

# CRISIS HOUSE AND CRISIS CAFÉ REPORT

August 2017

Establishing a Crisis house and Crisis Café in  
Croydon

*On behalf of the Community Development Worker  
Project, written by Anna D'Agostino (BME  
Community Development Worker for Older Adults) &  
Monique Swaby (BME Community Development  
Worker for Working age Adults)*



## Establishing a Crises house and Café' in Croydon

### The benefits

#### Background

In August 2017, the two Community Development Workers based at Croydon BME Forum took the initiative of visiting three crisis houses in Barnet, Haringey and Tower Hamlets. The Crisis houses are managed by Look Ahead, <https://www.lookahead.org.uk/> who specialise in recovery-focused services for people with mental health needs. We also visited the Dragon Café', near Borough market in London. The aims of the visits were:

- Find out about how the crisis houses operated and the support provided to people with mental health needs.
- Share the information with mental health commissioners in Croydon, in support of the creation of a crisis house in Croydon. This would help reduce the number of admissions and the length of stay in acute hospitals of BME service users.

The 'Mental Health Diagnostic for Croydon' (December 2016) has clearly indicated that black people are at greater risk of admission and that black men in particular, have longer lengths of stay in hospital than other ethnic groups. This increase in occupied bed days (higher than anywhere else in the country), results in more acute beds occupied by service users whose needs could have been met elsewhere and the system now relies on expensive external placements.

The report also states that those 'long stay inpatients' (who have been in hospital for over 90 days) 'would benefit from a resettlement programme' which would include a 'step down facility appropriate to the needs of those patients'. Further, ward managers and/or their deputies, felt that 15% of admissions could have been avoided if, among other suggestions, SLAM provided access to a crisis house with good support from CMHT.

The 'Croydon Integrated Mental Health Strategy for Adults (2014-19)' emphasises the need of reducing the use of secondary care and more investment in community teams. A Crisis house and Café' would close the gap in provision of crisis care in the community.

Below are the details of each crisis house visited, the financial benefits and the care provided to people with mental health needs.

**'Tower Hamlets Crisis House' (Tower Hamlets)** – operates 24/7, 365 days a year

**Number of beds:** 10. (3 beds are used for Step down care for up to 3 months and 7 crisis beds for up to 3 weeks.

**Referrals:** from the HTT (which receive referrals from A&E in various hospitals) and GP's (50% of referrals come from the community). The staff at the Crisis house attend the assessments for customers referred to the crisis house.



**Staff:** 2 waking night staff per night and 2 keyworkers on each shift. The staff team have 3 handovers a day. In 2016 staff supported 120 customers at the Crisis house. The occupancy rate for 2016 was 70%.

After customers leave the crisis house, they can receive 2 weeks of aftercare in their own home but can also go back to the crisis house for the 2 weeks during the day to get extra support. It works almost like a drop-in day centre. Customers will get the same keyworker they had when staying at the crisis house. Visiting hours are from 9am to 9pm.

**'Fortis Green' (Haringey) - operates 24/7, 365 days a year.**

**Number of beds:** 7 crisis beds. Customers can stay at the Crisis house for up to 2 weeks.

**Referrals:** sent from the HTT. The Crisis house staff have access to RIO and can read the information and risk assessments for incoming customers prior to their arrival.

**Staff:** 1 waking night and 1 sleep-in per night. There are always 2 keyworkers on shift during the day. Staff at the crisis house can observe medication but cannot supply or hold medication.

**Elysian House (Barnet) - operates 24/7, 365 days a year.**

**Number of beds:** 12 crisis beds. The customers can stay at the Crisis house for up to 2 weeks.

**Referrals:** sent from the HTT. The crisis house staff have access to RIO and can read the information and risk assessments for incoming customers, prior to their arrival.

**Staff:** 1 waking night and 1 sleep-in. There are always 2 keyworkers on shift during the day. Staff at the crisis house can observe medication but cannot supply or hold medication.

The Crisis houses for BEH (Barnet, Enfield & Haringey) employ a family/carers practitioner (2hours a week) to liaise with and help resolve issues with customers' families. There is also an Activities co-ordinator who works across all 3 crisis houses across BEH.

## Support to customers

In all 3 crisis houses, customers receive the following support:

- An induction and welcome packs.
- A keyworker allocated to all customers and one to one sessions
- Staff encourage all customers to remain as independent as possible, ready for when they leave the crisis house.
- A Patient Recorded Outcome Measures is completed with all customers, support plans and risk assessments.



- Keyworkers support customers to attend groups in the community, appointments and tribunals, liaise with families, and keep their accommodation and claim for benefits. Staff can also support customers do their own cooking and shopping, if this is a hard area for them.
- Weekly visits by psychiatrist and HTT team for meetings with staff and to check up on customers.
- Daily HTT visit to supply medication.
- Some staff at the Crisis houses speak local languages i.e. staff member at Tower Hamlets crisis house can speak Bengali.
- Recovery coordinators and resettlement workers help customers reintegrate in the community.
- Resettlement workers meet with HTT and crisis teams to discuss the customer's needs.

## Benefits of crisis houses:

### Benefits to commissioners

- Reduced pressure on acute services through providing an alternative to hospital admission.
- The cost to run a crisis house for the NHS is approximately £650,000 per annum. Look Ahead pay £68,000 per annum back to the HTT for their services. Look Ahead provide the crisis house service for £582,000 per annum.
- The cost of a Crisis House bed is approximately £186 per day, compared to an adult acute bed costing approximately £432 per day. **This means the NHS save £246 per day (£1,722 per week per patient).**

### Benefits to service users

- A crisis house will allow for a reduction in length of stay, which, in Croydon is predominantly made up of Black males. On average, in a crisis house, beds are occupied for 19.9 days compared to 23 days for individuals discharged from mental health inpatient services (this is in Tower Hamlets). Only 4.3% of individuals are re-admitted to the service within three months (Tower Hamlets Crisis house).
- Greater customer satisfaction as 96% of them would recommend the Crisis House service (figure from Business development, Look Ahead).
- Crisis houses are usually discreet buildings as opposed to hospitals. This helps BME communities to seek support and address the stigma and fear of mental illness. In Tower Hamlets, a lot of repeat BME customers in crisis, prefer to visit the crisis house rather than the local A&E. For the year 2016 to 2017, the Tower Hamlets Crisis house had 53.5% admissions from the BME community.
- "Crisis houses provide a more relaxed environment than a hospital ward. This helps BME family members who visit their loved one in a crisis situation"(Tower Hamlets Crisis Service Contract Manager).
- BME communities (e.g. Bengali) benefit from staying at a Crisis house instead of Hospital as it is believed that these groups have larger family support networks; therefore, families can visit the crisis house which allows more private family alone time (lounges, family rooms, or customers own rooms).



- Crisis houses offer the same treatment as hospital and have a lot of clinical input from nurses/psychiatrists/HTT but customers also benefit from emotional and practical support from keyworkers.
- Customers are enabled to remain as independent as possible, thanks to the support that staff provide in attending local groups and receiving information (benefits, accommodation etc.).
- Customers are free to come and go as they please and although individuals receive high clinical input they are still able to exercise independence in their daily lives, shopping, cooking, budgeting, maintaining accommodation, attending appointments, socialising, going to community services and even going to work. This is beneficial for the BME community who may have worship commitments.
- Staff at Tower Hamlets crisis house are trained to administer Clozapine (but not Clozapine Blood test) and conduct physical health checks which includes: systolic blood pressure, pulse rate, oxygen saturations, respiratory rate, temperature and level of consciousness. The responsibility for medication administration sometimes remaining with the patient, unlike on a hospital ward. Staff will look at safe self-management practices and establish patterns and systems which the patient can use when returning home
- A clear transition care pathway from Crisis house → Step down → after care would mean patients can get their support phased out over time so that it is a more gradual process.
- A more relaxed environment which is not clinical looking and is discrete on the street.
- Customers have more time to speak with staff on a one-to-one basis and receive better person-centred support.
- Compared to hospital wards, in a crisis house, customers are less likely to witness or be involved in negative situations such as disputes between patients and patients and staff or restraining incidents which can have a detrimental effect on customers (beneficial for Black service users who have fears of restraint due to negative experiences they may have had or heard of).

### Comments from crisis houses nationally:

- **A crisis house in Leicestershire & Rutland:**

“All residents are asked to complete a survey at the end of their stay. 91% said that the environment helped them feel at ease. Everyone agreed that the house was warm and welcoming. 94% reported that they were able to maintain their own independence. 84% stated that they were treated with dignity and respect throughout their stay and felt their opinions were listened to.”

- **Haven house crisis house- Nottingham:**

“I appreciated being in a positive environment with people to talk to, who understand the issues I’m faced with and being pointed to the appropriate resources.”

- **Crisis Point- Manchester:**

“It’s a place where you arrive in a state and leave with your thoughts back together. The staff, the advice and the support are brilliant. I don’t know what I would have done if I hadn’t come to Crisis Point.”

### Dragon Café’

Community Development Workers also visited the Dragon Café on Borough High Street <http://dragoncafe.co.uk/>



The café is open every Monday from 12 noon to 8pm on a drop-in basis and welcomes all people who have or have experienced a mental illness across London. It is funded by Guys & St Thomas' Charity, Better Banks, Southwark CCG and Southwark Council and The Dispossessed fund.

The Dragon Café provides a simple, affordable, healthy food menu each week, and a wide range of creative and relaxing well-being activities such as Tai Chi and Massage. It is not a Crisis Café but there are supporting staff around the venue and service users feel at ease, talking to others and joining activities and relieve isolation.

## The Croydon experience

Croydon does have very clear move on pathways. A crisis house would operate well as a short stay placement where support can be provided for clients to transition back to their own home/family home, get a break from the hospital while on section and facilitate a planned return to the community in order to avoid going into the homeless pathway.

Currently, in Croydon Allan House (delivered by Look Ahead) is a 24hr service for clients with a mental health diagnosis who have been homeless. The tenancy is for up to two years, so it is long term and the turnover is relatively slow. A case study support the need for a crisis house in Croydon:

“There was a lot of pressure from care coordinators to accept referrals in the 24hr service where we would offer medication support and a stable environment. Quite a few of these clients did have families (and therefore a family home that could accommodate them) but they seemed overwhelmed or unsure about how to best support these clients. A 24hr short stay service could allow for a break for the families and clients. Also, with the help of the family liaison worker, they could be supported, in a planned way to go back to their own home and environment rather than signing up for a 2 year tenancy and actually retain and strengthen the family relationships. I certainly feel that these tenancies at Allan house are for single, mental health and complex needs homeless clients with no family support or a home to go to. And I think that’s where the role of the resettlement worker would be crucial.”

In Croydon, there is also a service which has recently been taken over by Look Ahead which is based in Thornton Heath which aims to support clients for up to two years. It is an intensive floating support service which supports customers in hostels and hotels. Again, a case study outlines the importance of a short term stay in a recovery house

“While operating the intensive floating support, we came across at least 2 clients who had serious issues with hoarding. Their rooms were so bad that we would not be able to hold a key work session there and support them to make a change. As hoarding is a significant fire risk, they were already placing their tenancy at risk and eventually they would become homeless. I [service staff member] think a recovery house again would be a good solution to this, a place where people can stay for a while, have a strong support network around them and make all the relevant arrangements for their own home to be cleaned and slowly be supported back to their place.”

### ***NOTE on the differences between a Crisis house and a Recovery house***

Effectively there is no difference – it is just a matter of terminology and reflects the preference of the commissioning service.



## Recommendations for Crisis house model

During the visits to the crisis house, the Crisis house staff emphasised the need for setting up crisis houses wherever possible throughout the London Borough's. They also made suggestions on how to best provide care for customers with mental health needs. The recommendations proposed are as followed:

- There should be one team within the acute hospital that is responsible for the discharge decision and referrals e.g. Home Treatment Team
- Crisis house managers should establish a good relationship within team(s) involved in the referral pathway and, ideally, to be involved in a joint assessment for patients wanting to move into the crisis house.
- In order to reintegrate customers in their community, it is important to employ Recovery Coordinators, Family Liaison Practitioners and Resettlement Workers
- Prior to arrival, Crisis house managers should receive substantial and complete information (e.g. risk assessment, full patient information) about the customer to be discharged to the recovery house prior to arrival through access to RIO database.
- Daytime discharge is better than night time discharge as it is easier to ensure a safe transition when occurring during the daytime.
- Crisis houses should also have a couple of step down beds to create a transitional pathway from Crisis to step down care to recovery.

### Next Steps for Croydon CCG:

- The CCG should explore opportunities to establish a Crisis house and Café' in Croydon.

### Involving BME communities from the onset:

- The CCG should consult with the community, including the BME groups, on establishing a crisis house/ crisis café in Croydon, including referral pathways.