



Chris Jacob & Jo Johnson

Twitter @42ndStreetmcr

@TheHorsfall

www.42ndstreet.org.uk

Aims

- Managing risk in context of ICR work with young people
- Understanding of what we mean by crisis and risk
- Understanding of ICR model and how it works in practice
- Understanding of de-escalation strategies and what this means for practice when working with young people
- Demonstrate these through Case studies

“A key theme was that services needed to be holistic, accessible, integrated and rapidly available, including out of hours.”

(The Crisis Care Concordat)

CASE STUDY – Setting the scene

Liam is 13 and attends an on-site PRU. The ICR worker is waiting in the one to one room to see Liam and hears him shouting and swearing, kicking and throwing things around outside in the corridor. Five members of school staff are heard approaching Liam and challenging him on his “unacceptable behaviour”.

Integrated Community Response

- Short term model
- Assessment + 4 sessions of support
- Therapeutic approach to managing risk
- 11-18 cohort
- Readiness for support
- Early and rapid intervention – at risk, pre A&E
- Reduce dependency, build resilience and manage own risk/distress
- Hard to reach and engage
- Holistic and integrated approach
- Partners – CAMHS, Self Help Services, MIND

What do we mean by...

...Crisis?

... Risk?

... Distress?

... De-escalation?

Crisis and ICR

“NHS England defines a **‘crisis’** as occurring when the level of **distress** and **risk** presented by a young person is not adequately supported or contained by the care system that is in place for them. A child in crisis therefore may present an imminent threat to themselves or others via self-harm/suicide or aggression. Or they may be highly vulnerable to danger, for example via absconding, seeking help from people who may harm them, misusing drugs and alcohol and behaving in a reckless, risk taking way. Mental health crises may be triggered by deterioration in the young person, a weakening of the system around the young person or both”

(Crisis Care pathway)

Different levels of crisis:

Not in crisis, Early, Late, Verge of A&E, At risk of crisis?

What are some indicators of distress?

self harm, self injury, suicidal ideation,
anger/aggression, agitation, distraction, tearful,
withdrawn, heightened anxiety, hopelessness,
sustained low mood, confusion, irritability,
increased impulsivity, vagueness

CASE STUDY - distress

Leigha , age 13 moved here with her family from Romania a few weeks ago and speaks very basic English. She has just started school and teachers have expressed concerns that Leigha plays very aggressively with her new peers, they have also noticed marks on her arm that look like she is self-harming. Leigha became very teary when this was raised by school. Early help are the referrer and have shared that the house is very overcrowded and Leigha's dad has poor physical health and is struggling to find work.

Risk

“...suicidal behaviour or intention, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control, or irrational and likely to endanger the person or others.”

(Mental Health Crisis Care Concordat)

- Risk of harm to self: suicide; deliberate self harm; accidental self harm; self-neglect; being exploited/abused
- Risk of harm to others: violence; aggression; neglect of dependents; use of weapons; arson; exploiting/abusing others
- Risk of harm to self/others: Substance misuse; offending

Possibility and ***likelihood***

CASE STUDY - risk

An early help worker has called in and she is with Olivia, age 15 who is sobbing uncontrollably in the workers car and saying she doesn't want to be here anymore, can't cope and wants to take her own life. Olivia has been researching ways of doing this on the internet and doesn't feel that any support can help her or make her change her mind. An hour earlier, the worker had taken Olivia to an emergency GP appointment as she had had a low mood for a few months, the GP advised they would be making a referral to CAMHS. The early help worker had talked about the ICR support available but Olivia was adamant nothing will work.

De-escalation



“while it is important to respond rapidly to risk, it is also important to recognise that some young people need space and time to calm down”

(Crisis Care Pathway, 2018)

CASE STUDY – Setting the scene

Liam is 13 and attends an on-site PRU. The ICR worker is waiting in the one to one room to see Liam and hears him shouting and swearing, kicking and throwing things around outside in the corridor. Five members of school staff are heard approaching Liam and challenging him on his “unacceptable behaviour”.

De-escalation

- Feelings focussed rather than behaviour (validation)
- Active Listening in a safe space
- Psycho-social education... 'there are other people who feel the way I do...and this is why'
- Solution Focused
- Collaborative support and ownership
- Toolbox
- Sharing of information and consent
 - Parent/carer/wider family
 - Professionals/services
 - Advocacy
 - Challenge/guidance/support
 - Action Plan

What are the challenges for us?

- Emotional responses and triggers
- Own emotional and mental health/transference
- Containment feels safer...
- Accountability
- Boundaries
- Sharing of information/confidentiality

How do we know it works?

Young People

“I was listened to. I received good support and advice. The activities helped a lot.”

“She was very understanding and helped with my issues a lot and helped me find a bunch of care and coping mechanisms.”

“It was extremely comforting. It wasn’t formal and stressful. I believe it helped a great deal.”

“Helped me in a lot of ways that other people couldn’t help me.”

“That it’s shown me that I’m not on my own and that others have been through what I’m going through and that there is always someone to talk to. Felt like I can open up more and somebody to actually listen to me and give advice.”

“I feel like I now have enough support in place and feel more confident to say to people like CAMHS what I want to talk about and work on.”

Parents and carers

“My daughter worked with [ICR] for 7 sessions and in them sessions she has transformed my daughter’s life for the better. The art therapy was the only thing that has had the most positive effect on my daughter.”

“[The ICR worker] was the only person that was able to get us the support we needed as a family, I had been asking for support for my son for years and been left to try and manage it on my own.”

Workers

“I have found having ICR workers on the team a huge support, many of the young people we work with at Protect have a real need for this type of immediate short term therapeutic intervention as a crisis sometimes occurs that needs a speedy response and intervention.”

“[The ICR worker] was very aware she needed something and persevered to engage her. We were worried she would take her own life or end up seriously harming herself and in A&E...it was important she had someone who was just supporting her rather than her wider family and this helped her trust the worker and feel more valued.”

“She opened up, with the support and started to understand more about her own feelings, her family set up and why she was feeling down because what was going on at home. Her aunt also recently passed away. The ICR worker and Self Help supported her around her loss.”

Thank you

Any questions?

Twitter: @42ndStreetmcr

@TheHorsfall

www.42ndstreet.org.uk

Reference List

Butler J. (2014) Assessing Risk in Community Mental Health Services. Available at:
<http://www.mhtu.co.uk/mhtu-library/res-chapter-assessing-clini.pdf>

Children and Young People Crisis Care Pathway. (2018) Available at:
<https://www.penninecare.nhs.uk/media/496817/ccpsg-final-april-2018.pdf>

Mental Health Crisis Care Concordat Focus on Children and Young People (2016) Available at:
https://s16878.pcdn.co/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf