



scottishdevelopmentcentre  
for mental health

## A CRISIS CENTRE FOR EDINBURGH – LESSONS FROM OTHER AREAS

### 1. Introduction

The following report is based on information received from 7 crisis houses across England:

Anam Cara, Birmingham  
Drayton Park, London  
Riverview, London  
Oakleigh House, Cornwall

Crisis Point, Manchester  
Praxis, Newcastle-upon-Tyne  
Station House, Wokingham

### 2. Overview

**2.1** Different models exist for **user representation**, including:

- i. Entirely user and carer run
- ii. User run with clinical input during the referral process
- iii. User input at a management committee/executive committee level
- iv. No meaningful representation

**2.2** **Location** is a crucial factor in deciding the style of the service. A residential setting may demand more stringent access criteria and risk assessments than an inner city location.

**2.3** The **access criteria** have been based on 3 broad areas:

- The target group (e.g. women, adults, people with mental health problems)
- The definition of a crisis (e.g. social crisis criteria)

- The suitability of the individual to the nature of the service (e.g. ability to live autonomously)

A balance needs to be created between targeting those most in need, while not restricting the criteria to the extent that the service is under used.

**2.4 Need** for the service may also be affected by the availability of other crisis services in the area.

**2.5** Most crisis houses accept **self-referrals** in addition to referrals from agencies. However, these usually come with some conditions, such as telephoning first, or contacting your care worker.

**2.6** Some of the burden of **providing information** can be placed on a nominated professional third party, rather than the individual themselves.

**2.6** A tension may exist between keeping residents and staff safe from **risk** on the one hand, and excluding those most in need of the service on the other.

**2.7** In terms of **services** on offer, a balance is also necessary between providing support and offering privacy.

### 3. Service User Representation

The level of service user representation varied from services that are completely user staffed, through systems of representation on management and advisory committee, to projects with negligible user involvement. Crisis Houses with service user representation within them include:

#### *Anam Cara*

Entirely staffed by people with personal experience of mental health problems.

#### *Drayton Park*

Has a number of users sitting on the management advisory committee, alongside a staff from a range of agencies. A principle of the project is that the staff team reflect the local population in terms of race, colour, sexuality, class and previous experience of using services.

#### *Station House*

Is managed by Wokingham Mind Executive Committee, which is entirely made up of user and carer membership. All of Wokingham Mind's services are provided by unpaid volunteers who are either people recovering from mental health problems, or friends or relatives of such people.

## 4. Ownership and Management of the Crisis Centre

### 4.1 Overview

Different ownership and management structures exist in each of the 7 crisis houses. These can be summarized as follows:

- A local voluntary organisation operating under a contractual agreement with a Mental Health NHS Trust (Anam Cara)
- A national voluntary organisation operating under a partnership agreement with a local Community Mental Health Team (Crisis Point)
- A Mental Health NHS Trust overseen by an advisory group with user and staff membership (Drayton Park)
- A local voluntary organisation operating under a management agreement with a national specialised Housing Association (Praxis)
- A Mental Health NHS Trust working in partnership with 2 Local Authorities (Riverview)
- A local voluntary organisation affiliated to a National voluntary organisation, but running completely independently (Station House)
- A local voluntary organisation working in partnership with a community mental health team (Oakleigh House)

### 4.2 Detail

#### *Anam Cara*

Anam Cara is managed by CHANGE, a charity providing alternative care for people with mental health problems. This service has a contractual agreement with Birmingham & Solihull Mental Health Trust and also receives funding from the Supporting People scheme. The contract with the Trust is currently under review.

#### *Crisis Point*

Crisis Point is operated by Turning Point, a voluntary organisation working across England and Wales in the areas of drug and alcohol misuse, mental health and learning disabilities. The ultimate responsibility for Turning Point's work lies with the Board of Trustees. The local Community Mental Health Team (CMHT), with whom they have a partnership agreement, funds Crisis Point.

#### *Station House – Wokingham Mind*

Station house is owned and managed by Wokingham Mind, a local voluntary organisation run by its own members. The elected Executive Committee is composed of twelve mental health service users and carers who stand for election annually. These elected members are also trustees under the 1993 Charities Act and as such are responsible in law for the running of the Association. Chief responsibilities are that Mind carries out its objectives as laid

down by its constitution, and that any monies received are used to benefit the mentally ill of Wokingham and West Berkshire.

Although the building is provided rent free from the District Council, Wokingham Mind does not work in formal partnership with any other agency.

#### *Drayton Park*

Drayton Park is managed by Camden & Islington Mental Health NHS Trust and funded partly by the Mental Health Challenge Fund and contributions from the two local authorities and Camden & Islington Health Authority.

A management advisory group consisting of women who have used services and women who work in mental health organisations within Camden & Islington guided the service in its first few years. This group maintained an alternative focus and supported the project in its developmental stages. In 1999, users of the service, in partnership with staff developed a Women's User Forum. This group has taken over some aspects of the advisory group along with other responsibilities.

#### *Oakleigh House*

Oakleigh House is run by Cornwall Rural Community Council, a local charity that works in a similar way to a Council for Voluntary Services. Funding for the service is received from the Health Authority, and a partnership agreement is in place with the local Community Mental Health team, through which all referrals are made to the house.

#### *Praxis*

Praxis is a Registered Charity and has a Management Agreement with Stoneham Housing Association, which is part of the Home Housing Group, who own some of the properties from which Praxis runs its service. Stoneham Housing Association is a national organisation, and the Home Housing Group's specialist provider of housing with care. It is responsible for managing the contract for housing management services delivered by the Praxis Service.

#### *Riverview*

Riverview is part of the Havering, Barking and Dagenham Mental Health Social Crisis Service. It is based on a model of joint working and approaches to referral, access, record keeping and dealing with emergencies are agreed with all those involved in the project. Partner agencies include The London Borough of Barking & Dagenham, The London Borough of Havering and North East London Mental Health NHS Trust.

## **5. Physical environment of the crisis centre**

### **5.1 Overview**

From responses received from crisis houses, it appears that a balance must be created between:

- (1) The desire for a safe residential location which will be welcoming and recognisable
- (2) The restricting nature of these locations in terms of risk assessment criteria, reasonable noise and potential NIMBYism

## **5.2 Detail**

### *Drayton House*

Located in a “residential style” setting with the emphasis placed on creating an environment, which is “safe and child friendly”. The house strives to fit unobtrusively within its neighbourhood, with careful thought given to signs and labels for example.

### *Riverview*

Also located in a quiet residential area of Romford. The manager suggested, however, that operating in a residential area has been restrictive. It has resulted in the production of stricter risk assessment criteria than would have been needed if the house had been located elsewhere.

### *Station House*

Located centrally in a non-residential area, near the station and well located for the local mental health service shops and chemist. It also has a lively young people’s pub next door. The manager indicated that the location of the crisis house had proved crucial to its success because:

- Noise from the house is attributed to the pub or station
- The service is therefore more or less invisible within the community
- Because of this, there have been no instances of NIMBYism in the 14 years of operation.

## **6. Access criteria**

### **6.1 Overview**

The access criteria used by the 7 crisis houses have been based on a wide variety of factors including:

- The target group (e.g. women, adults, people with mental health problems)
- The definition of a crisis (e.g. social crisis criteria)
- The suitability of the individual to the nature of the service (e.g. ability to live autonomously)

From information obtained from the respondents, there is a need to create a balance between:

- (1) Developing a set of access criteria which targets those who best fit the purpose of the service
- (2) Limiting access to the extent that the service is under used and is not available to potential beneficiaries

## **6.2 Detail**

### *Riverview*

Will only offer support to those in social crisis, as defined by the Social Crisis Criteria. This could include situations such as:

- Disturbed sleep patterns
- Financial worries
- Relationship problems – i.e. with family, friends or neighbours
- Any other distressing situation that warrants social support only

It cannot offer support to those experiencing psychiatric crisis, e.g.

- Those who require mental health nursing care
- Those who only have drug or alcohol related problems
- Those who require a place of safety (Section 136 of the Mental Health Act)
- Those who require a review of their medication and need a medical/psychiatric assessment
- Suicidal attempts

Because of the nature of the crisis criteria, people are only able to stay in the house for short periods (maximum of 7 days). The manager has indicated that the criteria used within Riverview are too restrictive, as it means that the service cannot help people who are homeless or who have longer-term needs for example. This has meant that the service operates with spare capacity for the majority of the time (on average it is only 1/3 full). Low usage has also been exacerbated by the development of local assertive outreach teams and crisis intervention teams, which offer other alternatives to hospital.

### *Drayton Park*

Offers support for women who are experiencing a variety of problems, including:

- Feeling suicidal
- Actively self-harming
- Having psychotic experiences
- Reacting to extreme stress such as physical or sexual abuse

All women who are willing to use the service will be given equal consideration and a decision will be based on the greatest need. However, the project

recognises that it cannot provide a service to all women at all times. The following limitations and exclusions have therefore been agreed:

- Women who are detained under a section of the Mental Health Act (other than those on leave from a section and coming from hospital)
- Those aged 16 and under
- Women with violent behaviour which poses a threat to others (constantly reviewed)
- Those who require a place of safety under Section 136 of the Mental Health Act
- Women suffering from a physical health problem needing treatment by inpatient general hospital
- Men

### *Station House*

This service is open to people with a broad range of mental health problems and drug/alcohol problems. As Station House is not staffed the service is only seen as appropriate for people with a good degree of autonomy and commitment to resolving their mental health crisis. It is inappropriate for people who are unable to structure their own lives, for teenagers or people with learning disabilities who require some supervision.

### *Oakleigh House*

The service is only open to people who have a care plan and long-term mental health problems. Oakleigh House offers pre-crisis support, so the emphasis is slightly different than with other crisis houses. The guest needs to be “fairly well”, with their own coping strategies in place.

### *Praxis House*

Offers accommodation to people with a variety of issues including drug and alcohol problems, mental health problems, domestic violence etc.

## **7. Referral process**

### **7.1 Overview**

Anam Cara and Oakleigh House are the only services with a statutory only referral system. Most services are open to self-referrals as well as referrals from other agencies. However, there are usually still some limitations to this, for example:

- Drayton Park operates a telephone only referral system in the first instance
- Riverview requires that self-referrals be preceded by a risk assessment and contact with their care worker
- For Station House, referrals remain the responsibility of those who referred, not the crisis house

Several houses offer 24-hour access, 7 days per week. These include Station House, Riverview and Drayton Park. Praxis is only open during office hours (9am – 5pm) and Crisis Point is open Friday-Sunday 8pm – 12am.

## **7.2 Detail**

### *Anam Cara*

Will only accept referrals from the local NHS Crisis Team. The staff who work in Anam Cara have personal experience of mental health problems and do not come from a clinical background. The referral system therefore ensures that a clinical input is obtained for each individual.

### *Crisis Point*

Accepts self referrals and referrals from other agencies. These can be accepted up to 11pm Friday to Sunday. Requests for assessments are responded to within 1 hour and can only be accepted up to 8:30pm (because of the time needed to do this).

The crisis referral form asks for information about:

- What is the crisis?
- Any changes in behaviour thoughts or feelings?
- Professional diagnosis
- Mental health related admissions
- Current prescribed medication
- Are there signs that indicate their mental health is deteriorating?
- Are they on a Care Programme Approach (CPA)?
- What do they need to support them through this crisis?
- Are there any cultural or religious needs relevant to using the service?
- Are there any physical or health needs relevant to using the service?

### *Drayton Park*

Referrals are taken over the telephone only. Potential users are not able to come to the project unannounced. The project can be contacted 24 hours a day by anyone wishing to make a referral on behalf of themselves or another woman.

Women will be offered an assessment if staff feel the referral fits the criteria of the project and the woman will benefit from the information and advice available. The assessment meeting will explore the current crisis, including the current risk. Staff will liaise with other professionals working with the woman and with the woman's permission, will also consult with family and friends. (Senior staff facilitate this assessment.) If a place is offered, it can be given immediately, if a place is available.

### *Oakleigh House*

Referrals are only accepted from the Community Mental Health Team, and will also depend on available capacity at the time. Because this is a time out service rather than a crisis service, people can book their accommodation weeks or



months in advance, depending on when it suits them. Staff say that they rarely have to turn down a referral because the CMHT knows what the service can and cannot offer, and rarely refers inappropriately.

#### *Praxis House*

Receives referrals from a range of organisations including the local Housing Advice Service, which can refer people who are homeless. A referral interview is performed with each individual, with a more detailed assessment undertaken if required.

#### *Riverview*

The latest time a person can gain access to the service is 9pm. Riverview receives referrals via the local CMHTs. Self-referrals cannot be accepted without a prior assessment, and if individuals wish to access the service, they will be advised to contact their Care Co-ordinator/ Duty Worker. The criteria for referral are:

- The person referred must consider himself/herself in crisis
- The presenting problem must be one of mental health issues and social crisis
- There must be no medical/psychiatric/physical problem that the service is not equipped for
- The person must be aware of and agree to the referral being made
- The level of crisis should not warrant hospital admission
- There is no other more appropriate course of action to take at the time
- The person must be aware of the terms and conditions of the residential service and agree to them at the time of the referral
- The person must live in Havering, Barking & Dagenham and already be under the care of a Community Mental Health Team with a Care Co-ordinator

A referral form must be completed for every referral, accompanied by a full risk assessment.

#### *Station House*

Will take referrals from other agencies such as GPs, CMHT, Housing, etc. However, often people hear about the service through word of mouth and will self-refer. The organisation takes no responsibility for inappropriate referrals; these remain the responsibility of the referrer.

## **8. Information Collection**

Many of the services require a referral interview or assessment before accommodation is offered (see above). However, with the majority of Crisis Houses, at least some of the burden of information provision is placed on the referring agency, or a nominated professional third party.

### *Anam Cara*

Information about each individual is sought from the referring team, largely to meet the requirements of the insurers.

### *Crisis Point*

On referral, individuals are asked to sign a form giving their consent to the service contacting other agencies or individuals involved in their care and support. They are asked to list organisations and individuals they give permission for Crisis Point to contact, as well as organisations and individuals they do not want the service to contact. They are also asked to acknowledge that in exceptional circumstances, Crisis Point may contact agencies/individuals without their consent.

Information is sought from a professional third party to comply with risk management policies and aid with the development of a support plan. Currently if the project cannot get this information, then they cannot offer a service to the person.

### *Station House*

The service does not ask for any information from people seeking help. An informal discussion will take place on arrival at the house, and personal information is often volunteered at this time.

### *Praxis House*

Information is sought from individuals around their reasons for needing housing and their personal details.

### *Drayton Park*

In addition to the assessment, women entering the project will also be asked to sign an agreement form, acknowledging that they agree with the guidelines of the service.

## **9. Managing Risk**

### **9.1 Overview**

Risk management follows a number of strands:

- a. Risk assessment
- b. Guidelines for behaviour within the house, both for residents and guests
- c. Staff procedures

When developing risk management procedures it is important to create a balance between:

1. Keeping the residents and staff safe
2. Excluding those most in need of the service

Several services have also acknowledged that assessing risk is not an exact science, it depends on individual circumstances and can alter over time.

## **9.2 Risk Assessment**

### *Anam Cara*

Within Anam Cara, information about risk is obtained largely to meet the requirements of the insurers. For this reason, they will not accept anyone with a history of arson. Individuals should also have a fixed abode, and a history of suicide or self-harm is also looked for. However, it should be acknowledged that each case is looked at on an individual basis.

### *Crisis Point*

Seeks information from professional 3<sup>rd</sup> parties on the following areas: Suicide attempts and self harm, violence, damage to property, physical ill-health, drug and alcohol misuse, sexually inappropriate behaviour, mixed gender environment issues, self neglect, fire risk, abuse from others, and previous police/criminal justice contact.

The project also has an individual risk management plan that charts changes in risk over time and lists plans to manage risks. This plan is signed by both a member of Crisis Point staff and the individual.

### *Station House*

There is no formal risk assessment procedure for this project. It was emphasised that assessing risk is not a straightforward procedure – someone who is suicidal may recover quickly, whereas someone with an ongoing mental health problem may deteriorate. It is not always possible to tell what is going to happen, so assessment is an ongoing procedure.

### *Praxis House*

Praxis House look for issues such as suicidal behaviour in their risk assessment process. Admittance of people with suicidal behaviour will depend on capacity at the given time.

### *Oakleigh House*

The Community Mental Health team, prior to the guest arriving at Oakleigh House undertakes the risk assessment.

---

## **9.3 Guidelines for behaviour**

### *9.3.1 Drinking and illegal drug taking*

Several crisis houses do not tolerate any alcohol or illegal drug use within the houses (Crisis Point and Praxis). Anam Cara suggests that if individuals have drug or alcohol issues, they should be actively seeking help for these problems. Preferably individuals will have been clean for at least three months before accessing the service, but each case is looked at on an individual basis.

Station House stipulates that there should be “no abuse of alcohol or drugs”. General use drugs or alcohol is not defined as abuse, and people are able to have a drink, or take illegal drugs in the house. There is also a free bar for residents to use if they wish. However, drink or drug use which is extreme (such as leading to violence or vomiting etc) is considered abuse and is not tolerated. The manager indicated that incidents like this were very rare.

Drink and illegal drug use are tolerated within Station House to make the service more appropriate for younger people, who are more likely to have alcohol or drug issues. The Committee originally raised concerns about this policy, but they have been persuaded that an open policy is the only way to support individuals in crisis today.

### *9.3.2 Other areas*

Other themes across different guidelines include:

- No violence
- No stealing
- No abuse of the premises
- No smoking except in designated areas
- No sexual or racial harassment

## **9.4 Staff Procedures**

### *Crisis Point*

Staff are on duty from 8am to 12am but are contactable at other times. There are always 2 staff on during a shift. Residents have a key to their own room, but do not have a key to the front door. If they go out, they must buzz back to get in again.

### *Drayton Park*

The service’s safety and security policy draws on the experiences and views of service users and mental health staff. It covers:

- Advice on ways of working to minimise the risk of violence and risk to residents and staff,
- A visitor’s policy
- Some guidelines for acceptable behaviour in relation to drugs and alcohol, for example.

Local community emergency services (police, GPs etc) are accessed where appropriate, and communication has been established to enable this to happen. Staff are also trained in basic first aid, including resuscitation techniques. In the event of a women's mental health crisis being uncontrollable within the project, staff are expected to find a more suitable alternative environment.

#### *Station House*

This crisis house is run on a self-help basis, so staff are not available in the building for support. However, a crisis team can be called out if required via a free phone line.

#### *Riverview*

The house is staffed with a minimum of two staff at all times, although in-house support is only available during the day.

## **10. Services within the crisis centre**

### **10.1 Overview**

Services available within the crisis houses include:

- Wellness recovery action
- One-to-one support
- Crisis Counselling
- Dealing with self-harm, eating, drinking, drug abuse issues
- Further assessment
- Planning support services
- Visiting GP service
- Liaising with professionals to activate existing support services
- Library and internet
- Befriending
- Alternative and complementary therapies
- Arts, crafts etc

Some services (e.g. Crisis Point) also offer continuing support after the person has left the crisis house. Others (Anam Cara and Station House) offer drop-in day support within the house for other individuals with mental health problems.

Again a balance has to be achieved between providing support and maintaining privacy.

#### *Anam Cara*

Within the house, the recovery model is used. Staff, who are called Recovery Guides, do not have a clinical background and all come with their own experience of mental health problems. Focus is on wellness recovery action planning, rather

than labels. The Recovery Guides help people look at their own environments and build individual capacity. Drop-in day support is also available.

### *Crisis Point*

People can stay in the house for a maximum of 6 days and formal one-to-one support is provided during this time. After an individual has left the house, informal one-to-one is offered for a period of six weeks. This can also be offered to people who do not wish to stay in the house, but need some crisis support.

### *Drayton Park*

Once a resident of Drayton Park, a woman will have workers allocated to her on a shift basis as well as two members of staff who will work more intensively with the woman. A senior member of staff will supervise all work offered. Senior staff are supervised by the project Manager. Women will be offered a choice of worker in terms of ethnicity or sexuality if possible.

The project offers the following services:

- Crisis Counselling
- Dealing with self-harm, eating, drinking, drug abuse issues
- Further assessment
- Planning support services
- Visiting GP service
- Liaising with professionals to activate existing support services.

Workers aim to enable women to go home as soon as possible with a safe support system in place. If home is not a safe place to be, the project works alongside support services to find alternative accommodation. However, it is not the responsibility of the service to find alternative accommodation at the point women leave. (This is clearly stated on being offered a place at the project.) Women will move on when the crisis is passed in terms of their mental health and ability to cope with life situations again. The women make agreement plans with staff to determine who is going to deal with different aspects. The women themselves are often documented as the person responsible for taking a lead in a specific area.

### *Station House*

Station House works on a self-help basis and the service aims to create a balance between company and privacy. Drop-ins are run from the house 4 days a week, when other people with mental health problems can come along for support. At all other times the residents have the house to themselves.

A same sex befriending scheme is on offer, and a crisis team can be called out if required. The house also has a library with free internet access, and a free telephone line, where people can make use of support lines such as the Samaritans, if required.

### *Praxis Service*

One-to-one support is offered within the houses, and help is given with tasks such as form filling, GP appointments etc.

### *Riverview*

In addition to residential accommodation, the service offers a telephone helpline and overnight face-to-face support for a further three people (not sleeping). In-house support is only available during the day. The crisis house offers:

- Emotional support and guidance through a current crisis
- Someone to talk to in a safe and non-threatening environment
- Promotion of independence and empowerment
- Liaison with other agencies
- Time out from the responsibilities of daily living through their crisis
- Support to carers

The service does not offer:

- Medical cover or nursing care
- Continuous one-to-one attention or 15 minute observations
- Formal counselling
- Home visits as part of the counselling service
- Administration of medication
- Emergency housing
- An overnight drop-in
- Financial assistance
- A solution to long term problems

### *Oakleigh House*

The service offers one-to-one support and counselling if required. Alternative and complementary therapies such as Indian head massage or reflexology are also available. Staff can also offer support with arts and craft activities where requested. Guests often benefit from the company of other residents, and the House's dog is an extremely popular member of the team!

## **11. Capacity & Length of Stay**

The capacity of the crisis houses varies from 3 people to approximately 26 people and the length of stay ranges from 6 days to 2 years. Accommodation for children is available in half of the houses. Contrary to what may be expected, Station House belies the suggestion that it is only the bigger houses which can offer longer term accommodation and access for children.

### *Station House*

Station House has four sanctuaries – one single room and three double rooms. Babies and children can come in with their parent, and guests are welcome to

have their own carer stay with them, if appropriate. People can stay in the house for up to one year, but it is unusual for them to stay this long.

#### *Riverview*

The house has 3 short stay beds where people can stay for a maximum of 7 days. With hindsight, the manager would have preferred to have a bigger house, with 3 short stay and 3 longer stay beds where people could stay up to 3 weeks, for example.

#### *Praxis Service*

The service has a number of houses of varying sizes;

- 2 houses for women and children which can hold 3 families per household
- The Lodge, which can house up to 8 people
- 3 other properties including one for men, and one for older people

Individuals can stay in the accommodation for up to 2 years, although this will vary enormously according to the individual.

#### *Drayton Park*

Drayton Park can accommodate 12 women and up to 4 children at any one time, but only two children per adult as the children share the mother's room. Women maintain the full parental responsibility but the project aims to be as supportive as possible. Sessional crèche workers are available up to 5 times per week. As a crisis service, the project provides a strictly limited stay for users. A maximum of four weeks is currently suggested, although this may change in response to evaluations over time.

#### *Oakleigh House*

This can accommodate 5 guests at any one time. No accommodation can be offered for children or pets (because of the House dog), but staff will seek assurance that adequate arrangements have been made for pets before the guests arrive.

#### *Anam Cara*

This is a four-bed crisis house.

#### *Crisis House*

People can stay in this house up to 6 days.

Amy Woodhouse  
SDC



## Appendix

Information was received through a combination of informal telephone discussions, written documentation and organisation web pages. It should be noted that the level of information received from each organisations varied, and that there are gaps in this information, but copies of the following documents are available:

- Crisis Point Referral Form
- Crisis Point Support and Action Plan
- Crisis Point Risk Assessment Form
- Crisis Point Risk Management Plan
- Crisis Point Consent to Contact Agencies Form
- Drayton Park Crisis Project for Women Booklet
- Drayton Park Crisis Project for Women Operational Policy
- Wokingham & Berkshire Mind Booklet
- Wokingham & Berkshire Mind Complaints procedure
- Praxis Service Application/Referral Form
- Praxis Service Annual Report 2002-2003
- Riverview Referral Policy