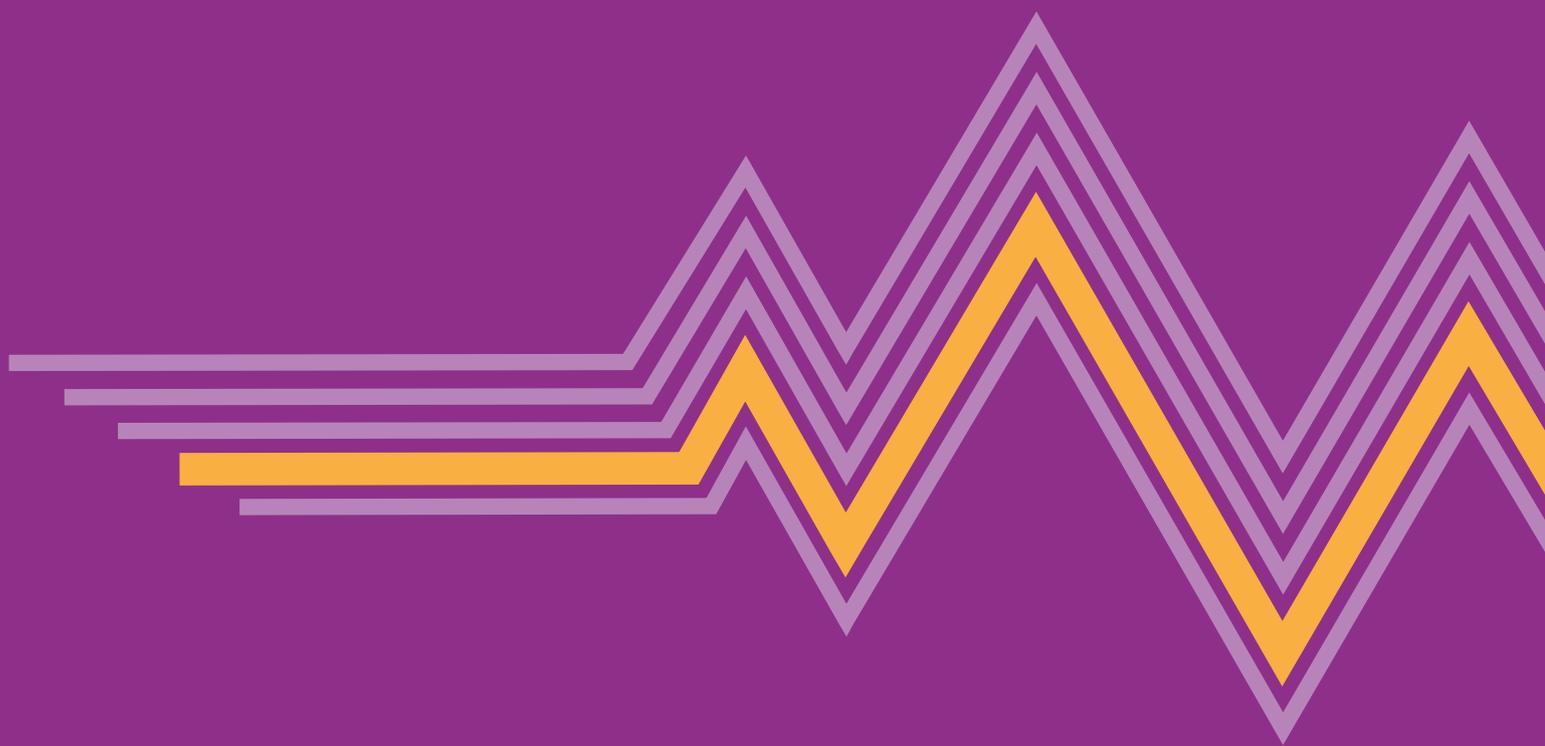


All Age Crisis Care: Improving the Quality of Care in England

Recommendations and positive practice



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About us

The **Positive Practice in Mental Health (PPiMH)** Collaborative is a unique, user-led, multi-agency collaborative of 75 organisations including NHS trusts, clinical commissioning groups, police forces, voluntary sector organisations, frontline charities and service user groups. Its aim is to identify and disseminate the positive practice of mental health services by working together across organisations and sectors, to facilitate shared learning and raise the profile of mental health with politicians and other policy makers.

Practice is shared through special interest groups, events, the National Mental Health Awards and virtual networks, as well as through the PPiMH's national online guide to mental health services: www.positivepracticemhdirectory.org

Free mental health awareness training and support is provided to Members of Parliament (MPs), and round tables are held with MPs and PPiMH members to ensure they are as well informed as possible about mental health.

The **National Collaborating Centre for Mental Health (NCCMH)** works with stakeholders, including world-leading academics, clinicians and people with lived experience, at a national level to increase equal access to high-quality mental health care.

To support the improvement of mental health services and address mental health inequalities, the NCCMH reviews the evidence and co-produces guidance, standards and workforce competences, and delivers quality improvement (QI) initiatives, to enable the delivery of high-quality, equitable mental health care. They also develop systematic reviews, service evaluations and other evidence-based reports.

The NCCMH runs a number of QI programmes around mental health patient safety, including:

- Mental Health Safety Improvement Programme
- Reducing Restrictive Practice
- Sexual Safety.



For more information about the PPiMH Collaborative, see www.positivepracticemh.com

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

For more information about the NCCMH, see www.rcpsych.ac.uk/improving-care/nccmh

Background

The Independent Mental Health Taskforce's Five Year Forward View for Mental Health (2016)¹ (5YFVMH) made it clear that improving access to high-quality mental health care should become a national priority. It built on recommendations from the Mental Health Crisis Care Concordat (2014),² with further dedication to improving the provision of timely, appropriate and person-centred mental health care as outlined by NHS England in Implementing the Five Year Forward View for Mental Health (2016).³

Since then, national efforts to improve mental health crisis care have included (among others) the development of an Urgent and Emergency Mental Health Care Pathway for Liaison Mental Health Services,⁴ the implementation of urgent and emergency care vanguards and the Policing and Crime Act 2017,⁵ the enactment of which affect police powers and places of safety provisions under the Mental Health Act 1983⁵ (amended 2007⁶).

Further emphasis has been placed on improving mental health care in The NHS Long Term Plan (2019),⁷ followed by specific commitments in the Long Term Plan Implementation Framework (2019).⁸ These commitments include improving the responsiveness of crisis services in the community, improving the availability of crisis resolution and home treatment teams including 24/7 crisis coverage for children and young people, and developing local mental health crisis pathways that include a range of alternative services.

The important role of voluntary sector services in the provision of mental health crisis care and partnership working across the system are key to the provision of quality crisis care. The publication of The Community Mental Health Framework for Adults and Older Adults (2019)⁹ has further emphasised collaborative working in the community across agencies, including health and social care, the voluntary sector and other mental health and physical health care services.



Timeline of key reports and policy

For more information about urgent and emergency care vanguards, please see www.england.nhs.uk/new-care-models/about/uec/

Purpose of this report

This report outlines specific recommendations for improving and delivering high-quality mental health crisis care, and it highlights some of the excellent initiatives and exemplary services that already demonstrate these recommendations in practice. It also highlights and describes services around the country that demonstrate positive practice in different areas of mental health crisis care. These recommendations and positive practice examples can be used to encourage services to share their learning and positive outcomes, to support improvements across other services and build on the good work that is already being carried out around England.

This report is for anybody who works in mental health crisis care across both statutory and voluntary sector services, commissioners of these services and people who may need to access crisis care. The recommendations were developed from various pieces of work that the NCCMH carried out over several years on mental health crisis care where the input of expert advisers, people with lived experience, people who work in services and those who work in partnership with them produced advice, guidance and principles.

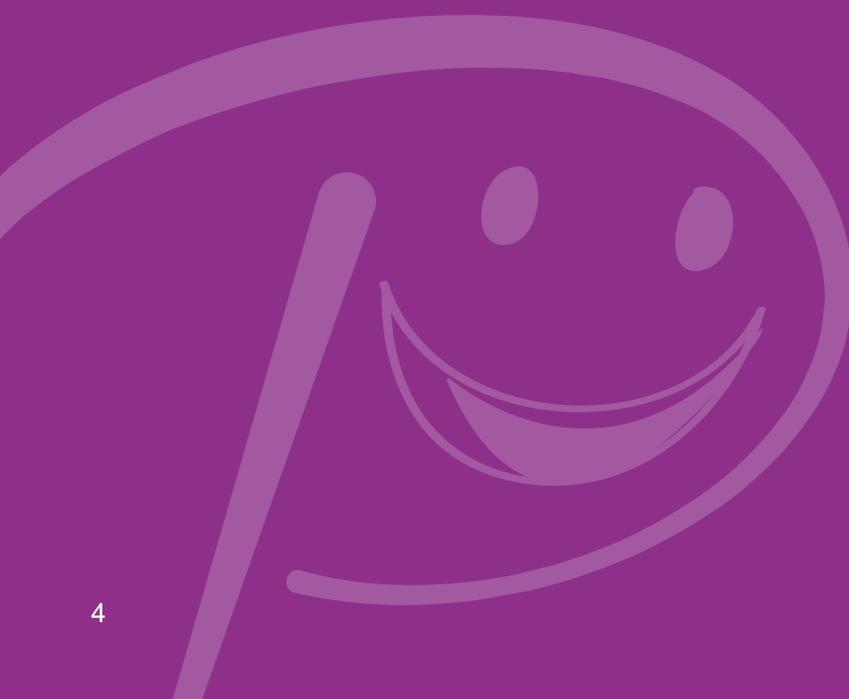
Examples of positive practice are provided with each recommendation (please see [page 33](#) for a full list of example services), to outline how each one can be achieved in practice.

The services identified in this report are just some of the available examples of positive practice – for more information on the services listed and others, visit the Positive Practice in Mental Health Service Directory (at www.positivepracticemhdirectory.org).

“

As someone who has needed mental health services on a number of occasions, there is no doubt in my mind that a lot of time, money and distress could be reduced if people were able to gain fast access to appropriate, locally placed, compassionate crisis services. This would also reduce the amount of time required for treatment and care.

Tony Russell, co-founder of the PPIMH Collaborative and person with lived experience



This image (left) identifies positive practice examples throughout this report

What is a mental health crisis?

A mental health crisis is a situation that is believed by the person experiencing the crisis or anyone else (an adult, child, young person, family member or carer) to require immediate support, assistance and care from a statutory or voluntary mental health crisis care service. This includes where there is significant intent or risk of harm to the person or others. A mental health crisis can have many underlying causes, diagnoses and triggers, some of which may be longstanding, that can culminate in a deterioration of an individual's mental state to the point that they require an immediate response from mental health services.

What is mental health crisis care?

Mental health crisis care is a response that health and care providers deliver to people who are experiencing a mental health crisis. People experiencing a mental health crisis should be able to access and receive 24/7 care that meets their needs.

What are mental health crisis services?

Mental health crisis services provide immediate, short-term care for the alleviation of mental health crises and offer an alternative to inpatient admission. Mental health crisis care is delivered by a range of statutory and voluntary sector services, including professionals from health, social care and 'blue light' services, which are the police, ambulance, and fire and rescue services.



Crisis dramatically affects day-to-day life, but not always in the same way. It can make me quiet, scared and reclusive. It can make me reckless. It can make me angry.

A person with lived experience



Community-based mental health crisis services:

such as crisis resolution and home treatment teams, crisis telephone lines, primary care services, voluntary sector services, drug and alcohol services, homelessness services, social care, NHS 111, crisis cafés and other community-based organisations



Blue light services:

the traditional 'emergency services' of the police (including transport police), ambulance, and fire and rescue services



Liaison mental health services:

provide mental health care in a physical health setting, such as accident and emergency (A&E) departments or general hospitals



Age-specific services:

mental health crisis services with a remit to provide care for people of a particular age group, usually children and young people or older adults.

There are four main categories of mental health crisis services:

What care should people receive when in crisis?

People can access support in a range of ways, including:

- online access to support, and the ability to receive online support (particularly if they are unable to leave their home)
- by using local crisis telephone numbers, helplines or text lines run by either statutory or non-statutory services
- contacting a local crisis team directly using their telephone number
- walk-in crisis services
- single point of access numbers that can then connect people to several services
- contacting 999 or NHS 111
- presenting in person to A&E.



Providing high-quality mental health crisis care that effectively meets the needs of people experiencing a crisis will require partnership working across statutory and voluntary sectors, and across health and social care services.

After the person has received initial crisis care, mental health crisis services work with them (and their support network,^a family and carer, as appropriate) to collaboratively develop a care plan that covers what to do if they experience a crisis in future, to ensure they get the right care, treatment and continuing support.

They may arrange home visits to ensure the person's safety, refer them to an appropriate health, social care or voluntary sector service for ongoing care, or following a biopsychosocial assessment create a follow-up plan of care.

^a Any member of a person's family, care system or extended professional network who acts as a source of support to the person over the course of their presentation to mental health services

All people experiencing a mental health crisis should:

- ✓ have easy access to good quality, appropriate mental health crisis care regardless of their age or background
- ✓ know which service to contact – this requires services to work within their local communities to tell people about their service and what they offer
- ✓ be able to call one number and access the right service
- ✓ receive a first response in the community
- ✓ know they will receive high quality care no matter where they live or who they see
- ✓ be seen in their community or an alternative location to hospital; going to A&E should be a last resort, and only if there is a physical or medical reason.

Recommendation summary

1. Services should work with the person experiencing a mental health crisis to agree the care that best suits their needs and keeps their safety at the forefront. Particular needs (such as age, background, and which of their friends, family and support network should be included in a person's care) should be considered. Services should be co-produced with people with lived experience of mental health problems.

2. Nobody should be turned away from a service when they need help for a mental health crisis. There should be clear routes for access to 24/7, culturally sensitive crisis services that strive to reduce inequalities and utilise modern and digital technology to provide signposting, advice and support.

3. Crisis care should be evidence-based, timely and appropriate for the person's needs. It should strive to provide care to people in their own homes or communities. There should be clear routes to care that are available in different forms. Care/crisis/risk/safety plans need to be agreed with the person and kept up to date, and clear, consistent communication with the person and between services is crucial. Crisis services need to maintain their public presence (online and in other services or organisations), keeping services visible and clear, and the routes to care accessible.

4. Where crisis care is provided can make a big difference to how the person will respond. Their age, preference (including where they feel safe) and responsibilities (such as any dependents) need to be considered.

5. When caring for someone in mental health crisis, services should follow clear protocols and work closely with other services, authorities and organisations. Information-sharing around care and crisis plans is important, and collaboration with services should extend to community and specialist services as required, before and after crisis.

6. Staff working in mental health crisis services, including peer support workers, should have the right training, competence and skills to work with people of different ages, needs and backgrounds. These should be developed as needed, so that staff can provide care that is culturally appropriate with sensitivity and empathy. Crisis services should also actively support staff wellbeing.

7. Crisis services should be co-produced with people who use the service. Then, to ensure the quality of the service, its impact should be monitored and evaluated regularly. This should be done using a QI approach, seeking to continually and incrementally improve the service while actively learning from the good practice of other services. Organisational governance and processes should be adhered to at all times.

Recommendation 1: Focusing on and working with the person

Summary: Services should work with the person experiencing a mental health crisis to agree the care that best suits their needs and keeps their safety at the forefront. Particular needs (such as age, background, and which of their friends, family and support network should be included in a person's care) should be considered. Services should be co-produced with people with lived experience of mental health problems.

Person-centred care

Person-centred care is the foundation of all support and care provided by a mental health crisis service. It involves shared decision-making and working collaboratively with the person, their family, partner, carers and support network (as appropriate) to co-produce a care plan. The focus of care should always be on the person's needs rather than the needs of the service, with care tailored to the person's personal circumstances and strengths while taking into account any culturally specific beliefs, needs and values.

Figure 1 illustrates the ideal model of providing person-centred crisis care in the community, where layers of support and care are wrapped around the person to meet their needs.

A mental health crisis differs from person to person and may involve feeling extreme emotional distress, high levels of anxiety, extreme elation, disinhibition, or thoughts of self-harm or suicide. Some people in crisis experience hallucinations or hear voices, both of which can be unsettling, unpleasant and induce fear and paranoia. It is vital that people are treated with **kindness, respect, dignity and compassion** because this can have a marked positive impact on a person's experience during a crisis. Staff should be appropriately trained to respond to people non-judgementally, with compassion and understanding.

“

*When I am in crisis
I need empathy and
patience.*

A person with lived experience

Age- and developmentally appropriate care should be provided to children, young people and older adults, to ensure that their individual needs and wishes are taken into account when making decisions around assessment, admission or treatment. Staff should seek advice from professionals who have had specialist training in working with people of specific ages, to follow the most appropriate course of action. Liaison with a person's carer, family, support network or nearest relative is especially important with children, young people and older adults.

Professionals working with vulnerable adults or children and young people experiencing a mental health crisis should always have the person's **wellbeing and safety in mind**. Safeguarding enquiries should always be undertaken as part of the assessment process, and any safeguarding concerns should be addressed in a timely manner in conjunction with social care services, as appropriate.



Figure 1: The ideal model of person-centred care in the community. (Diagram adapted from an illustration in [The Community Mental Health Framework](#)⁹)

Examples include:

Crisis phone lines, NHS 111, walk-in centres, single points of access

Friends, families, colleagues, neighbours

Crisis cafés, voluntary sector organisations, online crisis support

Secondary mental health services, crisis resolution and home treatment teams

Liaison mental health services in A&E and on physical health wards, blue light services, inpatient mental health units

* may also provide care and support as well as facilitating access or acting as a route to other or additional services

Bedfordshire CAMHS Crisis Service

This service operates 7 days a week, with extended out of hours, offering rapid same-day response to young people presenting in a mental health crisis. They divert them from inappropriate A&E departments or inpatient wards by ensuring they access the right support at the right time, in a location that suits their needs. This includes offering young people a same-day assessment in a location of their choice.

The service has improved pathways with external partners to improve rapid access for young people in need, and to increase the awareness and confidence of staff in other organisations so they can better manage young people's emotional and behavioural needs.

Dial House @ Touchstone (Leeds)

A survivor-led service that is part of Leeds Survivor Led Crisis Service, which provides out-of-hours' crisis support for people from Black, Asian and Minority Ethnic (BAME) backgrounds. People receive a compassionate, confidential, effective and respectful service from staff from BAME communities who have lived experience of mental health difficulties.

This service provides a non-medical, non-diagnostic response to mental distress, which is an alternative to inpatient admission, A&E, police contact, custody and other statutory services. Delivering effective, compassionate, person-centred care to people who are marginalised, experience stigma or face multiple disadvantages is at the heart of Dial House.

Grassroots Suicide Prevention (Brighton)

A suicide prevention service that supports and encourages open and courageous conversations about suicide. They provide local activities to increase awareness, reduce stigma and encourage help-seeking for mental health problems. The staff and wider team of associate trainers and volunteers teach practical and evidence-based suicide intervention skills, helping people to become more ready, willing and able to have the kind of conversations that save lives.

Older People's Crisis Home Treatment Team (NAViGO)

A needs-led service that offers assessment and treatment in the community while ensuring that people are at the centre of their care. Staff are based alongside the adult crisis team as part of an 'access team', which provides a walk-in centre for anyone who feels they may be in crisis.

The service is available 24/7, with the option of home visiting. Teams work flexibly with people over various timeframes to ensure they receive the right care, to avoid hospital admission.

Solidarity in a Crisis (Certitude)

A crisis support service co-designed and co-delivered by people with lived experience and carers. They support people experiencing mental health crisis, in a respectful and non-judgemental way, and give people an opportunity to engage with like-minded people.

They provide a number of services, such as an out-of-hours crisis line, community peer support and a crisis café, to reduce isolation and reliance on A&E and statutory services by offering and sharing information and community resources that help build connections and self-reliance.



Co-production

Every part of the health and care system should be shaped and improved by co-production (see [Section 7](#)). Co-production involves planning, developing, delivering and evaluating services together with people with experience of receiving treatment for a mental health crisis, their families, partners, carers, friends and wider support network. Co-production helps to ensure that the whole system is more coordinated and efficient, and better designed around the needs of individuals and communities. All services need to find ways to ensure genuine co-production, which will enable services to be responsive to the evolving needs of their community.



Promote shared decision-making. Even if there is something that must happen (i.e. a procedure that absolutely must be done), there should always be a conversation about how it happens. If you include us, you will empower us.

A person with lived experience

Crisis Community Services (Northampton)

Crisis Cafés and a Crisis House were co-produced with people with lived experience of crisis services, along with involvement from the voluntary sector, police, ambulance and other services.

At Crisis House, people with lived experience and carers were involved from the first scoping meetings through to the house's physical set up. They also helped define a series of 'I Statements', to measure patient outcomes of the services.

The ethos of the Cafés is a direct response to engagement with people with lived experience, family members and carers, with monthly user forums to gauge the impact of the crisis pathway and develop and improve all areas of them accordingly.

Enabling Town Slough

Previously known as Slough Assist and Embrace, this service provides suicide prevention services with a focus on initiatives that encourage multi-agency working. The programme jointly delivers co-produced interventions with peer mentors in settings across Slough to support people with severe and enduring mental health difficulties, many of whom have previously been hospitalised because of a high risk of suicide.

The local council and NHS have worked together over the past 5 years to develop an innovative and comprehensive pathway for residents, creating an 'Enabling Town' to meet the needs of people requiring support from mental health services. The service also uses an asset-based community development approach alongside evidence-based psychotherapeutic and psychosocial approaches.

The Tomorrow Project by Harmless (Nottingham)

A user-led voluntary sector service with a focus on evidence-based suicide prevention. The service provides two pathways of care: one supporting people in crisis who may not be eligible for other support options, the other offering immediate outreach following a bereavement.

People with lived experience are engaged throughout the work of the service and in staff recruitment, to ensure it remains relevant, accessible and successful.



Involving and supporting families, friends and carers

Families, friends and carers of people in crisis are likely to experience emotional strain, stress and may feel unsupported when using services. Access to someone who can provide advice, support or '[lend a helping hand](#)'¹⁰ to families and carers is often what is needed most. Supporting and working collaboratively with families, friends and carers can empower people to support their loved one while also looking after their own wellbeing. [The Triangle of Care](#)¹¹ is a useful a framework for reference when working collaboratively with families and carers.

As part of delivering timely and compassionate care, and in line with the [Care Act 2014](#)¹² and the [Children and Families Act 2014](#)¹³ family members and carers should be supported in accessing carers' assessments and family support services to determine their support needs.

Professionals should also be mindful that:

- some people may conceptualise family in a different way, or they may consider people within their wider support network as their family or main support
- some family members or carers may be unable to provide the support that is necessary
- families and carers should be kept informed throughout the process, with the person's consent, or at a minimum be given general information on mental health including mental health crises.



If you know how to help them, that is a way forward. Families need support to help support their loved one.

A carer

CarersUK provide more information about accessing carers assessments: www.carersuk.org/help-and-advice/practical-support/getting-care-and-support/carers-assessment

Pennine Rapid Intervention and Treatment Team

The team provides care for older adults in crisis, delivering support and interventions to maintain people in their own homes or care homes. Staff are flexible in meeting people's transport needs, using local facilities to meet with people or visiting them at home.

The team also works collaboratively with carers as much as possible, and with consent. They listen to carers, respond to their concerns and difficulties, and liaise with services to ensure carers are supported in the best way possible. Carers' assessments are also routinely undertaken, and the team is now trialling a carer feedback group for partners who are carers. Carer's experiences with services are used to develop and evolve the service.

Sunderland Crisis Resolution and Home Treatment Team

The team provides 24-hour access to safe, effective, compassionate, high-quality care, working collaboratively with people experiencing a crisis as well as their families and carers.

Families and carers are involved through regular carer steering groups, monthly meetings with carer services (to ensure their inclusion at all levels of care delivery), evaluation and service improvement. Carer advocates and champions have regular contact with carer services. Carers needs are included in routine team discussions, and individual appointments for carers to explore their needs are also provided.



Recommendation 2: Equal and inclusive access to care

Summary: Nobody should be turned away from a service when they need help for a mental health crisis. There should be clear routes for access to 24/7, culturally sensitive crisis services that strive to reduce inequalities and utilise modern and digital technology to provide signposting, advice and support.

To ensure the best outcomes, rapid and appropriate access to 24/7 mental health crisis care, support and advice is essential and should be consistent for people of all ages, backgrounds and ethnicities, regardless of the mental health problem or any coexisting conditions. Nobody should be turned away from a service when they need help. Supporting people to access help is especially critical for vulnerable populations, such as people who are homeless or sleeping rough, people with coexisting drug or alcohol use problems, or people with complex needs who might frequently present to crisis services or A&E.

There should be clear routes for people to access help during a mental health crisis, no matter when support is needed. This can be done in several ways, but the provision of a 24/7 mental health crisis service is necessary to ensure that professionals and members of the public can access crisis support easily and quickly.

All local public services should be able to provide information on how people can access them when they experience a mental health crisis. Websites and helplines should provide an accessible and up-to-date directory of services and providers, both statutory and voluntary, in a way that is culturally acceptable to all populations.



The NCCMH developed a resource for [advancing mental health equality](#).¹⁴ It supports commissioners and service providers to identify and work towards reducing inequalities and advancing equality across the mental health care system, and includes useful examples of positive practice.

The Crisis Care Centre (North Staffordshire)

The centre provides a 24/7 single point of access for people of all ages who need an urgent mental health needs assessment. It delivers high-quality, safe, compassionate care, and a place of safety for people in crisis. They have local pathways to other services, to ensure people can access the most appropriate support.

The service is built on the premise of individualised care, working with people who often do not know where to go when experiencing a crisis. The team assess need, and liaise with all other services locally. There is strong partnership working across the area, ensuring that appropriate and timely support is provided.

Dial House @ Touchstone (Leeds)

Based on a culturally specific model, this is a voluntary sector BAME service delivered by people from BAME groups, to ensure that culturally relevant crisis care is provided. The accessible service is person-centred and survivor-led, working to make sure people who do not trust or use mental health services (due to the mental health stigma in some communities, and language barriers and cultural insensitivity in services) can receive the care and support they need.

First Response Service (Cambridgeshire & Peterborough)

The development of this all age, community-based, 24/7 crisis care pathway has meant that specialist mental health care is accessible to all professionals, people who use services and their families and carers at any time. The service takes self-referrals and referrals from clinicians, blue light professionals or anyone else.

Telephone triage staff determine whether people require further psychiatric assessment, which can then be completed at or near home. People who do not need assessment may be supported with phone support or advice, and referral to voluntary sector organisations.

Tower Hamlets Mental Health Liaison Team

The team provides 24-hour multidisciplinary care, with a single point of access for people aged 16 and over experiencing mental health difficulties and drug and alcohol problems who present to acute care. They ensure that people in acute hospital settings have equal and fair access to psychiatric assessment and treatment by appropriately skilled professionals.



Digital innovation and use of technology

Digitalised methods and innovations in technology can be particularly useful in supporting people to access mental health support in a crisis. They broaden the range of options available to people by which they can receive support, care and treatment. The use of technology can not only support people to access care remotely (so the person does not need to travel or attend face-to-face appointments when it is not necessary or easy for them) but can also enable professionals to conduct assessments, make referrals and, for some people, provide treatment or interventions from a distance. Also, mental health crisis apps and websites can provide people with 24/7 access to support, advice and signposting from any location.

Chasing the Stigma and the Hub of Hope

A mental health charity based in Liverpool that tackles the stigma often associated with mental health problems, by normalising the topics of mental health and distress and encouraging open conversation and help-seeking. They seek to change the way society approaches mental illness, to remove judgement by better informing people and encourage people to be open and honest about their challenges.

The charity developed Hub of Hope, a website and smartphone app, which brings together organisations and charities, statutory and non-statutory, from across the country in a national mental health services database. The app is a signposting tool that can be used by anybody seeking mental health support, to identify nearest available services. The app uses location information or a postcode to find services and give the person access information. The app is free and confidential, and is an anonymous and easily accessible resource for people in mental health crisis or who need mental health support, care and treatment.

Grassroots Suicide Prevention (Brighton)

Grassroots have developed a pioneering Stay Alive mobile phone app, which provides a dynamic approach to the complex issue of suicide and works to prevent it. At the time of writing, it had been downloaded over 90,000 times and has won awards including a 2015 Patient Safety Award. Feedback and evaluation indicate it has helped to save many lives.

To raise awareness and facilitate a cultural shift in how suicide is discussed, Grassroots have grown a thriving social media community with over 50,000 Twitter and 4,000 Facebook followers. They run public events and have a range of innovative awareness-raising initiatives, such as the Brighton street art campaign that uses murals to challenge stigma, share information and get people talking.

Management and Supervision Tool (Mersey Care NHS Foundation Trust and Otsuka Health Solutions)

Mersey Care NHS Foundation Trust, in collaboration with Otsuka Health Solutions, have launched a Management and Supervision Tool (MaST) across all community mental health teams. MaST uses predictive analytics presented in a dashboard, to support practitioners to identify the people using the service who are at greatest risk of experiencing a crisis, and those ready to continue their recovery through primary care.

The tool has helped improve the identification of people at high risk of crisis, leading to appropriate and timely intervention, while reducing the number of people needing inpatient admission or presenting to A&E. Staff have engaged with the technology to support clinical decision-making, with continuous learning that ensures MaST continues to meet the needs of the people using the service and the service itself.

Support Matters (Mental Health Matters)

They provide a 24/7 digital support hub for people who need support in crisis, using technology to break down contact and access barriers. Access can be gained via telephone, text message, email, webchat, bookable 1:1 sessions, wellbeing calls, voicemail and voicemail 'by choice'. The service is testing video calling facilities, to further improve accessibility.



How services can ensure better access:

- ✓ Have **clear and up-to date contact information** available on service and community websites, so that people know how to ask for help in their local community
- ✓ Have **clear referral pathways**, to ensure that professionals from primary care, community services and voluntary sector organisations know how to refer people to and contact the appropriate mental health crisis service
- ✓ Ensure information about services and about mental health is made available in **accessible formats**, such as easy read and braille versions, audio-visual format (where possible) and in a range of languages relevant to the community
- ✓ Ensure barriers to access for particular populations are addressed and then regularly reviewed
- ✓ Ensure all staff have **ongoing training, education and supervision** on equality, diversity and culturally-informed practice, to help them meet the needs of diverse groups
- ✓ Provide **multiple ways for people to access support** and flexible methods of communication, such as by:
 - online support
 - text message
 - telephone call
 - email
 - other interactive web-based methods of communicating.



Being able to access online or out-of-hours support was a comfort. Knowing that I could speak to someone in my own time, anonymously, made it a lot easier to seek help when I needed it.

A person with lived experience

Recommendation 3: Getting the right help, in the right way, at the right time

Summary: Crisis care should be evidence-based, timely and appropriate for the person's needs. It should strive to provide care to people in their own homes or communities. There should be clear routes to care that are available in different forms. Care/crisis/risk/safety plans need to be agreed with the person and kept up to date, and clear, consistent communication with the person and between services is crucial. Crisis services need to maintain their public presence (online and in other services or organisations), keeping services visible and clear, and the routes to care accessible.

Prompt access to high-quality care will increase the likelihood of a person's sustained recovery, reducing the risk of their experiencing recurring mental health crises. It can therefore lead to improved quality of life and wellbeing in the long term. Effective mental health crisis care aims to help people remain in their communities rather than experiencing unnecessary inpatient admissions. There should be clear routes for people to access help quickly during a mental health crisis, no matter where or when support is needed.

Part of achieving this relies upon the visibility of the services that are available. Sometimes, well-meaning and useful services are not accessed because people may not be aware of or able to find out about them. Services should work hard to publicise their existence, ensuring that people do know about them and have a clear understanding of how, when and where they can access them for help.

“

An assessment needs to be done by someone experienced... to make the right judgements about your care.

A young person

More information about mental health and legal rights can be found at: www.mind.org.uk/information-support/legal-rights/

Getting the right help

- ✓ A comprehensive, age-appropriate **needs assessment** (covering psychological, physical and social needs)
 - ✓ Care and information that is **age- and developmentally appropriate**
 - ✓ **Evidence-based treatment** (informed by National Institute for Health and Care Excellence [NICE] guidance) and appropriate follow-up (including longer term support where needed)
 - for self-harm presentations, services and professionals should refer to [Self-harm in Over 8s \(NICE clinical guideline 16\)](#)¹⁵ and the [Self-harm and Suicide Prevention Competence Framework](#)¹⁶
 - ✓ **Working in partnership with other services**, such as social care, physical health, community services as well as voluntary sector organisations to ensure that all needs are considered and treated equally
 - ✓ **Appropriate** (and timely) use of the Mental Health Act and [Mental Capacity Act 2005](#)¹⁷
 - including access to independent mental health advocate and independent mental capacity advocate
 - ✓ **Clear discussions around confidentiality and information sharing**, and being clear from the start about what will happen if confidentiality does need to be broken.
-

In the right way

- ✓ **Access to support in multiple ways**, such as digital resources, online support, telephone counselling and face-to-face contact
 - ✓ **Clear information about care, support and intervention options** that is easy to understand, provided in plain language and available in several formats, including written, verbal and audio-visual
 - ✓ **Clear information about what people can expect from services**, including informing them of their rights.
-

At the right time

- ✓ A mental health crisis is treated with as much **urgency and respect** as a physical health emergency
 - ✓ A **coordinated response** from a service to meet people's needs without delay
 - ✓ **Appropriate and timely support around transitions** or transfers of care between services.
-

To help people recover and stay well

- ✓ **Continuity of care** from a service (such as being supported by the same professionals where possible) can help reduce the impact of the mental health crisis on the individual, as well as on their families and carers
- ✓ Supporting people to **develop or update care plans, crisis plans, risk or safety plans, or advance directives** when they are well can improve the care and support they receive during a crisis
- ✓ Focus on the **person's goals for recovery** will help them develop ways to manage their own mental health, find ways to stay well and live a satisfying and fulfilling life and overcome setbacks.

Initial Response Service (Sunderland)

A 24/7 mental health crisis service that provides a holistic and comprehensive assessment of needs. The assessment tool used was co-designed by people who use services, carers and clinicians working collaboratively. The assessment draws on the person as a whole, considering physical and mental health, and social factors.

One of the service's greatest strengths is that people do not need to repeat information or assessments. It uses a 'trusted assessor' model, so at every step of a person's journey the information they give is accepted, not questioned, and built upon with each step, from the point of triage through to the delivery of treatment.

Sunderland Crisis Resolution and Home Treatment Team

The team provides 24-hour access to safe, effective, compassionate, high-quality care through timely and responsive triage, assessment (including for admission) and home-based treatment.

People of all ages who experience a crisis can use the service and receive the right care. This is done through collaborative working with both the Children and Young People's Mental Health Service and the Older Person's Community Mental Health Team. There are clear protocols with other services, to ensure that transitions to or from liaison, primary care or community teams are timely and appropriate, to effectively support the person's needs.



Getting the right help for older adults

Oak Ward Hospital Avoidance Team (Shrewsbury)

This programme gives specialist support by telephone and/or face to face to people with dementia at risk of unnecessary admission to a mental health hospital. Support is provided at home or in a community setting, including nursing or residential care. The telephone-based advice and support programme is complimented by further support, visits and assessments when required, and provides specialist mental health nursing support out of hours and at weekends to avoid hospital admissions for dementia patients in Shropshire, Telford and Wrekin. The programme has helped reduce admissions to the mental health hospital dementia unit and also reduced lengths of stay.

Older People's Crisis Home Treatment Team (NAViGO)

One of only a few older people's specific crisis and home treatment teams in the UK, the service offers assessment and treatment to older adults who may have a cognitive impairment, or functional disorder, and any physical frailty.

The service works in partnership with the local drug and alcohol team, physical health services, the hospital liaison team and other local community groups. The service also works with people with lived experience and carers, to ensure that the service meets their needs.

Pennine Rapid Intervention and Treatment Team

The team provides an older adult mental health community service to maintain people in their own homes or care homes. It works to avoid hospital admission and provides a same-day response to those in crisis, and supports people in hospital to have a safe and timely discharge. The service has enabled people to stay in their own homes, providing better outcomes and experience for them.

The team promotes non-pharmacological and psychoeducational interventions with a multidisciplinary approach, utilising pharmacology where needed while maintaining a recovery focus throughout.



Getting the right help for children and young people

CAMHS Crisis, Liaison and Intensive Home Treatment Team (Durham & Darlington)

The team provides comprehensive mental health and risk assessments to young people in crisis, and offers follow-up support and intervention options such as: intensive support at home; telephone support for parents, carers, young people and other professionals; and assertive engagement with young people and their families.

The service collaborates with children and young people, their families or carers, and relevant professionals to co-produce personalised crisis care plans. The service works closely with adult services, to support young people in transition to the services.

Training is provided to other services and professionals, to help to earlier identify children and young people with mental health needs. Young people, parents and carers are closely involved in service developments, participation groups and provide ongoing feedback to improve the service

CAMHS Home Treatment Team (Hertfordshire)

The team provides crisis care to young people (aged 13–18), particularly those identified as requiring an inpatient admission, with the aim of offering care in the young person's home. When young people are admitted, the team works to discharge them as quickly as possible, with a robust care and safety plan.

The service offers support to families while ensuring that young people receive clinical strategies and practical support. As a result, there has been a reduction in young people being treated for long periods of time away from home, which has resulted in less disruption to schooling, friendships and family relationships.

OSCA Crisis Team (Oxfordshire)

The team offers 24/7 wrap-around care to young people experiencing a crisis, to reduce the numbers admitted to hospital, promote and support early or prompt discharge from hospital, and support families and carers to provide safe care at home.

Multi-agency working, swift responses, coordinated care planning and risk management ensure that young people receive the right care to meet their needs. The team provides assertive outreach, delivering group dialectical behaviour therapy (DBT) to young people who have used the service for a longer time, to engage them with this challenging and different approach.



Recommendation 4: Appropriate and safe spaces

Summary: Where crisis care is provided can make a big difference to how the person will respond. Their age, preference (including where they feel safe) and responsibilities (such as any dependents) need to be considered.

People should receive mental health crisis care in a location that is appropriate and safe, with consideration given to the effects that environments can have on psychological change, mood and arousal.

In instances where a child or young person presents in crisis, age-appropriate areas in A&E departments are especially important due to the impact that that environment can have on their mental health. Suitable alternatives to A&E should be made available for carrying out assessments, giving people a choice of safe meeting locations (such as in a crisis café), and those locations need to be clearly identified and made known.

Services should also consider the facilities available for specific or vulnerable populations (such as people with parental responsibilities) who require special provisions to meet their needs, for them and any dependants in their care. When planning and designing appropriate and safe environments, services should seek input from people who use and will use the service.

It is particularly important that all alternatives to inpatient care are explored before the person is admitted, to support them to receive effective crisis care within their community. This includes short-stay crisis accommodation, intensive home treatment or outreach services, or other services that can provide crisis support within the community.

“

A&E staff and the environment needs to be better equipped for mental health crises in the same way as physical health crises.

A person with lived experience

Crisis Community Services (Northampton)

A series of co-produced service developments in Northamptonshire that support people experiencing a mental health crisis so they receive the right care. The service reduces the burden on acute inpatient mental health and emergency services through the Crisis House (also known as 'The Warren'), which offers an alternative to acute mental health admissions, and Crisis Cafés, set up in collaboration with Mind, which provide a safe out-of-hours space for people to seek help for a mental health crisis without having to rely on A&E departments or other emergency services.

There is now greater provision of safe community spaces for people in crisis in Northamptonshire, with crisis café coverage throughout the week and the Crisis House offering 24-hour support for short stays of up to 7 days.

The Haven @ the Cellar Trust (Bradford)

The Haven is a non-clinical, calm, safe space in the community which provides crisis prevention and a key alternative to A&E for people in emotional distress. The service aims to provide an alternative to more restrictive options that currently exist in the area, while their joined-up approach to integrated delivery means that the Haven is part of the wider acute and crisis care pathway.

Lotus Assessment Suite (South West London)

A nurse-led service offering in-depth assessments for people who may require an inpatient admission, which is based in a more settled, therapeutic and comfortable environment instead of A&E.

Providing a calming, conducive environment outside of A&E enables people to have a more holistic, person-centred and compassionate experience.

The Sanctuary (Cambridgeshire & Peterborough)

Run by Mind in partnership with the First Response Service, this service provides a safe and calm space in which support and de-escalation are provided. Once the First Response Service have triaged, people are referred to the Sanctuary, and onward referral is to other local voluntary sector organisations for long-term support.

Staff have established strong networks and links across the Cambridgeshire and Peterborough crisis care pathway, to ensure people's needs around housing problems, drug and alcohol use, and social care are supported by the right service.

Teesside Crisis Assessment Suite (CAS) (Tees, Esk and Wear Valley)

Developed as an alternative to A&E or police cells for people experiencing distress in the Tees area who require an assessment or a place of safety, the CAS is open 24/7 on a walk-in basis, to ensure easy access.

The Suite works alongside the wider crisis services in the area, with clear pathways for partner agencies, including police, ambulance, mental health trusts and the local authority. People with lived experience contributed to designing these pathways, and were also involved in the location, layout and decoration of the premises.

Tower Hamlets Crisis House

This crisis house offers short-term accommodation to people experiencing a mental health crisis, as an alternative to acute hospital admissions. It supports people who are too unwell to be treated at home and people who no longer need to stay on a ward but are not well enough to return home.

Each person receives an individualised programme of support, with the team working alongside a number of community agencies to ensure people have a support network in place when they leave the service.



Recommendation 5: Collaborative care and partnership working

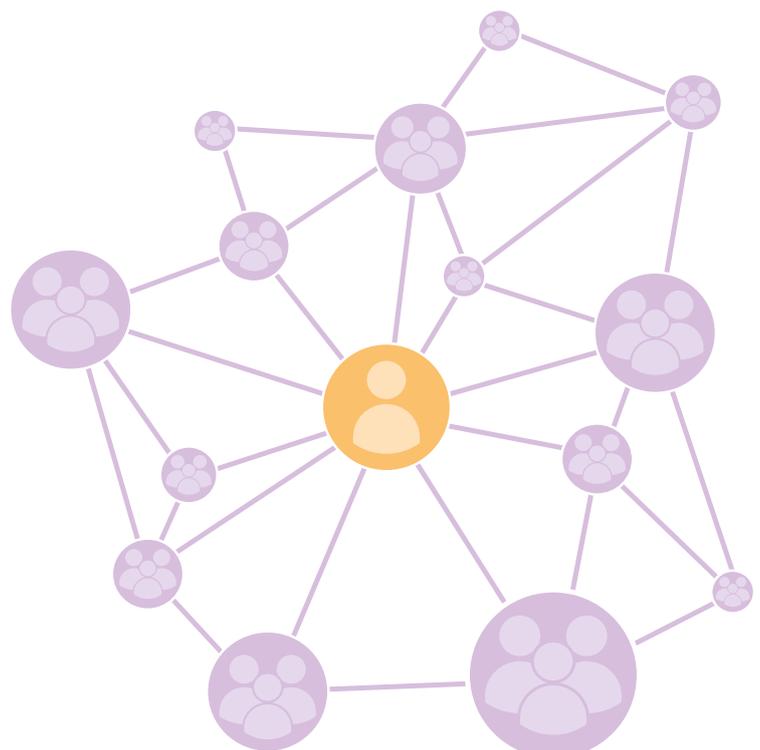
Summary: When caring for someone in mental health crisis, services should follow clear protocols and work closely with other services, authorities and organisations. Information sharing around care and crisis plans is important, and collaboration with services should extend to community and specialist services as required, before and after crisis.

Using a partnership approach to crisis care is vital to ensure that people in crisis receive the appropriate support from the right service(s) to minimise the risk of crisis reoccurrence. Being joined-up involves health and care services working with the person in crisis, as well as with emergency services, local authorities (such as social care, housing and education), the voluntary sector, and specialist services (such as drug and alcohol services). Linking with community mental health services can also provide more effective support for people before and after a crisis. Information sharing between services is particularly important for providing recovery support and relapse prevention. Often good care plans and crisis plans exist but are not always shared with the person or other services involved in their care.

“

Because I am well known to the community team, and my care coordinator keeps my GP updated week by week by email, if I ask for help now I get excellent care.

A person with lived experience



For more information on partnership working across community mental health services, please refer to [The Community Mental Health Framework for Adults and Older Adults](#).⁹

“

[The Initial Response Service is a success because] it's part of the whole system change. It works so well because we have a fab Liaison team, well-resourced community mental health teams, good flow through our inpatient units and such a robust urgent care pathway.

Stewart Gee, Initial Response Service

Providing collaborative, coordinated care across services involves:

- ☑ **Clear communication** with everybody involved, as well as ensuring that information is available in a wide range of formats to improve accessibility (for example, easy read and braille and access to interpreters as required)
- ☑ Having appropriate **partnership working agreements** or processes in place; this includes regular liaison and joint-working meetings, coordinated review meetings, joint training and education opportunities, and using joint record systems (digital records) where possible
- ☑ Using already established **governance** structures
- ☑ Setting **clear parameters around working relationships**, including clear protocols regarding referrals, assessments, access to evidence-based interventions and pathways to inpatient care
- ☑ Having clearly established **follow-up processes**, particularly when someone is not ready to engage or refuses treatment
- ☑ **Working with all local services**, including emergency services (such as police, ambulance and A&E), as well as linking people with the resources in their local community, such as local providers of community, primary, social care, housing, public health (including drug and alcohol services) and voluntary sector organisations
- ☑ **Being consistent in decision-making across services** and ensuring decisions are always made with the person and involve the relevant and necessary people, and that these are clearly outlined in a **co-produced care plan** that details the responsibilities of each service or professional
- ☑ Working across services to **improve joined-up care and planning around transitions**, to ensure continuity of care and better management of risk. This includes following NICE guidance on [Transition from Children's to Adult's Services for Young People Using Health or Social Care Services \(NICE guideline 43\)](#)¹⁸ and [Transition Between Inpatient Mental Health Settings and Community or Care Home Settings \(NICE guideline 53\)](#)¹⁹

First Response Service and Sanctuaries (Cambridgeshire and Peterborough)

With established strong links with all local services, both statutory and non-statutory, including emergency services, partners are working together to shift the emphasis from acute crisis care to more preventative models. Further development of the adult and children and young people's crisis care pathways has been made, as well as support for the BAME population and links with emerging models of primary care, to support the improvement of patient flow and ensuring robust links to the wider mental health system.

People with lived experience are at the centre of the service, linking in with the local Service User Network to further support the development of a values framework, engagement with people who use the service and carers, and to ensure representation of people with lived experience on the delivery board.

Respond Multi-Agency Mental Health Simulation Training (Newcastle upon Tyne)

A unique multi-agency simulation training package for professionals involved in mental health crisis care, such as police, mental health nurses, psychiatrists and Approved Mental Health Practitioners. The training aims to increase collaboration and knowledge, to equip staff to respond quickly and appropriately to improve people's experience, reduce delays and enhance decision-making.

The training models the collaborative behaviour that is essential to an effective and joined-up crisis response, allowing people to work alongside other agencies and people with lived experience to explore real-life scenarios, fostering collaborative working.

Suicide Prevention Transformation Partnership (Kent and Medway)

From NHS bodies, Kent County Council and Medway Council, working with the existing multi-agency suicide prevention steering group across Kent and Medway developed a multilevel, multifaceted, suicide prevention programme, with built-in co-production and evaluation.

The programme reduces suicide rates across Kent and Medway using initiatives that rely on partnership working throughout the health, local authority and voluntary and community sector. They include a social marketing campaign, 24-hour support line, suicide prevention training, funding for community level projects, and research and co-production with men who have attempted suicide.

Collaborative working, co-production, involvement and openness were embedded throughout the programme, with frontline staff and people with lived experience critical in designing future programmes.

Tower Hamlets Mental Health Liaison Team

Integrating mental and physical health is at the core of care provided by this liaison team. They ensure people's needs are met in the best way possible, and have worked on a number of initiatives to support integrated care such as competences for integrated working; screening tools for unmet mental health needs in long-term medical populations (such as gastroenterology and diabetes); joint working and ward rounds with other teams (such as delirium and dementia); shared transfer protocols; monthly integrated clinical governance meetings with the A&E department; and joint working with a number of community organisations.



Recommendation 6: Having the right staff

Summary: Staff working in mental health crisis services, including peer support workers, should have the right training, competence and skills to work with people of different ages, needs and backgrounds. These should be developed as needed, so that staff can provide care that is culturally appropriate with sensitivity and empathy. Crisis services should also actively support staff wellbeing.

Mental health crisis care should be provided by staff who have the right skills, training, experience and competences to work with people experiencing a mental health crisis. A mental health crisis service should be a multidisciplinary team of mental health staff, including social workers, with significant training, competence and experience in the assessment, personalised risk management and treatment of people experiencing a mental health crisis. These teams require a high level of expertise (both medical and non-medical) to safely manage the level of medical risk and to provide continuous high-quality supervision for the delivery of psychological treatments. The key to a good crisis service is having good leadership and management in place, to ensure a positive culture is embedded throughout the service, to support sustainability and ensure the service continues to deliver good mental health care.

Training

The workforce needs to be trained to deliver evidence-based crisis care to a high standard. All staff who work within a mental health crisis service (including non-clinical staff) should receive training on recognising, responding to and assessing individuals experiencing a mental health crisis, in a helpful, caring, non-judgemental and compassionate manner. Staff who work with children and young people, or with older adults, may need to have specialist training and expertise, skills and competence to address people's varying needs effectively.

“

*Empower the workforce,
empower the support,
empower the people
who use services.*

A person with lived experience

Workforce recruitment, training and development should:

- ✓ consider and reflect the same **cultural and ethnic diversity** of the local area to meet the needs of the local population
- ✓ ensure **appropriate workforce capacity and skill mix**
- ✓ equip staff with **knowledge about resources and support** available for people in local communities
- ✓ encompass appropriate training and professional development activities to **ensure staff have the competences required:**
 - in relation to self-harm and suicide prevention¹⁶
 - for working with children and young people¹⁶
- ✓ ensure staff have a solid **understanding of the relevant legal requirements and legislation** associated with information-sharing, competence, capacity and consent
- ✓ ensure staff receive appropriate **clinical supervision and support** to maintain ongoing competence, engage in reflective practice, improve clinician performance and support professional development
- ✓ enable staff to provide care and support in the **least restrictive way** (see www.rcpsych.ac.uk/improving-care/nccmh/reducing-restrictive-practice for information about the Reducing Restrictive Practice programme at the NCCMH).

Older People's Crisis Home Treatment Team (NAVIGO)

All staff are trained or have access to training in a range of areas, including risk assessment, safe handling of medication, counselling skills and physical health screening.

Staff are given the opportunity to access distance learning and training courses through a local university centre, which has resulted in significant upskilling and competence across a range of areas, including solution-focused therapy and holistic crisis interventions.

Respond Multi-Agency Mental Health Simulation Training (Newcastle upon Tyne)

Respond provide vital training and continued professional development for staff from multiple agencies who provide mental health crisis care. The training offers a safe learning environment to explore problem-solving and decision-making skills, to support everyone in the crisis pathway to understand each other's roles better and share their expertise, including people with lived experience.

Their training supports professionals to provide more efficient, high-quality crisis care, to improve clinical outcomes and the experience of people in a crisis.



Peer support

Peer support workers are people who have had experience of mental health problems, either as carers or users of mental health services. Peer support has become established across a range of crisis and other mental health services, providing support to people and helping them to manage their mental health and prevent crises. If a crisis does occur, they can support the person by listening to them, being compassionate and working in partnership with them to access and navigate appropriate care. Peer support workers can share learning with mental health staff in terms of relationship-building and what kind of support people tend to find most beneficial.

The Haven @ the Cellar Trust (Bradford)

Lived expertise is at the heart of this service, which offers high-quality peer support to help people develop the skills needed to manage their own mental health in a supported environment. The service is primarily delivered by paid peer support workers, with additional support from peer support volunteers.

The service has recently established a Bradford-wide peer support group for people working in peer support, across a range of organisations, to support all people to stay well and enhance their practice. Internal and external supervision is also provided, to further support members of the team.

Peer Supported Open Dialogue (POD)

An innovative psychosocial approach adapted from the Open Dialogue model in Western Finland, it involves working with the person's whole family and social network at the point of crisis, using the knowledge, assets and strengths of all involved. The POD model places understanding and 'shared decision-making' for treatment decisions at the centre of its work.

This POD service, delivered by Kent and Medway NHS Trust, is an alternative to the current crisis and community mental health pathway and provides support at the point of crisis through to discharge without the requirement for transition between a crisis resolution and home treatment team and a community mental health team. One of the essential elements of POD is that the first meeting between all involved in the person's care is held within 24 hours of contact. The person receiving care usually decides who will attend of their family, friends and any relevant professionals. The same clinicians remain involved throughout care and meetings take place as often as needed. The clinicians reflect in the presence of the family and all decisions are made in collaboration with all present at the meeting.



Staff wellbeing

Mental health crisis services should also actively support and promote staff wellbeing. This may be through providing access to support services, appropriate clinical supervision, monitoring staff sickness, assessing and implementing strategies to improve morale, and encouraging staff feedback on the running of the service. Opportunities for diversity in workload, professional development and career progression are also important elements.

A number of resources exist to support improved mental health in the workplace, such as:

- [Thriving at Work: The Stevenson/Farmer Review of Mental Health and Employers](#)²⁰
- NHS England has published a [Workforce Health and Wellbeing Framework](#)²¹ to support their employees' health and wellbeing
- NCCMH and the PPIMH developed the report [A Happy, Healthy Workplace](#),²² which puts forward a number of recommendations.



OSCA Crisis Team

Staff have consistently demonstrated their ongoing commitment and willingness to be flexible in the way they work, while ensuring all elements of their roles are completed to a high standard. The team have continued working together and supporting each other despite a number of challenges, and in doing so have ensured that they make a positive difference to the experience of young people and their families.

Staff continually share knowledge, skills and experiences with one another, and have access to development and training opportunities (particularly around DBT) to support widening of skills and individual career progression. The team also engages in restorative supervision, to enable safe reflection as a team.



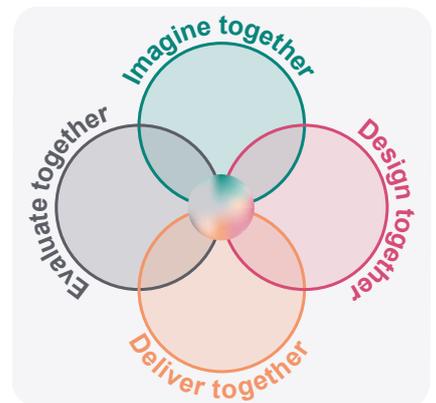
Recommendation 7: Ensuring a quality service

Summary: Crisis services should be co-produced with people who use the service. Then, to ensure the quality of the service, its impact should be monitored and evaluated regularly. This should be done using a QI approach, seeking to continually and incrementally improve the service while actively learning from the good practice of other services. Organisational governance and processes should be adhered to at all times.

Using co-production to ensure equality

Co-production is an ongoing partnership between people who design, deliver and commission services, people who use the service (including their families, carers and support network) and people who need them. Involving people across all stages of service delivery (from staff recruitment to peer support, to encouraging people to take part in advisory groups or participation forums) can support genuine co-production and build services that effectively meet the needs of people in the local area.

The NCCMH has developed [Working Well Together](#),²³ a resource to support co-production in mental health commissioning.



Improving quality of care

People's experiences of treatment, care and support, and feedback from other services such as primary care, are central to measuring the quality of services and determining priorities for improvement. Regular measurement of the quality of services will help provide consistent, evidence-based treatment and support across England and will ensure people know what to expect from a service.

A QI approach should be used to underpin implementation of the recommendations in this document. Each area should create its own theory of change (for example, using a driver diagram) and a measurement strategy for improvement. Ideas should be tested and allowed to fail as well as succeed, with both failure and successes contributing to learning and improvements. This approach will ensure that staff and people with experience of mental health are fully involved in developing services, and that services know whether they are improving or not through the use of data tracked over time (for example, by using run charts).

NICE has developed tools and resources to support services in improving the quality of care: <https://intopractice.nice.org.uk/practical-steps-improving-quality-of-care-services-using-nice-guidance/index.html>

See the King's Fund QI topic page for more information about QI: www.kingsfund.org.uk/topics/quality-improvement

For more information on **driver diagrams** and theory of change, see the East London NHS Foundation Trust's QI webpage: qi.elft.nhs.uk/resource/driver-diagrams/

To ensure services are working to improve the care they provide, they should:

- ☑ **collect data and outcome measures across individual and service levels**, to be able to monitor, evaluate, quantify and demonstrate the impact of their service
 - individual outcome measures should include self-report and experience measures as well clinician-rated scales
- ☑ **learn from other services** that demonstrate good practice
- ☑ follow **organisational governance and quality assurance processes**
- ☑ engage in **regular evaluation processes** to obtain feedback from people with lived experience and staff, with clear and transparent plans for how to integrate and action the feedback.

Dial House @Touchstone (Leeds)

Dial House regularly collects outcome measures to demonstrate its effects on both the experiences of people from BAME groups and the impact on the wider system.

The service recently underwent a Social Return on Investment Analysis, as part of an overall analysis of the wider Leeds Survivor Led Crisis Service. The report found that for every £1 invested, there is a return of £7.50–£12.50 back into society across areas such as suicide prevention, keeping people out of psychiatric hospital and A&E, as well as savings to the criminal justice system and other statutory services. Conducting an evaluation and demonstrating positive outcomes has ensured ongoing funding for the service.

First Response Service and Sanctuaries (Cambridgeshire and Peterborough)

Feedback from people with lived experience, as well as carers and professionals, is routinely collected as part of the First Response Service. Specific outcomes measuring patient and carer experience have been collected and incorporated into service evaluations, such as that completed by RAND Europe in 2017 as part of a review of the Urgent and Emergency Care vanguards.

Collecting feedback and regular outcomes measurement has enabled the service to demonstrate its impact across a number of areas, such as a reduction in inpatient admissions, reduced use of A&E, and improved patient and carer experience.

Teesside Crisis Assessment Suite (Tees, Esk and Wear Valley)

Co-production was used in the service design, development and ongoing evaluation of the Teesside CAS. The CAS held a service improvement event to improve the experience of those people who are brought to the suite as a place of safety. The event was attended by police, people with lived experience, carers, local authority staff, CAS staff and other Tees, Esk and Wear Valley staff, resulting in processes that significantly improved the wait times of the service.

Quality improvement systems are used to continually assess and improve the service, which has resulted in more effective use of staff time and improved quality of care.



Summary of positive practice examples

Bedfordshire CAMHS Crisis Service – East London Foundation Trust, Bedfordshire Clinical Commissioning Group

Jo Meehan, Bedfordshire and Luton Associate Director of CAMHS

01234 310 040 / 07940 524 635

jo.meehan1@nhs.net

CAMHS Crisis, Liaison and Intensive Home Treatment Team (Durham & Darlington) – Tees, Esk and Wear Valleys NHS Trust

Michelle Trainer, Head of Service
0191 594 5770

michelle.trainer@nhs.net

CAMHS Home Treatment Time – Hertfordshire Partnership University NHS Foundation Trust

Abigail Firth-Bernard, Home Treatment Team Leader
01923 289 940

abigail.firth-bernard@nhs.net

Chasing the Stigma

Jake Mills, Founder/CEO
07854 789 541

jake@chasingthestigma.co.uk

Crisis Care Centre – North Staffordshire Combined Healthcare NHS Trust

Josey Povey, Service Manager
07702 126 156

josephine.povey@combined.nhs.uk

Crisis Community Services – Northamptonshire Healthcare NHS Foundation Trust and Mind in Northamptonshire

Jen Holling, Transformation Programme Lead for Mental Health
07500 839 637

jen.holling@nhft.nhs.uk

Dial House @ Touchstone – Leeds Survivor Led Crisis Service

★ *PPiMH Awards 2019 Highly Commended, Addressing Inequalities in Mental Health*

Carol Gatewood, Dial House @ Touchstone Manager
0113 260 9 328

carol.gatewood@slcs.org.uk

Enabling Town Slough – Slough Borough Council, Berkshire Healthcare NHS Foundation Trust and other partners

★ *PPiMH Awards 2019 Highly Commended, Primary and Community Adult Mental Health Services*

Rex Haigh, Consultant Medical Psychotherapist

rexhaigh@nhs.net

First Response Service and Sanctuaries – Cambridgeshire and Peterborough NHS Foundation Trust & CPSL MIND

Modestas Kavaliauskas
07814 770 169

m.kavaliauskas@nhs.net

Grassroots Suicide Prevention

★ *PPiMH Awards 2019 Winners, Suicide Prevention Services*

★ *PPiMH Awards 2019 Highly Commended, Innovation in Digital Mental Health*

Alex Harvey, Head of Development
01273 675 764

alex@prevent-suicide.org.uk

Haven at the Cellar Trust – The Cellar Trust in partnership with Bradford District Foundation Care Trust and Bradford Council

Kim Shutler-Jones, CEO
01274 586 474

kim.shutler-jones@thecellartrust.org

Hospital Avoidance Program – Midlands Partnership NHS Foundation Trust

Sharon Madden, Ward Sister
01743 210 040

sharon.madden@mpft.nhs.uk

Initial Response Service – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Janet Gilbert, Acting Clinical Manager

07989 447 328

janet.gilbert@cntw.nhs.uk

Lotus Assessment Suite – South West London and St George's Mental Health Trust

Stefanie Looker, Unit manager
0203 513 6512

stefanie.looker@swlstg.nhs.uk

Older People's Crisis Home
Treatment Team – NAViGO

Gilly Steel, Clinical lead
01472 256 256 (option 3)
gilly.steel@nhs.net

OSCA Crisis Team – Oxford
Health NHS Foundation Trust

★ *PPiMH Awards 2019 Winners,
Children and Young People's
Mental Health Services*

Andrea Shand, Head of Service
OXON CAMHS
07919 691 635
andrea.shand@oxfordhealth.nhs.uk

Peer Supported Open Dialogue
Services (POD) – Kent and
Medway NHS and Social Care
Partnership Trust

★ *PPiMH Awards 2019 Highly
Commended, Peer Support
Services*

Yasmin Ishaq, Open Dialogue
Service Lead
07393 763 278
yasmin.ishaq@nhs.net

Pennine Rapid Intervention and
Treatment Team – Lancashire
and South Cumbria NHS
Foundation Trust

★ *PPiMH Awards 2019 Highly
Commended, Older Adult
Functional Mental Health
Services*

Suzanne Thornber, Care Group
Manager
01254 226 971
suzanne.thornber@lancashirecare.nhs.uk

Respond Multi Agency Training
– Northumberland, Tyne and
Wear NHS Foundation Trust

★ *PPiMH Awards 2019 Winners,
The Seni Lewis Award*

Claire Andre, Clinical Police
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Abbreviations

A&E	Accident and emergency (department)
BAME	Black, Asian and Minority Ethnic groups
CAMHS	Child and adolescent mental health services
CAS	Crisis Assessment Suite
DBT	Dialectical behaviour therapy
MaST	Management and Supervision Tool
NCCMH	National Collaborating Centre for Mental Health
NICE	National Institute for Health and Care Excellence
POD	Peer Supported Open Dialogue
PPiMH	Positive Practice in Mental Health
QI	Quality Improvement

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