## Information Guide 3. Barriers to and opportunities for community crisis care: a guide for commissioners of services

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 has been gathered by the team at IMPACT, working closely with Shared Lives in South East Wales.

There are barriers to access which will be discussed, along with suggestions received during the IMPACT project from staff and people who have used services about how to reduce barriers to community placements for mental health crisis. This content is targeted towards commissioners of community crisis care and managers and co-ordinators of services – but of course, will be relevant for others too. Three key barriers to accessing community care will be introduced: concerns over past behaviour, housing instability, and location logistics. Associated opportunities for making services more accessible will also be discussed.

Historic risk

Before agreeing to host a mental health placement, community organisations and carers in Wales are provided with a WARRN risk assessment from the NHS, that is ‘W’, ‘A’, ‘R’, ‘R’, ‘N’. There is a misconception that a WARRN is a restricted access ‘warning’ written about an individual. WARRN is actually an acronym for the Wales Applied Risk Research Network, and their formulation-based approach to risk assessment which helps practitioners to understand current risk and guide effective interventions. Formulation-based risk assessment takes into account the context of any past high-risk behaviour e.g. was past violence observed during a psychotic episode, or due to an autistic individual being triggered in a busy ward environment. This moves beyond a description of risk behaviours towards co-producing a personalised evidence-based explanation of “to who”, “when”, “where” and “why” there may be a risk and how it can be mitigated.

Healthcare professionals, social workers and carers can, and do, reject placements based on this assessment if it is thought that individuals are likely to seriously disrupt the carer’s home environment or other ongoing home placements. Community-based crisis care is generally not considered appropriate for individuals currently displaying aggressive or violent behaviour or intoxication. However, from conversations with carers, some individuals with ‘undesirable’ risk histories are also often being excluded from placements, regardless of their current risk profile.

Individuals with co-occurring learning disabilities or dementia may be similarly excluded due to a lack of understanding of why they are exhibiting behaviours perceived to be difficult in a ward environment. Carers are often able to match with someone whose needs they can meet, and provide personalised support based on extensive experience providing home placements to meet different needs. Many carers have reflected that their home can provide a calm place of recovery suggesting that some behaviours or responses that might have been seen in a hospital environment, may not be a considerable risk in a community setting.

Housing instability

Gaps in health and social care funding can result in insufficient flexibility for community crisis placements, leaving some groups of individuals inadequately supported. Many community crisis services are not equipped to address co-occurring mental health crises and unstable housing. The carers that IMPACT spoke to, overwhelmingly agreed that discharging individuals to homelessness is inappropriate, yet projects require individuals in crisis with no fixed abode to declare themselves as homeless to access housing support. Without clear transition plans from crisis care to supported accommodation or longer-term housing options, community carers may be hesitant to host individuals lacking stable housing or a defined exit plan. Those experiencing a mental health crisis and homelessness frequently face exclusion from residential crisis services which have not been designed to meet their needs. This highlights the importance of integrated approaches to address these overlapping challenges.

Community crisis services can draw on lessons from organisations that have successfully integrated mental health and housing support. Strategies include closer collaboration between crisis services and council housing teams to prioritise access and introducing a joint health and social care forum with flexible funding available for extended placements. Jointly, commissioned mental health and housing initiatives, partnerships, and well-resourced programmes tailored to the complex needs and multiple disadvantages of individuals experiencing homelessness may help to provide holistic care.

Location

Individuals supported away from their registered address (e.g. staying with family or friends or having a university term-time address in a different NHS administrative area) may face additional barriers when accessing crisis care local to where they are staying. Access services in one administrative area might cause difficulties when accessing local services if they return to their registered address.

Residential crisis schemes often struggle to match individuals with local carers due to the limited geographical availability of carers, especially during high demand periods such as summer or national holiday periods when many carers take a holiday. NHS crisis teams providing support to an individual have rejected placements offered outside their administrative boundaries for logistical reasons. Where out-of-area placements do go ahead, they can separate individuals from their family, community, and local support networks, potentially complicating recovery and reintegration.

Specialist teams such as the Welsh Mental Health Universities Liaison Service, have been set up to facilitate access to local care for transitional student communities. Frontline workers on NHS Crisis Teams reflected on the potential to improve communication and delegation between NHS trusts to better accommodate out-of-area placements, which can still be beneficial to individuals experiencing crisis. During a placement, carers can support individuals to maintain strong connections to their families, friends, and communities.