

averting admissions. The in-patient CRHT consultant works as an 'osmotic agent'.

To explain this metaphor one should consider mental health teams as having 'semipermeable membranes', rather than being watertight compartments. Consider an in-patient team and a crisis resolution team as being separated by such a membrane. The pores are large enough to let some particles (i.e. patients) pass freely while the passage of others is inhibited. This two-way process is analogous to the teams' functions of gatekeeping and promoting early discharge. Within this model, the consultant provides supervision and leadership (a key role in monitoring, allowing and facilitating the osmosis) to both the CRHT and the in-patient team.

With this approach the bed occupancy rate in the Mid Devon County area has dropped by 35% over the past 10 months. We registered a decreased number of involuntary hospital admissions and a lower prevalence of antipsychotic polypharmacy when compared with previous approaches.

The new approach is substantially in line with the final report *New Ways of Working for Psychiatrists*, issued in the UK by the National Steering Group, co-chaired by the National Institute for Mental Health in England (NIMHE) and the Royal College of Psychiatrists (Department of Health, 2005).

Our preliminary experience suggests that the new model and the review of the in-patient CRHT consultant's role might affect positively the utilisation of specialty mental health services, thus achieving a pragmatic balance between community and hospital care.

Department of Health (2005) *New Ways of Working for Psychiatrists: Enhancing Effective, Person-Centred Services through New Ways of Working in Multidisciplinary and Multi-Agency Contexts. Final Report 'But Not the End of the Story'*. Department of Health.

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### Discovering the true value of partnership with the voluntary sector

Tait & Shah (2007) hail the benefits of partnership in the community with the voluntary sector, and outline challenges for the future. They acknowledge that most psychiatrists already have practical experience of working with charities providing mental healthcare, but overlook the wider context, hinted at only by reference to Aldridge's (2005) publication for the Social Market Foundation.

The voluntary sector has been an innovator in the provision of care environments throughout

the journey of psychiatry from alienism to social inclusion, driven by strong founding values. For example, the Retreat at York, St Andrew's Healthcare in Northampton and Together (formerly the Mental After Care Association) are legacies of 18th- and 19th-century philanthropy and social reform. These charities are now working with Mind, Rethink, Turning Point, the Richmond Fellowship, Carr Gomm and others under the umbrella of the voluntary sector Mental Health Providers Forum (<http://mhp.org.uk/members.asp>) to improve provision for service users.

It is important to understand the current government's strategic intent for partnership working in mental health – to create better value through inclusion of not-for-profit providers. Shah & Tait note that competition between the voluntary and statutory sectors can be a bar to partnership, and suggest that some mental health professionals see voluntary sector community staff as 'amateurs'. However, government agencies have pressed competitive re-tendering and cost improvements on these charities, while the national initiatives listed by Shah & Tait fail to deliver on the principle of full cost recovery, leaving providers struggling to meet their costs through fundraising.

In an ideal world the government would have a longer-term view, and see how best to enable the 'value chain' between the public and voluntary sectors, to use a modern market term that covers cooperative relationships between companies. This would require a higher resourcing level, just as the government has provided to kick-start private sector healthcare initiatives such as the private finance initiative (PFI) and independent sector treatment centres (ISTCs). This would accelerate the development of the partnerships envisaged by Tait & Shah, bringing in the long-term better, innovative and more efficient services. Nevertheless it is clear that the voluntary sector has a growing role in the future of psychiatric care.

### Declaration of interest

P.A.S. is a trustee of the Mental Health Provider Forum, St Andrew's Healthcare and the Royal College of Psychiatrists, and a former trustee of Together.

Aldridge, N. (2005) *Communities in Control: The New Third Sector Agenda for Public Sector Reform*. Social Market Foundation.

Tait, L. & Shah, S. (2007) Partnership working: a policy with promise for mental healthcare. *Advances in Psychiatric Treatment*, **13**, 261–271.

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