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Being There in a Crisis

A Report of the learning from eight mental health crisis services

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SUMMARY

'Being There in a Crisis' is a report of the learning from eight community-based mental health crisis services, produced by the Mental Health Foundation in association with the Sainsbury Centre for Mental Health. The Foundation funded and supported seven crisis services (three telephone helplines, two crisis/safe houses and two residential crisis services) over a period of three years. The Sainsbury Centre for Mental Health (SCMH) evaluated the two residential services and one other service not supported by Mental Health Foundation.

The value of this report lies in the fact that it traces the services from inception through establishment to active experience. Whilst it demonstrates some of the difficulties faced by newly-formed organisations or new projects, it also shows the value of services that can respond flexibly to people in crisis. It is vital for these services to forge good working relationships with mainstream services if they are to succeed, but also that they maintain their unique identity. Many achieved the latter through maintaining the involvement of service users throughout - one of the key criteria established at the beginning of the Mental Health Foundation Crisis Programme. The SCMH evaluation also points to the importance of maintaining an equal balance between self-referral and referral from mainstream services, amongst other things.

BACKGROUND

Managing a mental health crisis - or supporting someone through a crisis - is perhaps one of the biggest challenges within the mental health arena. The services that traditionally deal with this situation are the acute wards, often dealing with emergencies or unmanaged crises, within an often under-resourced and over-used service. Service users have been calling for alternatives to hospital for people in crisis for many years, and much research now points to the failure of in-patient wards to provide a therapeutic environment. Alternatives to hospital admission can take the form of crisis intervention or home treatment teams, and safe houses or residential crisis services in the community. Other contributions can be made by telephone helplines, and other means of offering 24-hour access to some source of support.

In recent years, the needs and demands of mental health service users, the priorities of professionals and Government policy do at last appear to be converging, with mental health practitioners and policy makers now calling for there to be a variety of responses to people in crisis (SCMH, 1998). For example, the NHS Plan for England (Department of Health, 2000a) with its unparalleled resources (an extra annual investment of £300million by 2003/04) and the Mental Health National Service Framework for England (Department of Health, 1999) recognise the need for improved crisis care, highlighting out-of-hours services and rapid responses to emergencies.

THE RESEARCH

Mental Health Foundation research (Faulkner, 1997) has shown that service users have clear ideas about what they want in a crisis: someone to talk to and personal support forming the core of this need. In 1996, the Foundation took up the challenge of identifying and establishing models of good practice and launched a Crisis Service Development Programme. This report is based on the learning of that Crisis Programme, and is supplemented by an evaluation of three residential crisis services (two of which were part of the Crisis Programme) carried out by the Sainsbury Centre for Mental Health (SCMH).

The Crisis Programme involved several elements, including: support to the crisis services under development, a network and newsletter to share experience, and a flexible three year training, called *the learning set programme* to reflect its practical content and which was based on the needs of the projects as they set about creating their services. (The Crisis Project Workbook, based on the learning sets programme is available at www.mentalhealth.org.uk.)

The SCMH evaluation aimed to understand how crisis services fit within the complex framework of statutory and non-statutory mental health services, and assessed the impact of crisis houses at both service user and system level. The principle evaluation tools were a series of 'pathways through care' studies and interviews with key players across a range of agencies. Both quantitative and qualitative data were collected.

A SELECTION OF THE FINDINGS

- The Crisis Programme has shown that the voluntary sector and service users themselves can play key roles in both determining what type of crisis care should be provided, and in providing it.
- This report shows that there is value in user-led crisis services, and that while they are difficult and time-consuming to establish - against problems from NIMBY-ism to misgivings within some mainstream services - they can work well if set within a programme of support.
- User-identified priorities must be heeded to ensure the establishment of safe, accessible and supportive services that maximise user satisfaction and achieve good results.
- Communication with other services and professionals is vital, in order to clarify the role and purpose of the new service, and some adjustments may be needed in the early stages of development.
- Specialisation of crisis services appears to be effective. Services specifically catering for the needs of men, women or minority ethnic groups may be welcomed by some, and the ideal situation would be to have a range of services with different target populations in each locality, thus offering real choice.
- A vital issue concerns the need to retain and strengthen the identity and ethos of the crisis service, whilst remaining flexible and able to respond to changes in policy and practice.

- SCMH's evaluation suggests an approximately equal balance between self-referrals and other referrals is optimal, if crisis houses are to retain their individual identities.

THE IMPLICATIONS

The Crisis Programme and the evaluation both gave rise to a great deal of experience, learning and valuable outcomes. These are just a few of the recommendations included in the report:

- **The evidence suggests that people in crisis benefit from having access to a diverse range of services.** Acute wards and crisis teams cannot meet all needs; they must be fully networked with alternative and complementary provision to ensure that services are working in people's best interests.
- **Important lessons for service development learnt through the Crisis Programme** include the need to identify the nature, extent and adequacy of current local provision and ensure that new crisis services integrate well with existing facilities and make themselves well-known to potential referrers, including service users, who should be able to self-refer.
- **Service users showed high levels of satisfaction with the residential crisis services,** in particular highlighting the opportunities to interact with staff, the focus on practical problems, and links with other services, the positive expectations promoted within the services, and the positive environment created.
- **Alternative and complementary crisis services take time to establish.** The experiences of these services show that extensive training and support is needed to develop the skills and expertise within the voluntary/service user sectors with which to run the services, and time is needed for them to identify their niche and potential clientele within the context of local services. Additional hurdles included NIMBY-ism and professional misgivings.
- **Residential crisis services must not develop at the expense of hospital in-patient care.** Hospital care will continue to be needed by some people at some times, and its providers can learn from and services be improved, for both users and staff, on the basis of lessons learnt from alternative crisis care.
- **Services need to respond to diverse needs and be developed for specific groups,** including women only or minority ethnic communities, both of which groups are frequently failed by existing mental health services. Again this needs to take place within the context of existing provision and identified local needs.

REFERENCES

Department of Health (1999) *National Service Framework for Mental Health*. London: Department of Health.

Department of Health (2000a) *The NHS Plan: A Plan for Investment, A Plan for Reform*. London: Department of Health.

Faulkner, A. (1997) *Knowing our Own Minds*. London: Mental Health Foundation

Faulkner, A. and Layzell, S. (2000) *Strategies for Living: a report of user-led research into people's strategies for living with mental distress.* London: Mental Health Foundation

Mental Health Foundation and the Sainsbury Centre for Mental Health (2002) *Being There in a Crisis.* London: Mental Health Foundation.

SCMH (1998) Acute Problems: A *Survey of the Quality of Care in Acute Psychiatric Wards.* London: Sainsbury Centre for Mental Health

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