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Evaluating a Mental Health Joint Response Car with young people and their families

Submission date
22/05/2024

Recruitment status
No longer recruiting

Registration date
29/05/2024

Overall study status
Ongoing

Last Edited
24/04/2025

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Young people need better access to emergency mental health care.
In 2022, over half of parents said child and adolescent mental health services for emergency care were ‘poor’ or ‘awful’. The systems we have now do not offer young people the care they need when they need it most.
When families call an ambulance or crisis team, they can face long waiting times. Police often arrive quickly but without specialist mental health skills. Police attendance can increase restrictive practises, such as the use of detention under the Mental Health Act. However, if the police and mental health practitioners work together, young people in crisis and their families could have a much more supportive experience, reducing the risk of harm for the young person.
During 2022, Pennine Care NHS Trust and Greater Manchester Police piloted a joint response to 999 emergency calls for adults in mental health crisis. This meant that a police officer and mental health practitioner went to a 999 call together

Research shows young people are better supported when services work together. A joined-up approach to emergency care could help young people and their families feel heard, stay at home, avoid frightening hospital stays and traumatic admissions, and reduce the need for restrictive practices. With funding secured from Greater Manchester Police, we will offer this joint response intervention between the police and a mental health practitioner for young people. With funding from HS&DR, we will produce evidence
on how well the approach works for young people in crisis. We will also explore how this joint response to young people in crisis could operate effectively within children’s services across England.

Who can participate?
Children and young people aged between 5-18 years old who have had experience of receiving care for a mental health crisis, along with their family members (e.g., parents, carers) can take part in the research.

What does the study involve?
Our study will begin with a comprehensive literature review to ensure a secure footing in the evidence base. Throughout this process, we will discuss our findings from the review with people

with lived experience of mental health crisis. We will work together to develop a theory of how a joint response to crises could help young people.
We will then pilot the joint response to 999 calls from young people in Greater Manchester. We will test how well the approach works and hear what young people and their families think about the service. We
will also explore the costs and savings of responding to 999 calls differently. This information will help us develop the best possible joint response to crisis calls and a guide as to how to do it well.
In preparation for this application, we heard young people share their stories of trying to find help when in crisis through a theatre production. We asked them how services could do things better. The young people reported finding this approach helpful and enjoyable, so we will use a similar approach again in this study. This time, we will work with young people through creative workshops and theatre to refine our theories about how to deliver a joint response service well, and to effectively communicate our findings nationally. Overall, our approach will provide key evidence as to whether a joined-up service is a better way to support young people in crisis, and evidence as to how it can work as well as possible.

What are the possible benefits and risks of participating?
There is often a potential element of distress and discomfort when engaging in crisis responses, although the Mental Health Joint Response Car should offer a more compassionate and psychologically-informed approach than current practices. Participants will be empowered to share their views and perspectives which will feed into future research and potential service design.

Where is the study run from?
Pennine Care NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for?
March 2024 to February 2027

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK).

Who is the main contact?
Dr Zarah Eve, zarah.eve@nhs.net
Dr Sarah Parry, sarah.parry@nhs.net

Contact information

Type(s)
Principal investigator

Contact name
Dr Sarah Parry

ORCID ID
https://orcid.org/0000-0002-5666-1997

Contact details
Pennine Care Headquarters
225 Old St

Ashton-under-Lyne
United Kingdom
OL6 7SR
-
sarah.parry@nhs.net

Type(s)
Public, Scientific

Contact name
Dr Zarah Eve

ORCID ID
https://orcid.org/0000-0002-3945-2042

Contact details
Pennine Care Headquarters
225 Old St
Ashton-under-Lyne
United Kingdom
OL6 7SR
-
zarah.eve@nhs.net

Additional identifiers

Integrated Research Application System (IRAS)
332304

Central Portfolio Management System (CPMS)
57762

National Institute for Health and Care Research (NIHR)
158509

Study information

Scientific Title
Evaluating the implementation of a Mental Health Joint Response Car with young people and families

Acronym
MHJRC

Study objectives
1. What are the impacts of introducing a MHJRC for children and young people experiencing mental health crisis resulting in a 999 call? How, why, in what contexts, and for whom are these impacts generated?
2. What are the roles of police officers and mental health practitioners within the MHJRC model, and how do they impact young people in mental health crises?

3. How can evidence-based theories of joint responses by police officers and mental health practitioners inform best practice guidance and support?

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 20/08/2024, Greater Manchester REC (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 207 104 8004; gmcentral.rec@hra.nhs.uk), ref: 24/NW/0136

Primary study design
Observational

Study design
Multicentre realist evaluation using mixed-methods data collection methods

Study type(s)
Quality of life, Treatment, Efficacy

Health condition(s) or problem(s) studied
Joint response for young people in mental health crisis

Interventions
Quantitative surveys of service user experiences of the MHJRC and people who have engaged with traditional services, such as the crisis team or police offers attending routinely to a 999 call, to assess impacts of being involved.

Data will be collected at three time points: time 1 (T1) as soon after the initial call out as possible, depending upon the context of the service user; time 2 (T2) at three-month follow-up; time 3 (T3) at six-month follow-up.
1. Analysis of routine data sets held by GMP and PCFT (e.g. care plans, A&E admissions, acute care pathway referrals) in relation to each contact who has engagement with the MHJRC, with an additional EDI lens to evaluate whether the routine data points capture information about the context of the individual that could inform greater cultural sensitivity and accessibility.
2. ESQ Child Self-report for 9 - 11-year-olds, ESQ Child Self-report for 12 - 18-year-olds, ESQ Parent/carer report
3. Therapeutic Experience Scale with young people, parents/carers, and staff (STAR-P and STAR-C)
4. Adolescent Coping Scale, Second Edition (ACS-2)
5. Child and Youth Resilience Measure (CYRM, 5 - 9-years-old; CYRM, 10 - 23-years-old)
6. Parental Stress Scale (PSS)

Qualitative data will include:
• Qualitative interviews with service users, parents or caring companions, police officers, mental health practitioners, emergency responders, A&E practitioners and commissioners to understand perceptions of how the MHJRC works across a range of different contexts, and implications for services and care pathways.
• ‘More than words’ narrative workshops to explore experiences of service users, families and practitioners through a range of creative mediums, facilitated by an arts therapist, to hear silenced or ‘unspeakable’ experiences, responding to the psychotraumatology that often accompanies the direct experience of mental health crisis and witnessing of extreme distress.

This data will help to test hypothesised mechanisms across a range of contexts using “real time” data, contextualised through the mediums the participants chose to share their information that might not otherwise be heard or captured.

Intervention Type
Behavioural

Primary outcome(s)
The Strengths and Difficulties Questionnaire (SDQ; routinely employed screening and outcome measure in CAMHS) will be used at T1 (as soon after the initial call out as possible) and T3 (6 months)

Key secondary outcome(s)
1. Measures of wellbeing will be measured at baseline, 3 months, and 6 months
2. Ratings of care will be measured at baseline, 3 months, and 6 months
The measures will be informed by the realist review currently being conducted. Specific information about the questionnaires being used will be updated once confirmed.
3. Cost consequence analysis outcomes will be measured using patient records at baseline, 3 months, and 6 months.

Completion date
28/02/2027

Eligibility

Key inclusion criteria
1. Children and young people aged 5 - 18 years
2. Parents/carers of young people who have experienced support for a mental health crisis
3. All genders
4. Experience with a response to a mental health crisis

Participant type(s)
Patient, Health professional, Service user

Healthy volunteers allowed
No

Age group
Child

Lower age limit
5 Years

Upper age limit
18 Years

Sex
All

Key exclusion criteria

Generally, people with no connection to emergency mental healthcare or experience of a mental health crisis, directly or indirectly. We do not anticipate young people under the age of 16-years-old will be involved as stakeholders, although young people under 16-years are welcome to become participants, according to appropriate guidelines and ability to provide informed consent/assent. We will develop study specific distress protocols and signposting information for young people and families, and colleagues throughout the study to support wellbeing.

Date of first enrolment
01/11/2024

Date of final enrolment
31/10/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Pennine Care NHS Foundation Trust
225 Old Street
Ashton-under-lyne
United Kingdom
OL6 7SR

Study participating centre
Manchester University NHS Foundation Trust - Comcov3 Covid19 Trials
Manchester Royal Infirmary
Oxford Road
Manchester
United Kingdom
M13 9WL

Study participating centre
Greater Manchester Mental Health NHS Foundation Trust
Prestwich Hospital
Bury New Road
Prestwich
Manchester
United Kingdom
M25 3BL

Sponsor information

Organisation
Pennine Care NHS Foundation Trust

ROR
https://ror.org/03t59pc95

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes