

Peer Support Case Studies

Suicide Crisis Centre, Gloucestershire



NSUN undertook to produce a number of case studies in collaboration with support from national Mind, to demonstrate the potential role and value of user-led organisations working at the interface with statutory services.

Case studies written by Alison Faulkner.

Suicide Crisis Centre, Gloucestershire



suicidecrisis
supporting people with a suicide or trauma crisis

The Suicide Crisis Centre was set up in 2013 by Joy Hibbins. Suicide Crisis provides support for anyone in Gloucestershire who is feeling suicidal. The service emerged from Joy's personal experience of becoming suicidal and struggling to find the right help from mental health services, including being told 'it's your decision to end your life'. She felt a different approach was needed. Their aim is to help people survive a suicidal crisis. In particular they aim to reach people who have disengaged with mental health services because services are not working for them; and people who would never access statutory services in the first place and need something different.

Their approach is to "do everything we can for each individual to help them to survive" and to be tenacious in helping their clients survive suicidal crisis.

In their own words...

'The combination of an accessible Crisis Centre, home visits and emergency phone lines places a safety net around our clients, minimising the gaps through which they could fall. Additionally, many people feel a lack of control under mental health services. We put clients in control; they decide how often they see us, the kind of support they receive and when they are ready to leave our service. This empowers clients. Despite placing clients in control as much as possible, we actively intervene to protect their lives. Furthermore, we build a strong connection with clients which is very important.'

The Suicide Crisis Centre is funded through public donations and small grants, keeping the costs as low as possible. The service is accessible 24 hours a day and provides a safe place for people who are at risk of suicide. They can come to the centre every day when at high risk. The organisation has also set up a Trauma Centre which focuses on early intervention, providing one-to-one support for people who have experienced recent or historic traumatic events, to help prevent them going into a crisis. The Crisis Centre has an appointment system, including emergency appointments. If at imminent risk, clients are supported for several hours. Staff also go out to the homes of clients who are at imminent risk of suicide.

'We have no doubt that our ability to go out to see clients who are at the point of suicide has prevented suicides.'

They support people aged 18 and above. Many people self-refer into the service, but they also take referrals from family members and carers, local charities, the NHS and police. Their work takes place at the Suicide Crisis Centre and Trauma Centre in Cheltenham, but they also go to any setting where a person is experiencing a crisis e.g. their own home or other location. This offer extends to people who are not able to attend the Centre, e.g. clients affected by alcohol use, or too traumatised to leave home.

There is also an emergency phone line for clients to use when they are at imminent risk. High risk clients have access to 24 hour care, including a night emergency phone number. Many clients say they would not have contacted anyone else at that point.

Learning and development

They have learned a great deal that would be transferable to other similar projects and services. Over the years, their services have evolved to meet the needs of their clients. From the beginning, they say, 'clients have shown us what additional services we needed to provide. For example, one of our first clients was too traumatised to leave his home. This showed us that we would need to provide more than just a Suicide Crisis Centre, if we wanted to reach everyone who needed us.' They also learned from their clients that they needed an emergency phone line overnight for clients who were at high risk. Joy has written a book about the service, which explores the approach and techniques they use.

The thread of personal experience runs throughout the service. Joy gave two further examples of the ways in which the service has developed to reflect lived experience: supporting someone who is angry and supporting someone who is silent. She felt strongly that it was important for the service to respond in a different way to mental health services, and to understand that someone can be very angry in a crisis: 'Staff in the crisis team reacted extremely negatively to anger - it was as if they did not understand that, when in crisis, you may have far less control over what you say and do'.

She wrote a blog to explain this approach: www.huffingtonpost.co.uk/joy-hibbins/how-to-help-someone-who-is-silent_b_11664106.html. Similarly, she found that many services put the phone down when someone is silent. Her own experience taught her the importance of waiting and listening for as long as it takes for someone to talk: www.savinglives.blog/uncategorized/its-time-to-talk-but-what-if-you-cant-the-silent-crisis/.

A high proportion of their clients are men despite the general perception that men are less likely to seek help. Suicide Crisis feel this is partly due to people being able to access the service through an appointment and not be seen in a waiting area; that the service is entirely independent of health services (no contact will be made with their GP unless they want it); clients have a high level of control over the care they receive; and can make contact via email or text if they wish.

Staff

Staff work as volunteers. The charity recruits people with counselling qualifications and give additional in-house training on suicide intervention skills, conveying the ethos of the service - which Joy describes as:

- to actively intervene to save lives, to help people survive suicidal crisis;
- to openly care for people, to reach out and make a strong emotional connection with people;
- to give people as much control as possible over the care they receive.

Full support and supervision are given to all staff, including de-briefing after shifts and access to immediate support following a difficult session. Many of the staff have their own lived experience, meaning that they have a 'profound understanding' of what it means to experience mental health services as well as to reach a suicidal crisis. This understanding means that people will be believed and understood should they share difficult experiences of services.

Working with the NHS

Suicide Crisis is entirely independent of the NHS, and have retained independent funding because they value this aspect of the service. In the early days, they experienced considerable resistance to the idea of a former patient setting up a suicide crisis service. However, they have developed a positive relationship with some local teams and clinicians, and now they actively share information with mental health teams as long as the client gives permission. This is particularly relevant in relation to concerns about risk, but they are very clear that this does not happen without consent.

Outcomes and recognition

Suicide Crisis have a zero suicide achievement and their work is now receiving national recognition. In 2016 they were asked to give a presentation about their work to the national advisory group on suicide prevention. They were also asked to give oral evidence about the Suicide Crisis Centre to the Parliamentary Select Committee which undertook an inquiry into suicide prevention in the same year. They received a letter from the Government thanking them for their 'excellent work' and describing their service as an example of 'best practice'. The National Lead on suicide prevention at Public Health England has visited the centre and described their work as inspiring, and their work has been described as 'inspirational' by the South West Zero Suicide Collaborative.

They have been invited to speak to clinicians and psychiatrists as part of their professional development in training sessions in other parts of the country. Their methods are being used to help inform suicide prevention strategies in other areas. They are regarded as an 'example of best practice' and NHS Trusts and mental health commissioners are seeking to learn more about the way they work.

Resources

- Hibbins, J., 2018. Suicide Prevention Techniques: How a Suicide Crisis Service Saves Lives. Jessica Kingsley Publishers. <https://www.waterstones.com/book/suicide-prevention-techniques/joy-hibbins/9781785925498>
- Hibbins, J. 2015. Suicide Crisis: The Story. https://www.amazon.co.uk/Suicide-Crisis-Story-Joy-Hibbins/dp/1326396048/ref=tmm_pap_swatch_0?encoding=UTF8&qid=&sr=
- The document "Achieving Zero Suicide at a UK Crisis Centre" is a six-page document which explains about the services and how they have achieved zero suicide. It is available on request from contact@suicidecrisis.co.uk

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Suicide Crisis Centre are on Facebook at www.facebook.com/SuicideCrisisCentre and on twitter as @SuicideCrisis