

Equality Impact Assessment – Leeds Crisis Centre

1. Introduction

This paper outlines the actions undertaken to identify and assess the potential impact of the proposed decommissioning of a non-statutory mental health counselling and referral service known as the Leeds Crisis Centre. The lead person for this equality impact assessment was John Lennon. Members of the assessment team were : Kuldeep Bajwa, Richard Graham, Kim Adams, Iola Shaw and Julie Bootle.

The process included engagement with a range of stakeholders - ex-service users, staff, council members, voluntary sector organisations, health partners (See Appendix 1). This information has then informed the mitigating actions included in this assessment.

2. Overview

Public sector bodies are required to consider the impact of changes to policy and spending on equality characteristics. These equality considerations do not preclude cuts or changes in services being made, but do require that these be fully understood, both at an individual decision level, as well as corporately.

Leeds City Council like many other public sector organisations is facing a significant financial challenge as a result of the government's spending review and a reduction in grants, which is without precedent in recent times. In addition to the substantial reduction in government funding, the council also faces significant cost pressures which will also need to be taken into account in setting budgets for the next four years. It is therefore imperative that we ensure that any services we provide are both effective, in the terms of the resources required to provide the services, and efficient in terms of producing high quality outcomes for as wide a range of the population of Leeds as possible. Based on an assumption that all face to face assessments in 2009 led to a full 16 sessions of counselling, both of which are maximum assumption as there is both a drop out rate and many counselling courses are shorter, the cost per course of counselling for Leeds Crisis Centre is £1293 per person. Details in appendix. In the private sector the average cost per one hour session is £30 – 40 pounds per hour session. Leeds Crisis Centre, based on the above assumptions is £81 per hour. For full costs see Appendix 2

The provision of counselling services is not a statutory function of a local authority and no evidence can be found of any other local authority in England offering such a service. Additionally, in the past two years the NHS in Leeds has made a significant investment in talking therapies, comprising £2.3 million in Increasing Access to Psychological Therapies (IAPT). There has also been additional investment in Primary Care Mental Health Services generally, resulting in £3.2million spent across these two areas by the NHS. The IAPT programme is a national programme and places the requirement for delivery of talking therapies on the NHS.

Since 1989 the Leeds Crisis Centre has provided a free, short-term counselling and support service for adults who are struggling to cope with daily routine because something stressful has happened in their lives. It's present role is, in spite of its name, to provide a rapid response, short-term counselling service, with extended

hours of access including weekends and bank holidays, for people who are experiencing difficulty coping with a change in their life. The Centre receives a large number of referrals which are inappropriate – 938 or 65% of 1442 referrals – both self referrals and those from other agencies - taken in 2010, were referred on. The Centre therefore also acts as a referral service to other, more appropriate counselling services, or, where there is a significant issue around mental health to NHS psychiatric services or Crisis Resolution and Home Treatment team where there is a need for an immediate (within 4 hours) response. The Leeds Crisis Centre itself is not a crisis intervention and resolution service, nor is it a suicide prevention service. It does not employ clinical staff.

Based on the figures from 2009, there is no indication that the services provided are targeting or meeting the needs of any specific group or community within Leeds. This will be explored in more detail below, in terms of BME involvement, Lesbian Gay and Bisexual service users etc.

3. Scope

This assessment seeks to analyse the impact of the proposed closure on any specific group. The assessment utilises factual data collected by the Leeds Crisis Centre, Leeds City Council Adult Social Care, NHS Leeds, Leeds Partnerships NHS Foundation Trust (specialist mental health trust) and voluntary sector organisations.

The assessment also takes into account comments, opinions and views from a range of stakeholders including ex-service users, staff, management, other counselling providers, health providers and commissioners and the public (Appendix 1). This information has been analysed by the assessment team to provide an evidence based assessment of potential impacts and identifies actions that may be taken to mitigate these impact should the decision be made to decommission this service.

4. Fact Finding – What do we already know?

4.1 Demographics

4.1.1 Leeds. Leeds is the second largest metropolitan district in England with an estimated population in excess of 750,000 people. Whilst the Leeds economy as a whole, has been a success story, Leeds has a significant amount of deprivation. Five wards in the city have more than half their super output areas (subdivisions of wards) in the 10 per cent most deprived in England. These five wards tend to have the highest levels of deprivation, proportion of people on unemployment benefits and proportion of households in receipt of council benefits.

Like many other cities in the UK, Leeds is now facing unprecedented change and uncertainty. The University of Leeds predicts that by 2026 the total number of people living in the Leeds local authority area will be 830,000. This will include larger numbers of people from ethnic minorities and higher numbers of younger people as well as an increase in people aged 75 and over. In general people are living longer and there are as many people over 60 as under 16. Although the rate of increase in the proportion of older citizens in Leeds is not likely to be as great as in some

neighbouring authorities, it is predicted that the number of people in Leeds aged 65 and over will rise by almost 40 per cent to 153,600 in 2031, around 20 per cent of the population.

In particular:

- Leeds has a significantly higher proportion of 15 to 29 year olds (26 per cent compared to the national average approaching 20 per cent);
- there is a significant student population of over 60,000 studying in the two universities in the city;
- Stonewall estimates that a large city such as Leeds with an established gay scene may be made up of at least 10% lesbian, gay and bisexual people;
- Leeds population broken down by religion or belief is 69.9% Christians, 3% Muslims, 1.1% Sikh, 1.2% Jewish, 0.6% Hindu, 0.2% Buddhist and 24.9% no religion or not stated;
- Leeds is now home to over 130 different nationalities;
- in 2006 the Office for National Statistics (ONS) estimated that 15.1% of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 5 per cent from the 2001 census; and
- by 2030 the black and minority ethnic population in Leeds is estimated to increase by 55 per cent.

4.1.2. Mental Health Needs. Mental health problems are common. Around one in six adults suffer from a common mental health problem such as anxiety or depression. Nationally 29% of women and 17% of men will suffer some form of mental health problem during their lives; 1 in 4 women and 1 in 10 men will experience an episode of a depressive illness; self harm prevalence stands at 400 per 100,000 population. One in ten mothers suffer from post natal depression. Mental ill health occupies approximately one third of GP time. Ninety per cent of people with common mental health problems are managed entirely within primary care.

Incidence of mental health problems is more prevalent in the Lesbian, Gay and Bisexual communities. In 2006 research was undertaken with this community within Leeds (Noret, Rivers and Richards, 2006). and found that: over one third of LGB people encountered mental health challenges, with more than half reporting having had suicidal thoughts at some point in their lives. One third of participants also reported self-harming. Of those who reported self-harming, 24% had not accessed a mental health service. Similarly, 33% of those who reported having suicidal thoughts had not accessed a mental health service.

Of the 105,000 adults in Leeds who experience a common mental health problem, the expected demand for appropriate talking therapies services is 21,000 people per year.

More relevant to the Leeds Crisis Centre are activities of organisations such as the Samaritans, Relate etc. Leeds Samaritans reported taking over 60,000 calls last year but did not refer anyone on to the Leeds Crisis Centre. Leeds Crisis Centre referred 442 people to other counselling agencies in 2009, in contrast the number of referrals the centre received from other counselling agencies in the same period was 27.

4.1.3. Service Provision – Counselling Services

There are a variety of private and voluntary sector organisations offering counselling services in Leeds in addition to the services offered by the NHS. In developing the proposal Officers gathered details of voluntary sector services – this is appended to the Executive Board report.

4.1.4. Mental Health Crisis Services – not Leeds Crisis Centre

As mentioned above the Leeds Crisis Centre is not a Crisis Service. Characteristics of a true crisis service include:

- Access within hours not days (in Leeds, Crisis Resolution/Home Treatment Team and Survivor Led Crisis Service (SLCS))
- clinical treatment if required (CRHT)
- preventing service users from needing to access acute psychiatric services (CRHT and SLCS)
- reducing risk and preventing worse from happening (CRHT and SLCS)
- supporting people to resolve or better manage crisis

4.1.5. Leeds Crisis Centre.

In 2009 the Leeds Crisis Centre took 1,777 referrals – see Appendix 3. Of these:

- 1,028 (58%) were referred elsewhere. Of which 576 were referred to secondary mental health services and 442 were referred to other counselling services, 216 to other psychiatric services and 10 to other services.
- 539 (30%) received a face to face assessment.
- Information calls 155 (9%)
- Other 55 (3%).

This indicates that there may be some misunderstanding as to the role and nature of services provided of the Leeds crisis centre. For example the number of referrals passed onto Crisis Resolution Home Treatment team in 2009 360 individuals 35%. This gives rise to concerns around how rapidly individuals who require specialist Mental Health services are seen due to the need to be processed and referred on.

Out of the 1777 referrals to the Leeds Crisis Centre the referral factors were.

Relationships 35%

Mental health 11.2%
Violence and Crime 10%
Social 8.7%
Bereavement 8%
Illness/Disability 4.3%
Pregnancy 2.9%
Child Welfare 1.9%
Childhood Abuse 0.7%
Cultural 0.2%
Unrecorded 17.1%

The above information indicates that the Leeds Crisis Centre is acting as an information advice and signposting service and a support and counselling service for those individuals who are finding life changing events difficult to cope with.

4.1.6 Leeds Crisis Centre evaluation

Gender

The Leeds Crisis Centre referrals were
57.7% Female
34.9% Male
Transgendered 0.1%
Unrecorded 7.3%

This evidence tends to support the over representation of Women in mental health referrals,

Ethnicity

British White 78%
Black African 2%
Black Caribbean 1%
Indian 3%
Pakistani 3%
Irish 1%
Mixed race 3%
European 2%
Chinese 1%
Other 5%

The 2001 census figure across Leeds for BME is approximately 8% with present projections for 2009 across all age groups at about 12%, this indicates that the Leeds Crisis Centre is reflecting the profile of BME communities city wide across Leeds. It should be noted that 18 individuals represent a change of 1%. There is some evidence especially around young black Caribbean males that they should be over represented in such figures. The NHS, as part of the IAPT programme has commissioned a specific service for BME communities, which is hosted by touchstone.

Sexuality

This area is of concern as it has been identified as an issue around providing support for Lesbian Gay and Bisexual individuals relating to self harm and suicidal ideation. The profile of the centre in this area is:

Heterosexual 87%
Lesbian/Gay 4%
Bisexual 4%
Transsexual 1%
None 1%
Not want to say 3%

Given the Stonewall estimates that in a city such as Leeds there is an expectation of approximately 10% lesbian Gay and Bisexual population and 5% to 7% nationally, the figures tend to indicate that the Leeds Crisis Centre is reflecting the profile within Leeds and not offering a service that is of special or particular benefit to this group.

Location and area served

Through a post code survey of those using the Leeds Crisis Centre it has become apparent that the majority of referrals come from those areas clustered around the Centre itself in Leeds 6, and the outreach base in Leeds 10. There is little evidence to suggest that the Leeds Crisis Centre is providing a city wide service, this is evidenced by the attached referrals map (Appendix 4).

The picture developed through the fact finding is that the Leeds Crisis Centre provides a generic counselling and information service to a small number of individuals. Most of those individuals are in fact signposted to other more appropriate services. Only 11.2% of users have a referral reason of Mental Health the major referral reason being around relationships at 34.2%.

There is no evidence to suggest that the Leeds Crisis Centre provides any form of unique service to any specific user group that could not be better met by a specialist service e.g. relate in terms of relationships.

Risk

Given the nature of the service and the need to protect vulnerable individuals it is of paramount importance to consider risk in terms of risk to self and risk to others. The centres figures indicate that the vast majority of individuals using the service do not present a significant risk to themselves or others.

- 92.8% of clients do not have a psychiatrist at referral 7.2% do.
- 7.3% of clients have a hospital admission (not necessarily relating to mental health) 92.3% do not
- 89.6% have no history of attempted overdose 10.4% do.
- 14.9% have an unspecified risk history 86.1% do not
- 8.4% have a risk of self harm 91.6% do not.

This evidence supports the conclusion that the Leeds Crisis Centre does not deal with a significant number of individuals who present a significant risk to themselves or others.

This is supported by the referral process at the Leeds Crisis Centre. Referrals are taken and then referred to the next allocations meeting after which the individual is offered an appointment; this means effectively a short waiting period is inherent in the referral process. Where immediate risk is identified the Leeds Crisis Centre will immediately refer to a more appropriate NHS or other Crisis service.

4.2 What do people think - Consultation?

In considering the decommissioning of the Leeds Crisis Centre we have consulted with a wide range of stake holders. In considering the impact of the proposal the department has received representation from a range of stakeholders including current and ex service users, staff, referrers, other providers and interested parties.

The consultation activities undertaken include

An open invitation for comments was made by John Lennon on Wednesday 7th of January 2011, at a meeting with staff. An open invitation to personally meet with any current or ex users of this service was also made and to date one individual has made such a request and a meeting is being arranged

The manager of the centre has circulated a letter on the 12th of January to all service users on their data base and invited letters of support. (15 responses have been received from service users).

Consultation with third sector, GP's and other services that do or are likely to refer individuals into such a service.

Comments made on the saveleedscrisiscentre blog (posted as a guest on the Guardian Leeds local).

The Chief Officer has also agreed to meet a number of individuals who have expressed an interest in being consulted.

Most of the individual responses received have been via e mail from individuals who have used or use the service. The analysis of the content indicates that those people, who have used the centre, have valued the interventions provided. This is to be expected given that the service provides support and help at times of great anxiety and those people using the service have derived a benefit. Within the consultation there have been a very small minority of individuals who have found the service less than useful, this is evidenced by the feedback in terms of e mail responses directly to officers and comments on the Guardian blog regarding the Leeds Crisis Centre, (a sample is contained in Appendix 5).

Consultation with other stakeholders however indicates that those with more complex presentation are unable to access this service for example those who are actively suicidal and or currently self harming are excluded from this service and are referred onto specialist mental health provisions.

One third sector organisation has pointed out

... “barrier to referrals to the Crisis Centre has been that there needs to have been a defined trigger point for the crisis”.

...”our experience is that people are often in acute mental health crisis and cannot identify a concrete trigger and they have been excluded from this service”

4.2.2 NHS Commissioners. In considering the options around the Leeds Crisis Centre, intensive discussions were held with NHS commissioners over the potential of NHS funding for all or part of the Leeds Crisis Centre service. In response, NHS commissioners informed us that they have invested substantially in their own Primary Care Mental Health services including counselling and specialist secondary mental health services and that alternative services to those on offer at the Leeds Crisis Centre exist are safe and have capacity . NHS commissioners provided data on the investment they make in IAPT and primary care mental health services, the waiting times to access these services and the number of people the City would expect to present for talking therapies in a 12 month period.

4.2.3 Other Stakeholders. Stakeholders have had an opportunity as outlined below to make representation around the impact they believe the closure will have on the City. A range of voluntary organisation responded. The general outcome of these conversations was that many such organisations felt that the Leeds Crisis Centre provided a valuable service

4.2.4 Staff. Senior management met with the manager and deputy in December to outline the proposal being put forward. The Executive Member and Lead Member for Adult Social Care have since visited the centre to discuss the proposal with the manager and Deputy Manager. Senior managers have met with the wider staff group to discuss the proposals and offer staff the opportunity to voice concerns. In addition staff have put together a paper outlining their concerns and their response to the December paper – the concerns expressed are captured in the appendix of the Exec Board report, we have a copy of the Leeds Crisis Centre’s report. The Staffing profile is shown on pages 9 and 10.

4.2.5 Service Users. Since the proposal to decommission the Leeds Crisis Centre entered the public domain in December 2010, there have been a number of representations from current and past users of the service. Following discussions with the staff an offer was made to meet all existing service users. It is acknowledged that this is a confidential service for individuals, rather than groups, but nevertheless, the offer has been made. This has since been extended to some ex-service users who have consented to being contacted. To date only one meeting

has been requested, and a meeting is being scheduled. Senior managers have agreed for their contact details and email addresses to be made available to existing and past service users so that representations can be made in this way if preferred. To date, there have been 22 representations. All have been acknowledged and responded to – the concerns expressed are captured in the appendix of the report to Exec Board and in a briefing to Members.

4.2.6 Referrers, Partner Organisations and Other Interested Parties.

Representations have been received from the Local Medical Committee, two general practitioner, LPFT, the secondary care mental health service provider, two voluntary sector organisations and two Members of Parliament. All have been acknowledged and responded to. In addition Volition, an alliance of voluntary sector organisations that provide mental health services for, or work with people who have mental health needs, has written to give their view on the proposal.

4.3 Workforce Profile

Gender	Number	% of Cohort	Directorate Profile
Female	11	65%	84%
Male	6	35%	16%
Total	17	100%	100%

Disability	Number	% of Cohort	Directorate Profile
Disabled	4	24%	8%
Non Disabled	13	76%	92%
Total	17	100%	100%

Age	Number	% of Cohort	Directorate Profile
16-21	0	0%	0%
22-30	0	0%	9%
31-40	2	12%	18%
41-50	8	47%	35%
51-60	6	35%	33%
61-65	1	6%	5%
Over 65	0	0%	0%
Total	17	100%	100%

Ethnic Origin	Number	% of Cohort	Directorate Profile
BME	4	24%	9%
Non BME	12	70%	89%
Not Specified	1	6%	2%
Total	17	100%	100%

Religion	Number	% of Cohort	Directorate Profile
No Religion	5	29%	10%
Christian	1	6%	24.7%
Buddhist	0	0%	0.1%
Hindu	0	0%	0.1%
Muslim	1	6%	0.6%
Jewish	0	0%	0.1%
Other Religion	0	0%	0.1%
Sikh	0	0%	0.3%
None Specified	10	59%	64%
Total	17	100%	100%

Sexual Orientation	Number	% of Cohort	Directorate Profile
Bisexual	0	0%	0.1%
Gay Man	0	0%	0.5%
Heterosexual	7	41%	21%
Lesbian	0	0%	0.4%
Not Specified	10	59%	78%
Total	17	100%	100%

5. Overview of Fact Finding and Consultation

From the evidence considered

1) The evidence seen indicates that there is a level of misunderstanding around the nature of the service provided. The perception is that the centre deals with individuals in acute mental health crises. The procedures operated by the Leeds Crisis Centre of taking referrals to an allocation meeting does not allow this to occur, in such cases where the individual is at immediate risk the Leeds Crisis centre refers on to more appropriate services that already exist.

2) The service users attending Leeds Crisis Centre reflects the profile of the population within Leeds, there is no evidence to indicate that it targets or attracts specific service user groups, and thus the decommissioning of the service is unlikely to have any undue impact on any specific group.

3) The evidence seen does not indicate that the Leeds Crisis Centre services a citywide catchment area; this is evidenced by the included catchment area map.

4) The evidence does not indicate that the Leeds Crisis Centre provides any specialist service that cannot be provided by other counselling services provided by either health or third sector in Leeds.

5) One need that has been identified within Leeds is for the provision of services for lesbian Gay and Bisexual individuals - there is no evidence that the Leeds Crisis Centre attracts this client groups other than in line with expected population profiles.

The potential impacts identified from the decommissioning of the service are.

Potential Impacts identified.

There are no impacts identified that will disproportionately impact on any specific service user groups, the impact will be minimal and across all groups, these are potentially

- A reduction in available services, this will be addressed by ensuring all referrers are aware of appropriate pathways
- A reduction in access to extended hours including bank holiday and weekend services, this will be addressed by the NHS looking at gaps in current service provision for Primary Care Mental Health services
- A reduction in available talking therapies in Leeds; while this has already been largely addressed by the significant increase in NHS funding for talking therapies and Primary Care Mental Health services, the NHS has committed to look further to reduce gaps in current service provision

Action plan to ensure mitigation is in place.

The mitigating actions are based around ensuring that appropriate mental health provision is available to those who need it when they need it.

The Crisis Centre received 1,442 referrals in 2010 and of these saw 504 for counselling. This should be compared with 21,796 people seeking NHS talking therapies and 21,264 people accessing secondary mental health services provided by LPFT, although some of these may be the same people. This gives assurance that these individuals can be absorbed into the Primary mental health services, and the range of alternative counselling services in the third sector. This is further supported by the considerable investment being made by NHS Leeds as mentioned above.

In order to further mitigate any potential or unforeseen impacts Leeds City Council Adult Social Care will

- 1) NHS Leeds have agreed to liaise with all GP's to ensure that they all understand the appropriate referral pathways for individuals in different levels of mental distress, from talking therapies provided a primary care level including IAPT through to referral into the specialist mental health services.

2) Ensure that LPFT work with the council to make sure that GPs, who are the main source of referrals to the crisis centre, are aware that LPFT services are the most appropriate first point of call for people in a high-risk category in need of urgent help.

3) Ensure that NHS Leeds works with the council to monitor and understand what the impact of this proposal will mean for local people and to identify what gaps may exist in current services and how these can be filled.

5) Engage with Volition the Mental Health Voluntary sector umbrella organisation, to ensure that the specialist counselling service such as Relate, Cruise are aware of and able to deal with any increase in referral.

6. Equality Considerations

Equality characteristics

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Carers | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or Belief |
| <input checked="" type="checkbox"/> Sex (male or female) | <input checked="" type="checkbox"/> Sexual orientation | |
| <input checked="" type="checkbox"/> Other | | |

Stakeholders

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Services users | <input checked="" type="checkbox"/> Employees | <input checked="" type="checkbox"/> Trade Unions |
| <input checked="" type="checkbox"/> Partners | <input checked="" type="checkbox"/> Members | <input checked="" type="checkbox"/> Suppliers |
| <input checked="" type="checkbox"/> Other please specify - referrers | | |

Potential barriers

- | | |
|---|---|
| <input checked="" type="checkbox"/> Built environment | <input checked="" type="checkbox"/> Location of premises and services |
| <input checked="" type="checkbox"/> Information and communication | <input checked="" type="checkbox"/> Customer care |
| <input checked="" type="checkbox"/> Timing | <input checked="" type="checkbox"/> Stereotypes and assumptions |
| <input checked="" type="checkbox"/> Cost | <input checked="" type="checkbox"/> Consultation and involvement |

List of individuals who have made comment regarding proposal to decommission Leeds Crisis Centre

Date	From
09/12/2010	MP
21/12/2010	Director, Leeds counselling service
22/12/2010	clinical operations manager ACS/CRHT
22/12/2010	member of public
06/01/2011	Exec Mind
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
13/01/2011	Female former SU
14/01/2011	male former SU
14/01/2011	male former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
18/01/2011	Female former SU
18/01/2011	Female former SU
18/01/2011	staff member
24/01/2011	save leeds crisis centre website
24/01/2011	registered Psychotherapist
27/01/2011	annonymous
27/01/2011	GP
28/01/2011	MH professional
28/01/2011	Leeds MPs
28/01/2011	GP
28/01/2011	GP
28/01/2011	therapeutic Councillor
28/01/2011	member of public
28/01/2011	LMC, Consortia
30/01/2011	MH Practitioner
31/01/2011	member of public
31/01/2011	staff member
31/01/2011	male member of public, unclear if former service user
01/02/2011	Executive, leeds Samaritans
01/02/2011	Local councillor
02/02/2011	Counselling professionals
02/02/2011	male former SU

Appendix 2

Budget 10/11 - Leeds Crisis Centre	£
Basic Pay	422,500
Overtime	0
National Insurance	29,140
Statutory Sick Pay	0
Superannuation (Non Teaching)	59,270
FRS17 Wypf Adjustment	36,470
Funded Pensions Adjustments	0
Training Costs	0
Tuition & Course Fees	10,200
Recruitment Advertising	910
Grounds Maintenance Work	630
Gas	3,370
Electricity	720
Water Services	790
Removal Of Workplace Waste	390
Cleaning Maintenance & Toiletries	240
First Aid Requisites	160
Cleaning Agency Recharge	15,560
National Non-Domestic Rates	3,090
Premises Security Services	0
Office Furniture & Equipment	0
Teaching Materials	430
Operational Furniture And Equipment	390
Books & Audio-Visual Materials	330
Office Consumables	1,250
Postages	0
Telephones	2,310
Printing	460
Crockery, Cutlery & Utensils	180
Food & Drink	1,550
Subsistence	0
Childcare Vouchers Service Charge	0
Other Hired And Contracted Services	8,970
Licences	150
General Amenity For Clients/Residents	0
Vehicle Maintenance	0
Public Transport Expenses	1,030
Car & Motorcycle Allowances	900
Car Parking Fees	0
Fuel (Non LCC Supplies)	0
Internal Reallocation Of Directorate Cos	30,880
Internal Reallocation Of Central Costs	54,460
Payments To Voluntary Organisations	520
Capital Charges - Depreciation	9,560
Sale Of Food & Drink	0
Other Income	0
Total Budgeted Cost	696,810
Offered Face to Face Assessment in 2009	539
Cost per case	£ 1,293

Appendix 3

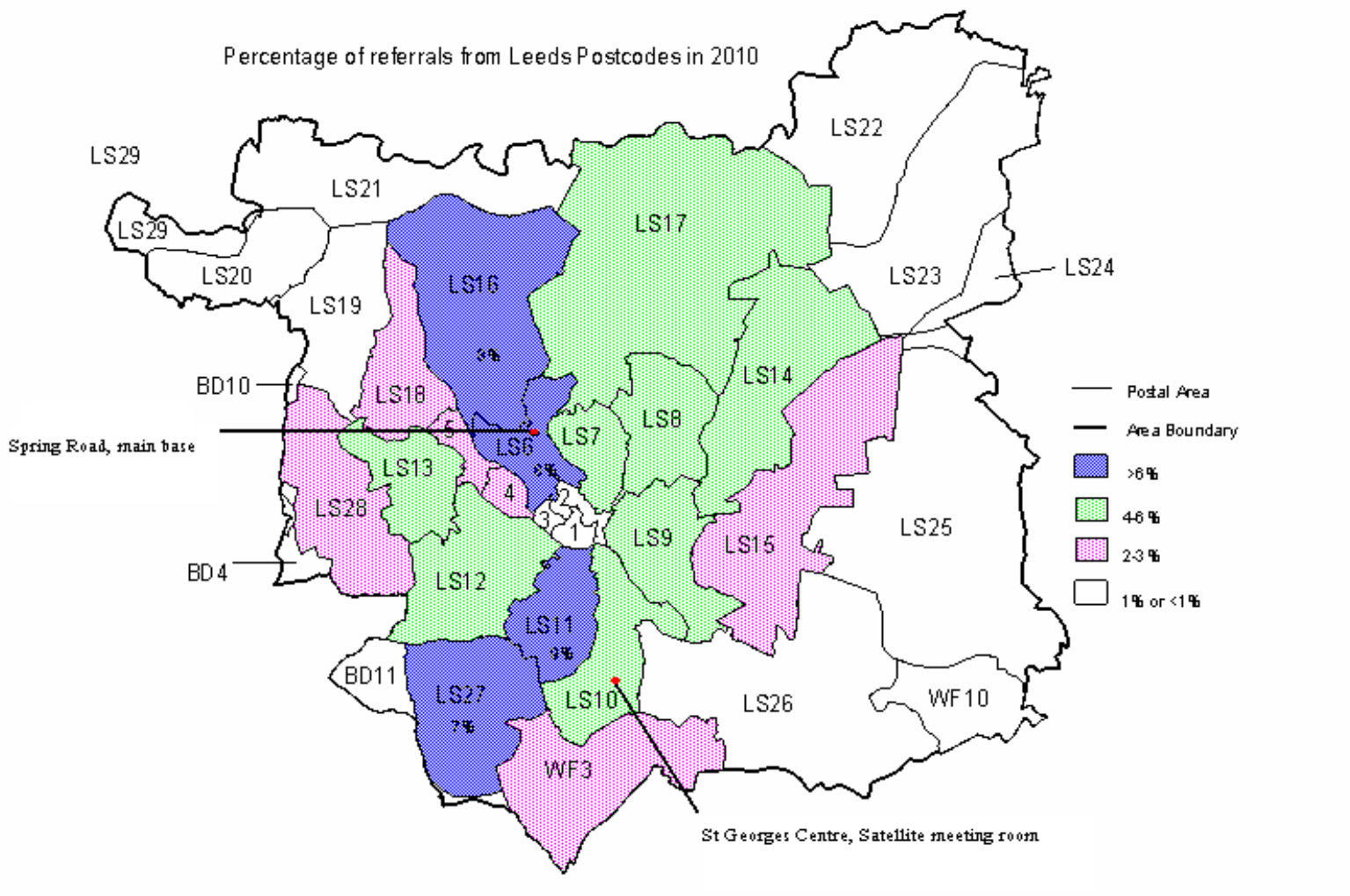
Referrals to Leeds Crisis Centre in 2010

Referral Source	Number of Referrals	%
	0	0.0%
	776	53.8%
	3	0.2%
101 Accident and Emergency	4	0.3%
103 Clinical psychologist	1	0.1%
104 Community Mental Health Team	20	1.4%
105 Community Psychiatric Nurse	7	0.5%
106 Crisis Resolution and Home Treatment Team	17	1.2%
107 Deliberate self-harm team	1	0.1%
109 General Practitioner	268	18.6%
110 Health Access Team	2	0.1%
111 Health Visitor	4	0.3%
112 Hospital Ward	5	0.3%
113 Leeds Addiction Unit	1	0.1%
114 Mental Health Day Hospital	4	0.3%
117 NHS Direct	1	0.1%
118 Practice Nurse	4	0.3%
119 Primary Care Mental health Team	43	3.0%
120 Psychiatrist	6	0.4%
122 St Mary's House (Psychology Services)	4	0.3%
199 Other NHS	33	2.3%
200 Social Services	2	0.1%
201 Approved Social Worker	1	0.1%
207 Social Worker	7	0.5%
299 Other SS	7	0.5%
301 Archway	1	0.1%
302 Citizen's Advice Bureau	1	0.1%
307 Genesis Project	4	0.3%
308 HALT	2	0.1%
309 Leeds Drug Project	1	0.1%
311 MIND	5	0.3%
314 Sahara	8	0.6%
317 St Anne's	1	0.1%
318 Survivor Led Crisis Service (Dial House)	2	0.1%
321 Victim Support	1	0.1%
322 Women's Aid	3	0.2%
323 Women's Health Matters	2	0.1%
399 Other voluntary agency	10	0.7%
402 Leeds Counselling	5	0.3%
403 Market Place	2	0.1%
404 MIND Counselling	1	0.1%
408 Women's Counselling and Therapy service	3	0.2%
499 Other counselling agency	5	0.3%
Housing	2	0.1%

503 Housing Association	3	0.2%
599 Other hostel	1	0.1%
601 Educational establishment	6	0.4%
703 Police	4	0.3%
704 Probation	2	0.1%
706 Refugee council	1	0.1%
708 Workplace	8	0.6%
799 Other	5	0.3%
800 Personal	3	0.2%
801 Ex-client	12	0.8%
802 Friend	30	2.1%
804 Partner	5	0.3%
805 Other family member	11	0.8%
806 Re-referral	22	1.5%
intenet	39	2.7%
posters or leaflets	4	0.3%
other printed info	1	0.1%
not known	5	0.3%
	1442	

Appendix 4

Percentage of referrals from Leeds Postcodes in 2010



Appendix 5

Extracts from the Blog:

1 I was unfortunate to have some dark times last year due to the breakdown of my marriage which resulted in me trying to take my own life while suffering from severe depression.

After I'd got out of hospital I was instantly referred to your service, I had a telephone interview then an appointment arranged within days where I would be assessed. I was booked in for 8 sessions initially but ended up having 16 total.

To be able to come and talk to somebody who was very supportive and allowed me to change my mindset and turn my life around is a godsend."

2 I had unusually severe post-natal depression after the birth of my second child, ending up spending two months in a psychiatric mother and baby unit. In the months leading up to my hospitalization as I was finding it increasingly difficult to cope, the Leeds Crisis Centre's staff members were extremely supportive, and the fact that I was able to access counselling within twenty-four hours of making an initial phone-call was particularly helpful. I will always be especially grateful to Leeds Crisis Centre for helping our family through this difficult time, and really can't recommend this service highly enough."

3 I went to the crisis centre when my girlfriend was getting increasingly drunk and violent, I had been physically attacked several times and felt I was in increasing danger. As a man I found it very hard to talk about physical abuse to anyone so it took a few sessions before I could discuss anything, although I did spell out the danger I felt from the beginning. I saw the counsellor over 10-12 weeks during which time we mostly discussed my relationship with my father and how that related to my relationship issues.

Then the counsellor was posted away, he said someone else would be assigned to me but I didn't go back, I was too difficult. Three weeks later she stabbed me with a kitchen knife, when the paramedics found me they thought I was already dead but they went through the routine anyway and were surprised that I responded and they were able to take me to hospital. The girlfriend was prosecuted and put under psychiatric care. My initial approach to the counsellor was to get a psychiatric assessment for her, she had been abused as a child and she had clearly not dealt with it.

I won't lose any sleep if they close the crisis centre, the "help" I received was not addressing my problem at all.

From representations received directly:

1 I came to the centre after miscarrying. At the time, my life seemed hopeless and empty. Without the Leeds Crisis Centre, I could not have made sense of what happened and then gone on to make steps to rebuild my life....The Crisis Centre was a place to be where I was listened to and respected for how I felt at the time. The Centre was a place to be where I could feel 'normal' when I felt far from it as I was in the middle of experiencing strong emotions and trying to hold my life together.

Even though I have gone onto longer term counselling, the Leeds Crisis Centre is not a service that I think is duplicated elsewhere.

2 I can not praise the staff enough - they are simply brilliant. I went along quite sceptical that I wouldn't feel any better by attending as I had paid to see somebody privately but hadn't felt any better at all after wasting hundreds of money. In fact everything that we discussed in the meetings made sense and I am still thinking of things that I were told to help me get through everyday life now.