

**TURNING  
POINT**  
inspired by possibility



# Recovery in Crisis Intervention

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**November 2014**



# Crisis Presentations: What are we dealing with?

- **Presentation Clusters**
- **Crisis Interventions**
- **Constructive Journeys Through Crisis**
- **Case study: Cross Agency Working**

# Presentation Clusters



- **Victimisation**
- **Family & other relationship problems**
- **Flashbacks and other affects of past trauma**
- **Overwhelming positive symptoms**
- **Sexual or otherwise violent assault**
- **Bereavement or other loss (job, home, relationship)**
- **Psychiatric: recent diagnosis, change in medication, not taking medication**
- **No contact with services: first presentation, disengaged from services, no knowledge of services available.**

## ***May result in:***

**Anxiety & panic, isolation, substance misuse, self harm, suicide ideation and suicide attempts, increase in voices or other symptoms, depression, anger, paranoia.**

# Key Elements In Crisis Intervention



- 1) Prompt intervention
- 2) Collaboration and involvement
- 3) Focused work
- 4) Cross-agency working
- 5) Post crisis support
- 6) Opportunities for involvement/promoting long term recovery.

# Constructive Journeys through Crisis



**Typical stages with positive intervention:**

- 1. Overwhelmed**
- 2. Developing understanding**
- 3. Developing Hope**
- 4. Learning and application**

# Cross-agency working

## Case study: R



### **Feedback from a senior practitioner from Manchester's South MHHT:**

“I assessed R at her home address on the day of her admission to Crisis Point... I was considering contacting the ambulance service and the police to ensure her conveyance to a safe place. This would have been very stressful for R, it would have damaged her relationship with mental health services and been unnecessarily damaging to her mental state... I discussed my concerns with staff at Crisis Point. They gave reassurance that they were familiar with this client, and they were of the opinion that she could be managed effectively. On balance this seemed like the best option open to us as R was eager to be admitted to Crisis Point. I had witnessed R becoming visibly more settled during phone discussions with staff at your service during the assessment process...In summary my opinion is that The Home Treatment Team and Crisis Point worked well together to avert a hospital admission which would have been stressful and potentially damaging to this client... Your service is invaluable. I am certain there are many other hospital admissions that have been averted over the last few years.”

R also wrote a letter to the Crisis Point team: “I was in crisis at Christmas and luckily I was accepted at Crisis Point, unaware I was ready to be admitted to a psychiatric ward, which would have not been helpful, going on past experience... I truly cannot thank the service enough for their commitment to me... if I were to go into hospital I probably would be there for months and be distraught and it does not help.”

# Crisis Point



- **An open-access service for people 18-65 providing:**
  - Short stay residential support
  - One-to-one support service
  - Sign posting advice
  
- **Our referrals come from individuals, friends & family members, GPs, the NHS, CRTs, CRHTs, other mental health service & voluntary organisation.**



# Points to consider



- **What crisis support is available in your local areas? How easy is it to access?**
  - Helplines, NHS services, Crisis Houses
  
- **What happens when intervention is delayed?**
  - What are the short and longer term consequences?
  - Crisis Intervention vs. Crisis Survival
  
- **No one service has the capacity to meet all crisis needs**
  - How can shared working be improved?
  - Is there a role for a link worker?
  
- **What post crisis support do you have in place?**
  - Community Resources, Peer Support, Involvement Opportunities.

# Any questions?

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