## Information Guide 2. Managing Risks in Community Mental Health Crisis Projects: a guide for professionals

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 has been developed from a project looking at community alternatives to hospital in a mental health crisis. The information here has been gathered by the team at IMPACT, working closely with Shared Lives in South East Wales. It will discuss risk in a community setting, co-producing risk assessments, and enhancing post-intervention support for carers.

One of the major concerns about providing mental health crisis support in a community setting is how risks can be managed to keep individuals and carers safe. There are benefits to community alternatives in a mental health crisis which were discussed in the first of this series of guides. However, providing mental health placements in a community setting also brings a unique set of risks. The homeliness and comfort of these placements brings the need to consider additional risk factors, for example, individuals can possibly access alcohol or drugs. Family members may also be exposed to potentially traumatic situations with placements within the home. This is particularly a concern where carers have children or grandchildren who visit regularly.

Mental health support needs can fluctuate, especially at times of crisis, and this can make it difficult to predict individual needs. Risks such as self-harm, suicidal ideation, or substance misuse can escalate rapidly and unpredictably. Within a smaller community setting, or individual home, it is unlikely that an individual can be constantly supervised: carers need to sleep and have responsibilities outside of caring. However, with high-risk cases, carers may struggle to manage risk alone and report a significant emotional toll. This is particularly true for carers without mental health expertise.

What may help?

Firstly, building expertise. Stronger partnerships with mental health experts and third-sector organisations are a good way to equip carers with the knowledge and tools needed to confidently manage high-risk scenarios. While carers value the 24/7 support available from NHS Crisis Resolution and Home Treatment Teams, one told us that they would benefit from more frequent input from mental health professionals. There was also an example where links with local drug and alcohol support groups could provide additional support to an individual in the community and increase a carers confidence in hosting a placement. Similarly, early intervention in psychosis teams may better help carers to understand and manage psychotic symptoms.

Many community care providers have raised concerns over the risk of suicide. Although Mental Health First Aid training is provided, support in using clinical tools like the Risk of Suicide Protocol (RoSP), may help carers to evaluate and manage risks posed by suicidal ideation more confidently and effectively.

Secondly, building support. Creating opportunities for carers to share experiences with others builds confidence and knowledge. Peer support groups or structured forums for communication could build a sense of community among carers, encouraging collective problem-solving and resilience. These initiatives would enhance carers’ ability to manage high-risk placements effectively while promoting their well-being.

Co-production

Another way of reducing the pressure on carers is through co-production. Current best practice in mental health risk assessment emphasises collaboration, where the process is conducted *with* an individual and their supporters, rather than done *to* them. However, co-production can feel more difficult to achieve at the crisis end of the mental health spectrum. IMPACT recognises the challenges faced by NHS Crisis Teams who must balance the need for rapid responses with thorough risk and safety management. Co-production, while important, can be time-consuming which may delay crisis service provision. There is always a balance to be struck.

Post-intervention support

Despite best efforts at assessing and managing risk, the nature of working with crisis means that, on occasion, risks are going to be realised. Suicide attempts, self-harm, and substance misuse, for example, can have a traumatic impact on community crisis workers. The sharing of these experiences may reduce the number of carers willing to support someone experiencing a mental health crisis. Talking with community carers during the IMPACT project identified the need for enhanced clinical, emotional, and peer support to manage the strain of high-risk placements. Having access to clinical supervision or debriefing sessions following an emergency can help carers process the emotional challenges of their work and support them to continue it safely. Clearer escalation pathways and follow-up support structures after critical events may help to ensure carers feel more supported post-intervention.