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| **A. Access to support before crisis** |
| When I need urgent help to avert a crisis, I, and people close to me, know who to contact at any time, 24 hours a day, seven days a week. People take me seriously and trust my judgement when I say I am close to crisis, and I get fast access to people who help me get better. |
| **A1 Early intervention – protecting people whose circumstances make them vulnerable** |
| *Please say how you will improve outcomes for people approaching crisis point.*  *For information refer to:*   * [*24/7 Crisis Care Home Treatment Teams (CORE Crisis Resolution Team Fidelity Scale)*](http://www.ucl.ac.uk/core-study/workstream-01/core-fidelity-scale-v2) * [*National Suicide Prevention Strategy*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf) * *NHS 111* |
| **Have you considered:**   * How to make people aware of who to contact in a crisis * A combination of early intervention services that meet local need * Joint crisis care planning * The role of primary care * Vulnerable groups, including BME communities, people with learning difficulties, people with physical health conditions, people with dementia and children and young people * Suicide prevention |

This checklist is based upon the 'I' statements made within the Concordat. It is intended as a prompt to help people working on local Declarations develop local action plans.

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| **B. Urgent and emergency access to crisis care** |
| If I need emergency help for my mental health, this is treated with as much urgency and respect as if it were a physical health emergency. If the problems cannot be resolved where I am, I am supported to travel safely, in suitable transport, to where the right help is available.  I am seen by a mental health professional quickly. If I have to wait, it is in a place where I feel safe. I then get the right service for my needs, quickly and easily.  Every effort is made to understand and communicate with me. Staff check any relevant information that services have about me and, as far as possible, they follow my wishes and any plan that I have voluntarily agreed to.  I feel safe and am treated kindly, with respect, and in accordance with my legal rights.  If I have to be held physically (restrained), this is done safely, supportively and lawfully, by people who understand I am ill and know what they are doing.  Those closest to me are informed about my whereabouts and anyone at school, college or work who needs to know is told that I am ill. I am able to see or talk  to friends, family or other people who are important to me if I so wish. I am confident that timely arrangements are made to look after any people or animals that depend on me. |
| **B1 People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery** |
| *Please say how you will ensure that people in mental health crisis will not be turned away but will be safe and find the support they need 24/7.*  *For information refer to:*   * [*NHSE: The Forward view into Action 2015/2016 (planning guidance)*](http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf) *(paragraph 4.17)* |
| **Have you taken account of:**   * All agencies the person may turn to first * Options that are community-based, close to home, least restrictive and appropriate to the individual |
| **B2 Equal access** |
| *Please say how you will address equality of access and outcomes for people in mental health crisis, with particular reference to engagement with BME communities.* |
| **B3 Access and new models of working for children and young people** |
| *Please say how you will ensure children and young people with mental health problems have access to crisis care.* |
| Have you addressed:   * Age-appropriate accommodation for under-18s * Support for young people making transitions into adult services * Involvement of parents * Robust partnership working and communication between primary and secondary care agencies * Involvement of schools and youth services * Keeping children and young people informed about their care and treatment |
| **B4 All staff should have the right skills and training to respond to mental health crises appropriately** |
| *Please say how staff will gain the knowledge, awareness and skills needed for multi-agency working in crisis response* |
| **Have you addressed:**   * Management advice and support * Awareness of local mental health and substance misuse services and how to engage them * Training arrangements across NHS, social care and criminal justice organisations * Understanding of locally agreed roles and responsibilities |
| **B5 People in crisis should expect an appropriate response and support when they need it** |
| *Please say how you will ensure a prompt, high quality response that works towards the* [*Access to services statement*](http://publications.nice.org.uk/quality-standard-for-service-user-experience-in-adult-mental-health-qs14/quality-statement-6-access-to-services) *in* [*NICE's Quality standard 14*](http://publications.nice.org.uk/quality-standard-for-service-user-experience-in-adult-mental-health-qs14) *for service user experience in adult mental health* |
| **Have you addressed:**   * Time from referral to face-to-face assessment * 24 hour helpline * 24/7 availability of crisis resolution and home treatment teams * Commissioning that allows for beds to be readily and locally available in response to urgent need * Commissioning provision for under 18 year olds that ensures local provision  for young people in urgent need * Availability and use of crisis plans and advance statements |
| **B6 People in crisis in the community where police officers are the  first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services, and Emergency Departments.** |
| *Please say what you will do to ensure sufficient NHS places of safety, reduce the inappropriate use of police custody suites as places of safety, and put in place  a local protocol for the approach to be taken when a police officer uses powers under the Mental Health Act.* |
| **Have you addressed:**   * Timescales for health and social care services to respond to police * Police officer training * What happens if a police cell is used – fast-tracking assessment or transfer, data recording, review and learning * Ensuring any use of police stations is truly exceptional * The needs of children and young people * Healthcare staff taking responsibility * Timeliness of assessments * Understanding of roles and responsibilities and arrangements for escalation |
| **B7 When people in crisis appear (to health or social care professionals or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect** |
| *Please say how you will ensure that people who need formal assessment under the Mental Health Act will receive a prompt response and that arrangements  for their care, support and treatment are put in place in a timely way.* |
| **Have you addressed:**   * [Best practice guidance](http://www.rcpsych.ac.uk/pdf/PS02_2013.pdf) on timescales for section 12 doctors and approved mental health professionals (AMHPs), i.e. within 3 hours * Assessment of children and young people * Bed availability and sufficient provision of AMHPs * Least restriction and avoiding stigmatisation |
| **B8 People in crisis should expect that statutory services share essential ‘need to know’ information about their needs** |
| *Please say how you will introduce appropriate data sharing about people’s needs and circumstances* |
| **Have you addressed:**   * The range of information that may need to be shared including communications needs, physical impairments, crisis plans and advance statements, and any dependents. |
| **B9 People in crisis who need to be supported in a health based place  of safety will not be excluded** |
| *Please say how you will ensure that people are not excluded from health-based places of safety / Emergency Departments due to intoxication, history of violence or lack of appropriate provision for people with personality disorder* |
| **Have you addressed:**   * Staff skills in screening, assessing, diagnosing and monitoring people who are intoxicated * What circumstances may pose too high a risk * Commissioning of services that can respond to the needs of people with personality disorder and prevent escalation into crisis, in line with [NICE guidance](http://pathways.nice.org.uk/pathways/personality-disorders) |
| **B10 People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support** |
| *Please say how you will ensure that Emergency Departments provide a safe  place for people in crisis and that people receive treatment that is on a par  with standards for physical health, with adequate liaison psychiatry services  in place, and a local forum for agreeing protocols and escalation issues.*  *For information refer to:*   * [*Liaison Psychiatry in the Modern NHS*](http://www.centreformentalhealth.org.uk/pdfs/liaison_psychiatry_in_the_modern_NHS_2012.pdf) |
| **Have you addressed:**   * Safe, appropriate and respectful treatment of people who are suicidal or self-harming * Identification of mental health problems and referral * Staff skills in connection with suicide risk, including NICE guidelines and legal requirements * Emergency Department staff’s adherence to the [NICE quality standard on self-harm](http://publications.nice.org.uk/quality-standard-for-selfharm-qs34) * Ensuring that the use of restraint procedures is safe and that there is provision for the safe use of rapid tranquillisation in Emergency Departments – see [NICE guidance on the management of disturbed behaviour](http://www.nice.org.uk/CG25) and [Positive and proactive care: reducing the need for restrictive interventions](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf). |
| **B11 People in crisis who access the NHS via the 999 system can expect their need to be met appropriately** |
| Please say how the 999 system ensures an appropriate response. |
| **Have you considered:**   * Mental health advice available to the 999 ambulance control room 24/7 * Enhanced training for ambulance staff * Flexible working across ambulance trust boundaries. |
| **B12 People in crisis who need routine transport between NHS facilities, or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way** |
| *Please say how you will ensure safe, appropriate and timely transport.* |
| **Have you made sure that:**   * Police vehicles are not used to transfer patients between units within a hospital * Caged vehicles are not routinely used. |
| **B13 People in crisis who are detained under section 136 powers  can expect that they will be conveyed by emergency transport from  the community to health based place of safety in a safe, timely and appropriate way** |
| *Please say how you will ensure safe, appropriate and timely transport.* |
| **Are you:**   * Meeting response times and standards in the national ambulance service protocol * Avoiding the use of police vehicles and caged vehicles. |
| **C. Quality of treatment and care when in crisis** |
| I am treated with respect and care at all times.  I get support and treatment from people who have the right skills and who focus on my recovery, in a setting which suits me and my needs. I see the same staff members as far as possible, and if I need another service this is arranged without unnecessary assessments. If I need longer term support this is arranged.  I have support to speak for myself and make decisions about my treatment and care. My rights are clearly explained to me and I am able to have an advocate  of support from family and friends if I so wish. If I do not have capacity to make decisions about my treatment and care, any wishes or preferences I express  will be respected and any advance statements or decisions that I have made  are checked and respected. If my expressed wishes or previously agreed plan  are not followed, the reasons for this are clearly explained to me. |
| **C1 People in crisis should expect local mental health services to meet their needs appropriately at all times** |
| *Please say how you ensure that there is a safe response to crisis 24/7, on a par with that for physical health emergencies.* |
| Does the service response provide for the dignity of the person in crisis? |
| **C2 People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting** |
| *This is mainly a Care Quality Commission responsibility but please say how, as service providers, you will monitor the quality of your response to people in crisis.* |
| **C3 When restraint has to be used in health and care services it is appropriate** |
| *Please say what you are doing to implement the guidance* [*Positive and proactive care*](https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions) *and the Mental Health Act 1983 Code of Practice in relation to restraint.* |
| **Have you addressed:**   * Staff training * Staffing levels * Protocols for if the police are called to manage patient behaviour, and ongoing mental health staff responsibility for the patient’s health and safety. |
| **C4 Quality and treatment and care for children and young people in crisis** |
| *Please say how you will ensure that the treatment and care of children and young people is appropriate to their needs, and that they are informed, involved and enabled to have a voice.* |
| **Have you addressed:**   * Age appropriateness of information and approaches to involvement * Advocacy and support to make complaints * Family contact * Treatment close to home * Key worker support * Age appropriate environments |
| **D. Recovery and staying well / preventing future crises** |
| I am given information about, and referrals to, services that will support my process of recovery and help me to stay well.  I, and people close to me, have an opportunity to reflect on the crisis, and to find better ways to manage my mental health in the future, that take account of other support I may need, around substance misuse or housing for example. I am supported to develop a plan for how I wish to be treated if experience a crisis in the future and there is an agreed strategy for how this will be carried out.  I am offered an opportunity to feed back to services my views on my crisis experience, to help improve services for myself and others. |
| *Please say what you will do to optimise recovery and prevention.* |
| **Have you addressed:**   * Crisis planning including advance statements – see [NICE guidance on crisis planning](http://publications.nice.org.uk/quality-standard-for-service-user-experience-in-adult-mental-health-qs14/quality-statement-9-crisis-planning) * Entry and discharge criteria including fast track access back to specialist  care for people who may need it in future * Protocols for people not eligible for the Care Programme Approach, for accessing specialist and social care * Integrated, person-centred pathways * Coordinated approaches for people with co-existing mental health and substance misuse problems, with service specifications that require a speedy crisis response * Joined up support in criminal justice settings. |