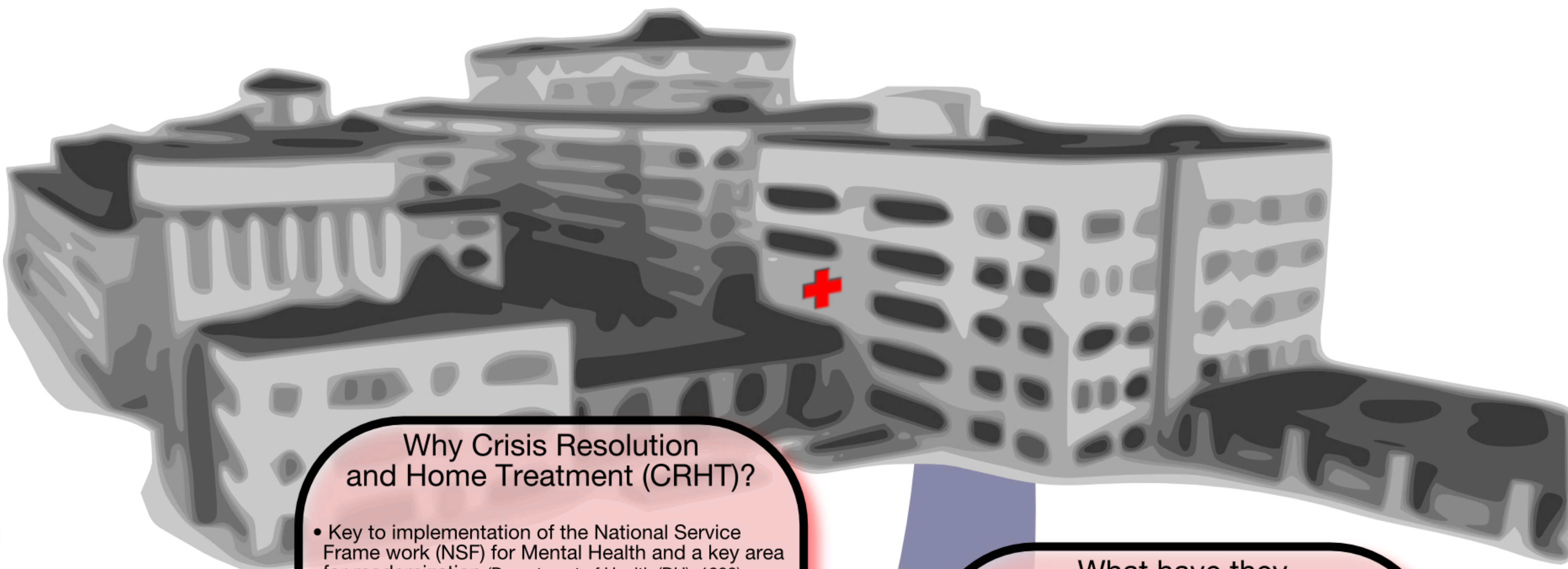# OT, Crisis Resolution & Home Treatment in Mental Health

Why Crisis Resolution and Home Treatment (CRHT)?

• Key to implementation of the National Service Frame work (NSF) for Mental Health and a key area for modernization (Department of Health (DH), 1999)

• Ensure appropriate use of inpatient treatment

• Establish good quality intensive community support

• Resources focused on community rather than inpatient care (Crompton & Daniel, 2006)

• Aim to limit inpatient or institute focused services to avoid promotion of dependence on hospital based care. (Hopkins & Niemiec, 2006)

What have they achieved?

• In 2002 areas with CRHT teams had 10% lower admission rates

• With 24-hours a day 7-day a week cover there was a 22% lower admission rate

• Demonstrated a model for acute care outside hospital acting as a gateway between home and hospital and facilitating early discharge (Crompton & Daniel, 2006)

• A way to implement the white paper "Our Health, Our Care, Our Say" (DH, 2006)

Occupational Therapy Challenges in CRHT

• Not all CRHT teams have OT input - 98% had nurses, 69% had support workers. Less than 50% had other professionals (Onyett et al, 2006)

• Generic working - The New Draft Statement for Development of OT in Mental Health Services, by the College of OT, states that 75% of OT time should be in specialist OT services, available to people in the places and at the time they are needed (College of Occupational Therapy, 2006)

• Lack of role definition. OTs said they are still trying to define the OT role in CRHT team

• There is an argument as to whether Interventions - OT or generic - can be specified (Cook, 2003)

OT potential in CRHT

• More sharing of similarities and differences of professions for more effective multi-disciplinary teamwork (Fossey, 2001)

• Familiarity of environment may provide increased potential for recovery, especially in areas of self care, shopping and social contact

• Improvement in living skills and quality of life (Chiu & Tickle-Degnen, 2002)

• Have the skills and knowledge necessary to provide good client-centered care (Aubry et al, 2005)

• Home Treatment and Crisis Resolution are 1 of 3 key priorities for development according to The Mental Health NSF and NHS Plan (Mental Health Strategies, 2005)