RESPONDING TO CRISIS

HOME TREATMENT AND HOSPITALITY AT 24 HRS CMH CENTERS

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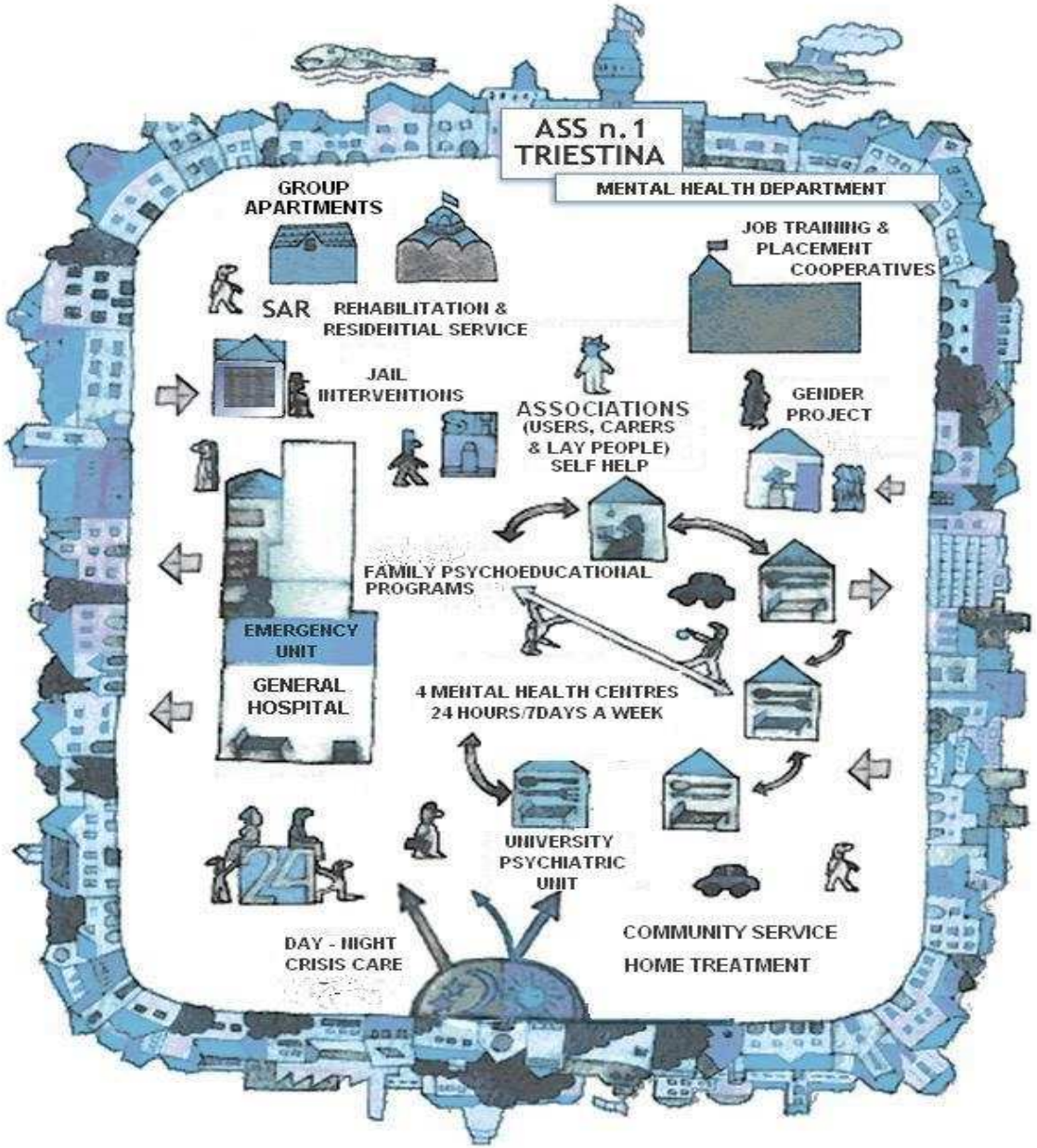
Crisis and the psychiatric circuit

- Oversimplification of the experience, based on a reductionist psychiatry which contain and impoverish the individual's experience
- Medicalisation in symptoms
- Crisis turned into emergency / acute presentation

reflected by – shaped by

- A traumatic referral pathway (social emergency – driven by behavioral problems)
- Repression and oppression / restraint
- Hospitalization (coercive care)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TRIESTINA
MENTAL HEALTH DEPARTMENT
GROUP
APARTMENTS
SAR
REHABILITATION &
RESIDENTIAL SERVICE
JOB TRAINING &
PLACEMENT
COOPERATIVES
JAIL
INTERVENTIONS
ASSOCIATIONS
(USERS, CARERS
& LAY PEOPLE)
SELF HELP
GENDER
PROJECT
FAMILY PSYCHOEDUCATIONAL
PROGRAMS
EMERGENCY
UNIT
GENERAL
HOSPITAL
4 MENTAL HEALTH CENTRES
24 HOURS/7DAYS A WEEK
UNIVERSITY
PSYCHIATRIC
UNIT
24
DAY - NIGHT
CRISIS CARE
COMMUNITY SERVICE
HOME TREATMENT

CMHC is alternative to something else?

Our hypothesis is that community services must be conceived as alternatives not only to the total institution – the mental hospital,

but to a conception of treating illness that is based on a **reductionist psychiatry**, which contain and impoverish the individual's experience as a patient.

Therefore:

Are services tailored on illness management or social behavioral problems, or around the person and his/her **experience?**

Thus the need for a **strategic (effective) but mostly humane and comprehensive** viewpoint

From hospitalisation to hospitality

- Institutional rules (patient, dangerous, unable)
- Institutionalised Time

- Institutionalised (ritualised) relations: among workers and with users
- Time of crisis disconnected from ordinary life
- Stay inside
- A stronger patients' role

minimum network's inputs

- Agreed / flexible rules
- Mediated time according to user's needs
- Relations tend to break rituals
- Continuity of care before/during/after the crisis
- Inside only for shelter /respite
- Maximum co-presence of social network

From hospitalisation to hospitality

Difficult to avoid:

- Locked doors
- Isolation rooms
- Restraint
- Violence

Illness /symptoms /body-brain

- Open Door System
- Crisis / life events / experience / problems

Working with the open door

- Without **'open door'** professional/relational abilities cannot be expressed.
- Freedom to **enter** and esp. **leave** enables person to exercise their **own power**.
- Operator must get involved both personally/professionally: **negotiate** as equals, **offer alternatives**, orient person's interests and resources, manage conflicts.
- **Stay with**…..

A value based service, open door, no restraint

The services are value-driven, in that their focus is on:

- Helping the person, not treating an illness.
- Respecting the service user as a citizen with rights
- Maintaining social roles and networks.
- Fostering recovery and social inclusion
- Addressing practical needs that matter to service users
- Change the attitude in the community

CMHC Characteristics

- the **relationship** is the first priority (during the crisis too)
- **recovery** and citizenship
- **Low threshold**
- Responses are **quick** and **flexible** (work organization), **avoiding waiting lists**
- Team work: **multidisciplinarity** and creativity, no strict role (the same team with several functions such as crisis intervention, ACT etc)
- Therapeutic **plans** are based on **individual story**, needs and wishes
- During the crisis **personalised side-by-side assistance** if necessary

Overarching criteria / principles
of community practice in the MH Dept.

- Responsibility (accountability) for the mental health of the community = single point of entry and reference, public health perspective
- Active presence and mobility towards the demand = low threshold accessibility, proactive and assertive care
- Therapeutic continuity = no transitions in care
- Responding to crisis in the community = no acute inpatient care in hospital beds
- Comprehensiveness = social and clinical care, integrated resources
- Team work = multidisciplinarity and creativity in a whole team approach – the same team with several functions such as crisis intervention, ACT etc

Whole life approach = recovery and citizenship, person at the centre

Access and response to crisis at CMHC

- **8-20**: Direct referrals to the CMHC, non formality, **real time** response (mobile front line)
- **20-8**: access to the consultation at the **Psychiatric Emergency Unit** (6 beds) through **Casualty Dept**, then overnight accomodation in the emergency unit (**psychiatrist on call**)

But:

- No admissions in the emergency unit as a rule.
- The **day after at 8.00** the CMHC team calls

Usually:

- **Crisis supported at home or hosted in the Centre**
- **Avoiding invol. treatments**
- In case of Invol. Treatments in the CMHC as a first choice.

Crisis management in the Centre

Actions in crisis management

- Personalise the 'control' of the problematic or difficult user, including **personalised side-by-side assistance** if necessary
- Contracting the form of acceptance/admission with the user, from the DH to day-night hospitality (Status of 'hospitality for health)'
- Continuous effort to obtain compliance with treatment/care through a relationship based on trust
- Inclusion of the user in crisis in both structured and non-structured activities
- Escape" / looking for / re-negotiating return: "what was wrong with you in the centre?"

Involving the team

- Information managed collectively (not by select individuals/operators)
- Case notes and the team's activities: should always be related to individual life-stories, group discussion and the group's sense of community

Responding to crisis in the community

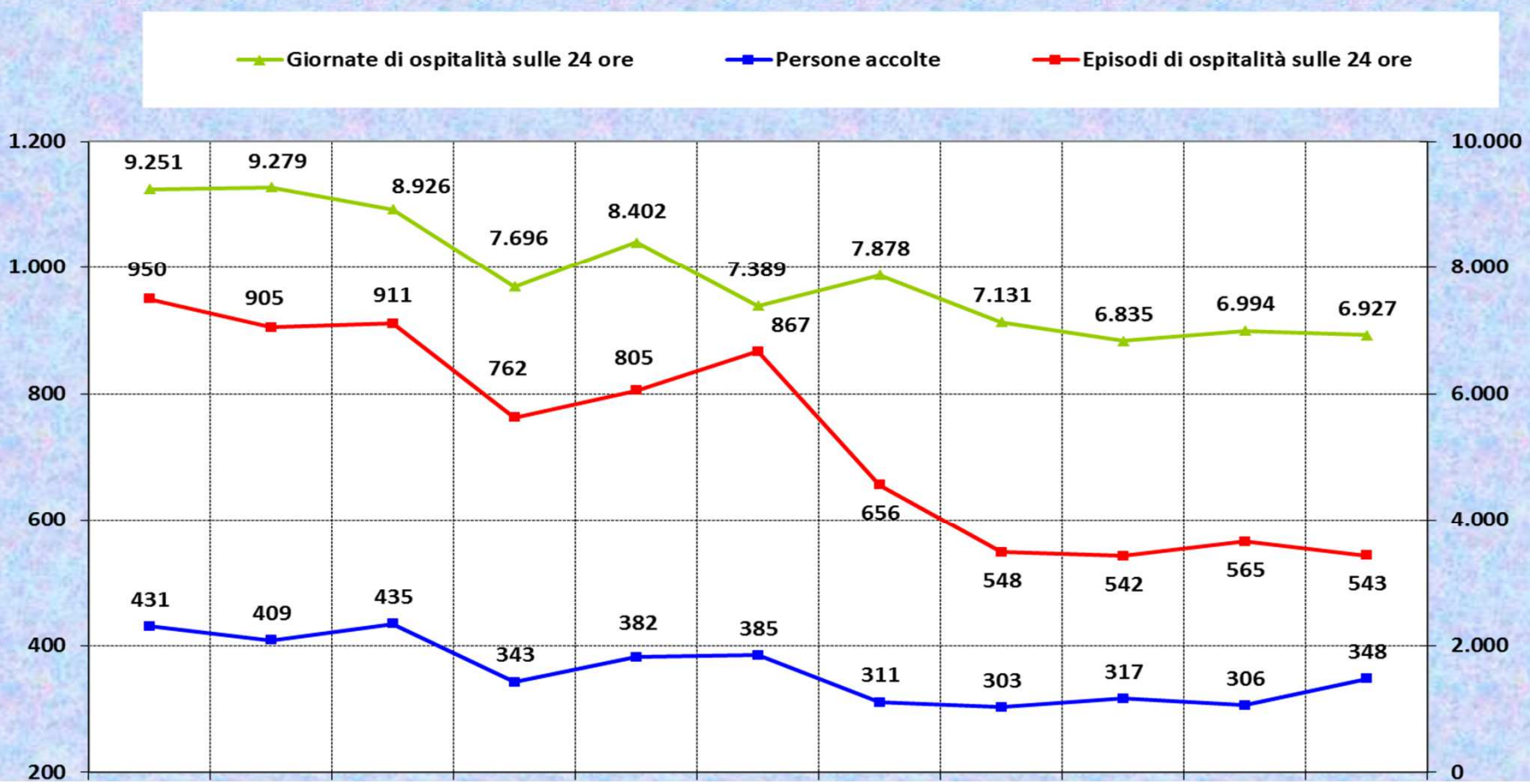
- Intervention is as far as possible *in vivo,* within service users' homes or other places they frequent.
- Responses are quick and flexible, avoiding waiting lists and other bureaucratic obstacles to accessing services.

→ CRISIS AT THE HEART OF MH CARE

Make full "use" of the crisis:

- *Crisis is multiplying resources*
- *Crisis is increasing informations and knowledge around the person*
- *Crisis is increasing communication within the service* ("subjectivization", "illumination" as a social visibility)

Hospitality in 24 –hours community mental health center in Trieste: trend 2008 - 2017



Continuity of care

- This is a guiding principle and involves treating service users within the usual care system and maintaining them in their usual social context, thus **avoiding de-socialisation and institutionalisation**.
- **Follow-up is provided** wherever service users are.
- Interventions take place: in the patient's actual living environments; within social-health institutions; in legal-penal institutions (Courts of law, prison, forensic hospitals)
- Temporal continuity: this is defined based on the need for care and the threefold criteria of prevention/care and rehabilitation.

Integrated and comprehensive response (social and medical)

- Therapeutic plans are **based on individual history, needs and wishes.** It allows the service to obtain and maintain service users' consent to and engagement in treatment.
- **Establishing a relationship** is the first priority.
- **Comprehensive/integrated responses** between social and health, therapeutic and welfare assistance. This involves:
- the use of resources which the Service has available;
- the activation of health and social services;
- the use/exploitation of resources which may be present in the micro-social context.

Resources directly provided by the Centre concerning whole life and recovery:

- living situation (restoration, maintenance and cleaning, the search for other housing solutions)
- money, income (cash subsidies, use of the safe in centre, daily money management on a temporary basis, action taken in defense and protection of property)
- personal hygiene (laundry, personal cleanliness, hairdresser, linens)
- work possibilities (assignment to a co-operative society, chores at the centre, work grants)
- free time (workshop in theatre, painting, music, graphics, sewing, ceramics, gymnastic and boating, day trips, holidays, parties, cinema, shows).

Advantages of the 24hr CMHC

- Point of reference open 24 hrs
- The personnel can be utilised flexibly
- Users can receive a wide range of responses
- The crisis comes into immediate contact with a system of resources/options, including for rehabilitation
- The user is always assisted by a single team that has a contractual relationship with him/her

Advantages of the 24hr CMHC

- Both admission (hospitality) and release can be decided and agreed to immediately, without bureaucracy or referrals
- Avoids the immediate loss of contact with normal living contexts and networks
- Avoids the immediate loss of ability, and the role connected to one's abilities, leaving the user active and free
- Reduces the stigma of hospitalisation

So what helps people in crisis?

- Trustee relationships
- Continuity of care and of experience (no disruption)
- Hope
- Self-determination
- The person's history or narrative

These are know as main **factors for recovery**

The person and not the illness at the center of the process of care for recovery and emancipation through users' active participation in the services

*(up close, nobody **is** normal)*