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BODY:

How do you raise the suspicions, and sometimes the hackles, of even the most open-minded mental health professional? Try telling them that people in crisis fare best if they steer clear of conventional care, place themselves in the hands of those who have had similar experiences, make contact with nature, explore their own spiritual belief systems, feel free to take or not take medication and use the universal energy healing of Reiki and Australian bush flower essences.

Highlight the positive role of crisis as a turning point in the personal development of ihouse guestsi at Anam Cara, a four-bedroom terrace house in a residential Birmingham suburb, and you may be pushing your luck.

When Anam Cara (Celtic for soul friend) was being developed as a crisis house five years ago, with funding from the Mental Health Foundation's crisis programme, it battled against scepticism. As Ruth Lesirge, the foundation's director, says: "Research among service users who had known crises indicated distrust and dissatisfaction with hospital care, which they often saw as punishing them for being in crisis. They wanted alternatives, particularly valuing support from others with similar experiences. But such alternatives were not immediately acceptable to traditional providers."

The project was one of seven developed under the crisis programme, staffed or managed by service users or those with experience of crisis. Lesirge admits that misgivings were hard to dispel, but concludes: "We can now say with confidence that our projects were and are successful, favoured by service users, and well integrated with mainstream care. Others must now be developed along these lines, and the values which underpin them must also inform the long overdue overhaul of hospital in-patient care."

The stories of the seven projects, including two residential and two out-of-hours safe houses, will be set out in a report to be published early next year by the foundation and the Sainsbury Centre for Mental Health, which formally evaluated the residential schemes.

Anam Cara offers stays of up to three weeks for people referred by home treatment teams or for former guests who self-refer. Its evaluation reveals startling benefits for a severely

troubled client group. Most of those surveyed had a diagnosis of schizophrenia and 40% were on enhanced CPAi (the more rigorous version of the clinical protocols known as the care programme approach). But 100% of those interviewed in detail felt that the service had met all their needs.

Alison Faulkner, who has experienced hospital crisis care, and manages user-led research at the foundation, says that facilities such as Anam Cara are desperately needed. "The acute ward is at best non-therapeutic; at worst, damaging, degrading and dangerous. Disastrously under-resourced, over-stretched and lacking basic amenities, many provide little more than medication and containment."

The government's NHS plan does commit to change. It asserts that patients must have more say in their own treatment and its reforms, which give patients new rights and new roles, may be seen to reinforce calls for just the type of crisis services road-tested by the foundation.

Yet much of Anam Cara's early work was forging links to overcome scepticism and to achieve collaboration. Manager Alison Reeves says: "Mental health professionals were not used to the type of service we were providing. We needed repeatedly to state our aims and network our ideas to be accepted as a real alternative to hospital." At one point during the project's first year of operation, in 1999, Reeves recalls: "We feared that the service was being set up to fail by hostile medical staff referring people who were inappropriate, perhaps even people like crack addicts, who were more dangerous than ill."

Indeed, in a climate where public preoccupations with safety far outweigh any risks posed by those with mental ill health, many of the crisis programme projects found themselves fighting inbuilt fears that they would be unable to contain dangerous or violent behaviour. Yet the results of the programme reinforce the belief that local communities accept

or even welcome such services once they understand their purpose.

While the projects have not accommodated people sectioned under the Mental Health Act, Reeves nevertheless strongly believes that violent behaviour is often a response to unacceptable circumstances. "Where people are treated with respect and given responsibility they respond positively," she says. "Services often aim their policy at the minority, assuming that those using them have criminal tendencies."

At Anam Cara, by contrast, Reeves reports: "While some house guests have been violent elsewhere, it's never happened here. We believe this may be due to the amount of positive time spent with people and our holistic approach."

According to Joanne Sherlock, who carried out the Sainsbury evaluation, Anam Cara's philosophy and working methods are remarkably popular with clients and mainstream staff. The possibility of self-referral is important but does not appear to encourage dependency: repeat referrals are at a level similar to those in acute wards. One user told

the evaluators: "I have used a lot of services; there is nowhere like it. It's really a miracle that I ever found it". Another said: "There's freedom here, compassion, understanding. It's different to hospital: the staff do anything within their power to make you happy."

Sherlock says: "Professionals saw Anam Cara as doing much more than simply preventing hospital admission, and Anam Cara staff built trust with clients leading to their re-engagement with these other professionals. After-care is particularly effective, with more than 80% of clients receiving input from community mental health staff one month after discharge. Almost a third of people leaving hospital have no such support."

James Briscoe, consultant community psychiatrist with the Northern Birmingham trust, refers clients to Anam Cara. He says that it can affect long-term improvements, helping reconnect people with care while breaking cycles for those stuck in the revolving door of repeated hospital admission and discharge. "I've seen lots of people who'd be in and out of hospital if Anam Cara hadn't met their needs holistically, while sparing them the baggage that accompanies referral to psychiatric services," Briscoe says.

Some critics contend that alternative crisis services provide prevention or respite, rather than true crisis care. Faulkner retorts that this is an issue of terminology and timing, rather than of fundamental purpose. "Someone, somewhere has to provide crisis prevention, or the system will simply continue to funnel everyone towards a crisis."

One individual who could have a great influence on development of more alternative crisis services is John Mahoney. When Anam Cara was set up, he was chief executive of the Northern Birmingham Mental Health trust, which co-funded it. He is now joint head of mental health at the Department of Health.

Is he a fan? He says: "Anam Cara proves that people with experience of crisis have both a unique insight into the needs of others in similar situations and credibility with them. It's a superb service in a wonderful place. I'd go there."

For details of the forthcoming report, contact the Mental Health Foundation Publications Unit on 020-7535 7441.