

Supplementary material 13:
Characteristics of inpatient programmes for crisis care

Model Country Location	Population served	Referral source LoS	Family Involvement	Team members Team training	Onward Referral	Therapeutic approach
Crisis Unit for Adolescents and Young Adults Ottino 1999 ¹ USA	CYP 21-26 years who had attempted suicide or felt the desire to commit suicide	Referred from any source and a 24-hour crisis telephone line for the public LoS: mean 15 days	Yes	15 persons Psychiatric nurses Psychiatrists Psychologist SW specialising in family therapy Team training: NR	Almost always referred to a psychotherapist to continue treatment as an outpatient	Intensive psychoanalytic crisis treatment
New Beginning Crisis Recovery Model Kaplan and Racussen 2013 ² UK	Adolescents 13-18 years with severe mental health problems and in need of crisis intervention	Referral sources: NR LoS: mean 42.7 days; 26 days mean for 80%	Yes	NR	NR	Recovery model of care Solution-oriented brief therapy Motivational interviewing Performance coaching
Crisis Stabilisation and Assessment Service Greenham and Bisnaire 2008 ³ Canada	Youth 7 -17 years who require hospital care due to suicidality, psychosis, severe side effects to medication, severe post traumatic reaction, severe anxiety or mood	Referred from ED or acute medical ward LoS: 72 hours	Yes	Nurses, Child and youth Counsellors Psychologists Psychiatrists SWs OTs Teachers Team training: Yes	Those receiving assessment or crisis stabilisation were discharged or transferred to another facility Others were referred for inpatient transitional care services	Youth & family centred care Brief crisis intervention, assessment or transitional care
Psychiatric- Psychotherapeutic Crisis Intervention Gunter et al. 1999 ⁴ Germany	Adolescents 13-19 years who required admission for crisis intervention	Referral source: NR LoS: 4 days	Yes	NR	Discharged home, referred to supervised residence, different child psychiatric hospital, continued	Psychoanalytically oriented focal therapy and social psychiatric crisis management

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Short-term Inpatient Crisis Stabilisation Unit Narendorf et al. 2017 ⁵ USA	YP aged 18-25 years suicidality, anxiety, depression, anger or aggression, psychotic symptoms	Referral via crisis emergency centre LoS: 3 days	NR	NR	Stated that a 'gateway to psychiatric services' for some young people but no details provided	Establishing support systems & how to get further help
Children's Comprehensive Psychiatric Emergency Programme Gerson et al. 2017 ⁶ USA	Children aged 0-18 years presenting in psychiatric crisis	Referral source: Patients at hospital's outpatients' programme, school, other clinics, private providers, family ES or police LoS: 72 hours	NR	Child psychiatrists Child psychiatric Nurses SWs Psychologists Case workers Team training: NR	Discharged with connection to outpatient care at an interim crisis clinic that provides immediate follow- up irrespective of insurance or catchment area	Admitted to the six-bed brief stabilisation unit within the CCPEP or to an inpatient psychiatric unit elsewhere No further details of treatment provided
Child & Adolescent Rapid Emergency Stabilisation (CARES) programme Rogers et al. 2015 ⁷ USA	CYP aged 5-17 years experiencing psychiatric crisis including those with highly specialised needs such as children with autistic spectrum disorders	Referred from ED Children who require additional assessment and discharge planning LoS: mean 10.8 hours	Yes	Child psychiatrist Clinician Nursing staff Team training: NR	Transfer to inpatient level of care if needed Urgent access to enhanced community-based services	Intensive psychiatric assessment, support for stabilisation, and intensive case management
Comprehensive Assessment and Response Training System Which includes a Comprehensive Assessment and Treatment Unit Mobile consultation team – the Response Training system	Adolescents aged 11-17 years who must have a severe disorder of mood, thought, or behaviour; must present an acute danger to self or others; and must be able to benefit from inpatient psychiatric hospitalisation Emotional disturbance & behavioural problems have not been	Referral source: DCFS Psychiatric Hospital Programme LoS: NR	No	Licensed clinical psychologists Licensed clinical SW OT LPN Special educator Child psychiatrist Team training: Yes	Treatment aimed at keeping adolescent in current setting When this is not possible transfer to another in-state facility is required Step-down to a group home or foster care from RTC or transition to independent living	A treatment plan is developed and executed in conjunction with all systems involved in the adolescent's Systems include family, school, church, the criminal justice system, recreational programs, and the adolescent's placement

Naylor et al. 2003 ⁸ USA	successfully managed in less restrictive settings, has caused multiple placement disruptions & endangers the adolescent's current placement A history of severe, repetitive aggression					
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Key: CARTS: Comprehensive Assessment and Response Training System; CATU: Comprehensive Assessment and Treatment Unit; CCPEP: Children's Comprehensive Psychiatric Emergency Programme; DCFS: Department of Children and Families Services; ED: emergency department; ES: emergency services; GL: graduate level; LoS: Length of stay; LPN: licensed psychiatrist nurse; MH: mental health; NR: not reported; OT: occupational therapist; RTC: residential treatment centre; RTS: Response Training System; SW: social worker; YP: young people

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