12 core elements of effective HIU crisis care

1. SERVICE USERS: are selected because they have demonstrated high levels of behavioural intensity, to such an extent that an integrated support team using a police officer will be allocated to enhance support and reduce risk. This integrated model of care is introduced because it is deemed necessary to safeguard both the individual service user and other people.

2. HIGH INTENSITY USER GROUP: All agencies that respond to high frequency calls from the same people must meet regularly to identify, assess and allocate individual service users who need more intensive face to face intervention. These panels ask 5 key assessment questions, to ensure that the proposed intervention is lawful, proportionate and necessary. The panel also works with mentoring staff to improve operational systems and drive cultural change.

3. STAFF SELECTION: Both the NHS Trust and Police Service must robustly assess their staff, to ensure they are personally able, professionally suitable and emotionally fit for what can be an incredibly demanding role. We provide job descriptions and assessment panels where required.

4. SAME STAFF SUPPORTING THE SERVICE USER: The mentoring team should have regular scheduled appointments with the service user (in either the community or clinical settings) specifically when the person is **not in** crisis: with the aim of helping the individual to develop more effective coping strategies when they are next in crisis.

5. PROTECTED AND PRE-PLANNED TIME: Police officers and mental health staff must be given protected time to work together with the service user, to build effective and trusting relationships over time. Trust and consistency are two vital factors in securing clinical and behavioural progress.

6. TRAINING AND CPD: Clinical training input for non-clinical staff must be provided. This includes training about mental health, behavioural health and multi-agency risk management, so that clients can be safely supported by confident and integrated teams.

7. STRATEGIC AND CLINICAL ENDORSEMENT: The mentoring team lies at the heart of the service user's journey and will usually spend the most professional time with the individual. They must lead every key decision about care, as they will be focussing on the longer term recovery where every short term decision may have an impact. They must be trusted by colleagues at all management levels.

8. COPRODUCTION OF CRISIS PLANS: Crisis response plans are written over several weeks with the service user. The service user is encouraged to take more and more responsibility for self-care (whilst still be able to use services appropriately). Crisis plans will be person, behaviour and location specific. This will help frontline responders to have confidence in following the recommended plans.

9. AGREED PROCESSES FOR CRISIS PLAN DISSEMINATION: Once written, the plan must be effectively disseminated across all crisis response teams so that it can be found within minutes.

10. MOVING AWAY FROM FEAR BASED POLICE DECISION MAKING: Frontline police officers must be given the right support so that they better understand high intensity crisis behaviour and have the confidence to follow crisis plans if they encounter a service user with a live plan. Decisions must always be based on objective and calm thinking, not fear (as required by Coll of Policing Risk Principle 4)

11. HOLISTIC APPROACH: Resolving lifestyle problems will often help the service user to address and solve key issues that can contribute to patterns of crises. This should be done in partnership with 3rd Sector organisations wherever possible and as soon as practicable.

12. DE-ESCALATION AND DIVERSION RESOURCES: Progress in managing high intensity service user demand will be greatly enhanced if local services are commissioned that provide effective de-escalation support for both the service user and the responder, both when in crisis and when not.