

Preventive Psychiatry: Early Intervention And Situational Crisis Management

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Social systems intervention and crisis resolution. Part 1: Assessment

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Abstract Home treatment as an alternative to acute adult in-patient care is part of the National Health Service Plan for mental health services in the UK. As a form of crisis intervention, it benefits from an understanding of, and ways of working with, the social systems relevant to the patient in crisis. This article reviews relevant terminology and background theory, and considers the social factors associated with psychiatric admission.

This is the first of a two-part article. Part 2 (Bridgett & Polak, 2003) this issue gives an account of social systems interventions and considers also the application of the approach in achieving early discharge from in-patient care.

The National Health Service (NHS) Plan (Department of Health, 2000) set out an intention to establish 335 crisis resolution and home treatment teams in England by 2004, with the expectation that bed usage in acute adult general psychiatry could be further reduced (Joy *et al.*, 2001). The initiative also aimed to make generally available a more acceptable and appropriate model of care, including 'interventions aimed at maintaining and improving social networks' (Department of Health, 2001, p. 16).

The work of these teams is usually characterised as diverting care away from admission beds (Brimblecombe, 2001). However, enabling early discharge, when admission has not been avoided, can also be part of their routine remit.

This article emerged from the experience of one crisis resolution team receiving in-service training in social systems intervention and crisis resolution. The team asked for something to refer to, in the way of a practical 'how to do it' guide, supplementing theoretical instruction and complementing otherwise invaluable on-the-job training. As in-patient wards review their working practices and align themselves with crisis resolution teams (Department of Health, 2002a), this guide also serves as an introduction for ward staff to the relevance of social context when providing in-patient care. Furthermore, it is anticipated that this overview will be of

interest to generic community mental health teams (Department of Health, 2002b), specialist assertive outreach teams (Department of Health, 2001a) and early-intervention teams (Department of Health, 2001c) and to approved social workers performing assessments under the Mental Health Act 1983 (Dunn, 2001).

The theoretical background (Caplan, 1964, 1974; Polak, 1967, 1970) and practical procedures (Fish, 1971; Polak, 1971a, 1972) brought together here were first explored and established 30 and more years ago. One of the earliest mobile psychiatric emergency services was set up in Amsterdam 70 years ago, with the aim of preventing hospitalisation (Querido, 1968). As community psychiatry has developed, the relevance of social context in general (Cohen, 2000), and crisis intervention in particular (Hoult, 1986; Rosen, 1997; Minghella *et al.*, 1998; Joy *et al.*, 2001), in providing acute psychiatric care has remained crucial. Certainly, clinical experience in setting up and running current crisis resolution and home treatment teams endorses the continuing relevance of social systems intervention when resolving crises in acute mental health care.

Terminology and theory

'Crisis' implies here a failure in adequate coping (Minghella *et al.*, 1998) associated with an acute episode of mental illness or distress. When the individual's resources and the existing support from others have been exhausted and, conventionally,

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