If it had not been for the Crisis House staff I honestly don’t think I would still be here. I can’t thank you enough for all your help. I now feel that I actually have a future.

The Community Crisis House model

An evaluation of Wales’ first crisis house
Introduction

In August 2006 Gofal Cymru opened the first, and only, Community Crisis House in Wales. The service was established to provide a unique alternative to psychiatric hospital admission. The project represents a new and innovative collaborative approach involving the voluntary and statutory sectors, assisted by the Big Lottery, to address the needs of people experiencing an acute crisis in their mental health. In almost two years of operation the project has shown itself to be an essential component of crisis services across Cardiff and the Vale of Glamorgan, providing a safe alternative to hospital admission and offering support and treatment in an environment preferred by service users and their families.

The following report will be of interest to commissioners, providers and users of mental health services, their family, friends and carers. Our experience demonstrates that a crisis house model can provide a viable and valuable alternative to in-patient care. It clearly assists commissioners achieve the targets set out in the Welsh Assembly Government’s National Service Framework, linking directly to Standard 6, and we believe other parts of Wales would benefit from a similar service.

Who we are

Gofal Cymru is a leading Welsh mental health charity, operating a portfolio of specialist mental health services. We opened our first supported housing project in 1990, as part of the resettlement of people from Parc and Penyfai Hospitals in Bridgend, and have grown steadily ever since – last year over 400 people used our services every day. Gofal Cymru aims to offer an alternative and innovative approach in the design, development and delivery of services, working within a model that promotes independence and recovery to provide services that are flexible and responsive to individual need.

Current services we offer include:

- Housing and hospital link services, working with homelessness departments, hospitals and individuals to ensure smooth transitions from hospital to appropriate accommodation;
- Employment and training services, including training to employers (aimed at increasing awareness and improving practice in relation to mental health) and work preparation (to assist return to work);
- Mental Health First Aid training to businesses and other organisations;
- Tenancy support projects, designed to enable people to live independently in their own homes;
- 24 hour staffed rehabilitation services, to help resettle people in the community following institutional care;
- Family support, for when a parent or care giver is experiencing mental ill-health;
- Housing support and advice;
- Social, emotional and practical out-of-hours support;
- Supported/ shared housing; and
- Wales’ first Crisis House.

1 Raising the Standard – The revised adult mental health national service framework and an action plan for Wales (Welsh Assembly Government, 2005) makes repeated reference to the need for community crisis services as an alternative to hospital admission e.g. Key Action 23
What are crisis services?

Crisis services are an innovation in the care and treatment of people experiencing serious mental illness who would previously have been admitted to hospital. They seek to provide person-centred, intensive, short-term treatment and support in the least restrictive environment possible – either at home or in a Crisis House. They are based on a holistic approach, allowing social issues to be addressed as part of a care plan, and can also offer support and education to family and carers.

A number of Crisis Houses exist in England, America and elsewhere, all operating with a similar ethos but with slight variations in the models applied (some are provided for women-only, for example, to address the particular issues they can face on admission to hospital). Until August 2006, there was no Crisis House provision in Wales, and the Cardiff and Vale Community Crisis House continues to be the only provision of its kind in Wales.

Research into the effectiveness of crisis services has been collated by the Sainsbury Centre for Mental Health who found they can result in:

**Better service retention:** service users preferred non inpatient solutions to their mental health crises and this is reflected in higher rates of service retention in crisis resolution services than in standard hospital treatment;

**Reduced admissions and bed use:** crisis resolution services reduced hospital admissions by up to 66 per cent;

**Reduced duration of admissions:** where admission to hospital did occur, the intervention of a crisis resolution service reduced the length of stay by up to 80 per cent; and

**Clinical outcomes similar to inpatient treatment:** even in studies where the majority of clients were experiencing a severe mental illness such as functional psychosis.

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2 Mental Health Topics: Crisis Resolution (The Sainsbury Centre for Mental Health, 2001)

3 Drayton Park, in North London, for example is a women-only crisis house that also has provision for the service users children to stay with them, so they do not have to enter the care system - see Drayton Park, an alternative to hospital admission for women in acute mental health crisis, Killaspy, McNicholas and Johnson (Psychiatric Bulletin 24, 2000)
A Crisis House for Cardiff and the Vale

Funded by Cardiff and Vale of Glamorgan Local Health Boards and the Big Lottery Fund, the Community Crisis House was developed in collaboration with Cardiff and Vale NHS Trust. Operational since August 2006 the house has shown itself to be an integral part of crisis service provision for the area, working closely with the Crisis Intervention, Home Treatment Teams and the Crisis Recovery Unit.

The house currently provides short-term (up to seven days) intensive 24 hour, specialist mental health support to people who are assessed by the local Crisis Intervention and Home Treatment Teams as needing additional support to avoid admission to hospital. In collaboration with the crisis teams, the project delivers a holistic package of support in a safe, comfortable and supportive environment without the stigmatising effects and restrictions of hospital admission.

The Crisis House is an ‘ordinary’ four bedroom house on a residential street, with no external signs of being associated with mental health services and is staffed by a team of seven mental health support workers and a Project Co-ordinator. The team offer an holistic support package that considers the individual’s housing, employment, educational, physical and social and emotional needs, supported by appropriate medical intervention from the Cardiff and the Vale of Glamorgan NHS Trust Crisis Teams.

The project actively seeks to promote understanding of the factors which contributed to the person’s crisis, to then equip them with strategies aimed at the ongoing recovery of their mental health and the avoidance of future crisis. Each service user is provided with a leaving pack which identifies services and other options open to them once they return home (including day services, education, employment and voluntary work, and access to talking therapies) and a summary of health management strategies which proved effective during their time in the house. Three-quarters of service users surveyed rated the leaving pack ‘excellent’.

The team engages with individuals at a point of significant mental distress and focuses on promoting and maintaining mental wellbeing and working to a social model of recovery. This means that the support offered might include advice on healthy eating and exercise or encouraging social contact as well as more traditional interventions. This is all undertaken in a comfortable and non-institutional environment that promotes the involvement of the individual in the recovery of their mental health.

The team works with partners across the statutory and voluntary sector to ensure the positive reintegration of individuals back into the wider community and advocates on behalf of individuals to ensure meaningful access to a range of services and activities within and beyond the mental health community.
Key differences between the Crisis House model and the traditional hospital environment include:

- A high staff to resident ratio, offering intensive 24-hour support;
- A therapeutic and homely environment – less stigmatising and stressful for the individual and their family and friends;
- Individualised support and holistic care planning, focused on communication and support;
- Personal space and privacy (each service user has their own room), combined with a communal living area;
- An ‘open front door’ policy, which gives everyone the freedom to come and go;
- Support to maintain daily living skills – service users are supported to prepare their own meals, do their own laundry etc;
- Close communication with, and support for, the family and friends of those in crisis and;
- Signposting to community services to facilitate ongoing recovery.

Since receiving its first referral at the end of August 2006 the project has accepted in excess of 200 referrals. Just over 88 per cent of those who have used the service (to the year ending March 08) have been successfully supported in avoiding acute in-patient care and were able to return home following their stay in the house. The project has worked successfully with a range of service users including those with a history of hospital admissions as well as those coming into contact with services for the first time. The project has played a significant role in facilitating hospital avoidance for those with severe and enduring mental health problems whilst supporting the NHS in assessing the needs of those with an acute presentation but as yet undiagnosed.
The Community Crisis House model

Crisis House users by diagnosis
(NB - total is higher than total number of service users as some present with several primary issues)

- Behavioural syndromes
- Substance related
- Unspecified
- Depressive episode or disorder (including bi-polar)
- Schizophrenia
- Personality disorders
- Stress related disorders
- Organic / brain damage etc

The benefits of creating a more comfortable and non-institutional environment is reflected in feedback from service users. In satisfaction surveys returned to the project by service users 89 per cent said the Crisis House was ‘excellent’ compared to a hospital environment, and 81 per cent rated the house five out of five (excellent) when asked how beneficial their stay had been.

Case Study – Martin

Martin is a 44 year old man, with a long history of contact with secondary mental health services. Problems with his neighbours left Martin feeling unable to cope in his home environment and led to a deterioration in his mental health. He was then referred to the Crisis House.

“Before I came to the Crisis House I felt like I was walking around with a cloud covering me, and I felt like I hadn’t gotten help from any quarters. It ended up with that one incident of turning back to the drink. I hadn’t done that for years, and it all ended up with the Police involvement, and then being sent here.

“I never even knew the Crisis House existed, but once I was here I felt safe and I was listened to. During the week, after talking to staff I came to see that there were other ways of dealing with things. It felt like I could look out at myself, and being here gave me space to think and sort my thoughts out. I felt settled in the house, if I didn’t I just would have done a runner.

“I’ve had a lot of bad things happen to me and each time its been like the problem is a fence and I just run straight into it. I can’t even scramble over the fence it’s just there. Over the years though, people have helped me and given me ways of putting gates in the fences so I can walk through. I think the staff here have given me another gate, another way of coping and getting through.”

The project has developed and evolved over the last two years. We have recently expanded from three to four beds, and have run a successful Carers Support Project (see page seven) which we believe forms a fundamental part of crisis provision.
Between April 2007 and March 2008 Gofal ran a successful Carers Support Project that sought to support (and research the needs of) the carers of those referred to the house. This innovative project was funded through a mental health grant awarded by Cardiff City Council.

The primary aim of the service was to assist carers at the point of need in order to support them during the immediate crisis but also equip them with the skills and confidence to respond to potential future crisis. By developing a new and innovative approach to carers’ services, the role of the Carer Support Worker was integrated within the overall Crisis House service rather than being offered as a stand alone service. Core activities included the provision of emotional support, offering information and education on mental health and mental health services, providing a link with the professionals involved in the treatment of their friends and family and facilitating assessments of their own needs as carers.

Key findings of the Carers Support Project included:

- Carers felt that a crisis for a friend or family member represented a crisis for them too;
- Carers were not used to being offered support and advice;
- A significant number of carers wanted support during the crisis rather than after it;
- Carers felt better able to cope with the demands of their caring role after engaging with the Carer Support Worker; and
- Carers valued the Crisis House as a preferable setting for the support and treatment of their friends and family members.

Clearly better informed and supported carers can contribute significantly towards crisis prevention and the management of the mental health of those they care for. Support at a time of crisis reduces stress and pressure on the carer themselves, supporting their mental wellbeing. Gofal Cymru firmly believes that a fully integrated crisis service should incorporate the needs of carers as a matter of course.

Funding for the Carers Support Project ceased at the end of March 2008, and Gofal Cymru is actively pursuing funding opportunities to continue the valuable work of this project.
Case Study – Mr and Mrs C

Mr C had supported his wife for some time through periods of mental ill-health, but had found himself providing 24 hour a day care for over six months to provide social and emotional support through a period of severe depression and anxiety. He was unable to leave his wife alone without her experiencing severe panic attacks.

Mr C loves his wife, and wished to continue caring for her, but was exhausted and stressed, and beginning to experience depression himself. The Carers Support Project worked with Mr C, offering him emotional support and referring him to other services which could help care for his wife. They helped him apply for carer-related benefits to ease some of the financial pressure and encouraged him to learn more about mental health, including some CBT techniques which he now uses to help support his wife.

Cost Benefits

The Community Crisis House has provided a cost effective approach to meeting the needs of those who would traditionally be considered for in-patient treatment and care, and houses based on the model developed by Gofal Cymru should certainly be considered as an affordable option for commissioners of mental health services.

Making direct cost comparisons with inpatient care is difficult – the complete cost of an individual’s stay in the house would depend, for example, on the amount of input they received from the Crisis Team, and this varies from case to case depending on need. Gofal Cymru are currently developing approaches to attempt to capture this. What has become clear, however, is that many service users who would have traditionally been admitted to hospital are returning home in a shorter period of time. Data received from service users in 2007/08 indicated that, of those previously admitted to hospital, 40 per cent had experienced hospital admissions in excess of 28 days (compared to an average stay of less than seven days in the Crisis House). The Crisis House model is clearly supporting the avoidance of prolonged hospital admission, thus easing pressure on in-patient wards.
What We’ve Learnt

The Community Crisis House has proved itself as a model that works for service users, their families and mental health professionals. The project, in collaboration with Cardiff and Vale NHS Trust, meets the needs of service users in a flexible, person-centred way, respecting their rights to choice and freedom. It is clear that service users prefer the Crisis House setting to inpatient care, having their needs met through a seamless service that is focused not only on the immediate crisis but also on their ongoing recovery and maintenance of good mental health on their return home. Key messages coming from the first two years of service delivery are:

• A collaborative approach works, and enables a holistic package of support to be delivered to a person in crisis;

• The Crisis House model supports statutory partners in the provision of effective clinical interventions, but in an environment preferred by service users to the traditional hospital setting;

• A Crisis House can facilitate hospital avoidance and support service users in maintaining independence, enabling an easier return home and promoting ongoing recovery;

• The cost of Crisis House provision compares favourably to in-patient treatment; and

• Carers appreciate and benefit from support at what is a time of crisis for their friends and family.

Continual improvement and efficiency

The Community Crisis House has been subject to ongoing review with commissioners and collaborative partners in the NHS Trust and has also been subject to review via an advisory group of stakeholder representatives (service users, the voluntary sector, Social Services and the NHS). This process of review has identified several service development opportunities that could enhance the provision and improve efficiency of crisis services for residents of Cardiff and the Vale.

The house has experienced peaks and troughs in occupancy. On occasion the project has been over-subscribed, whilst at other times there has been spare capacity. This has been noted as providing an opportunity to:

• Extend the maximum stay in the house. This could potentially further reduce transfers of care to a hospital environment. There have already been several cases where, in discussion with the crisis teams, the length of stay has been extended and this has been successful in eventually enabling a return home;

and/or

• Provide a step-down facility by enabling early discharge from a ward setting. Pressure on in-patient beds has indicated a potential benefit to both service users and the local NHS Trust – providing a seamless and staged transition for patients at the point of returning home, whilst making valuable in-patient beds available to those with a higher level of need.
The evidence in this report clearly demonstrates the benefits of the Crisis House model. It should be noted, however, that the constitution of this project was based on the demography and existing service provision within Cardiff and the Vale. Gofal Cymru believes there is a compelling case for Crisis House provision across Wales, but would suggest that commissioners may wish to vary some of the particulars to ensure a model is used that will best meet local need. A 24 hour, intensively staffed, project could also be used to:

- Offer a planned or emergency respite service, providing a crisis prevention function, supporting the early intervention agenda. This has already been trialled in other parts of the UK\(^4\);
- Support the NHS in facilitating the assessment of those accessing services for the first time;
- Provide short-term accommodation and assessment in order to prevent out-of-county placements. This would enable individuals to receive the support they need closer to home, easing the distress of being away from family, friends and familiar surroundings, as well as being a more efficient use of resources; and
- Support Community Mental Health Teams and other service providers in areas without crisis teams. Crisis Houses elsewhere employ a variety of referral criteria including, in some cases, self-referrals\(^5\).

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\(^4\) e.g. Oakleigh House in Cornwall - see *A Crisis Centre for Edinburgh – Lessons from other areas*, Scottish development centre for mental health (2004)

\(^5\) Crisis Point in Manchester, for example, allows self-referrals as well as from other agencies and professionals – see [http://www.turning-point.co.uk/Find+a+Service/Service+Details.htm?ServiceID=88](http://www.turning-point.co.uk/Find+a+Service/Service+Details.htm?ServiceID=88)
Conclusions

Gofal Cymru believes that Crisis House provision represents a viable and valuable alternative to traditional models of care and support in mental health, in line with Welsh Assembly Government strategy. Gofal also believes that this service, and other crisis services such as those delivered by Cardiff and Vale NHS Trust, are more closely aligned to the needs, wishes and expectations of service users and carers than the more traditional in-patient model.

The Community Crisis House model has the potential to meet the needs of local communities and commissioners in health and social care, reducing hospital admission, aiding continuing recovery, supporting carers and facilitating earlier hospital discharge.

Through effective collaborative working, and a commitment to partnership, the combined efforts of the statutory and voluntary sectors can deliver positive change for the benefit of service users. Gofal Cymru firmly believes that this Crisis House model could effectively be transferred to other parts of Wales.

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6 *Raising the Standard – The revised adult mental health national service framework and an action plan for Wales* (Welsh Assembly Government, 2005) makes repeated reference to the need for community crisis services as an alternative to hospital admission e.g. Key Action 23.
“My only negative comment about the Crisis House is that I did not hear or know about it a long time ago. I am very thankful to the people of the Crisis House who take their time to understand people who are in the same situation as me.”

With thanks to our partners in Cardiff and Vale NHS Trust; Cardiff & Vale Local Health Boards & The Big Lottery Fund and also our colleagues in the Project Advisory Group.

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