ISRCTN11501328 https://doi.org/10.1186/ISRCTN11501328

CRIMSON Study: Randomised controlled trial (RCT) of Joint Crisis Plans to reduce compulsory treatment of people with psychosis

Submission date	Recruitment status	[X] Prospectively registered
15/02/2008	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
13/03/2008	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
28/11/2017	Mental and Behavioural Disorders	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof Graham Thornicroft

Contact details
Head of Health Service and Population Research Department
PO 29 Section of Community Mental Health
King's College London
Institute of Psychiatry
De Crespigny Park
London
United Kingdom
SE5 8AF
-
Graham.Thornicroft@iop.kcl.ac.uk

Additional identifiers

Protocol serial number
G0601660

Study information

Scientific Title
CRIMSON Study: Randomised controlled trial (RCT) of Joint Crisis Plans to reduce compulsory treatment of people with psychosis

Acronym
CRIMSON

Study objectives
The hypotheses to be tested are whether, compared with treatment as usual, Joint Crisis Plans improve: the proportion of service users treated under a section of the Mental Health Act, total costs, perceived coercion, service user engagement with mental health services, therapeutic alliance, and use of the Mental Health Act for the Black service users.

More details can be found at: http://www.mrc.ac.uk/ResearchPortfolio/Grant/Record.htm?GrantRef=G0601660&CaseId=9012

Ethics approval required
Old ethics approval format

Ethics approval(s)
This study has been reviewed and approved by King's College Hospital Research Ethics Committee (ref: 07/h0808/174)

Primary study design
Interventional

Study design
Individual-level single-blind randomised controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Psychosis

Interventions
Service users under the care of community services in each of the participating inner-city sites (Birmingham, London and Manchester/Lancashire) will be identified by CPA and IT record systems and Care Co-ordinator case lists. Participants will be randomised to control or intervention. Those randomised to the intervention group will develop a Joint Crisis Plan. Those randomised to the control group, will continue to receive treatment as usual.

The Joint Crisis Plan (JCP) intervention aims to empower the holder and to facilitate early detection and treatment of relapse. It is developed by a mental health service user in collaboration with staff with the assistance of an independent facilitator. Held by the service user, it contains his or her treatment preferences for any future psychiatric emergency, when he or she may be too unwell to express clear views. The JCP format has developed over the last decade after widespread consultation with national service user groups, interviews with organisations and individuals using JCPs, and after detailed developmental work with service users in South London.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Proportion of service users admitted or otherwise subsequently detained under an order of the Mental Health Act during the follow-up period (18 months)

Key secondary outcome(s)
1. Cost
2. Perceived coercion, assessed at baseline and at follow-up (18 months post baseline) using the Treatment Experience Survey (questionnaire) delivered at interview
3. Engagement with mental health services, assessed at baseline and follow-up (18 months post baseline) using the Engagement and Acceptance Scale (questionnaire) delivered at interview
4. Therapeutic relationship for service users and staff, assessed at baseline and follow-up (18 months post baseline) using the Working Alliance Inventory (questionnaire) delivered at interview

Completion date
30/11/2011

Eligibility

Key inclusion criteria
Eligible service users will have the following:
1. Contact with a local Community Mental Health Team (CMHT) (will include assertive outreach teams, early intervention teams, and community forensic teams, but not home treatment teams.)
2. Have been admitted to a psychiatric in-patient service at least once in the previous two years
3. Have a diagnosis of psychotic illness, including bipolar affective disorder (using Operational Criteria Checklist OPCRIT 47)
4. Be on the local NHS Trust Enhanced Care Programme Approach (CPA) Register

We shall include service users who do not speak English. For non-English speakers, both written translation and interpreters are needed. and we shall employ interpreters in French, Portuguese and some West African languages as required, and will be examined at the pilot stage.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Those unable to give informed consent
2. Current in-patients will not be recruited to avoid any perceived potential coercion to participate, nor any patient subject to a compulsory community treatment order

Note: No other exclusions will be made, to maximise the external validity of the trial.

Date of first enrolment
01/04/2008

Date of final enrolment
30/11/2011

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Head of Health Service and Population Research Department
London
United Kingdom
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 (UK)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

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	11/05/2013		Yes	No
Results article	economic results	25/11/2013		Yes	No
Results article	results	24/11/2017		Yes	No
Protocol article	protocol	05/11/2010		Yes	No