

Reference Number: UHB 568 Version Number: 1	Date of Next Review: July 2028 Previous Trust/LHB Reference Number: N/A
Crisis Recovery Unit Operational Policy	
<p>Policy Statement</p> <p>Crisis resolution and home treatment teams (CRHT) are designed to provide people with a rapid response when they are experiencing an acute mental health crisis. Elements of this crisis response are also set out to consider alternative packages of care which avoid or replace unnecessary hospital admissions as well as access specialist consultation in terms of managing mental health conditions.</p> <p>This Crisis Recovery Unit operational policy outlines both the philosophy of care and how Cardiff and Vale University Health Board (the UHB) will deliver its aims, objectives and responsibilities to service users under the crisis team when in receipt of its day service provision.</p>	
<p>Policy Commitment</p> <p>We are committed to ensuring that the provision of community based day services that individuals under the care of crisis team can access in conjunction with home treatment as an alternative to hospital admission, where it has been assessed as safe to do so. We will support staff to provide this by</p> <ul style="list-style-type: none"> • Publishing this policy and keeping it updated in line with any service change/developments • Providing training for staff on appropriate interventions and risk management • Providing support to staff with managerial supervision 	
<p>Supporting Procedures and Written Control Documents</p> <p>This Crisis Recovery Unit Operational Policy should be considered in conjunction with the below policy documents:</p> <ul style="list-style-type: none"> • Crisis Resolution Home Treatment Team Operational Policy • Cedar Ward Operational Policy • Integrated CMHT Operational Policy <p>Other supporting documents are:</p> <ul style="list-style-type: none"> • <i>Welsh Government 2015 Mental Health Crisis Care Concordant</i> • <i>Welsh Government 2010 Mental Health Measure Wales</i> 	
<p>Scope</p> <p>This procedure applies to all healthcare professionals employed by the UHB within adult Mental Health's Crisis Services, including those on honorary contracts along with wider</p>	

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Community Mental Health Staff whose allocated service users may use this service. It also applies to academics, healthcare support workers, students and locums working within this clinical area.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has not been completed as there were no identifiable impacts of this policy review/update.
Policy Approved by	Mental Health Clinical Board
Group with authority to approve procedures written to explain how this policy will be implemented	Mental Health Clinical Board
Accountable Executive or Clinical Board Director	Dr Neil Jones, Clinical Director Mental Health

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	29/08/2023	TBA	<i>New document</i>

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1. Philosophy

The Crisis Recovery Unit (CRU) provides assessment, therapeutic intervention and support, in a non-pressured setting, for people experiencing a mental health crisis. It is designed to provide a flexible and responsive assessment and treatment service. The service supports people who have been initially referred to and assessed by the Cardiff Crisis Resolution and Home Treatment Teams. The Crisis Recovery Unit provides an intensive and consistent therapy that may not be available in a community-based setting.

The service provides respite for both people under the care of the Crisis Team and their carers, reducing tension and de-escalating difficult social situations. In some circumstances it will enable carers to return to work, if necessary.

This policy should be read in conjunction with the Operational Policy for Cardiff & Vale Crisis Resolution & Home Treatment Service.

2. Mission Statement

We aim to support the tenet that people experiencing Mental Health Crisis should be treated in the least restrictive environment with the minimum of disruption to their lives by providing care and treatment at the Crisis Recovery Unit, as an alternative to in patient care.

3. Service Aims

The Crisis Recovery Unit will promote a relaxed, non-threatening environment for people in crisis or following a crisis. A range of treatments and activities will be provided. People will collaborate in the development of individually designed treatment programmes. These programmes will provide a balance of therapeutic interventions, recreational activities and “time out” in a non-pressured setting.

It is also expected that every person will have a period of dedicated one to one time with a member of unit staff during every attendance.

Close working with Linden House (Crisis House) in order to provide extended support for certain people.

The Crisis Recovery Unit is not a locked environment and people attending are risk assessed by the Crisis Teams for suitability, any changes in risk are reported continuously to the respective team.

The Crisis Unit operates as an empowering, inclusive environment, allowing the person concordance in their treatment.

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Assessments may include:

Observation
 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)..
 Life Style Adjustment
 MOHOSip, MOHOST, OCAIRS
 Daily Living Assessments
 Home Assessments
 Vocational Rehabilitation Assessment
 Interest Check List
 Physical Health Questionnaires.
 Blood Monitoring.
 ECG Recording.

Psychological Therapies

Aspects of Cognitive Behavioural Therapy
 Compassion Focussed Therapy
 Mindfulness
 Confidence Building
 Emotional Regulation
 Relapse prevention
 1 to 1 support
 Psycho-education
 Family/Carer support
 Anxiety/Stress Management
 Relaxation
 Behavioural Programmes
 Confidence building
 Concordance Therapy

Liaising with other primary and secondary providers in the NHS:

Community Mental Health Teams
 Community Resource Teams
 GPs/ Out of Hours GP
 Perinatal Services
 Integrated Autism Service
 Primary Mental Health Support Services
 Focussed Recovery and Outreach Team
 Head Room
 Drug and Alcohol (EDAS, DAT)
 Sexual Assault Referral Centre
 Post-Traumatic Stress Service
 Memory Clinic
 Dental Service
 Accident and Emergency

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Physical Therapy

Physiotherapy Programmes
Walking
Gardening
Swimming

Recreational Therapy may include:

Music Activities
Creative Activities
Pool
Computers
Television/DVDs
Video Games
Tea/coffee
Newspapers
Quiz

Third Sector collaborative working partners.

Information will only be shared with partners with which the health board have an SLA or and MOU agreement. When referrals are made to organisations outside this agreement then the Individual being referred must agree and sign the appropriate Consent to Share Document on PARIS, IT communication system.

People attending CRU, will be supported to access local third sector activities and groups that will be able to offer further community support when they leave the Crisis Service.eg

Social Navigation.

BOWSA

Diverse Cymru

Citizen's advice for benefits, debt, housing –HUBS

Housing Options

MIND – groups and individual counselling

Hafal – gardening, art, pottery

Ty Canna – outreach and groups

New Pathways

4Winds

Riverside Advice

Recovery Cymru

Speakeasy Advice Centre

Women's Aid

RISE

Families Need Fathers

Department of Works and Benefits

Student Support

Liaise with employers/ Occupational health departments

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4. Hours of Operation:

The service will normally operate from 8.30 am to 16.30 pm seven days a week. Hours of opening may be reduced at weekends, according to demand. People will attend as required, as part of an Individualised Intervention Plan.

5. Refreshments / meals

Formal cooked meals would not normally be provided, but the facilities to provide snacks / refreshments will be provided free of charge. Help and support to produce these will be provided by the staff team who will be trained to carry out these duties.

Special diets will be sourced as required.

These points of contact are recognised as excellent opportunities for establishing rapport, assessment in “normal” situations and informal therapy.

6. Transport

Transport can be offered to people referred to the CRU as deemed clinically appropriate. This will in most instances take the form of Contract Taxis. Staff at CRU will also support people to access Public Transport, following a risk assessment in the attempt to improve social inclusion in the local community.

7. Catchment Population

The CRU will offer services to people being treated by either the Crisis Resolution & Home Treatment Teams that operate in Cardiff and the Vale of Glamorgan.

The service is not normally appropriate for people with a primary diagnosis of:

- Mild anxiety disorders.
- Diagnosis of alcohol or other substance misuse.
- Diagnosis of eating disorders
- Brain damage or other organic disorders including dementia.
- Learning disabilities.
- Recent history of self-harm, but not in a mental health crisis

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Attendance at the CRU will be subject to a risk assessment re; suitability for the open environment, using positive risk management People will not be permitted to consume alcohol or illicit substances whilst attending the service.

If a person chooses to leave the unit against staff advice, holding powers cannot be employed due to the unit being classified as a community provision as guided by the Mental Health Act.

The CRU procedure for people leaving the unit against advice must be utilised. In the event of a person using offensive or unacceptable behaviour, continued attendance at the unit will be subject to a CPA review.

8. Number of Service user attendances

The unit will have a maximum fifteen places per day. This figure will be subject to review. The number of places available at any one time will also be dependent on the acuity people receiving services at that time.

The maximum length of treatment programmes will be as defined in the operational Policy for the CRHTT.

9. Organisational Structure

The CRU staff team will be drawn from a range of mental health disciplines, including, Mental Health Nurses, Community Support Workers, Occupational Therapist and Occupational Support Technicians, Physiotherapy Technicians.

Managerial responsibility for the CRU will be within the remit of the Senior Nurse Crisis Services. A CRU manager will be responsible for the day to day running of the service.

Certain grades / disciplines at the CRU will be encouraged to participate in a rotational programme that may involve placement within the CRHTS.

Staff with a special responsibility for the development of activity programmes will be identified.

Other staff will also be tasked with the administration of clerical duties

Medical input to the CRU will be provided by the CRHT Teams.

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10. Operational Relationships

The CRU is an element of the Crisis Resolution and Home Treatment Service which includes the Crisis Teams and Linden House (Crisis House). People can only be accepted into the CRU via the CRHTS.

There will be no waiting list or referral system. The CRU and the CRHTT will provide a fully integrated service. The CRU will provide a “same day” service, to enhance both the quality and flexibility of care.

In the event of all 15 places being used, the CRU manager will liaise with the Team Leaders of the CRHTT to facilitate patient throughput. It is the responsibility of the CRU manager to alert key personnel both within the Crisis Service and in the General Mental Health Directorate in the event of full-service utilisation.

The CRU can extend its person population, in extremis and over a limited 24hr period, to 16.

11. Formal Care and Treatment Reviews and Risk Assessment

The Crisis Recovery Unit will adopt the same model as the Crisis Resolution and Home Treatment Team of working within the Mental Health Measure Part 2 Care and including care and treatment planning reviews alongside allocated care coordinators.

Care Coordination remains with the Neighbourhood Community/Locality Mental Health Teams. CRHT’s will assume key worker responsibility of people whilst they attend the crisis service, additional involved CRU staff will assume the role of associate workers.

For people new to the service, where this is their first contact is with the CRHTS, the crisis team will assume the Care Coordination role. It is therefore the responsibility of the neighbourhood CMHT/LMHT to arrange, monitor and coordinate the CTP Review process. An essential element of this process is Risk Assessment. This will be coordinated as described for the CPA above.

The CRU is to be considered a community-based resource. The management of Psychiatric and Medical Emergencies will be subject to existing health board policies for community services.

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12. Clinical/Operational Review Process

People attending the Crisis Recovery Unit will be reviewed daily at staff “handover”.

A multi-disciplinary team meeting will be held weekly. All people receiving services from the CRU will be discussed at this meeting. Representatives from the CRHTS and the neighbourhood CMHT will attend this meeting.

13. Audit and Performance Management System

Audit arrangements will be the same as that established for the Crisis Resolution & Home Treatment Team. This includes a measure of User/Carer satisfaction, together with statistical information on service usage.

The CRHTS reporting mechanism will be used to provide regular management reports to adult mental health directorate.

14. Staff Team

The staffing team includes Band 7 Unit manager and head of Occupational therapy, there are two deputy unit managers (Band six) who assist with leadership of unit and staff management.

The team is multidisciplinary and includes registered mental health nurses, community support workers, occupational therapy and physiotherapy technicians.