

RISK MANAGEMENT IN A SURVIVOR-LED CRISIS SERVICE

Fiona Venner describes the work of the Leeds Survivor Led Crisis Service, an organisation that uses an accepting, person-centred approach towards high-risk service users who are in crisis

Summary

The perception that there is a climate of fear and blame in mental health services often drives people away from them and causes workers to practise defensively. The Leeds Survivor Led Crisis Service is an example of an alternative way of working. This survivor-led organisation works in a risk-embracing way, which supports user empowerment and reduces risk to self and others.

Keywords

Crisis services, empowerment, risk management, survivor-run organisation, trust

THE LEEDS Survivor Led Crisis Service was established in 1999 by a group of service users who wanted an alternative to hospital admission for people in acute mental health crisis. The organisation continues to be governed and managed by people who themselves have had mental health problems. The service has been developed based on this knowledge and experience, while responding to the needs articulated by visitors and callers.

It is funded by Leeds Adult Social Care, NHS Leeds and the Leeds Personality Disorder Clinical Network, and receives small amounts of charitable trust funding. It runs a telephone helpline, offers a place of sanctuary for people in acute mental health crisis called Dial House and provides person-centred group work (Box 1). The team consists of people trained in the person-centred approach, some of whom are counsellors or therapists. The key principles of this approach are outlined in Box 2.

In 2008, 149 people made 1,051 visits to Dial House and there were 4,780 calls to the Connect helpline. Between January and June 2009, 88 people

made 470 visits to Dial House and the helpline received 2,585 calls.

In terms of risk, up to 75 per cent of visitors to Dial House are suicidal. Self-injury is a presenting issue in up to 51 per cent of visits. Much of the organisation's work is with survivors of trauma, most commonly sexual abuse.

The organisation is particularly effective for people who have been excluded from services or who have been difficult to engage with services. Many visitors have violent or forensic histories, and many have been diagnosed with a personality disorder.

Fear and blame

A concern frequently expressed by many people working in mental health services is about a pervasive climate of fear and blame. This is the theme of *Pure Madness: How Fear Drives the Mental Health System* by Jeremy Laurance (2003), the health editor of *The Independent* newspaper. In 2003, he travelled around the UK, observing the care of people with mental health problems in a range of settings.

He observed 'a service driven by fear in which the priority is risk reduction through containment - by physical or chemical means'. He describes how the mental health system has responded to high-profile killings, such as the murder committed in 1992 at a London Tube station by Christopher Clunis. Laurance argues that the inquiry culture, government legislation and the media have combined to create a mental health system where 'concern about the welfare of the many was replaced by fear of the few'.

For many mental health workers, the fear of



The service's approach to managing risk can be summarised as trusting people and giving them as much control as possible

Fiona Venner, pictured with her colleagues at the Leeds Survivor Led Crisis Service

Box 1 Services provided

Connect

The Connect telephone helpline is open from 6pm to 10.30pm, offering emotional support and information for people in distress. Callers who are in crisis, anxious, depressed or lonely are offered non-judgemental and empathic support. The helpline also has funding to provide emotional support to carers. It is staffed by volunteers, many of whom have had mental health problems and each shift has a paid supervisor.

Dial House

This is a place of sanctuary for people in acute mental health crisis who may otherwise present to statutory crisis or emergency services. It is open from 6pm to 2am Friday to Sunday. Visitors can relax in a homely environment and receive one-to-one support from a crisis support worker. There is a family room

to enable parents in crisis to access the service.

Group work

The organisation provides six to ten-week 'coping with crisis' groups. These use a person-centred approach to crisis and are aimed at people who are frequently in crisis.

The purpose of the groups is to support people in recognising what a crisis is for them and what are the trigger points, as well as supporting them to develop coping strategies for dealing with crises.

There is also a weekly Dial House visitors' social and support group, held between noon and 3pm on Thursdays. The aim of this group is to provide social contact and support to people whose crisis is due to chronic isolation and loneliness.

Box 2 Principles of the person-centred approach

- The person providing support demonstrates empathy, congruence and unconditional positive regard towards the client.
- A belief in the individual's tendency to actualise – that is, a belief that people do the best they can in the circumstances they are in and have an inherent tendency to try to achieve their full potential.
- The principle of non-directivity. Work is led by the client, in the belief that they have the resources in themselves to find their own solutions.

something terrible happening – ultimately, suicide or homicide – is prevalent. Becoming involved in an inquiry or being cited in a tabloid newspaper is a concern. The greatest motivation can become to not do something wrong, rather than to do something right. This leads to caution and working in a risk-averse way, which is often disempowering to service users and stifles creativity and innovation.

One way in which this fear disempowers service users is in the lack of control they often experience in mental health services. Leeds Survivor Led Crisis Service has found that visitors engage in the worst self-harm in the environments where they have the least control – in psychiatric units or prisons. Visitors report an increase in self-injury and suicide attempts when they are inpatients. The service believes this is largely due to how disempowered and lacking in control people feel in such settings. In these environments service users feel that their bodies are the only means for them to exert some control.

Approach to risk management

The service's approach to managing risk can be summarised as not living in fear, trusting people and giving them as much control as possible.

Not living in fear means resisting the blame culture that can be present in mental health services. It is expected that there will be occasions when someone the organisation supports will die and this may occur in Dial House or following support from the organisation. If, or when, this happens, it will not be the organisation's fault. Deaths are inevitable given the work the service does with people at high risk.

On one occasion, a service user attempted suicide by hanging in the bathroom. The person showed extreme determination, having brought along the means to do so; staff got there just in time. Because the person did not want to be found by a parent, Dial House seemed the place to do it. This is understandable and one reason why people may try to end their lives on the premises of mental health services. Another visitor wanted to die at Dial House because the environment felt safe.

Facing the fear No one in the organisation is blasé about the risk of deaths. However, it is helpful to face the fear head on and accept reality. Facing the fear enables staff to engage fully with visitors and callers about the risks they represent to themselves and others. There is less inclination to brush over the subject or deter people if they begin to open up about wanting to die or harm someone else.

The organisation is good at allowing people to explore their worst thoughts and feelings without overreacting, and believes this is a way of reducing risk. If staff give someone the space to explore in depth their thoughts, feelings and plans in relation to suicide, this reduces the risk of suicide itself. This is the view of the Maytree Respite Centre (2009) in London, which supports people who are suicidal. It states: 'We believe that talking openly about suicide takes away the stigma and opens up opportunities for positive change.'

Risk to others Staff support service users to explore such thoughts as, for example, wanting to set fire to their house, harm siblings or abduct a baby. The approach is to listen carefully and question the person sensitively to establish why they are having such thoughts. Is it because they think they will actually carry out these actions and are asking staff to intervene in some way to stop them (by calling the police or ambulance, for example)? Or is it because the thoughts terrify them and they want to talk about them, to reduce their power and make it less likely

they will carry out the actions? Most of the time it is the latter. This is a different approach to that of standard risk assessment, which can be reductive and unsubtle, and does not allow such in-depth analysis of risk.

The Leeds service also believes in giving people as much control as possible in managing risk. For example, one visitor regularly attempted suicide by hanging. The team told the person that they did not want to ban them from the service, but that this action was not fair to other visitors or staff, that the sanctuary element of the house was being compromised by the blaring sirens of ambulances arriving at the door to deal with each suicide attempt.

The visitor was asked how they thought they could continue to use the house in a way that was safe. The person came up with a plan to manage the risk they presented. This included having someone with them all the time and only being in the bathroom for a couple of minutes before staff went in.

In some ways this seems like special observations in a hospital setting – staff would not usually follow someone around or open a bathroom door unprompted, but the visitor felt differently about it because it was something they had chosen. It was a way of empowering the visitor to take responsibility for the risk they presented rather than containing worker anxiety.

Trust A big part of this approach is trust. The organisation’s view of trust is supported by the Maytree Respite Centre (2009), which says: ‘We believe that the seemingly high-risk option of sticking with trust, often, in the end, carries lesser risks.’

Laurance (2003) argues that one of the major risks to public safety is people disengaging from mental health services because they do not like them, they are disempowering and they do not meet people’s needs. He says ‘a supportive service is the best guarantee of safety’ and ‘improved public safety and greater user satisfaction go hand in hand’.

A great fear of many mental health professionals and services users is that the amendments to the 1983 Mental Health Act will bring changes, such as community treatment orders, that will drive people away from services and increase risk.

Supportive service

Much of the appeal of the Leeds service is that it is in the third – or voluntary – sector, as opposed to the public sector. This means that the organisation does not have any statutory powers, so people visit of their own volition. This is significant for mental health service users, who may have been subject to

compulsion under statutory services. This means the relationship between staff and visitors has a different dynamic from the interaction of staff with patients who have been sectioned on a hospital ward.

The organisation undertakes monitoring and evaluation to ensure that the services are effective and empowering. Feedback is collected through:

- Visitors’ books in Dial House.
- Questionnaires in Dial House.
- Postal questionnaires.
- Reviews with regular visitors.
- Narrative work with visitors, where people tell their story in more depth to develop a ‘case study’ illustrating the impact Dial House/Connect has had on their lives.
- Visitor and caller focus groups.

Feedback has identified areas that are most commented on by visitors, which the organisation now refers to as the five elements of effective support (Box 3). These are:

- Listening.
- Ensuring visitors do not feel judged or assessed.

Box 3 Five elements of effective support and user feedback

The elements	Service user comments
Listening	<ul style="list-style-type: none"> ■ ‘It has made me feel wanted. I can talk to someone who listens. I leave feeling warm, rather than with a cold heart as if I’ve got nowhere.’ ■ ‘You listen, you don’t judge, you don’t tell me what to do.’
Ensuring visitors do not feel judged or assessed	<ul style="list-style-type: none"> ■ ‘It is different to other services – it is easier to talk to staff. Staff are nice and don’t judge you or put a label on you, saying, “that’s what’s wrong with you”.’
Treating people with warmth, kindness and respect	<ul style="list-style-type: none"> ■ ‘I’d like to thank all the staff for being supportive towards me. I find it a bit strange, because I am not used to it.’ ■ Just a short note to say thanks to Katharine for helping me wash my hair. It seems such a simple thing to help with, but Dial House is there to help with everything. This makes it a unique and fantastic place.’
Being in a different and calm environment	<ul style="list-style-type: none"> ■ ‘Thank you for getting me away from the funny farm for a couple of hours. The peace and quiet was a nice change from the noisy, hectic, crazy ward.’ ■ ‘It gets me out of the environment I am in, where I am alone and my mind’s racing with impulsive thoughts... I return home and can go to sleep – a decent sort of sleep.’
Peer support	<ul style="list-style-type: none"> ■ ‘It gives me a break. By being around people in the same situation as you, you are not having to feel ashamed.’ ■ ‘At Dial House people are trying to cope in positive ways. It is helpful to be around such people.’ ■ ‘Social time has helped my confidence. I couldn’t trust strangers before coming here, but now I have made some friends and met some lovely people.’

- Treating people with warmth, kindness and respect.
- Being in a different and calm environment.
- Peer support.

How is the organisation different?

Louise Pembroke (Laurance 2003), a survivor activist and founder of the National Self Harm Network, says: 'Attitude is a strong therapeutic tool. It can have a bigger impact than any clinical intervention. The team at the Leeds Survivor Led Crisis Service treat people with kindness, warmth, compassion and respect, not just because they are a load of voluntary sector, tree-hugging counsellor types – although they are! – but because it is effective, not least in reducing risk.'

Visitors' comments on the way the organisation differs from other services include the following:

- 'More approachable. Doesn't seem authoritative. Makes people feel welcome. I feel treated as an individual, not a statistic, at Dial House.'
- 'Sometimes, when you're in crisis and can't come to Dial House, you have to go to A&E... At Dial House, you are greeted when you arrive and you don't have to wait ten hours. You are kept informed of when your support will be there – you're not just left.'
- 'Not a medical model – the best approach for a survivor of child abuse.'
- 'You can arrive in a crisis or panic before you need a drink, tablets, etc. Other services won't take you until you have self-harmed or are in a real emergency, ie when the police turn up.'

Feedback from visitors shows what a difference having access to a crisis service that supports them to manage risk can make. They say:

- 'I haven't taken an overdose since January. Last year I had 18 overdoses – 18 hospital admissions. Since using Dial House I haven't taken one.'
- 'Coping with the same difficulties as last year, I'm not around people in hospital, who are self-harming and destructive. At Dial House people are trying to cope in positive ways.'
- 'I have had an extremely difficult week culminating in [a need to] self-harm again, but coming here has prevented that... I think that when I go home I will be able to take my meds and go to bed without harming myself.'
- 'If it were not for Dial House this weekend, I would be dead.'

Pembroke (Laurance 2003) further comments: 'It is only possible to work in a risk-embracing way if staff are well supported. After support sessions, in person or on the phone, staff debrief. All the team members have regular supervision and there is a monthly reflective practice group, which is often where risk issues... are discussed.'

Laurance (2003) states: 'The most effective way to improve the safety of the public and the care of those who are mentally ill is to devise services that genuinely engage users and meet their desire for greater control, so that they are encouraged to seek treatment and lead stable, risk-free lives.'

Conclusion

November 2009 marked ten years since Dial House opened. In 1999, the Mental Health Foundation provided start-up funding for a group of survivor-led crisis services in the voluntary sector. But one decade on, only the Leeds Survivor Led Crisis Service and one other, the Corby Safe House, remain open.

The Leeds service's structure, team work, model, philosophy and practice have enabled it not only to survive in an often hostile climate, but also to thrive. The organisation now has a local, regional and national profile, and it is recognised as a centre of excellence and innovation that has won prestigious national awards:

- *The Guardian* Public Services Award 2006 for customer services, in the innovation and progress category.
- *The Guardian* Public Services Award 2007 for complex needs in the service delivery category.
- *Community Care* Excellence Award 2008 for service user involvement in mental health.
- The *Charity Times* Awards 2009 charity of the year award.

The awards have given the service a platform to disseminate its practice and share the learning of the past ten years. Teaching, training, consultancy and conference presentations take up a considerable amount of the manager's time and provide a source of income. In addition to helping consolidate the organisation's position, this enables the centre to champion being a survivor-led, person centred service in the voluntary sector.

While the organisation works in partnership with Leeds Partnership NHS Foundation Trust through the Personality Disorder Clinical Network, and frequently liaises with the local statutory crisis resolution team, it remains firmly outside mainstream mental health services. Over the past ten years this organisation has been successful in providing a viable alternative to the medical model of care for people in acute mental health crisis.

References

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Fiona Venner is manager, Leeds Survivor Led Crisis Service