Sussex Partnership NHS Trust.

5 teams in the study.
3 teams with the resource pack.
Hastings (Rob Barnes); Chichester (Julia Kesteven); Worthing (Lisa Dyde). Facilitator Bree Macdonald (Clinical Psychologist).
Themes.

• i) Improving information and support – particularly in relation to carers.

• ii) Delivering psychological interventions in crisis care (brief interventions/training for staff).
Hastings CRHT

• 23 team members including nurses, Occupational therapists – qualified and support, Psychiatrists, Support workers, administrators

• i) Item 6 (gate-keeping).

• ii) Item 11 (assertive, comprehensive assessment).

• iii) Item 14 (carers support).

• iv) Item 16 (communication re medication).

• v) Item 32 (lone worker policy).
Chichester CRHT.

14 team members including Nurses, Clinical Psychologist, Psychiatrist, Social workers and administrator.

i) Item 7 (early discharge)

ii) Item 12 (clear information re care plans)

iii) Item 14 (carers assessment and support)

iv) Item 16 (understanding medication)

v) Item 17 (psychological interventions)

vi) Item 24 (relapse plans for the future)

vii) Item 30 (teams training and supervision)
Worthing CRHT

• 17 team members including Nurses, Social workers, Support workers, Clinical psychologist, Psychiatrists, administrator.

• i) item 1 (response times to referrals).

• ii) Item 3 (referrals from other sources).

• iii) Item 16 (understanding medication)

• iv) Item 19 (help with social/practical issues)

• v) Item 24 (help to plan future crisis)

• vi) Item 30 (team training and supervision)
Improving information and support.

• Supporting carers – (important others, including children). HASTINGS item 14 (2).

☐ Pre CORE assessment.

☐ Work so far.
Improving information and support.

- Information for service-users about medication/screening for needs in relation to social/housing/financial and carers needs. WORTHING item 16 (2) item 19 (3)

- Pre CORE assessment.

- Work so far.
## Crisis Resolution Service

### CARE AND RISK MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>My current safety and care needs are:</th>
<th>How can we meet your needs?</th>
<th>Review Date</th>
<th>Expected Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**My medication at this time is:**

**I have been given written information about my medication by:**
- GP [ ]
- Hospital [ ]
- Community Team [ ]
- CRT [ ]

**I experience the following side effects:**

**The Crisis Team will provide this information if required**

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**Crisis Co-ordinator/Assessor:** ____________________________

**Signed:** ____________________________

**Service User:** ____________________________

**Signed:** ____________________________
Screening Tool Process (item 19).

- One member of the team leading on this intervention.
- T/C screening all service users with the team in the first week.
- Results of the screening to be added to the care plan.
- Also acts as a screening for carers needs.
- Piloting this for a month from mid April
Psychological Interventions in Crisis teams/staff training.

- Chichester relates to item 17 (2) and 30 (1).

- Pre-core

- Work so far
Psychological Therapies in Crisis Teams

What and Who?

• **What?** Collaborative formulation; CBT tools/strategies; Behavioural Activation and Graded Exposure; Couple/family consultations (1-3 sessions).

• **Who?** 3 step model
  - Clinical Psychologists
  - Health professionals with a therapy qualification
  - Team members using psycho-social /counselling skills.

How to deliver and then support psychological therapies in CRHT’s?

• **Deliver?**
  - An understanding within the team and an embedded way of identifying early.
  - Outcomes: Evidence nationally and locally. The three step model

• **Support?**
  - Clinical psychologist (strategy and supervision); training from trust; quarterly supervision group; bite-size training.
Evidence.

Which should be delivered?

- In 2010 (Schizophrenia) and (2009) depression that psychological interventions can begin in acute phase.
- Investing in Recovery (re-think/DOH) 2014.
- (CBT/CRHT/E.I/smoking cessation

Why?

- They prevent or delay relapse.
- They reduce the need for more expensive care.
- They have wider recovery outcomes (employment, housing and physical health)