## Information Guide 1. Navigating community care options in a mental health crisis: a guide for family and friends

IMPACT is the UK Centre for implementing evidence in adult social care, funded by the Economic and Social Research Council and the Health Foundation. It brings together academics, people who draw on care and support, and policy and practice partners, to enable practical improvements on the ground and to make a crucial contribution to longer-term cultural change.

This guide is aimed at families and supporters of people who may benefit from accessing community crisis care for their mental health. It has been developed from a project looking at community alternatives to hospital in a mental health crisis. The information has been gathered by the team at IMPACT, working closely with Shared Lives in South East Wales.

Family members and supporters

In a crisis, many people look to their families and support networks for guidance and advice. Everyone’s support network is different, and may include their partner, parents, flatmates, close friends, or someone else entirely. These trusted individuals are in a unique position to support decision-making and ensure the best outcome.

Supporters may be concerned about safety for their friend or family member. This fear may mean they are drawn to models of care that offer constant clinical supervision as this surveillance can make the risk seem lower, especially where they themselves have struggled with providing care for acute mental health symptoms. Others simply aren’t aware that alternatives to hospital exist or how to access them.

Service models

The availability of local services can feel like a postcode lottery. However, there are attempts to reduce this imbalance, and across Wales, there are new community crisis services being commissioned and opened to fill service gaps. The community-based crisis care available includes short-term intervention at a crisis sanctuary, support from specialist NHS community crisis teams, and/or crisis placements either with experienced carers in their home, or at a crisis house.

Benefits of the home environment for recovery

Community crisis projects can, for most individuals, provide a homely environment that promotes a sense of stability and normalcy, fosters recovery and promotes emotional wellbeing. Most of us feel more at ease in a home-like setting rather than a hospital, and this is true of people in crisis too. carers and community workers can support individuals to reconnect with their daily life and normal routines. Carers welcome the person they are supporting into their family and community life, and provide the opportunity for them to participate in recovery activities (for example, many crisis houses have an arts room and partnerships with creative community projects).

Carers and community workers strongly encourage family involvement, providing the space for visits and an informal process for arranging trips out. Social relationships are valuable in supporting long-term recovery, and carers can actively encourage individuals to maintain connections, make apologies if and where needed, and to strengthen their support networks. For some, this may be through attending a support group, for others, religious services or a college course. Building and rebuilding these networks helps to promote long-term recovery in the community.

Ensuring safety in a community setting

For some, these benefits do not outweigh the concerns they have about risk management in a community setting. Common concerns include self-harm, substance use or suicidality. Hospital environments are likely better equipped to provide clinical supervision and surveillance. However, the research may surprise you, people leaving mental health wards have been shown to have a much higher risk of suicide than the general population, especially in the three months after discharge. In contrast, individuals who have received care in the community are generally found to have an improved quality of life with reduced chances of future hospital admissions. To find out more about this research, you can access the evidence review for this project on the IMPACT website.

Safety is central to the work of community crisis care, and risk assessment is embedded throughout. Initial crisis calls to 111(2) are risk assessed based on the UK Mental Health Triage Scale. A community setting will not be considered if the risk is too high, and a clinical ward may be recommended. Different community crisis projects have different criteria for who can access support, ranging from ‘high risk and/or high distress’ to ‘low or moderate risk’. This ensures that they are always able to manage risk appropriately.

Carers and community workers are well trained and experienced in managing risk. Shared Lives carers for example, often have backgrounds in mental health, therapy, or social care. Some carers have lived experience of caring for members of their own family facing mental health challenges. As well as this rich background, carers undergo thorough training and are supported 24/7 by the Shared Lives team and local NHS Crisis Resolution and Home Treatment Team.

Individuals are also empowered to help manage risk, and whilst setting up the placement, most community residential crisis projects co-produce a safety plan with service users. This agreed plan encourages individuals to take ownership of their recovery.

Meeting specific needs

The benefits of community crisis care can be even greater for people with multiple, complex, or additional care needs. Many Shared Lives carers have extensive experience supporting neurodiverse individuals who may struggle in a busy ward environment and specialist training is provided for others, for example, training for managing physical health conditions such as epilepsy or how to manage ligature risk. Partnership working with specialist third sector organisations can also help for example partnering with a carer to support an individual with co-occurring substance use.

Community care is effective for many, but it isn’t always the right option for everyone. Some individuals may prefer hospital care for its structure or group therapy options. It is important to remember that a clinical ward remains an option if the community setting is not the best fit.