

A beacon of help

The Leeds Survivor-Led Crisis Service has been a sanctuary for service users for more than 10 years. Adam James finds out more

In the early 90s Leeds service users gathered in a community centre to share a dream – that they themselves would one day set up and run a mental health crisis service.

They used to discuss their disillusionment with psychiatry. They longed for an alternative philosophy of care – somewhere people, when in distress, could receive empathy and social support in a safe environment, rather than medication and symptom-control in a medical setting.

Moreover, they argued, with their own experiences they were the people best equipped to provide such care. They were the ‘experts by experience’.

In December 1999, the dream was realised. A three-storey listed Georgian building in Halton, Leeds, became Dial House, one of the UK’s first user-led crisis services.

Now named the Leeds Survivor-Led Crisis Service (LSCS), it celebrated its 10th anniversary last November. You want user-led? Here it is, running successfully for a decade. And there are accolades to boot – two awards from *The Guardian*; one from *Community Care*; and last year it scooped *The Charity Times*’ charity of the year award.

The service is, at heart, a crisis sanctuary operating from 6pm–2am, Fridays to Sundays – the hours when

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most mental health services are closed and isolation can, in particular, hurt. Support workers are on hand and the service prides itself on offering non-judgemental empathy, safety and a refuge space. It offers itself as an alternative to hospital admission. Strong feelings of suicide are common at the centre and visitors usually have a history of trauma. Those with ‘challenging’ behaviour are welcomed.

In 1977 American mental health activist Judi Chamberlain wrote ‘On Our Own: Patient-controlled alternatives to the mental health system’. It was a rallying call to fight for and establish worldwide user-led services. More than 30 years later such services in the UK are – to the disappointment of many – rare. But the service in Leeds is an exception and leads by example, receiving 5–9 visits per night from people in real trouble. ‘It’s stressful and demanding work,’ said project manager Fiona Venner.

All six permanent part-time support workers and eight bank support staff at the centre – on salaries of £23,000 pro rata – have experienced mental health problems. Measures are in place to ensure they can cope. Supervision and support for staff is high. Everyone receives a wellbeing budget to spend on counselling, external supervision or complementary therapies.

‘If you have mental health problems yourself then they can be triggered by this work,’ said Venner. ‘So we recruit staff who are sufficiently recovered themselves; who are robust enough. Our staff are high calibre and undergo therapeutic training.’

In the spirit of its founders, the centre has maintained its radical edge. Almost all visitors have psychiatric diagnoses – schizophrenia, personality disorder and depression. But the service distances itself from a psychiatric medical model. ‘We are person-centred, and non-medical and non-diagnostic,’ said Venner.

The approach to a person’s urge to self-injure is just one example of this philosophy. Such self-harm is not seen as symptomatic of a medical disorder, but a way of managing psychological pain. So, visitors are permitted to self-injure, but within parameters. It must be done in a private room, injuries must only be superficial, and people must clean and dress their own wounds.

In the context of Leeds-wide mental health provision, it is preventing hospital admission that the service has made a name for itself. ‘Hospital prevention is a massive role – it’s the main thing we do,’ said Venner. ‘For example, one visitor who came to us had 18 psychiatric hospital admissions in the previous year for overdosing. During the course of one year when she visited us, she never had a hospital admission. People often say that if it was not for us they would be in hospital.’

Cost per day for one acute hospital inpatient is £259, according to the Healthcare Commission's Pathway to Recovery paper (2008). At the centre it is estimated to be £178. No in-depth study has been made on the financial benefits of the Leeds service. 'But we are much cheaper [than hospital admission],' said Venner, 'and our funders believe we are cost-effective.'

Moreover, Jane Wood, Leeds Primary Care Trust's strategic development manager for mental health, confirmed to *Mental Health Today* that the service has embedded itself as a vital complement to statutory mental health care in the city. 'It's a good alternative to going into hospital during those times when most services are closed,' she said.

Venner adds that such is the respect that visitors have for the centre that there has not been one violent incident in 10 years. 'People will not do things to jeopardise their access to the service,' said Venner. 'And the climate of fear and blame has not effected us as much. Staff on wards are often working in fear, in fear of being hauled up in front of a panel. We are not like that.'

The unit has been a beacon in radical user-led services. No surprise then that Venner was a keynote speaker at a conference last November in Bradford organised by the Soteria Network, which aspires to establish a non-medical residential unit for people in psychosis. Like LSCS it is hoped the Soteria unit will be person-centred. 'We will be listening attentively to what the Leeds service has to say,' said psychiatrist Tim Calton, a past winner of the Royal College of Psychiatrists research prize and bronze medal, and one of the key individuals behind the Soteria project.

Venner discussed the battles the service has had to fight to reach where it is now. From overcoming nimbysm, sceptical and sometimes hostile critics, to avoiding what Venner calls 'isolationism'. When Venner took over the reins in 2005, the service was suffering from desperately poor attendance, with just 15 visitors per month.

'Between 2002 and 2005 we had three managers, and the organisation was in mess,' said Venner. 'The service had – for good reasons – wanted to be detached from and uninvolved in mainstream mental health services. But it meant it had become isolated.' One of Venner's first duties was to market the centre. 'Above all, it was just getting the city to know we are here,' said Venner.

Through such hard work the crisis service has exemplified, above all else, that services can be user-led. For this it has made its mark in mental health history. ■



Leeds Survivor-Led Crisis Service

- Runs Dial House, which aims to be a homely environment where visitors can have one-to-one support from crisis support workers – often person-centred counsellors. It is oversubscribed. 'It is very distressing having to turn people away,' said project manager Fiona Venner. Dial House has a family room so parents can bring their children along.
- Offers a telephone helpline from 6pm–10.30pm every night. It receives around 5,000 calls a year and it is staffed by trained volunteers.
- Provides 6- to 10-week 'coping with crisis' groups for people frequently in crisis. Also provides Coping with Christmas workshops during a difficult time of year for people with mental health problems. There is also a Dial House visitors social and support group on Thursdays from 12pm–3pm. The aim of the group is to provide social contact to people whose crisis is due to chronic isolation and loneliness.
- Is funded primarily by Leeds PCT, Leeds Adult Social Care, the Leeds Personality Disorder Clinical Network.

