

The Voluntary and Community Sector's role in supporting better mental health crisis care

MHPF

National Alliance of Voluntary
Sector Mental Health Providers

Context

When considering the best way forward in terms of improving mental health crisis care there needs to be an understanding of the issues in terms of human health, the wider system and finance.

- There is an over reliance on hospital care, this is something that needs to change
- The mental health in-patient beds and community crisis services are in heavy demand. Beds can be hard to access, with people going out of area, hospital stays need reducing, and community crisis services under pressure.
- Community crisis support is often offered too late and is hard to get
- There is often poor choice regarding locality with in-patient crisis care being offered a long way from a person's home
- There is limited choice in the range of crisis interventions.
- The need to move on for individuals is also problematic and difficult to access the right pathway

System and Finance

- Funding cuts in social care impacts on the ability of hospitals to discharge
- There are issues regarding join up across health and social care, integration is far from a reality across the country
- Although there are examples of good practice with CCGs, Voluntary and Community Sector and other stakeholders working together on pathways of care, there is still a fragmented commissioning system and lack of skills when engaging with providers
- Providers know how to deliver a good range of services and what to do, whatever their background, and are able to add value to services commissioned through the NHS with both voluntary and other sourced funding.

The Voluntary and Community Sector (VCS) needs to be a part of solution

The VCS is well established in the mental health system, understands the issues and the solutions and can evidence innovation and good practice. The VCS needs to be recognised as an integral part of this system change and future planning in order for the system to work better together.

VCS agencies are very skilled at assertive engagement, offering welcoming spaces/services, working with people who have complex needs. These skills are essential within any crisis response pathway. We would welcome working with NHSE on this and listening to our expertise

Crisis Care Concordat

The Crisis Care Concordat is bringing about a much needed focus and transformation to the system of care and support for people in mental health crisis.

This agenda has received welcome government support over the last year and we look forward to 2015/2016, a year in which organisations will focus on the implementation of action plans to deliver local commitments, as set out in their Crisis Care Concordat declarations.

MHPF: Crisis Care

MHPF as a supporter of the Crisis Care Concordat, fully signs up to the importance of collaboration and alliances to deliver better crisis care.

We must also ensure that all parts of the system are focused on providing support and interventions that can prevent or minimise the need for crisis services.

The Crisis Care Concordat states that:

"...responses to people in crisis should be the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual."

Looking Forward

MHPF believes that, to achieve this, commissioners and providers must look to develop a broader range of options for people who require an urgent response; 'an urgent mental health care need is one which may subjectively be viewed in a variety of ways and which may require a variety of responses in order that this need is met and escalation is (appropriately) avoided' (Newcastle and Gateshead Mental Health Programme Board, October 2014).

This reference to a more user focused definition of what might be deemed a 'crisis situation' is important if we are to provide more options in how we might respond. When the term 'Crisis service' is used, there is often an automatic assumption made that this will be about Crisis and Home treatment teams, 'places of safety' or S136 and when needed, implementation of the Mental Health Act, most commonly in an urgent care hospital ward. These highly specialised services will of course remain essential when risk is at its highest, so that we have the relevant facilities and expertise available.

However, there are other, cost efficient alternative and/or complementary options that can support those deemed to be 'at risk of' or of 'being in' crisis, and the VCS has a key role to play!

The VCS embraces the need for improved crisis support and is well placed to offer community-based alternatives, tailored to an individual's needs. The sector is already providing innovative services with care and support options that enable people to get what they need, when they need it. The reach of these services offers improved access to the most appropriate support.

These community based services can offer small numbers of beds aimed at short stays often supported by the increasing use of 'street triage', with the services closely aligned to and supported by Crisis Resolution/Home Treatment teams.

MHPF want to promote the development of the following:

- Clinically supported community units - Small scale accommodation projects, where interventions and support are supervised/provided by health care professionals (e.g. nursing staff available 24hrs) and support staff (including peer support capacity). These are often referred to as 'crisis houses', 'stepdown' services or 'staying well beds' and can be ideal in providing short term accommodation and support when detention under MHA is not required. Many people do not realise that there are already a number of voluntary and community providers offering clinically supported services either in partnership with NHS providers or in their own right. Often our members can offer services that are particularly suitable for people in crisis situations due to flexibility, ease of access and linkage with home and community.
- Non clinically supported community units. As above but without 24 hour professional healthcare staff present and therefore aimed at those deemed at less risk. Most voluntary and community providers are not only well versed in this kind of individualised support but also have a variety of responsive

services and solutions ready to tailor to meet this service need. This type of service can be very useful as step-down from hospital, reducing length of hospital stay and also supporting people back into normal routines.

- Peer Led Support - Provided mainly by 'experts by experience' or 'peer-support workers'. These individuals can work closely with Crisis Resolution Home Treatment teams, and can play an integral role. There are also examples of locally based community crisis support services similar to the models above that are wholly user led. For many people at the point of crisis, the key to engagement can be by feeling kinship and hope from others who have moved through similar crisis points. Several of our members are peer led organisations, or providers delivering peer led interventions and services.

Reference: <http://www.jcpmh.info/commissioning-tools/cases-for-change/crisis/what-works/crisis-houses>

MHPF also believe that support within the home or in a more homely environment:

- Can be less stigmatising and stressful for the individual, family and friends
- Can provide an 'open door' policy, with freedom for the individual to come and go and a broader approach to what is considered as admission 'criteria'.
- Can support maintenance of daily living skills

Evidencing the Voluntary and Community Sector contribution

There are a number of examples of high quality services and innovative practice but they tend to sit in isolation, either geographically or within individual sectors of provision, rather than acting as exemplars to drive large scale change.

We do not expect there to be a defined national generic model, but the clear promotion of a wider range of options to be considered as potential additions to, or reconfiguration of, local mental health services.

Crisis housing models – The opportunities the Voluntary and Community Sector brings

The voluntary sector understands the approaches required for good crisis support and how to address these in relation to:

Risk Management

- How to assess correct level of risk
- Good sharing of risk and non-defensive practice that reduces risk management through containment – by physical or chemical means

Demand management and capacity

- Particularly for people diagnosed with Personality Disorder

Joint Working and inter-agency trust

- Clarity of function and place in the pathway
- Appropriate information sharing and governance

The VCS sector is ready to have constructive discussions about developing and providing these service options to support our statutory colleagues in meeting the challenge ahead.

MHPF requires NHSE support in conveying this message and providing a steer to statutory health & social care commissioners and providers that the sector can play a meaningful role in meeting a range of urgent needs.