



Crisis Respite Procedure

Procedure Number
WCDHB-MHS-0016

Version Nos:
8

1. Purpose

This Procedure is for the provision of crisis respite care to clients of the West Coast District Health Board (WCDHB) Mental Health Services (MHS), who would otherwise require admission to an acute inpatient mental health service, or who can shorten their stay in an inpatient unit by accessing respite services.

2. Application

This Procedure is to be followed by all MHS staff throughout the WCDHB (both Adult, and Child and Youth Services).

3. Definitions

For the purposes of this Procedure:

Crisis Respite Care offers an alternative brief placement for clients experiencing crisis and has three defining features:

The requirement becomes apparent at short notice

It is of short duration

It is a mode of acute care provision to manage a client's crisis, which may prevent admission to the inpatient unit, or may shorten the length of stay in the inpatient unit.

Duration

Crisis respite is a short term placement, which is reviewed by TACT, IPU staff or the case manager in consultation with the Provider, the client (and their family/whanau). At the conclusion of the crisis respite period, clinical staff will make the decision as to whether the person is discharged home, referred for supported accommodation, or admitted to hospital for further care and treatment.

Access Criteria (refer also to Service Level Agreement with specific provider)

- Clients of WCDHB MHS with a psychiatric diagnosis.
- Clients who have been assessed as being able to be safely monitored and supported in the community, but who need to be either closer to access more intensive intervention, or need to be away from their home environment. Includes children and young people (Note: may be Provider specific)

Exclusion Criteria (refer to SLA with Provider)

Clients who:

- Are under the influence of substances
- Have a primary diagnosis of Intellectual Impairment
- Have Organic Syndrome such as dementia only
- Clients assessed as actively suicidal or at high risk of self-harm
- Clients with a history of violence, which includes physical and verbal violence that has been clearly documented in the clinical file over the last three months.



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4. Responsibilities

For the purposes of this Procedure:

Within normal working hours:

The Case Manager, or TACT, or IPU staff in will, in consultation with the clinical team, consider whether Crisis Respite is the best option for the client, and if indicated, will contact the Provider to discuss availability of a crisis bed, following the specific referral requirements as laid out in the Service Level Agreement.

Outside normal working hours:

TACT or IPU staff will make the decision to initiate crisis respite placement.

5. Resources Required

This Procedure requires:

- WCDHB MHS Application for Crisis/Planned Respite Form
- Suitable accommodation
- Relevant WCDHB Referral Forms

6. Process

1.00 Crisis respite care can be initiated by:

- i. The Case Manager in working hours; or
- ii. The TACT team outside working hours; or
- iii. The IPU if the person is an inpatient.

Note: *In the usual course of events, the case manager and clinical team will be involved in the initiation and continuation of crisis respite. Where crisis respite has been initiated out of working hours, the case manager will continue care the next working day in consultation with TACT/IPU.*

Note: *Where there are multiple clients who need to utilise crisis respite, the Clinical Managers will collaborate to decide on the most appropriate solutions for the clients involved.*

1.01 The initiating team will contact the Provider to check availability and discuss the referral. If the referral is to go ahead, the appropriate referral documentation will be completed (see documentation below).

1.02 A WCDHB MHS Application for Crisis/Planned Respite Form is completed (for accounting purposes) and submitted the Clinical Manager the following working day.

1.03 Where the Provider is unable to deliver crisis respite, other options to consider include:

- i. Requesting an additional bed be funded with the Provider; or
- ii. Requesting an individual package of care in the client's home, a motel, or with a Provider, with additional support provided by a community support worker or casual staff from MH Services; or
- iii. Utilising an extra bed in the inpatient unit overnight until a more suitable arrangement can be made the following day.

1.04 TACT will be notified immediately Crisis Respite Care has been set up, in order to facilitate an informed after hours response should this be needed.



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- 1.05 The Mental Health Service provides clinical oversight while the client is in crisis respite. Specifically this means:
- i. Assessment, treatment, therapy and support will be provided by clinical staff during the period of the client's respite care with the aim of quickly resolving the need for the crisis respite service
 - ii. The client's Case Manager, or IPU will maintain clinical input by phone or face-to face visits as documented in the contact arrangements.
- 1.06 The TACT team will be available after hours for input/guidance around specific urgent mental health issues
- 1.07 Cultural expertise is to be available to assist with crisis resolution.
- 1.08 Clinical staff will liaise with family/whanau as appropriate throughout the crisis respite period.
- 1.09 The Case Manager will provide the Clinical Manager TACT (budget holder) with WCDHB application for crisis/planned respite. This is used for accounting purposes, and details are entered into the database by management assistant.
- 1.10 The Provider will receive sufficient relevant, up to date clinical information in order to provide an environment able to safely meet the client's needs. This includes:
- i. An assessment summary which covers information relevant to the clients care for this respite; and
 - ii. Information about current risks and strategies to deal with these; and
 - iii. Contact arrangements, and details of key clinicians/supports; and
 - iv. Clear information regarding medication regime, oversight needed and any medication to be avoided.
- 1.11 The above information may be verbal if this is an emergency admission, **except where this may compromise safety**. In this instance written documentation will be provided as soon as possible the following day, with the exception of risk information that must be provided at the point of admission.
- 1.12 Input from Case Manager/TACT team will:
- i. Match individual need, and be documented in the contact arrangements supplied to the provider on admission to crisis respite; and
 - ii. Be aimed at quickly resolving the need for the crisis respite service; and
 - iii. Maintain good communication with the client, provider, the client's family, and the clinical team providing regular updates on progress.
- 1.13 At the conclusion of the crisis respite period, the Clinical Team will decide whether the person is discharged home, referred for supported accommodation, or admitted to hospital for further treatment.
- 1.14 The Provider reserves the right to refuse crisis respite for a client if they deem the placement to be detrimental to the mental health status, wellbeing or safety of the residents at that time, or they believe that the accommodation is not the best placement for the client.



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- 1.15 If the crisis situation escalates while in respite and **the safety of any person is at risk**, the Provider will call the police in the first instance followed by a call to TACT.
- 1.16 If the crisis escalates but there are **no safety issues** the Provider will phone and discuss the situation with;
- i. The Case Manager, (during normal working hours); or
 - ii. IPU when the client is on leave from the unit; or
 - iii. TACT outside normal working hours or if they are the referrer.

7. Precautions And Considerations

- ➔ Entry of the client into CRC will occur when the client meets the relevant entry criteria
- ➔ Clinical staff will liaise with family/whanau as appropriate throughout the crisis respite period.
- ➔ CRC is to be accessed as a short-term intervention with the aim of avoiding inpatient stays, as well as providing intensive community treatment and support. It may also be utilized to allow time for more long term arrangements (relating to care) to be made

8. References

- Service Level Agreement for Crisis Respite Care with Pact West Coast June 2009
- MoH Adult Crisis Respite Tier Level Three Service Specifications.

9. Related Documents

- WCDHB SPF
- WCDHB Policy and Procedures

Revision History	Version:	8
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