



The Quality Network for Crisis Resolution and Home Treatment Teams Official Newsletter

Edited by
Tia Thompson-Sangster
Project Officer, QNCRRHTT

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WELCOME



Welcome to the Autumn/Winter 2020 edition of the QNCRRHTT (HTAS) newsletter.

In a year of adversity and change, crisis resolution and home treatment teams (CRHTTs) across the UK have had to quickly adapt to a new way of working.

QNCRRHTT want to recognise and thank all CRHTTs for their hard work and dedication to providing the best possible service in these uncertain times. We also want to thank all members for quickly adapting to any changes the network has had to make in the past few months.

The QNCRRHTT team have had a busy year! We've held a range of online events, training sessions and webinars, including a 'Suicide Prevention' special interest day on 29 September and our 8th Annual Forum.

We thank you all for being involved in the network and wish you a Merry Christmas and a happy new year!

An update on QNCRHTT

During this period of unprecedented disruption and anxieties caused by the Covid-19 pandemic, I wanted to highlight key development and initiatives undertaken by the Quality Network (QNCRHTT) over the last year with the aim to support the clinicians and teams.

Coronavirus pandemic: The pandemic caused significant and rapid disruption to our normal ways of working. The entire NHS had to rise to the challenge and make rapid and unprecedented changes to practices. Needless to say, the CRHT services remain central to the acute mental health care pathway. During the pandemic, there has been a far greater need for home treatment than ever before. The quality network provided support by organising webinars and provided guidance on the principles of clinically safe and ethical practices in response to the pandemic. Together with other useful resources, a summary of webinars are available on the newly established [Knowledge hub](#).

Suicide prevention: In September, we organised a special interest day focusing on suicide prevention. This was very well attended albeit in virtual settings. Whilst suicide prevention is

BY PRANVEER SINGH,
Consultant Psychiatrist, Essex
Partnership University NHS Foundation
Trust and Chair of the QNCRHTT
Advisory Group

everyone's business, the role of CRHT's are of utmost importance with our services now being a priority for suicide prevention.

Our aim was to ensure that the event provided a platform for continuous professional development, discussing best practices and guidance on their implementation. The feedback reflected that the event was well received and the attendees took home key messages.



Development of CRHT best practice guidelines: The NHSE's Five Year Forward View provided a much welcome development consisting of expansion in crisis resolution and home treatment services. It recognises that within the country there are differing models and areas of good practice. To ensure that CRHT's provide high quality and evidence based care in line with the

new developments, the quality network has been leading the development of CRHT best practice guidelines.

The expert reference group has included various MDT professionals from the network and representatives from the NHSE. The guidance will provide a model framework that could be implemented within individual services that provide urgent and emergency response, crisis resolution and home treatment to people experiencing a mental health crisis.

Annual Forum: The Annual Forum is organised every year to share areas of good practice within our services. We organised it virtually for the first time. We learned about patient centred care, positive risk taking, updates on commissioning services, management of patients on a distress pathway and improving patient and carer involvement (*read more on pg 10*).

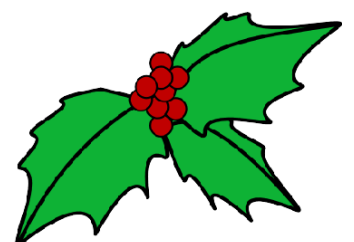
National report: Since the last report in 2015, membership within QNCRHTT has grown from 26 teams to over 56 teams. The standards set by the HTAS have continued to evolve to ensure robust evidence based practices are at the forefront of crisis resolution and home treatment. The report has been published this month and provides recommendations based on the data provided by the teams. (*read more on pg 5*).

QNCRHTT title: In order to ensure that the emphasis remain on quality improvement and the core functions of teams are reflected in the Designation, HTAS has adopted the title of QNCRHTT (Quality Network for Crisis Resolution and Home Treatment Teams). With the expansion of services, the plans are to produce quality improvement work and standards for the newly established and emerging 24/7 crisis response function (*read more on pg 4*).

The need to support people in crisis has been even more apparent and has been a priority during the pandemic. CRHT's are at the forefront of delivering acute mental health care services. The hard work and responsiveness of the clinicians in ensuring that patients continue to receive support and treatment from CRHT services has been widely acknowledged. We must rightfully take pride in what we have been able to achieve in these unprecedented times.

On behalf of the quality network team, I wish you a Merry Christmas and a Happy New Year.

With very best wishes,
Pranveer Singh



Rebranding!

We are delighted to announce that HTAS are rebranding to become the Quality Network for Crisis Resolution and Home Treatment Teams or QNCRHTT for short!

With our new name we intend to capture the comprehensive nature of the network:

- The network works with both Crisis Resolution Teams and Home Treatment Teams.
- We want to encourage and promote the ongoing quality improvement within services.
- The network has a developmental option available for teams wanting to focus on quality improvement, but not yet ready to be presented to the accreditation committee.

The QNCRHTT team reassures all members that this rebranding will not affect the review or accreditation process.

Teams granted accreditation under HTAS will remain accredited under QNCRHTT.

VIRTUAL PEER-REVIEW TOP TIPS!

- Background - Ensure no confidential information can be seen.
- Breaks - The QNCRHTT representative will schedule short breaks throughout the day. Try to step away from the computer and move around during this time.
- Join early - Aim to join the meeting at least 5 minutes early.
- Quiet room - Sit in a room with minimal distractions

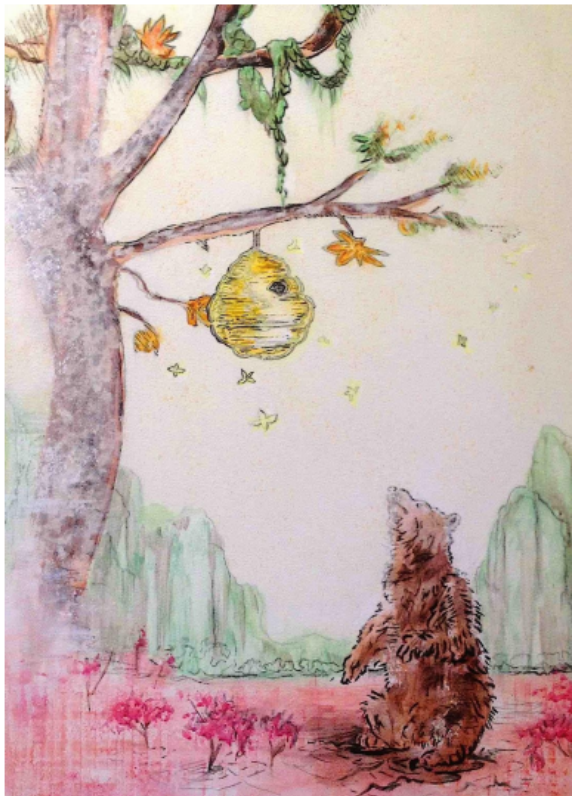


QNCRHTT National Report

QNCRHTT are very excited to share our 2020 National Report!

The report explores 28 crisis resolution and home treatment teams and their performance in relation to the 3rd edition of HTAS standards. Recommendations to meet HTAS standards and improve CRHTTs are provided within the report.

[Read the full report here on the College website.](#)



**Home Treatment Accreditation Scheme
National Report 2020**

Some key findings:

- Teams had a mean caseload of 33 patients.
- On average, teams met 90% of the HTAS standards following the team's peer-review visit.
- Teams met 50 of 55 standards (92%) regarding service provision and structure.
- Teams met 43 of 52 standards (83%) in the section regarding staff appraisal and supervision.
- Teams also met 46 of 49 standards (95%) in the section 'assessment, care planning and transfer of discharge'.
- On average teams met 50 of 61 standards (89%) regarding interventions.

Covid-19 – The impact of caring during a global pandemic

BY INGRID BALDWIN

Carer Representative, QNCRHTT

23rd of March 2020: “From this evening, I must give the British people a very simple instruction - you must stay at home.” Rt Hon Boris Johnson MP.

We all remember that statement, but what changed for families and carers of those living with mental health issues?

To answer those questions, we need to look at how much and what has changed for families and carers during the first national lockdown.

Was it the uncertainty of how carers would manage without support from the Home Treatment Teams, or was it the realisation that families and carers had to go it alone and negotiate the system without support? One thing was sure: uncertainty ruled.

Family and carers were asking: “How will the lockdown impact on my loved one?” “What do I do in a crisis now?” “Will the Home Treatment Team continue to provide vital support?” “How am I going to cope with it all.”

So many questions however at the time, answers were not that easy to come by.

Grocery shopping became a lengthy line of mask wearing and hand sanitising. Carers were offered priority slots, where available, but those were soon to become a luxury, as carers on limited income found themselves competing for the coveted slots and unable to afford home delivery.

Accessing services was a time-consuming exercise, with the added impact of worrying how their loved ones were coping, often alone, with the confinement of a national lockdown. The use of food banks increased dramatically.

Some families and carers were better prepared than others. Those who felt comfortable with virtual meetings, even embraced the fact, that they no longer had to use military precision to get their loved ones to an appointment with a practitioner.

Older families and carers with limited technical ability or access to computer technology, felt that they were being left behind and worried about how their vital contact with the Home Treatment Team was going to change their caring role. Explaining the changes to loved ones, heightened anxiety levels amongst carers of all ages and backgrounds.

To continue contact during the first national lockdown, virtual appointments were used by Home Treatment Teams to try and provide continuity of care.

Technology was to become the new norm, with Zoom, Facetime and Microsoft Teams, becoming remarkably familiar friends, or for some, a technical nightmare.

Home Treatment Teams were desperately scrambling for support mechanisms, as unfortunately, some patients found themselves with the tragedy of losing family members, friends, and carers. Overstretched services were being pulled in all directions. Accessing care, was like finding gold in your local pond.

Day Services were restricted due to Covid-19 and carers soon realised that caring for their loved ones was changing and that the limited face-to-face interactions with the Home Treatment Team was a significant impact for all concerned.

Knowledge Hub

QNCRHTT has moved our discussion forum to Knowledge Hub!

To request to join the group, simply click [here](#).

Those loved ones who previously had access to day services, were now having to get used to new routines and the lack of services.

Figures were released on the impact of mental health and the reality of coping with a global pandemic, never mind trying to support the physical and mental wellbeing of loved ones daily. It showed the need for innovative solutions for families and carers to continue to provide support.

Reports showed that young people, women, and those from more socially disadvantaged background and those with pre-existing mental health problems, were affected most by the first wave of the pandemic and the restraints of the national lockdown.

The Office for National statistics data as part of their lifestyle questionnaire, emphasised the lack of social interaction.

One comment highlighted social interaction. "I'm not sure that there is a lot that could alleviate the mental health because I think the mental health is all to do with social interaction, and if you can't have that social interaction, you begin to fall apart [...] FaceTime is all very well but it's not the same, and I think mentally, if you don't have that social side of things, you're going to go downhill fast."

Family and carers have known this for many years and the lack of social interaction is not confined to Covid-19, or any other pandemic.

Numerous studies were published on the impact of Covid. The main thread of those studies showed the same themes and the same difficulties faced by many families and carers, year in, year out. Loneliness, isolation, and loss of income.

Families and carers were not only continuing to care and support their loved ones, the national lockdown posed some often difficult and agonising decisions. Some families and carers wondered how they would be received in Accident and Emergency departments, when the nation was focused on Covid-19 patients. Would a prolonged wait for services result in their loved one becoming more distressed, that the only possible solution would be an admission to hospital?

One month into the pandemic the following statistics were released: "Carers' mental wellbeing was lower than that of non-carers in April 2020 and before the pandemic. Mental wellbeing was lower for working age carers, especially those aged 17-45. Between 2017-19 and April 2020, during the COVID-19 pandemic, the mental wellbeing of older carers also declined. Mental wellbeing declined for carers in employment and those without a paid job.

Although the figures show an increase in the decline of carers mental wellbeing during Covid-19, are these results a surprise to family and carers?

There has been attempts of highlighting the need to help families and carers keep their own mental wellbeing for decades, but without investment and everyone having the desire to support families and carers, this will sadly not be achieved.

Looking at the impact of Covid-19 on family and carers, how much has changed for those who need the vital support from Home Treatment Teams?

What Covid-19 showed, was that the priority for practitioners, was to ensure that the support they provide to patients and carers daily, remained as consistent as possible. Changing procedures and adapting to new ways of working, by developing an innovative approach, showed that new methods of delivering support to patients and carers, can be achieved, even under difficult circumstances.

Home Treatment Teams were thrown into the digital world and rewrote procedures at breakneck speed.

Digital platforms were created, that ensured a digital interaction with patients and carers, replaced the face-to-face appointments where possible and ensuring Covid-19 compliance.

Thinking 'outside of the box' allowed Home Treatment Teams to engage in creative and innovative support mechanisms.

Although the current method of delivering carer support is not right for everyone, the ability to offer a replacement support service at short notice, proves the fundamental desire of Home Treatment Team practitioners to ensure patient, family and carer wellbeing continues.

Home Treatment Teams continue to provide support for patients and carers, even when colleagues must self-isolate, tackle childcare or caring commitments and working practices have changed beyond all recognition. Covid-19 may have changed how support is delivered however, the desire to somehow continue to support families and carers has not changed.

Did it take a global pandemic to ignite meaningful change to the support families and carers receive? Has the change ensured that all families and carers receive support?

The short answer is no. Home Treatment Teams have a wealth of knowledge and aspirations to ensure family and carer support is available, regardless of global pandemics. The new 'normal', does not address the shortcomings in family and carer support available and that is not

just in NHS settings however, it does show that flexibility, innovation, and sheer determination, can make an enormous difference. Will the new working practices for Home Treatment Teams continue in the current format? Only time will tell.

As families and carers continue to support their loved ones through the second national lockdown, as the country tries to combat another wave of Covid-19, one thing is clear: Family and carer support is a two-way mechanism, that needs to be embedded in every Home Treatment team to ensure the best possible outcome for patients, their families, and carers.

References:

Coronavirus and the social impacts on disabled people in Great Britain: September 2020

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirus>

Diary of a nation - Life in lockdown
https://www.ons.gov.uk/visualisations/dvc983/Diary_of_a_nation-20200907082746841/index.html

HTAS 8th Annual Forum

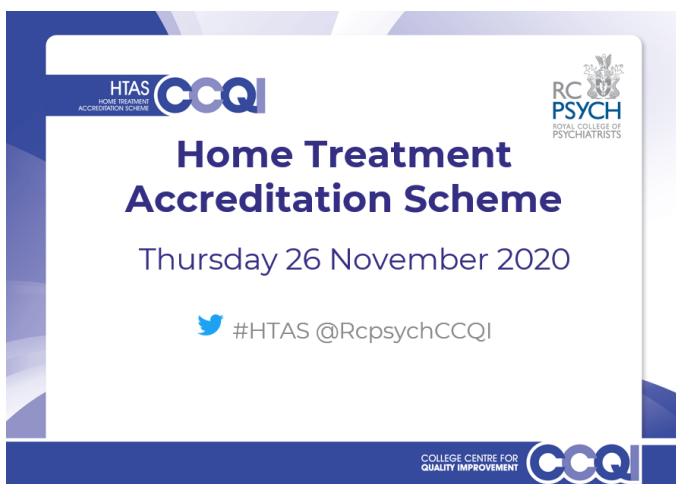
On the 26 November, HTAS hosted our 8th Annual Forum.

The virtual event was a success with over 90 delegates joining.

The day was filled with engaging and informative discussions and presentations on a range of topics such as positive risk taking, barriers to adopting a person-centered approach in a CRHT setting and improving patient and carer involvement.

Thank you to all those who attended, we hope you enjoyed the day!

All presentation slides and the full recording of the day are available on knowledge hub. Click here to [see](#).



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Special thanks to our speakers:

Pranveer Singh, Consultant Psychiatrist, Essex Partnership University NHS Foundation Trust and Chair of the QNCRHTT Advisory Group

Ingrid Baldwin, Carer Representative, QNCRHTT

Emmeline Lagunes-Cordoba, Specialty doctor, North Camden Crisis Resolution Team, Camden & Islington NHS Foundation Trust

Steve Morgan, Practice Based Evidence Consultancy & Case Manager

Dr Hetal Acharya, Specialist Registrar, **Nisha Balan**, Child and Adolescent Consultant Psychiatrist and **Melissa parry**, Team Lead, CAMHS Crisis Home Treatment Team, Leicestershire Partnership NHS Trust

Helen House, Nurse Consultant, **Kimberley Carter**, **Ashleigh Draper**, Older Adults Home Treatment Team, Cumbria Northumberland Tyne and Wear NHS Foundation Trust

Jane Itangata, Associate Director of Mental Health Commissioning, Mid and South Essex Health and Care Partnership

Ashleigh Grindey, Senior Practitioner for Nursing, and **Amy Lawrence**, Team Manager, Salford Home based Treatment Team, Greater Manchester Mental Health NHS FT

Addressing Loneliness during COVID-19

BY GRACE WOOD

Carer Representative, QNCRHTT

Having been a service user since childhood, at the start of the Covid-19 lockdown, I was concerned I would lose some of the gains I had painstakingly made in my recovery, due to the ensuing isolation.

In fact, I've been busier than ever.

I've had the good fortune of being involved in the implementation of two new East London NHS Foundation Trust (ELFT) services, as well as three PCPsych Patient Rep Roles. The ELFT Crisis Cafes in Tower Hamlets and also Newham, have been set up to augment the Crisis Pathway. Here we use expert-by-experience practitioners, which has come about as the result of Community

Transformation.

The ELFT COVID-19 Telephone Befriending Service, was set up to address the loneliness of our service users, as their community resources have become limited during this time. We have trained and paid our Service Users under People Participation, to offer an empathetic dialogue, for up to one hour per week for six months.

It's now my honour to help the service expand for the next 12 months. We are currently accepting referrals from ELFT clinical teams only. We are recruiting more ELFT Befrienders and hopefully opening up to wider referrals from GPs in the future.

Upcoming QNCRHTT events

Save the dates for the events below.

Don't forget you receive a CPD certificate for attending!

Peer Reviewer Training

Date: 25 February 2021

Time: 1:30pm - 4:00pm

Location: via Zoom

To book click [here](#) or complete the registration form on the [college website](#)

Annual Forum

Date: 7 September 2021

Special Interest Day

Date: 6 May 2021

Location: Zoom

Standards Development

On Crisis Line Standards

Date: TBC

Useful links:

Department of Health

www.doh.gov.uk

Institute of Psychiatry

www.iop.kcl.ac.uk

The largest academic community in Europe devoted to the study and prevention of mental health problems.

National Institute for Health and Clinical Excellence

www.nice.org.uk

An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Includes the National Collaborating Centre for Mental Health (NCCMH), a partnership between the RCP and BPS.

CARS

www.cars.rcpsych.ac.uk

College Centre for Quality Improvement

www.rcpsych.ac.uk/improving-care/ccqi

Centre for Mental Health

www.centreformentalhealth.org.uk

An independent charity that seeks to influence mental health policy and practice and enables the development of excellent mental health services through a programme of research, training and development.

College Events

www.rcpsych.ac.uk/events

Updates on College events, training courses and conferences.

Knowledge Hub

[Home - Quality Network for Crisis Resolution and Home Treatment Teams \(QNCRHTT\) - Knowledge Hub \(khub.net\)](#)

The QNCRHTT chat has moved to Knowledge Hub, where you can find a range of information and connect with other Crisis Resolution and Home treatment teams across the UK.

Contribute to our Newsletter!

We want to hear from you!
If there have been any interesting or innovative developments in your service recently, and you would like to tell others about it, please send your submissions to:
qncrhtt@rcpsych.ac.uk

Contact the QNCRHTT Team

We love to hear from our members. QNCRHTT are always looking for ways to facilitate communication between our teams.

Royal College of Psychiatrists Centre for Quality Improvement
Quality Network for Crisis Resolution and Home Treatment Teams
21 Prescott Street
London, E18BB

QNCRHTT email:

qncrhtt@rcpsych.ac.uk