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Services for families in crisis in Tower Hamlets: evaluations by general practitioners and social workers

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There is widespread recognition that many who seek or are referred for help to psychiatric and social services are acutely disturbed and require only short-term help if they are to come through a period of transient disruption in their lives. The frequency with which people in crisis consult their GP or visit a local Social Service Department is uncertain but suggests that the primary carers are the first port of call for most of them. Services developed to meet the needs of these people include traditional GPs and psychiatric services directed primarily at 'patients' (people who meet criteria for illness), but which often offer additional help to their families; traditional social services which place no such limitation on the individuals who seek their help but are directed mainly at people with problems in living, particularly with housing, employment and money; and counselling and advisory services (such as Relate – formerly Marriage Guidance) which focus on particular problems or client groups. A few special crisis services, most of which provide a multidisciplinary team, visit clients in crisis in their homes. These are usually psychiatric services for patients with acute mental illness (Cooper, 1979).

Would-be referrers and purchasers need information about the aims and objects of each service and evaluative data which indicate how effectively each is meeting its aims. This is rarely available and, as a result, referrals to services are haphazard and referrers open to the vagaries of fashion and prejudice.

This paper describes the evaluation by GPs and social workers of services for people in crisis in Tower Hamlets, a London borough with more than its fair share of families in crisis. Having one of the highest Jarman indices of deprivation in the country, it is no surprise to find that it also has exceptionally high rates of compulsory admissions into psychiatric care and high rates of children in care.

The services available to families in crisis in Tower Hamlets include GP and social work (SW) services, the local Relate service, domiciliary visits by psychiatrists, a 24-hour emergency clinic at a local mental hospital (St Clement's), out-patient and in-patient services at that hospital and at the large neighbouring teaching hospital (The Royal London Hospital, Whitechapel) and an innovative Crisis Intervention Service.

The study

Forty-three GPs (a majority of those working in Tower Hamlets) and 30 social workers (all of whom had worked in the borough for more than six months and referred a client to the Crisis Service) were interviewed and asked a series of questions about the 12 principle services which are available to families in crisis in the borough.

Interviews were carried out by an experienced interviewer with a background in psychiatric social work. She contacted each respondent by letter and telephone to explain the project and obtain their help. The response rate among GPs and SWs was high with only one GP declining a full interview (he subsequently completed a questionnaire containing many of the questions which would have been asked at interview).

The interviewer started by defining crisis for the purposes of the study: "By a family crisis we mean any situation in which a family member consults you for help because he or she or another member of the family is in emotional distress regardless of whether or not they are mentally ill". She explained that, in this study, we were not primarily concerned with the elderly (over aged 65) or children (under 16). Questions were then asked regarding the frequency with which such crises are seen by the respondent, the adequacy or not of any training which the respondent had received in the management of crisis, and the respondent's opinion of each of the 12 services to which families in crisis can be referred. Services were evaluated in terms of their perceived helpfulness, accessibility, time taken to respond to referral, rapidity of feedback to the referrers and their satisfaction with that response. Each of these was assessed on a 4 to 5 point scale.

Findings

Asked "How frequently do such crises come your way?", two thirds of respondents answered "weekly" or more while 12% said "quarterly" or less. Social workers saw as many people in crisis as GPs.

Less than a third answered "usually" and none "always" to the question 'Do you feel that the training you received prepared you adequately to cope

with family crises?' Although 69% had received some basic training in psychiatry, less than a half of these said that this had provided good or very good instruction in coping with crises. Least satisfied were GPs, 44% of whom said that their basic training in psychiatric crises had been "bad" or "very bad". Rather more helpful had been supervised clinical work with people in crisis which had been carried out by two thirds of the respondents and rated as "good" or "very good" experience in three quarters of these. Postgraduate lectures on crisis intervention (most of them given by the staff of the Crisis Service) had been attended by 70% of social workers and 45% of GPs. The great majority of these had found them "good" or "very good".

The next series of questions applied to each of the 12 services available to people in crisis in Tower Hamlets. Because many of these services only accept referrals from the medical profession they were not directly open to social workers and others, many of whom found themselves unable to evaluate the service in question. The psychiatric out-patient and in-patient services in particular expect all referrals to be made by a GP and they respond in the first instance to that GP.

The assessments made by GPs of the nine services which could be evaluated by over 50% of the respondents are reported. Excluded are the emergency GP service (seldom used by the GPs themselves), the Relate service, used by only 30% of GPs, and the in-patient service at The London Hospital, used by the same proportion. The assessments made by social workers of the five services which 50% of them felt able to evaluate are also reported. In addition to the same exclusions made by GPs the SWs were unable to evaluate the psychiatric out-patient services to which they did not have direct access and the social work services (seldom used by the SWs themselves).

There was a high level of agreement between GPs and SWs regarding the ratings assigned to each service. Exceptions were in relation to domiciliary visits which were seen as more accessible and more rapid in providing feedback to GPs than to SWs; also to admission to St Clement's Hospital after which feedback was provided sooner to GPs than to SWs.

Helpfulness, "What help, if any, have you had from the following services dealing with family crises?", was rated from "0 = Harmful, 1 = Unhelpful, 2 = Uncertain, 3 = Helpful to 4 = Very Helpful". Both GPs and SWs rated the Crisis Intervention Service as most helpful with mean scores of 3.64 and 3.67. Second and third in rank with scores around 3.0 were domiciliary visits by consultants and community psychiatric nurses.

"Accessibility" was rated on a 4 point scale scored 0 = None available, 1 = Not easily accessible, 2 = Accessible only at certain times and 3 = Easily accessible and "Response time" scored 0 = Long waiting list (months), 1 = Rather slow (weeks), 2 = Rapid (days) and 3 = Immediate (hours). The emergency clinic was rated as the most accessible and rapid with direct admission to St Clement's Hospital and the Crisis Intervention Service satisfactory in these respects. Least accessible and rapid were the out-patient clinics whose waiting lists (several weeks) made them unsuitable for families in crisis and whose referral policy made them inaccessible to social workers.

"Feed-back" was rated as 0 = None, 1 = Inconsistent, 2 = Delayed, 3 = Moderately rapid and 4 = Rapid. The Crisis Service was regarded as most rapid by both GPs and SWs, with other services relatively slow in providing information to the referrer. SWs regarded the in-patient service at St Clement's and the emergency clinic as inconsistent in response.

The 'Content' of the information received from the service was rated 0 = Unsatisfactory, 1 = Of doubtful value, 2 = Satisfactory and 3 = Very satisfactory. Both GPs and SWs were well satisfied with the information received from the Crisis Service and the community psychiatric nurses. They were least satisfied with that received from the emergency clinic.

When all scores are summed to create an *overall score*, both GPs and SWs gave the highest scores to the Crisis Service, GPs placed domiciliary visits and community psychiatric nursing services second and third, while SWs awarded the same score as the GPs to the CPN service but gave their lowest score to the Domiciliary Visiting Service (which they had found relatively inaccessible and slow to respond). GPs gave lowest overall ratings to the psychiatric out-patient services and social work offices, neither of which were assessed by sufficient SWs to allow comparison to be made.

Comment

Probably the most important finding of this study is that both GPs and SWs were frequently called upon to help families in crisis but seldom felt that the training which they had received prepared them adequately for this task.

The evaluation of local services for families in crisis has proved a valuable exercise in Tower Hamlets but it would be unwise to generalise too widely from these findings. Low utilisation of the Relate service was a reflection of the long waiting lists for this kind of help in Tower Hamlets. Waiting lists for out-patient psychiatric help were less long (about three weeks) but still too long to be of much value in a crisis.

The low utilisation of the psychiatric in-patient service at the teaching hospital reflected a view at the time that the teaching unit was too selective to be of much value for the general use of acute psychiatric patients. Mental health services in the borough

had been underfunded for a long time and delays in responding to referrals, providing feed-back and liaising effectively with social workers were a reflection of excessive work load.

The Crisis Service had been set up in response to dissatisfaction with the *status quo*. Run as a joint health and social services enterprise it differs from traditional psychiatric services in accepting referrals from a variety of professional caregivers; in accepting individuals or families who are facing an emotional crisis regardless of whether or not they are mentally ill; and in sending a multidisciplinary team (usually of two members) into the home to meet the family. The team does not necessarily include a psychiatrist although one is included if mental illness is suspected. Other team members may be social workers, community psychiatric nurses or, occasionally, psychologists. Although the approaches adopted to families in crisis are eclectic, there is a special interest in supporting the family as the unit of care and the service is largely confined to people with families living in the vicinity.

The findings indicate the satisfaction of the referrers who see the Crisis Service as helpful and accessible, providing rapid and satisfactory feed-back by comparison with other services.

Although the 24 hour emergency clinic at St Clement's Hospital was readily available in an emergency this service was regarded as the least helpful and feed-back as poor. It had been grafted onto a busy psychiatric in-patient service and was staffed by junior psychiatrists who would be called away from other duties on the demand of patients some of whom abused the open door.

The community psychiatric nursing service had developed close working links with primary care teams and was seen as helpful by GPs and SWs. Feed-back was good.

GPs were well satisfied with most aspects of the domiciliary visiting service although many wished for more satisfactory feed-back. SWs did not share their satisfaction. The need to route requests for DVs through GPs had made this service less accessible and feed-back less satisfactory to them than the Crisis and CPN services, both directly accessible to SWs.

Admission to the in-patient service is the most expensive way of responding to families in crisis and it is sad to find it is not more highly regarded. Housed in a former workhouse, St Clement's is still stigmatised in the neighbourhood. Although able to admit patients at short notice it was seen as only moderately helpful. Delays in provision of feed-back after discharge of patients is a continuing problem for busy psychiatrists and secretarial staff.

Social work services were seen by GPs as only moderately helpful, with the emergency SWs more accessible in a crisis than the local SW offices. On the other hand, the SW office gave more satisfactory feed-back than the emergency SWs. Defects probably reflect the difficulties faced by a service whose limited resources have largely become devoted to child care and are unable to give priority to mental health.

Consequences of this evaluation

The results of this study persuaded the Department of Health to provide permanent funding for a consultant in community psychiatry with main responsibility for the Crisis Service. Other influences are less clear. The evaluation may have influenced the decision to relocate the emergency clinic within the Accident and Emergency Department at the teaching hospital and, in the process, made the in-patient service at that hospital more responsive to local needs. It contributed to evidence which has led to an improvement in consultant staffing levels and to the decision to close St Clement's Hospital and replace it with a new unit at Mile End Hospital linked with a number of community resource centres. It has probably given GPs and SWs a greater feeling of involvement in the mental health services and facilitated the beginning of the new kind of 'purchaser driven service'.

Can this type of evaluation be recommended as part of the regular external audit activity of all responsible health and social services? The findings reported here involved setting up and carrying out 73 interviews with GPs and SWs and was probably more costly than the types of audit currently envisaged by many hospital audit departments.

Reference

COOPER, J. E. (1979) *Crisis Admission Units and Emergency Psychiatric Services* (Public Health in Europe II). Regional Office for European World Health Organisation, Copenhagen.