on confidentiality, patients' access to their own notes and making a complaint where available.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)

Hospital admission
1. Admitted or not
2. Compulsory admission
2.1. Compulsory admission without police involvement
2.2. Compulsory admission with police involvement
3. Number of days spent in hospital
4. Discharged or not

Key secondary outcome(s))
Not provided at time of registration

Completion date
31/03/2004

Eligibility

Key inclusion criteria
1. Patients had first to be currently under the care of one of the recruited community mental health teams.
2.On the day on which the clinical casenotes were consulted to retrieve diagnostic and sociodemographic information, the patient had to have been admitted to a psychiatric inpatient service at least once in the previous two years.
3. They had to have a diagnosis of psychotic illness or bipolar affective disorder without psychotic symptoms, operationalised from the clinical casenotes using the Operational Criteria Checklist, OPCRIT5, which uses a computer algorithm to assign diagnoses according to International Statistical Classification of Diseases and Related Health Problems, Tenth edition (ICD-10), Diagnostic and Statistical Manual of Mental Disorders, Fourth edition (DSM-IV) and a number of other diagnostic criteria. Patients were not recruited while staying on a psychiatric ward but if otherwise eligible they were contacted once they had been discharged or sent on extended leave.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Not Specified

Sex
Not Specified

Key exclusion criteria
Inability to understand the JCP's function through mental incapacity or insufficient command of English to understand the consent procedure.

Date of first enrolment
04/01/2000

Date of final enrolment
31/03/2004

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Box P029
London
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SE5 8AF

Sponsor information

Organisation
King's College London (UK)

ROR
https://ror.org/0220mzb33

Funder(s)

Funder type
Research council

Funder Name
Medical Research Council (MRC) (UK) training fellowship in health services research

Funder Name
South London and Maudsley NHS Trust (SlaM) (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	17/07/2004		Yes	No