

EFFICACY, SATISFACTION INDEX, RISKS, COST-EFFECTIVENESS, AND GATE-KEEPING OF A CRISIS RESOLUTION AND HOME TREATMENT TEAM IN TICINO: RUNNING INNOVATION IN CARE OF MENTAL HEALTH CRISES IN SWITZERLAND

Luca Crivelli,¹ Wolfram Kawohl,² Emiliano Albanese³

Project team: Maria Caiata Zufferey,¹ Angela Lisi,¹ Mario Lucchini,¹ Emiliano Soldini¹

¹Dep. of Business Economics, Health and Social Care, SUPSI; ²Centre for Social Psychiatry, University of Zürich; ³Dep. of Psychiatry, University of Geneva

Challenges and Goals

There is a growing consensus that integrating psychiatric care in the community can reduce hospital admissions, allow patients' own resources to be put to better use and improve support for the patients' families. Crisis resolution home treatment (CRHT) promotes community care. However, evidence on the cost-effectiveness and on the factors governing the success of this approach is still limited.

This study aims to analyze the feasibility, acceptability, efficacy, and cost-effectiveness of an innovative CRHT for patients undergoing mental health crises in Ticino.

The Intervention

In April 2016, the Cantonal Psychiatric Clinic in Mendrisio closed one of its acute wards and established a crisis resolution team service for patients undergoing mental health crises in order to deliver daily psychiatric care directly at their homes. The team can assist up to 14 patients, ~~discharge~~ with acute mental illness and requiring hospital admission, except in the case of compulsory admission, high risk of suicide or self-harm, and alcohol or drug use disorders. This intervention occurs in a quasi-experimental setting, since patients from one district (Bellinzona/Valli) are assigned to the CRHT and are defined as the intervention group, while those from all other districts in Ticino receive care as usual (i.e. hospitalisation).



The CRHT in Ticino can be conceived as a complex intervention aimed at all patients with acute mental health crises. The development of this intervention involved clinicians, health professionals, healthcare administrators, and researchers. Its development, evaluation and implementation comply with the UK Medical Research Council (MRC) framework for complex interventions to improve health.

Research Questions and Methods

	Study 1		Study 2
Research Question	Is CRHT clinically efficacious?	Is CRHT cost-effective?	Under which conditions is CRHT acceptable and feasible for patients, family members and health professionals?
Approach	Non-randomized, quasi-experimental, community, controlled, pragmatic trial	Cost-effectiveness evaluation and modeling of direct and indirect costs	Systematic qualitative research using a Grounded Theory approach
Participants	142 patients in each arm of the study, followed up during the duration of treatment, and at two-year for long-term outcomes		Subsample of patients comprising some who completed the CRHT and others who withdrew the CRHT + their family members + the CRHT team
Data Collection	Standard clinical assessments conducted before and after the intervention, and indicators of health service use, harm and care satisfaction	Standard measures of direct and indirect costs of illness during and after treatment	Individual, semi-structured interviews with patients and family members after the patient's discharge + focus groups with the CRHT team
Analysis	Generalized Linear Regression models to compare changes over time between groups	Statistical and economic evaluation	Qualitative inductive analysis based on the constant comparative method

Impact

The study aims to inform evidence-based Cantonal and Federal policy decisions at the health system level with respect to safety, acceptability (i.e. patients' values and preferences), and cost-effectiveness of CRHT; the link with programs and research in other Swiss Cantons is expected to increase the external validity of the findings.