The Fanon Project

A day centre in Brixton

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'Community Care' has become the psychiatric catch phrase of the eighties. With this burgeoning interest go the difficulties of working not just with a multi-disciplinary team but with Social Services and voluntary agencies, a move from our 'ivory towers' which not all psychiatrists will view with relish. Despite initial antipathy more psychiatrists are coming to accept the fact that moving patients out of long-stay facilities is a reality and new ways of working have to be found for these patients as well as acute patients.

Parallel to these developments is the emerging realisation of probable/possible deficiencies in psychiatric services for ethnic minority groups. The 'colour-blind' approach is no longer working and, as individual patients have individual needs, so, it is apparent, do particular groups of patients have particular needs.

The following is a report of an attempt to provide for particular needs of particular patients in the community.

The Fanon Project is a Day Centre for mentally ill Blacks in Brixton. It is funded jointly by the Department of Environment and the Local Authority with additional funding from the London Boroughs scheme, and run by the Brixton Circle Projects. The project was initiated in Lambeth following the Scarman report, by a group of social workers and community workers. It was felt that there was a group of highly visible young black men on the streets, known or suspected to have a mental illness, some of whom had been in prison, and most homeless and rootless and not being catered for by existing social and community services.

Two black workers were employed—one with a nursing background and the other a sociology background. Their first year was spent on fieldwork. They visited existing facilities in the Borough as well as outside it. Additionally they spent time talking to people on the streets, trying to establish people's needs; the main question asked was why didn't they use existing facilities? The answer overwhelmingly was that these were not for them—they were too white and they did not feel comfortable there. They did not use day hospitals because these were too close to hospitals and felt strongly that they were being given vast amounts of drugs unnecessarily. The other question examined was what would these people want of a new day facility? They wanted a place where they could feel they belonged and which would provide them with training in various skills as well as recreational activity. They did not want a day centre where drugs would be given. In addition the workers found, as was expected, that this group were multiply deprived—lonely with poor or no accommodation.

The Project opened its doors in March 1985 in a refurbished building. It is open on weekdays from 9.30 a.m. to 3.30 p.m., as the Brixton Circle Club continues to share the building evenings and weekends. It is run by two full-time and one part-time worker, as well as a cook and a cleaner (shared with the Club). The project has a variety of facilities on offer:

Recreational/Leisure activities

Pool
Music
TV
Video
Library
Photography
Art
Brixton Leisure Centre

Living skills

Shower facilities
Washing machine
Iron and ironing board
Sewing machine

Advisory Service

Educational activities

Literacy and numeracy
Typewriter
Computer

Counselling

Resettlement

Meal

Recreational or leisure activities include pool, music, and a TV and video. The clients decide what videos they want to see and arrange that themselves. There is a small library and an arrangement with the local library for books to be brought every six weeks. There is a weekly photography class and a weekly art class, both run by Inner London Education Authority (ILEA) tutors. The project has a group registration with the Brixton Leisure Centre which they use and occasionally tickets are available for concerts or shows.

To help with living skills there are shower facilities as well as washing machines, iron and ironing boards and sewing machine.

There is a weekly surgery by an outside worker (Citizens Advice Bureau) who advises on matters pertaining to the Department of Health and Social Security, London Electricity Board, housing, legal aid and so on. This worker also trains the project workers. On an educational level there is a weekly literacy and numeracy class run by a tutor from ILEA who works with people of all levels. She also coaches people if they are going on TOPS courses. There is a computer and a typewriter available for clients' use.

Individual counselling on a formal basis is provided one morning a week by a social worker from Lambeth. Informal counselling is undertaken by the project workers. A weekly

group meeting is held and topics decided in advance, e.g. schizophrenia, with discussion led by a Project worker and social worker.

The clients run a community group which project workers attend; the clients chair the group and minutes are taken and circulated. Project workers also do a substantial amount of resettlement work, i.e. helping clients to move into new accommodation. The clients have decided to set up a self-help group whereby they will decorate each other's homes. Within reason, clients are allowed to use the telephone to sort out problems with the Gas Board, DHSS and so on, and occasionally to keep in touch with families.

Undoubtedly the highlight of the day is the West Indian meal, e.g. rice and peas or fish and 'food'. The clients decide on the weekly menu and they are charged £1 a day or £4 for five meals.

Clients are referred from various sources such as hospitals, Social Services, the Probation Service and other voluntary services; about 25% are self-referred. Clients therefore do not have to have an established mental illness but only one person who has attended has not been ill. Presumably nobody who is not ill wants the stigma of attending a day centre for the mentally ill. Ideally referrers are asked to visit the Centre with their client but this does not often happen. All referred clients should have a referral form on which are basic background details, including family whereabouts, psychiatric history and who is involved in ongoing care. These records are open to clients and confidential information is marked and kept separately. Self-referring clients are also asked the above information but do not always provide it. If somebody is seen to be breaking down, an early referral—usually by telephone—is made to the hospital or referring agent and the client is persuaded to go back to the hospital. Self-referrers who have not provided information can sometimes present problems and this can take some detective work to sort out. Of course, this is easier within the Borough because the workers have both formal and informal links but there are a number of clients coming from well outside—as far as Haringey.

Threats of violence are not uncommon but to date there has been only one violent incident, in which fortunately nobody was hurt. Drugs are banned on the premises and alcohol is discouraged although beer is served at Christmas.

There are currently 120 clients on the books who attend at least once or twice a month; 35–40 clients attend each day and individual attendance varies from once or twice a month to four or five times a week.

Since opening about 40 referred clients attended very briefly and decided that this was not the place for them. These are usually referred back to the referrer and are not officially on the books. Additionally, there are 15–20 who come very infrequently, and are also not on the books. These are usually the self-referrals and are thought to drift from one part of the country to another.

There are currently 12 clients in short-term or part-time work and 16 clients attending courses outside the Project. Of the 120 patients only 12 are women; this is undoubtedly due to the fact that the target group was young black men. Regular attenders form a network and inform workers if somebody is missing or thought to be ill. If patients are admitted to hospital or go to prison they are visited by staff and patients, and encouraged to return to the Centre when on leave from hospital.

The ethos of the Project is West Indian but the client group is not entirely West Indian—there are a few Asians and people of mixed parentage among the regular attenders. Of the 120 clients, 117 have a diagnosis of schizophrenia. Four patients have been banned from using the facilities because of actual or serious threat of violence. However, these clients may come to the Project to talk with any of the workers if they wish. All the Project workers are black but amongst the tutors there are two whites.

My role in the Project has been a consultative one; I visit it fortnightly but occasionally go more frequently. I do not as a rule see individual clients but discuss with the workers general and specific client management. Occasionally I am called upon in a crisis and occasionally see a client or relative where they are not currently in treatment.

As I have been involved during the development phase this has been a rewarding experience. The Project runs on a shoestring and is sustained by the commitment of the staff.

Comment

The success of this project is difficult to judge. We would have to go into the streets to decide whether the target population is completely off the streets—we suspect that not all of them are. Re-admission rates which would be one measure of success or failure are not readily available. What is clear, however, is that the quality of life for patients attending the Centre has improved. Individual clients who were thought of as impossible cases have made significant and sometimes dramatic improvements.

It is not being suggested that this is a blueprint for every area with ethnic minority patients and should not be used to marginalise the problems encountered by ethnic minorities—a form of apartheid could easily develop with ethnic minority patients getting separate and inferior facilities. However, some of these ideas could be incorporated into existing and newly developing facilities with development of 'good psychiatry' taking into account the characteristics of the population served and maintaining close contact and links with the community.