



CPD Online summary note

## **Alternatives to acute admission: crisis resolution and home treatment**

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In recent years crisis resolution and home treatment has become established in NHS mental health services as a major alternative to acute in-patient care. Its introduction has been associated with a reduction in bed usage and an increase in service user satisfaction.

A range of available alternatives to acute admission enables those assessing referrals for acute admission to arrange more appropriate care, with particular attention paid to relevant social factors. This in turn allows acute in-patient care to be redefined as special and specific, rather than general and 'one size fits all'.

There is now an established template for successful crisis resolution and home treatment as an alternative to in-patient care. The service is best dedicated to its particular task, rather than being given additional work. Its resources need to be sufficient to allow it to be continuously available, and to visit people at home, if necessary several times a day. There need to be good links with both the in-patient ward and the other community teams, with the overall service having an operational policy and practice that values coordination and collaboration.

A crisis resolution and home treatment team is able to provide at home nearly all the types of care that have been traditionally provided for acute in-patients, together with additional immediate attention to the relevant social factors associated with acute mental illness. The team's work also enables more appropriate longer-term care to be recommended.

Together with other alternatives to acute in-patient care, crisis resolution and home treatment is associated with less alienation and more self-reliance for service users compared with in-patient care. It is anticipated that its introduction will prove not only to be cost effective, but also to better enable inclusion of service users within their own community.

**Key themes addressed in this learning module were:**

Why have alternatives to admission?	Reduces acute in-patient bed requirement Can provide acute needs-specific services
What types of alternatives are possible?  Acute care is a set of alternatives not a single solution	Acute day care Crisis resolution and home treatment Bed and breakfast hotels Acute adult fostering Crisis accommodation
Who needs admitting?	Those needing 'a safe and therapeutic setting' at the 'most acute and vulnerable stage of their illness'.  Those who 'Cannot at that time be treated and supported appropriately at home or in an alternative, less restrictive setting'.
Structures and resources of the crisis resolution home treatment team	Multidisciplinary team Continuously available Central base Integrated into service Access to respite care
Integrated services are key	In-patient ward Day care A&E, duty workers CMHTs, outpatient department Pharmacy
What is crisis intervention?	Overall theoretical framework Rapid response, in situ > elsewhere Intense, here and now, short term Facilitates 'healthy coping' Usually involves social network
Features of social systems	Sets of interactive relationships Vary in size and formality Sensitive to external stresses Liable to internal conflicts Several: a network
Appropriate crises for crisis resolution teams	A failure in adequate coping Associated with mental illness/distress Individuals/social support exhausted Referral crisis results from series of earlier crises Admission to hospital conventional

## Key themes continued ...

Assessment considerations	<p>Gatekeeping The story so far Extending the story so far Crises and systems</p> <p><b>3 questions</b></p> <p>Which social systems are involved? Which social systems crisis is it practical to tackle first? Who to invite to the first social systems meeting?</p>
Social systems interventions	<p>Explaining the relevance of social factors Identifying the agreed crisis origins Agreeing short-term goals Agreeing long-term goals Enabling changes Monitoring outcomes</p>
Conclusions	<p>Gatekeeping of the acute admission beds Range of alternatives Account for social aspects as soon as possible Ensure ward works closely with crisis team Promote model as mainstream</p>