

Children and young people's acute mental health crisis support – a rapid review of the evidence



Summary

This report provides a rapid review to answer the question “What is the reported evidence on mental health crisis support for children and young people?” The review was requested by NHS Sussex who are reforming their children and young people’s mental health urgent and emergency care pathways.

Furthermore, there is a recognition that children and young people (CYP) with neurodiversity and eating disorders make up a large proportion of service users requiring crisis support, therefore some additional searches were carried out. The topic of hospital at home was also included in this literature and evidence search.

The review of the evidence considered 15 academic and grey literature sources and found some clear guidance regarding best practice on supporting CYP in crisis. In some areas such as neurodiversity or therapeutic approaches, the evidence was limited.

The key findings: (inline with the findings by Edwards et al. 2014):

- Crisis services should:
 - provide a timely response
 - be age-appropriate
 - have a single point of access
 - be accessible and available 24/7
 - be responsive and needs-led
 - involve multi-agency working
 - be staffed by suitably qualified and experienced professionals
 - involve crisis planning and risk assessment using evidence-based practice
- In emergency departments the assessment should take place in separate age-appropriate areas (quiet / non busy) by skilled professionals with appropriate training and expertise with CYP
- It is important to provide home and community-based crisis support (i.e. near where the child / young person lives)
- Work in partnership with parents, school and other organisations to detect early possible mental health vulnerabilities and to prevent crisis.

Background and methods

Children and young people’s crisis care is one of the key strategic priorities for NHS Sussex. NHS Sussex asked Health Innovation Kent Surrey and Sussex in collaboration with NIHR Applied Research Collaboration Kent Surrey and Sussex (ARC KSS) to provide a CYP crisis support literature synthesis and review of best practice and innovation horizon scan. NHS Sussex developed a task and finish group to identify key challenges and evidence-based approaches to improve its CYP mental health urgent and emergency care pathways. This included hospital at home models, step up and step down provision, and crash pad models. The focus included all CYP, with a recognition that CYP with neurodiversity and eating disorders make up a large proportion of those requiring crisis support.

The aim of this rapid evidence review was to provide a high-level literature review of mental health crisis support for children and young people including a best practice review and review of the hospital at home model. The objectives were to look at the academic literature and at grey literature to ascertain evidence on best practice.

The research question was “What is the reported evidence on mental health crisis support for children and young people?”

The search remit is the displayed in the PICO:

Population	CYP Children, Young people youth Adolesc*
Intervention	Crisis support Mental health Crisis intervention
Comparator	none
Outcomes	n/a

The searches were carried out between 8th and 24th October 2024 by Dr Marianne Markowski. Additional searches were carried out combing keywords from the PICO with the following terms:

“Autism”, “neurodiversity”, “eating disorder”, “hospital at home”, “LGBTQ”

For the academic literature the following data bases were accessed: Prospero, Cochrane, Medline, CINAHL, PsycInfo. Google scholar was also searched to compliment results from the academic databases.

For the grey literature review the following sites were accessed:

Nuffield Health, The King’s foundation, The Health foundation, Wellcome Trust, Dunhill Trust, NHS England, NICE guidelines, SIGN Guidelines and NHS Futures.

Dr Markowski scanned the titles and abstracts from the result lists and if the content appeared relevant the full article was accessed, read and included in the report. When there was uncertainty Dr Markowski consulted her colleague Stuart Jeffery, who has a clinical background.



Results

This section summarises key literature results followed by literature which has been selected and most relevant. Appendix 1 provides a table to indicate the search result numbers.

Overall, there was limited evidence found for crisis support and crisis intervention for CYP; this includes CYP with autism and eating disorders. Very little evidence was found for crisis support and crisis intervention involving CYP with neurodiversity and this might be because neurodiversity is a relatively novel term. There was a considerable amount of evidence found for the hospital at home model, yet it was less focused on CYP and mental health and mainly focused on palliative care and life limiting illnesses. However, there was some literature on the cost effectiveness and benefits of hospital at home with CYP with eating disorders (Morón-Nozaleda et al. 2023), and literature was identified on the role demands on nurses managing the hospital at home while managing the parents (Aasen et al. 2022).

Furthermore, literature showed that it is important to consider the needs of LGBTQ youth in crisis support and interventions, especially when offering peer-to-peer services (Waling et al. 2019).

There are four relevant literature reviews on CYP crisis support: Edwards et al. (2024), Eapen et al. (2024), Vusio et al. (2020), Garcia-Fernandez et al (2024). Edwards et al. (2024) is a good quality and recent literature review, pooling evidence from 138 reports, with evidence appraisal, pointing to clear recommendations. Edwards' review addresses four areas which are:

1. The organisation of crisis services for CYP aged 5–25 years, across education, health, social care and voluntary sector
2. The experiences and perceptions of CYP, their families and staff regarding mental health crisis support
3. The effectiveness of current models of mental health crisis support for CYP
4. To determine the goals of crisis intervention.

Noteworthy to highlight in this review is that there are only two points which had consistently high evidence from the literature, which are 1) the need to offer different support pathways (telephone, text and email comms) and 2) the need for out of hours availability of the phone lines. Texting is favoured by CYP due to immediate support and anonymity, ability to store and refer back to the messages, yet it can lose context and therefore needs to be operated by a highly experienced and skilled support provider (Navarro et al. 2020).

Eapen et al. (2024) evidence synthesis provided a good quality review that focusses on brief interventions for CYPs. It pools evidence from 30 reports and substantiates the benefits of brief interventions, in different settings, reducing the burden of in-patient hospitals and readmission rates to the emergency department.

Vusio et al. (2020) reviewed 19 articles and identified a number of interventions, including tele psychiatric and mobile solutions that may be effective when applied to urgent and emergency care for CYP experiencing a mental health crisis. Yet, parental and CYP experiences highlighted a number of perceived barriers associated with help-seeking from crisis services.

Garcia-Fernandez et al. (2024) carried out a systematic review covering 40 studies for psychological interventions for suicidal behaviour. Results from recent years show that Dialectical Behavior Therapy (DBT) was the most common and the only treatment to be effective for adolescents at high risk of suicide and suicide attempts. In contrast, empirical evidence for other psychological interventions focusing on deliberate self-harm (SH) is inconclusive.

There are three further literature reviews that provide further helpful information:

1. On LGBTQ CYP support, which is not crisis specific, but a useful background read as it pools findings from 88 studies (McDermott et al. 2021).
2. On CYP with autism (ASD) – findings pooled from 28 studies resulting in 4 themes (Cleary et al. 2022)
3. A review on the (generic) cost effectiveness of the hospital at home in comparison to hospitalisation (Melo et al. 2023)





Selection of relevant articles from the results lists

Literature on a CYP crisis support model

Vusio et al. (2018) evaluated the 0-19 crisis service, which is a unique model and stepping out from the regular Child and Adolescent Mental Health Services (CAMHS) form of service. It merges primary care mental health services with specialist community CYP mental health services into a single point of access, to which young people can self-refer.

Literature on CYP suicide crisis – cluster response group

Hawton et al. (2020) describe the benefits of a cluster response group (for example as response to a public suicide by an influencer which other young people might want to copy). The response should include bereavement support, provision of help for vulnerable individuals, proactive engagement with media interest, population and prevention approaches and support.

Literature on CYP crisis support – text messages communication

Thompson et al. (2018) investigated the CYP help-seeking behaviour using the Crisis Text Line in the US. Rural communities, particularly those with low help-seeking behaviour and comparatively high suicide rates, should be the target of future research and outreach.

Navarro et al. (2020) researched text-based online counselling in the US. Although only a small study with nine e-mental health professionals, it lists enablers and barrier to text communications and crisis support.

Literature on CYP ASD and mental health (generic)

Kuriakose et al. (2018) evaluated the effectiveness of the autism spectrum disorder (ASD)-care pathway in a public hospital psychiatric service. Using this pathway reduced the average length of hospital stay by 40% and the use of crisis interventions decreased by 77%.

Kalb (2017) investigated in his doctoral research the mental health crisis in youth with ASD. He found that youth with ASD were at increased risk of visiting emergency departments for psychiatric purposes. The Mental Health Crisis assessment scale (MCAS) has the potential to identify youth with ASD at-risk for experiencing a mental health crisis. Systemic, Therapeutic, Assessment, Resources, Treatment (START) program is promising for caregivers and service user.

Literature on LGBTQ youth mental health and suicide

Srivastava et al. (2020) found that gender non-conforming (GNC) youth had a 1.95 to 2.57 higher odds of being at risk of suicide and having mental health needs compared with the general youth population.

Goldbach et al. (2018) study showed that LGBT-specific crisis services appear to play an important role in suicide prevention.

The grey literature flagged up some useful background literature such as:

The Health Foundation: What is happening to young people's mental health? – a blog which emphasised that “children and young people from more socioeconomically deprived backgrounds are more likely to experience a ‘probable mental disorder’.”

The Kings Fund Mental Health 360: children and young people – this article shows recent numbers of young people in mental health need.





Wellcome Trust: The digital tools using data to revolutionise mental health research – an article which offers three data driven health science tools: Harmony, DigiCAT, School Health Research Network dashboard and an emphasis on collaboration and lived experience.

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Guidelines 2025: a comprehensive document listing the 2025 U.S. National Guidelines for a Behavioral Health Coordinated System of Crisis Care, which confirm the key findings of this review in respect to the management of CYP in crisis.

Conclusion

This evidence review reveals key gaps in the literature on crisis support and intervention for children and young people (CYP), particularly those with autism, eating disorders, and neurodiverse needs. While some relevant evidence exists, especially around hospital at home models, much of it focuses on physical health or palliative care rather than mental health crises in CYP. Limited but promising evidence suggests potential benefits of this model for CYP with eating disorders, particularly in terms of cost-effectiveness and reducing hospital strain.

Recent literature reviews, especially Edwards et al. (2024), provide strong and comprehensive findings on the organisation, delivery, and outcomes of crisis services. Two consistently supported recommendations include offering varied communication methods—such as text, phone, and email—and ensuring out-of-hours accessibility. Text messaging is particularly valued by CYP for its privacy and immediacy, though it requires skilled handling due to its limitations in conveying cues in comparison to face to face or telephone support.

Targeted support for specific groups, such as LGBTQ youth and those with ASD, is increasingly recognised as essential. Evidence shows higher risk levels in these populations and highlights the importance of inclusive, identity-affirming, and peer-based services. However, the broader evidence base for these subgroups remains underdeveloped.

In summary, while there are encouraging signs of innovation and effective practice, the current evidence base is fragmented. Further research is needed to evaluate models that are inclusive, accessible, and adaptable to the diverse needs of CYP, with greater emphasis on lived experience and co-designed approaches.

Limitations

This evidence review cannot claim that the searches and keywords captured all evidence that is available. However, this report aims to give the reader guidance and some indication on the current existing evidence.

Appendix 1: Overview of results number with the academic databases

Search string	Medline	CINAHL	APA PsycINFO
Children or adolescents or youth or child or teenager And mental health And "crisis intervention" or "crisis support" AB Limiter last 10 years, articles	31 results	1 result	37 results
children or adolescents or youth or child or teenager and "hospital at home" and "crisis intervention" or "crisis support"	0	0	3
children or adolescents or youth or child or teenager and "Hospital at home" and "mental health"	0	5	3
children or adolescents or youth or child or teenager and "hospital at home" AB Limiter last 10 years, articles	17	150	44
children or adolescents or youth or child or teenager and eating disorders or anorexia or bulimia or disordered eating and "crisis intervention" or "crisis support"	0	0	0
children or adolescents or youth or child or teenager and eating disorders and "crisis intervention" or "crisis support"	0	0	7 (all pre 2010)
children or adolescents or youth or child or teenager and autism and "crisis intervention" or "crisis support"	1	1	2
children or adolescents or youth or child or teenager and neurodiversity and "crisis intervention" or "crisis support"	0	0	0

Appendix 2: Authors and contributors

Dr Marianne Markowski, Research Fellow, Institute for Lifecourse Development, University of Greenwich

Stuart Jeffery, Senior Research Fellow, Centre for Health Service Studies, University of Kent

Lucie Hooper, Evidence Synthesis and Knowledge Mobilisation Lead, NIHR Applied Research Collaboration Kent Surrey Sussex and Research and Innovation Lead, Health Innovation Kent Surrey Sussex

References

Aasen, L., Johannessen, A. K., Ruud Knutsen, I., & Werner, A. (2022). Negotiating safety and responsibility in caregiving to children receiving hospital-at-home: A Norwegian study of parents and homecare nurses' experiences. *Health & Social Care in the Community*, 30(6)

Cleary, M., West, S., Hunt, G. E., McLean, L., Hungerford, C., & Kornhaber, R. (2022). How people with autism access mental health services specifically suicide hotlines and crisis support services, and current approaches to mental health care: A scoping review. *Issues in Mental Health Nursing*, 43(12), 1093- 1106.

Edwards, D., Carrier, J., Csontos, J., Evans, N., Elliott, M., Gillen, E., ... & Williams, L. (2024). Crisis responses for children and young people—a systematic review of effectiveness, experiences and service organisation (CAMH-Crisis). *Child and Adolescent Mental Health*, 29(1), 70-83.

Eapen, V., Gerstl, B., Ahinkorah, B. O., John, J. R., Hawker, P., Nguyen, T. P., ... & Bowden, M. (2024). Evidence-based brief interventions targeting acute mental health presentations for children and adolescents: systematic review. *BJPsych Open*, 10(3), e78.

García-Fernández, A., Bobes-Bascarán, T., MartínezCao, C., González-Blanco, L., Fernández-Fernández, J., Zurrón-Madera, P., ... & Sáiz, P. A. (2024). Psychological interventions for suicidal behavior in adolescents: a comprehensive systematic review. *Translational Psychiatry*, 14(1), 438.

Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshal, M. P. (2019). Is there a need for LGBT-specific suicide crisis services? *Crisis* 40(3), 203-208.

Hawton, K., Hill, N. T., Gould, M., John, A., Lascelles, K., & Robinson, J. (2020). Clustering of suicides in children and adolescents. *The Lancet Child & Adolescent Health*, 4(1), 58-67

Kalb, L. G. (2017). *Mental Health Crises in Youth with Autism Spectrum Disorder* (Doctoral dissertation, Johns Hopkins University).

Kuriakose, S., Filton, B., Marr, M., Okparaekwe, E., Cervantes, P., Siegel, M., Horwitz, S., & Havens, J. (2018). Does an autism spectrum disorder care pathway improve care for children and adolescents with asd in inpatient psychiatric units? *Journal of Autism and Developmental Disorders*, 48.

McDermott, E., Eastham, R., Hughes, E., Pattinson, E., Johnson, K., Davis, S., ... & Jenzen, O. (2021). Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review. *SSM-mental health*, 1, 100004.

Melo, M. I., Prata, A. P., & Santos, M. R. (2023). Hospital-at-home vs. Hospitalization, the cost-effective model: a systematic review of literature. *Millenium*, (22), 2.

Morón-Nozaleda, M. G., Yáñez, S., Camarneiro, R. A., Gutiérrez-Priego, S., Muñoz-Domenjó, A., García-López, C., ... & Graell, M. (2023). Feasibility and acceptability of a hospital-at-home program for adolescents with eating disorders: Making progress in community/family-based treatments. *International journal of eating disorders*, 56(4), 790-795.

Navarro, P., Sheffield, J., Edirippulige, S., & Bambling, M. (2020). Exploring mental health professionals' perspectives of text-based online counseling effectiveness with young people: Mixed methods pilot study. *JMIR mental health*, 7(1), e15564.

Srivastava, A., Davis, J. P., & Goldbach, J. T. (2020). Gender and sexual identities predicting patterns of co-occurring health risks among sexual minority youth: A latent class analysis approach. *Prevention science*, 21, 908-916.

Substance Abuse and Mental Health Administration: 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care. PEP24-01- 037: Substance Abuse and Mental Health Services Administration, 2025 available at: <https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf>

Thompson, L. K., Sugg, M. M., & Runkle, J. R. (2018). Adolescents in crisis: A geographic exploration of help seeking behavior using data from Crisis Text Line. *Social science & medicine*, 215, 69-79.

Vusio, F., Thompson, A., Birchwood, M., & Clarke, L. (2020). Experiences and satisfaction of children, young people and their parents with alternative mental health models to inpatient settings: a systematic review. *European Child & Adolescent Psychiatry*, 29(12), 1621-1633.

Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. (2019). Understanding LGBTI+ lives in crisis. Bundoora, VIC & Canberra, ACT: Australian Research Centre in Sex, Health and Society, La Trobe University & Lifeline Australia. Monograph 112. DOI: 10.26181/5e782ca96e285.

This research was funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent, Surrey and Sussex. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.