





Crisis and Home Treatment Team



Who are we?

We are a multi-disciplinary team (MDT) which works with children and young people (CYP) who present in Crisis related to Emotional Wellbeing and Mental Health needs. Our service is provided for those who are up to 18 years of age. We cover the whole of Coventry and Warwickshire and we assess those who are:

-  an immediate and significant risk to others due to their mental health
-  being considered for admission to a mental health inpatient unit
-  at risk of immediate and significant self-harm
-  in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves

The Acute Liaison provision is a crisis response and mental health risk assessment for children and young people (CYP) who have presented to the three acute Trusts of George Elliot Hospital (GEH), University Hospital Coventry & Warwickshire (UHCW) and South Warwickshire NHS Foundation Trust (SWFT.) The Acute Liaison provision will provide a clinical opinion or support the implementation of a Working with Risk Care Plan for young people admitted to a paediatric ward (excluding A and E departments) with an acute mental health crisis and or self-harm/suicidal ideation.

We also have the crisis part of this which is a Community Mental Health Crisis Assessment within the CYP home or community base. Where a CYP is presenting in crisis, the Crisis Resolution Home Treatment (CRHT) services will work with the CYP and family to support a crisis assessment either in the CYP home or community working towards preventing an unnecessary admission to the acute hospital (if medical treatment / intervention is not required).

There is a clinical coordinator between the operational hours of 8am and 8pm Monday to Friday and 10am-6pm Saturday and Sunday. However this is not an emergency contact and any emergency risk needs to be directed to an acute hospital.

Accessing our service

Referrals for Acute Liaison – CYP admitted to acute Trusts when the young person is assessed to be medically fit for discharge having completed any medical treatment they required as a consequence of their self-harm and or mental health presentation. The team will arrange to see the CYP with their family and/or appropriate carer within 48 hours. Referrals to be made to the admin team via 02476 961151. The admin team will complete the referral documentation before handing over to the clinical coordinator.

Referrals for a request from a professional (these include health professionals and social care) for a community assessment will be made to the Admin Team on 024 7696 1151 between the hours of 8am and 8pm Monday to Friday and 10am-6pm Saturday and Sunday.

There is an agreed 4 hour response time to make contact with the family of the CYP to arrange, if appropriate, a community crisis assessment in the next 48 hours. It needs to be noted that this is not an alternative to a medical need and/or a risk that is unable to be managed by the family/ refer in the immediate 48 hours.

The 4 hour response is within the working hours stipulated; it will be the referrer's responsibility that if this risk needs immediate support, the CYP is directed to an acute Trust. For all referrals the referrer must have seen the young person and completed a risk assessment within 5 working days for their referral to be accepted.

Health and social care professionals can assess whether Rise support is needed and make a referral by telephone to our details below.

Address:

Rise Crisis and Home Treatment Team, 2nd Floor Swanswell Point, 2 Stoney Stanton Road, Coventry, CV1 4FS.

Telephone:

024 7696 1151

The service will operate as follows:-

Monday to Friday – 8am – 8pm

Saturday to Sunday 10am – 6pm







Discharge from *Rise Crisis*

When a young person has been seen by the Crisis team for an assessment of needs, we will make a discharge plan with them and their family as early as possible. This might be to another community Rise service, to another service/agency or back to universal services (such as their GP or school nurse). This depends on the needs of the young person.

If a CYP was seen in an acute hospitals they will be offered a seven day follow up where their needs will be reviewed. If a CYP needs immediate support though our home treatment service and meets the criteria, then this will be discussed as part of an MDT first.

Home *treatment*

Intensive home treatment is for young people:

-  who have acute psychiatric or psychological symptoms
-  whose mental health is getting worse, and who are at high risk of experiencing an acute psychiatric crisis
-  who are ready to come home from a psychiatric hospital, where we can help to plan for their return home
-  who are already working with specialist Rise teams, where we can also help to provide out of hours care
-  who must have had a crisis or ALT assessment
-  who must be open to Rise

This service is for six weeks and we will visit the family and young person at home or at an agreed place to deliver a package of care to suit the individual's needs. This will also include a safety plan and agreed treatment care plan. The amount of visits needed will be dependant on the individual and their needs. All young people will need a full assessment, WWR1 and a Form 1 completing before commencing home treatment.

A journey with **RISE**

is as unique as the person seeking support

Here is an example of one young person's journey.



1 I noticed that I was starting to struggle. I started to think I didn't want to live anymore.



2 I spoke to someone I trust for me this is my mum.



4 I told the GP how I was feeling and that I wanted help to feel safe again. The GP referred me to Rise.



3 Mum booked me an appointment at the GP.



5 The Rise Crisis and Home Treatment Service rang me within 4 hours and spoke to me about how I was feeling. They also spoke to mum. After the phone call they offered to see me in the next 48 hours.



6 The Crisis and Home Treatment Service came to see me at home. I felt more relaxed being in my own environment. They talked about options available to me.



7 The Rise Crisis team referred me to a service to help and gave me useful resources and tips.













8 I know I can always use the things I've learnt if I ever start to feel like that again. I still sometimes visit **cwrise.com** and use the Dimension Tool, as I find them helpful. The most important thing is I know I don't have to figure things out on my own.



Exclusion criteria

In order to provide a service to those who are at greatest risk of requiring a psychiatric hospital admission, Home Treatment (HT) teams are less likely to offer a service for the following conditions:

-  Primary diagnosis of alcohol/substance misuse
-  Primary diagnosis of a learning disability
-  Recent history of self-harm, but not due to a mental health
-  A crisis related solely to relationship issues/or other social issues
-  HT teams are not able cover the leave of a patient's community mental health team worker
-  Patients with mental illness secondary to physical, organic or neurological conditions
-  HT teams may not accept referrals where there is no indication that HT input will have therapeutic value
-  Home treatment will not be expected to manage eating disorders alone and must be to address a comorbid mental health disorder
-  HT teams will not accept referrals for behavioural or parenting difficulties
-  HT teams will not accept out of area referrals

Please contact us if you are unsure as to whether your referral is appropriate or you need to seek further advice. If someone is at immediate risk then please send them straight to A&E for immediate support.