

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

<b>Submission date</b> 22/05/2024	<b>Recruitment status</b> Recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 29/05/2024	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 24/04/2025	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

## Plain English Summary

### 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](mailto:zarah.eve@nhs.net)

Dr Sarah Parry, [sarah.parry@nhs.net](mailto:sarah.parry@nhs.net)

**Study website**

<https://www.penninecare.nhs.uk/care-responders>

## Contact information

**Type(s)**

Principal Investigator

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**Type(s)**

Public, Scientific

**Contact name**

Dr Zarah Eve

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**Additional identifiers****EudraCT/CTIS number**

Nil known

**IRAS number**

332304

**ClinicalTrials.gov number**

Nil known

**Secondary identifying numbers**

IRAS 332304, NIHR158509, CPMS 57762

**Study information****Scientific Title**

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

**Acronym**

MHJRC

## **Study hypothesis**

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

## **Study design**

Multicentre realist evaluation using mixed-methods data collection methods

## **Primary study design**

Observational

## **Secondary study design**

Mixed methods

## **Study setting(s)**

Community, Home, Medical and other records

## **Study type(s)**

Quality of life, Treatment, Efficacy

## **Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet.

## **Condition**

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 officers 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 measure**

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)

## **Secondary outcome measures**

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.

## **Overall study start date**

01/03/2024

## **Overall study end date**

28/02/2027

# **Eligibility**

## **Participant 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

**Age group**

Child

**Lower age limit**

5 Years

**Upper age limit**

18 Years

**Sex**

Both

**Target number of participants**

50 Treatment as usual Children/young people, 50 Treatment as usual Parents/carers, 50 Intervention Children/young people, 50 Intervention Parents/carers

**Participant 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.

**Recruitment start date**

01/11/2024

**Recruitment end date**

31/10/2026

## **Locations**

**Countries of recruitment**

England

United Kingdom

**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

### **Sponsor details**

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### **Sponsor type**

Hospital/treatment centre

### **Website**

<https://www.penninecare.nhs.uk/research/young-people>

### **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

**Publication and dissemination plan**

Planned publication in a peer-reviewed journal. Dissemination theatre events.

**Intention to publish date**

01/02/2028

**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