South London and Maudsley NHS Trust (SLaM)

working in partnership with

Southwark and Lambeth Primary Care Trusts

Report from Workshop
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Caring for people with mental health problems in Lambeth & Southwark

What counts as a good crisis service?

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People for whom the crisis services are provided

We asked everybody to think of a person who might need a crisis service, and to write a brief description of that person. These are people that participants feel particularly strongly about for a variety of reasons. They need to be kept in mind when reviewing services. We include some of these descriptions here:

The lady who lives (near me) suffers from a mental illness and sometimes she has an attack at times when the services are not available, so therefore it would be important for me to have someone I could call on in a crisis.

Unfortunately people become ill at weekends as well as during the week. When my daughter used to be ill it was often at weekends when no help was available when I tried to get it. This was a few years ago and she is much better now.

30 year old woman, mother of young baby, brought in by husband and diagnosed schizophrenia. Very distressed by tactile hallucinations

Middle age family man who suddenly finds life too hard, cannot talk to his family

26 year old female. Recurrent overdoses, repeated presentations to A&E, always discharged home after mental health assessment.

38 Life fallen apart last 2 years. Reliant on services. Saturday evenings a problem.

40 year old woman, alcohol dependent. Presents to A&E intoxicated and expressing suicidal ideas

Client who leaves her flat, sleeps in the street

Young woman age 18 went off London Bridge, unwilling to talk to A&E staff. Evidence of personality disorder, but decision whether or not to section under MHA very difficult. Wasn't sectioned but follow-up difficult to arrange

Black African male, Mid 30s. Needed and accessed Emergency Clinic. Stabilised within a couple of days following which functioned in the community

Elderly service user 70s. Contact with community team. Went to EC but closed. Wouldn't go to A&E. Eventually went home, contact with CMHT the next day.

A man 40 years old living on his own. Needs help all the time. Refuses access to his flat. Smokes 50 cigarettes a day, lives in a terrible mess. Doesn't wash, food and clothes on the floor.

Ms S. Single parent, substance misuse on daily script, domestic violence, day / night service

Male 40 years. Lives alone, no support network . Violent,personality disorder, schizophrenia, alcohol and polysubstance misuse. Requires service intensively when unwell, otherwise won't engage.

Summary

About 100 people from a wide variety of backgrounds attended a workshop to explore ‘what counts as a good crisis service?’ They shared their sometimes quite different ideas and refined these into criteria for judging different service models.

Although these represent a collection of personal criteria not an agreed set, there were many recurrent themes. They provide a resource for the Crisis Review Steering Group as they make recommendations about the future of crisis services in Southwark and Lambeth.

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Background

SLaM has begun a review of crisis services in Lambeth and Southwark. In collaboration with its partners it has set up a Crisis Review Steering Group whose membership includes both Lambeth and Southwark Primary Care Trusts, service users and SlaM.

The review is supported by three strands of work, One of these is this workshop and report. Others are an audit of crisis care use in November 2004, and a report by the National Institute of Mental Health in England. It will also be informed by a survey carried out by MIND.

The Crisis Review Steering Group will take these strands of work into account as it decides what recommendations to make about the future of crisis services in Lambeth and Southwark.

Purposes of the workshop

We know that different people have very different views about what makes a good crisis service. One purpose of this workshop was to explore these different views in a forum that gave time and space for participants to talk with each other and to understand better the views of others.

A second purpose was to identify, but not to agree, the criteria that people use when judging crisis services – how you ***know*** whether it is good crisis service?

We were not seeking comments on particular services that are provided now in Lambeth and Southwark.

The workshop

About 100 participants attended the workshop. They included: service users, carers, providers of primary care, providers of emergency services, police, home treatment teams, in-patient teams, voluntary sector providers of services, community mental health teams, councillors and operational managers.

In the morning we asked people to talk in small groups from the same service or user background and then in a large group discussion. The task was to identify what counts as a good crisis service. We asked them to think of three sorts of people:

- new patients (acute crisis for the first time)
- long term patients (known to the service)
- potential patients (preventative services)

There was considerable overlap between what makes a good crisis service for these three sorts of people, so in the rest of this report we bring these together and identify special issues when the crisis if happening for the first time and when considering wider issues of prevention.

In the afternoon people worked in mixed groups to share the criteria they would use to make judgements about crisis care services, existing and proposed.

What counts as a good crisis service?

A brief description of a good crisis service was offered by one of the discussion groups:

> An easily-accessible, responsive, holistic, user-led service where the patient if treated with dignity and respect.

SOME SOLUTIONS THAT WERE OFFERED

A recurring theme of the workshop was the importance of giving more attention to the views and contributions of people who use crisis services, and their families and carers. "Pay attention to your customers".

People were full of ideas about additional developments that could improve crisis services. These included:

- User-managed triage
- Training by service users - users to design training sessions and awaydays for staff, funded by SLAM – cf Mental health assessors in police system
- One stop shops
- Expand the working of Community Mental Health Teams
- More home treatment and more prevention provided by voluntary organisations
- Crisis café / drop-in centre
- Crisis house
- Mental wellbeing resource centres
- Directory of services in Plain English detailing who could get the service, what support was offered etc.
- Leaflets containing contact details of services
- Opportunities for shadowing people working in other parts of the crisis system

A potential danger of discussing 'what counts as a good crisis service?' is that it can lead to the production of 'wish-lists' of services for which funding is not available. The purpose of these discussions was to use the ideas about 'what counts as a good crisis service?' in a different way – to develop criteria by which service models, existing and proposed, could be judged. These criteria can then be used to shape decisions about the mix of services that should be funded.

CRITERIA FOR THE SYSTEM

Some things are system issues – not every provider has to do everything, but the whole system has to add up to a something that provides crisis services that meet the following criteria:

Are services available 24 hour a day, 7 days a week?

Does everybody know what to do when somebody is in crisis, and how to access help?

Does it offer a range of options or choices, including social, practical and medical support in a variety of levels or tiers?:

- Telephone support / helpline (which may need to be local)
- Drop-in / self-referral
- Support wherever it is needed, for example in a GP surgery
- Somewhere safe to go where there is time and space for a chat, not exclusively the medical model
- Somewhere safe to stay

Are the moves from one service to another smooth, particularly across borough boundaries?

People identified gaps between services and made a variety of suggestions for joining them up. These ranged from asking SlaM to lead a process to knitting services together to supporting the parts, including a competition that rewards providers who are working well.

Does it include a balance of statutory and non-statutory providers?

Does it provide value for money?

CRITERIA FOR ALL SERVICES

Many of the 'criteria for the system' described above also apply to individual services. However, to take one example, although the system as a whole must provide care 24 hours a day and seven days a week, not all of its parts need to be judged by this criterion. A Crisis Café with more limited opening times might, for example, be a valuable part of the system of care.

The criteria identified below are those that were suggested that ***all*** services, existing and proposed, should be judged by.

Is it easy to get access to the service?

- Are there clear access routes and explicit descriptions of patient journeys?
- Are these described in clear high quality information sources? Can the service demonstrate how they inform the community?
- Are the access routes well known to people who use or may use the services, their families, friends, housing officers, employers, GPs, NHS Direct?
- Is there more than one way to get into the service?
- Are they accessible to everybody, or are there exclusion criteria?
- Do specialist services support universal services to increase access?

Is the atmosphere friendly and welcoming and free of stigma?

- Are the staff friendly, kind, caring, gentle and understanding and able to engage with people?
- Is the person treated with dignity and respect?
- Can the person easily access staff during their attendance? (staff availability / approachability / busy-ness)
- If I shout, will I get into trouble?
- Are the staffing levels adequate?
- Are the staff looked after too? – they are under stress

Is waiting minimised?

- Is there an immediate initial response (this could be by telephone)?
- Is there speedy assessment of referrals?
- Is the person kept informed about why they are waiting?

Will the person be given the time they need?

Is it a safe environment?

Is the service / treatment effective?

- Are the staff appropriately trained?
- Are there care plans, support plans, discharge plans and effective handover?
- Is there an evidence base?
- Do staff have access to the person's records, and does the service make records available to other service providers?
- Can the staff access medication (i.e to dispense it)

Is the person appropriately involved in their own care?

- Are they aware of, and do they exercise, their choices and options?
- Is the identification process quick and streamlined?
- Is an advocate available (on site)?
- Is the person kept informed of what's happening?
- Are duplicate assessments avoided?
- Does the service trust the person when they know they are ill?

Do similar clients get a similar service?

- Do all services act as a point of access to the whole system and agreed care pathways?
- Is there triage at the first point of contact?

Does the service treat as distinctive individuals

- Is the service culturally appropriate?
- Is the care delivered user-led?

Is there support for families and carers

- Are families and carers involved in care planning?

Are there links with other services?

- Does each service act as a gateway to the whole system?
- Do professionals know about each other's services (including supported housing)?
- Is there a clear ***crisis plan*** that is up to date, understandable, shared and available to other agencies?

- Are there more 'destinations' than just home, such as treatment / hospital admission?
- Does the service make sure that people have appropriate follow-up / ongoing support / outreach?

Is it a Holistic approach? – Physical, Psychological and Social

- Does the service take a holistic approach or does it use an exclusively medical model?
- Does it take a multidisciplinary approach?
- Is the most appropriate range of options and responses offered or provided?

Is the service well managed?

- Is there enough co-ordination between managers?
- Are the service priorities right (e.g re Bed Management Function)
- Is the service responsive? Can it react / adapt promptly to changes in demand, whether qualitiative or quantitative?
- Is it adequately funded?

SPECIAL ISSUES FOR A PERSON WHO HAS USED THE CRISIS SERVICES BEFORE

Is there ready access to pre-existing information (personal information and medication?

Is there continuity of care?

- Do you see the same person / team each visit?
- Do you see staff that you know when you attend out of hours?
- Do you have a keyworker?
- Is there periodic contact and review?
- Is staff turnover low?

SPECIAL ISSUES FOR FIRST CRISIS

- Is there information about mental health crisis services, and advice about self-management, widely available in supermarkets, toilets, buses, pubs?
- Are partner organisations aware of the services available – including police, primary care, benefits offices, day centres?

OUTCOME MEASURES

One group suggested some clear outcomes by which the whole system could be measured:

- Patient satisfaction
- Admission and re-admission rates
- Adverse incidents

Prevention

Participants identified a range of additional ways in which the Voluntary Sector, PCTs, SLaM and service users can contribute to the prevention of mental health crises:

Growing a more supportive community and working to reduce stigma
There are opportunities to work with a wide range of stakeholders to reduce the stigma of mental health problems and to increase the understanding, willingness and confidence of people to support people with mental health problems. Some of these, such as supporting and training employers, universities and housing workers may be expected to have quite rapid benefits. Others, such as educating children at school, are an investment for the medium term. There was a plea for this role to be led by the voluntary sector.

Partner organisations like social services and housing can contribute to prevention by making access easier – not just for mental health users.

Developing a wider range of support
There are opportunities to work together to provide a wider range of support including:

- Local social support such as befriending and mentoring
- Counselling
- Restful public spaces to meet and talk

Focus on high risk groups
For example people with a family history.

Responding to lower level triggers

How to use this report

Issues for further discussion
Some of the words used in this report, which have been taken from the flip-charts produced at the conference, are quite high-level abstractions. They served to summarise your discussion on the day, and it seems to us that it would be useful for you to break these down into their components in order to see if this generates any other criteria. Examples include 'user-led', 'reducing stigma' and 'safe environment'.

We focused in the workshop on criteria for judging individual services, perhaps to the exclusion of the balance of services in the crisis system. We think that there is a need for further discussion about which services need universal access and which should be available by referral; and which services need to be available 24 hours a day 7 days a week, which available in extended hours and which available in 'office hours'.

There was a lot of support for offering holisitic care but this had many interpretation. It usually meant avoiding being trapped in an exclusively medical model. But there were quite different approaches to how to care for the co-existence of social, physical and mental needs. For example, one suggested criterion was "is it dedicated to ***mental*** health crises?" A particularly challenging situation are the needs of people who have self-harmed and need physical treatment.

Prevention
This may be an area for fruitful collaboration between the voluntary sector, service users, PCTs and SlaM.

Using the criteria

The Crisis Review Steering Group will need criteria to make their judgements and recommendations about current and possible future services in Southwark and Lambeth. Some more thought may be needed to see which relate to how each service plays its part and which refer to the system as a whole. Although the format of the workshop was not one that sought agreement about criteria, it has surfaced a rich variety of criteria that are of importance to people who attended the workshop. They are not exhaustive. We hope that the Crisis Review Steering Group will take them seriously as they make judgements and recommendations.