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for mental health

## **Edinburgh Development of a Mental Health Crisis Centre**

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## Introduction

The Scottish Development Centre for Mental Health (SDC) has been working with the Crisis Services Task Group (Task Group), formed by the Edinburgh Strategic Development Group for Mental Health, to progress the development of Crisis Services in the City of Edinburgh. In particular, the SDC has been asked to contribute to the development of a Crisis Centre. In order to do this we have met with key stakeholders, through the Crisis Services Task Group, mental health service users, through Consultation and Advocacy Promotion Services (CAPS), read existing reports, looked at some of the literature on crisis services and made contact with existing crisis services elsewhere in the UK, predominantly ones providing crisis accommodation for mental health service users, and drew out key information from their operational policies.

The SDC has drawn on a number of sources to help with this work. In particular, the Mental Health Foundation's 'Crisis Project Workbook', which provides a practical and systematic approach to developing a Crisis Project, that reflects the needs of mental health service users. Other helpful sources have been MIND's and the National Institute for Mental Health in England's (NIMHE) websites. (The latter gives best practise guidance in a number of areas, including partnership working across Health and Social Care.)

The SDC's role has been to facilitate the process of development of a Crisis Centre by identifying some of the key issues needing to be discussed, decisions that need to be made and by providing information to help stakeholders make these decisions.

A first report was submitted to the Task Group in February 2004, this set out some of the key issues that needed clarifying and suggested how this might be approached. The Task Group used this report as a basis for discussion on a number of occasions and a group of potential users of a Crisis Centre have been meeting to progress the issues, from the service user perspective, and have made recommendations to the Task Group as well.

To this end, Edinburgh Users Forum (EUF) and CAPS produced a paper in April 2004 that sets out service users views in relation to ownership, management and operation of a Crisis Centre as well the principles they want to see adopted as part of the underpinning philosophy.

A second SDC report was submitted in May 2004, which set out the information gathered from other Crisis Centres. (This particularly relates to their operational policies.) Again, the purpose was to provide information to help guide discussion and decision-making.

*A key thing the SDC has learned from being involved in this piece of work is that there is no 'one model' for Crisis Services and Centres. Every one has*

*developed differently, has different approaches and different operational policies. Edinburgh needs to decide what is best for the potential service users in this area and try to learn from other areas what has worked well and less well in providing this type of service. Local development is what counts.* This third, and final, report from the SDC aims to pull together the progress to date and set out some of the key areas that need to be included in an operational policy.

## **Background to Crisis Services in Edinburgh**

CAPS identified the need for a Crisis Centre in the mid 1990's, this work has continued and been progressed further by the Task Group and culminated in a report 'A strategic plan for the development of mental health crisis services in Edinburgh' produced in November 2001. This is a comprehensive report that sets out clearly the need for a range of Crisis Services in Edinburgh and, in particular, the need for a Crisis Centre. This report is relevant today. What has moved on is the work being done to create a spectrum of care for people experiencing a mental health crisis and their carers and supporters. Any development now needs to ensure that it has good links with the Community Mental Health Teams, Psychiatric Emergency Team, Social Work and Housing Services and any new Mental Health Crisis Team. A Crisis Centre needs to be independent of other services and be part of a wider network of care.

## **Principles**

From the start of the SDC's involvement it became clear that service users have clear views about how they want to be involved in the development and running of any Crisis Centre. Set out below are some of the principles drawn up by service users in their report of April 2004.

The service and all decisions relating to it:

- ◆ Are designed to meet the needs of service users, as expressed by service users
- ◆ Are based on partnership working
- ◆ Involve service users in decision making and management
- ◆ Involve service users in evaluating the service.

## **Partnership Agreement and Working**

All stakeholders are clear that a Crisis Centre needs to be developed and managed as a Partnership arrangement, that is a formal written agreement between funders, providers and service users. This means that all stakeholders are represented in the partnership and that there is shared decision-making. This is of particular importance for potential users of the service, who want to be able to contribute to decision-making and influence others in key decisions (see above). They see this as essential if the service is going to be run with a philosophy that reflects their needs and aspirations. The Partnership is to have control over and ownership of the operational policies, this needs to be explicit to potential providers of the service when being invited to tender. Any provider of the service will need to be a member of the Partnership and accountable to it.

NIMHE sets out the criteria for good/factors for successful partnership working drawn from the evidence base. The SDC has taken some key points from their paper.

In order for Partnership Working to be successful it needs to:

- ◆ Draw upon users' aspirations and goals as an explicit philosophy for guiding development of the partnership
- ◆ Create a shared vision that draws on users aspirations and goals
- ◆ Understand the key components of effective dialogue
- ◆ Take account of well understood success factors such as having a clear strategic purpose for partnership
- ◆ Create alliances which form part of everyday functioning of organisations
- ◆ Develop a supportive internal infrastructure

- ◆ Clarify accountability for joint working, hold individuals and agencies to account for the fulfilment of pre-determined roles and responsibilities
- ◆ Clarify staff roles and responsibility of staff, specify 'who does what'
- ◆ Develop a framework to explore the relationships between multi-disciplinary groups
- ◆ Draw upon existing theories for understanding team effectiveness
- ◆ Monitor achievements in relation to the stated vision

## **Framework for an Operational Plan**

The content for this section has been drawn from a number of sources which include the Service Users report, SDC's second report and information gathered from a variety of Crisis Centres currently operating in the UK. Discussion has taken place with some members of the Task Group about what this section should contain and what some of the recommendations should be.

### **1. User Involvement**

A decision has been made for service users to be equally involved in all aspects of the development and management of the Crisis Centre. Users do not want to run the Centre on a day-to-day basis but would welcome people who have had direct experience of mental health problems, either as a user or a carer, being recruited to the staff team if they have the necessary experience and skills.

### **2. Location**

Where a Crisis Centre is geographically located has an impact on its use and how those around it perceive it. It needs to be centrally based, accessible by public transport and feel safe to walk to. The location of the Cambridge Street Day unit was given as a good example of a central yet discrete location for a service. Service users would prefer it not to be co-located with either any identifiable mental health service nor with social work facilities nor any hospital. There needs to be a balance between:

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

### **3. Access Criteria**

The target group for the Crisis Centre is men and women who are aged over 18 years old and who are experiencing a mental health crisis. There is an understanding that younger people with mental health problems need separate and distinct services developed for them.

Carers of people experiencing a mental health crisis can also access the Centre to get information, to look for signposts to other means of help and to get support to encourage people to access the Centre.

People need to be able and willing to engage with the crisis support being provided. This requires the person to have a level of insight into how they are feeling and the circumstances they are in and are able to demonstrate a level of autonomy in their own care and decision-making.

The Crisis Centre will offer support to people 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
- ◆ Disturbed sleep patterns
- ◆ Financial worries
- ◆ Relationship problems, i.e. with family, friends or neighbour

The Crisis Centre will **not** be able to provide support to people who:

- ◆ Require mental health nursing care
- ◆ Only have drug or alcohol related problems
- ◆ Who require a Place of Safety
- ◆ Who require a review of their medication and need medical/psychiatric assessment

Not everyone who makes contact with the Centre will want to come in and sleep. Some people will want support over the phone and others may want waking support at the Centre.

From speaking with other Crisis Centres we learned that it is important that the Access Criteria are reviewed on a regular basis and do not become too rigid. There should be opportunity for change and adaptation to meet the ongoing needs of people who use the service.

#### **4. Referral Criteria**

Anyone can refer himself or herself or someone else to the Crisis Centre. The Centre will be contactable 24 hours a day by anyone wishing to make a referral. Initial access will be through a telephone call. The caller will be asked some questions, this will help to decide whether a 'phone call may be the best support and if coming into the Centre is the 'right' resource for this person at this time. Potential users will not be able to come to the Centre unannounced.

For those people who want to come into the Centre for waking support or to sleep, the discussion will consider whether:

- ◆ The person being referred is aware of and agrees to the referral being made
- ◆ The person considers himself/herself to be in a crisis
- ◆ The presenting problem is one of mental health issues and social crisis
- ◆ The Centre is equipped to deal with the problem
- ◆ The level of crisis does not warrant a hospital admission or medical interventions
- ◆ There is no other more appropriate course of action to take at this time
- ◆ The person is aware of the 'Centre's Rules' and agrees to them at the time of referral
- ◆ The person is aware that the maximum length of stay is 7 nights
- ◆ The person is aware that Centre staff do not prescribe or administer medication
- ◆ The person is resident in the City of Edinburgh

Once the person is received at the Crisis Centre they will be greeted by members of staff who will gather more information as and when it is respectful to do so.

Edinburgh Crisis Centre may want to introduce a form for service users to sign that gives Centre staff consent for them to contact agencies or individuals involved in their care and support. They will be asked to list organisations and individuals who they give permission for Centre staff to approach and those they do not. Centre staff need to be explicit that there may be exceptional circumstances when they may have to contact agencies or individuals without the service user's consent.

## **5. Information Sharing**

Everyone recognises that people will need to give and share information about themselves and their circumstances. This needs to be done as part of a dialogue between two people. Service users want to ensure that there is discussion and agreement reached within the Partnership about what needs to be recorded about them when using the Crisis Centre. Recorded information should be kept to a minimum and only be needed to facilitate the person's stay at the Centre. People accessing the Centre need to be given the reason why certain information is being requested. At the same time, staff need to explain clearly the services that are available and those that are not in order that expectations about the Crisis Centre are clear. The Partnership needs to work together on an appropriate Assessment Form.

## **6. Services offered by the Crisis Centre**



Staff will be the most crucial resource in the Crisis Centre. They need to be able to create a safe environment where people feel valued and respected. Any staff recruited to the Centre need to be experienced, skilled and knowledgeable in working with and supporting mental health service users in crisis. At the same time they need to be able to demonstrate the values and principles that underpin the service and willing to work as part of a multi-disciplinary and partnership approach. They need to be able to support service users to work through the immediate crisis and assist them to take back control over their lives.

Further activities and support within the Crisis Centre:

- ◆ Signposting to other services
- ◆ Someone who is able to listen and is willing to engage
- ◆ Someone who can help service users plan what happens next
- ◆ Support to access other services, including Advocacy
- ◆ Liaison with other services, means of support
- ◆ Practical help and advice
- ◆ Promotion of independence and empowerment
- ◆ Access to alternative and complementary therapies

Some practical issues within the Crisis Centre:

- ◆ Somewhere to sit, rest, be quiet
- ◆ A place to be with others or on your own
- ◆ A bedroom for the night, if you need it
- ◆ A place for a private conversation with staff
- ◆ Shower facilities
- ◆ Kitchen facilities and food available
- ◆ Relaxation/therapy space
- ◆ A room you can smoke in

## **7. Guidelines for Behaviour in the Crisis Centre**

In order that service users and staff have a sense of safety within the Crisis Centre there will need to be some 'house rules'. The topics that need to be included in this are:

- ◆ Guidelines for acceptable behaviour for service users in the Centre, e.g. smoking in designated areas only, no violence, no stealing, no sexual or racial harassment, no abuse of the premises
- ◆ Access to the Centre if a service user is a resident, e.g. does the service user have a key or is access only through staff?
- ◆ Guidelines for acceptable behaviour in relation to drugs and alcohol

- ◆ A visitor's policy
- ◆ A child/children's visiting policy, e.g. will children be allowed to be resident with their parent, if not, how will they be enabled to visit with their parent?
- ◆ A pet's policy, e.g. can pets come and stay with the service user, if not, can they visit?

## **8. Risk Management**

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

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

Some of the other aspects of an Operational Policy outlined above go a long way in trying to balance these two needs. As one of the existing Crisis Projects in England points out: *"Assessing risk is not a straight forward procedure – someone who is suicidal may recover quickly once they are supported by a Crisis Centre, whereas someone with an ongoing mental health problem may deteriorate. It is not always possible to tell what is going to happen, so assessment needs to be an ongoing procedure."*

The experience of the Centre staff will be crucial in this respect and advice and training need to be provided on ways of working that minimise the risk of violence and risk to service users and staff.

## **Financial Arrangements**

A sum of £350,00 is available, currently, for operational costs with additional monies needed to source and refurbish any premises. The expectation that the service is accessible 24 hours a day will have an impact on the budget in terms of staff rota to make this possible as well as staff being available to provide waking support through the day and night.

## **Next Steps**

A lot of work has been done to progress this development since the SDC became involved at the start of 2004. In particular, key decisions have been made, a Steering Group has been created to progress the Partnership Agreement and the Contract Specification. The strategic picture of where a Crisis Centre will fit into a wider service model is also becoming clearer. Hopefully, this report will provide information and guidance on what an Operational Policy needs to contain to enable this process to move forward even further.

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