



**A tenacious approach to
supporting people at risk of
suicide**

www.suicidecrisis.co.uk

Our zero suicide achievement

- * We've been providing services for six years and have never had a suicide of a client under our care, whether they have been under our care for a period of days, weeks or months.
- * Our approach is to do “everything we can for each individual to help them to survive”.

Suicide Crisis

A registered charity which offers a

- * **Suicide Crisis Centre** providing crisis support for people at risk of suicide. People can **self-refer** or **be referred** by NHS, charities, and other agencies.
- * **Trauma Centre** offering early intervention for people who have experienced trauma, to help prevent a descent into crisis.

Suicide Crisis Centre

- * **Suicide Crisis Centre:** easily accessible.
- * **Not a drop-in centre:** appointment based, with emergency appointments and call-outs available
- * **Appointments** usually an hour, but if at imminent risk, support lasts for several hours
- * **Intensive:** Clients can be seen every day during crisis
- * **Home visits** when at imminent risk / unable to leave home
- * **Emergency phone lines (24 hours for high-risk clients)**

The “Safety Net”

- * The combination of **Suicide Crisis Centre, home visits and emergency phone lines** places a “safety net” around our clients, minimising the gaps which they could fall through.

The team

- * Staff have counselling qualifications, suicide intervention skills training and input/training from psychiatric staff (particularly on assessing suicide risk)
- * **Not peer support:** staff may/may not have lived experience
- * All apart from one of our team members are fully qualified BACP-accredited counsellors
- * Providing **crisis support not counselling**
- * Advising psychiatrist and other advising clinicians readily available at short notice – providing advice to us on situations which arise with clients.

Why we provide home visits

- * People who have experienced **severe trauma** may feel unable to leave the home
- * People who are using **drugs or alcohol** may be unable to leave the home safely
- * Clients who are at **imminent risk of suicide** may be too distressed to reach our Suicide Crisis Centre
- * Clients may have a particular **physical health issue** which makes it more difficult to leave home

Emergency phone lines

- * We **don't** provide a helpline
- * **Daytime emergency line** for clients 9.00 to 22.00
- * **Night emergency line** for high-risk clients 22.00 to 9.00
- * The connection and trust they have built with the team are cited as reasons for phoning:
- * **“I couldn't have ended my life without talking to you first. You have done so much for me.”** (A male client phoning in the early hours of the morning)

An Enduring Connection

- * “You get behind a client and hold them so they don’t fall. **You remain in my pocket for life,** supporting, guiding and aiding my recovery. Still here, thanks to the Suicide Crisis Centre.”
- * *Al, on the Suicide Crisis Facebook Page, January 2016*

Empathy, care and understanding

- * “I felt an instant connection – like she understood exactly how I felt – and that brought me back from the brink. If it was not for Suicide Crisis, I would not be here”
- * *John, Stroud News and Journal September 2016*

Why men access our service, having ruled out others (1)

- * **Our independence:** Reluctance to tell GP or other NHS service. Concerns about having their suicidal crisis documented in their medical records – fear of impact on current or future employment prospects.
- * **Control:** Clients decide how often they come in to see us, the kind of support they receive and when they feel ready to leave our service. This sense of being in control helps counteract the feeling of vulnerability which men may experience when seeking help.

Why men access our service, having ruled out others (2)

- * **Ruled out drop-in service:** Many male clients said they did not want to be around other people when in crisis. And importantly, they did not want other people to see them and know that they were in suicidal crisis and seeking help.
- * **Not seeking an anonymous service:** Men less likely to seek the support of friends and family. Often isolated and silent about their risk. As a result, it's important that they are known to a service and feel connected with the team supporting them, and feel cared for. This occurs in the context of a professional relationship with clear boundaries.

Why men access our service, having ruled out others (3)

- * **Small team:** Usually two members of our team support each client – occasionally it needs to be one, if the man only feels able to disclose information to one person.
- * **How they can access the service initially:** for some men, walking into a Crisis Centre or even picking up the phone felt too much. Initial contact may be made by an exploratory short email or text. Not seeking an anonymous text or email service. These are the first tentative steps in accessing a service where they will become known to a team.

The Government

- * In March 2017 we received a letter from 10 Downing Street, thanking us for our “excellent work” and describing our Suicide Crisis Centre as an example of “best practice”.

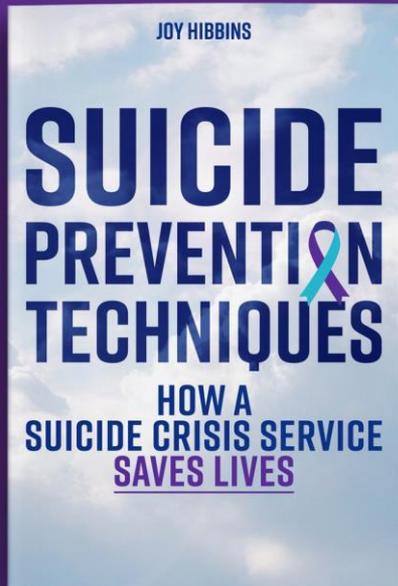
Labour and Lib Dems

- * Labour and Lib Dem MPs have been equally supportive. Luciana Berger, former Shadow Minister for Mental Health, visited our Suicide Crisis Centre and Norman Lamb invited us to the Department of Health to meet him.

Government and Select Committee

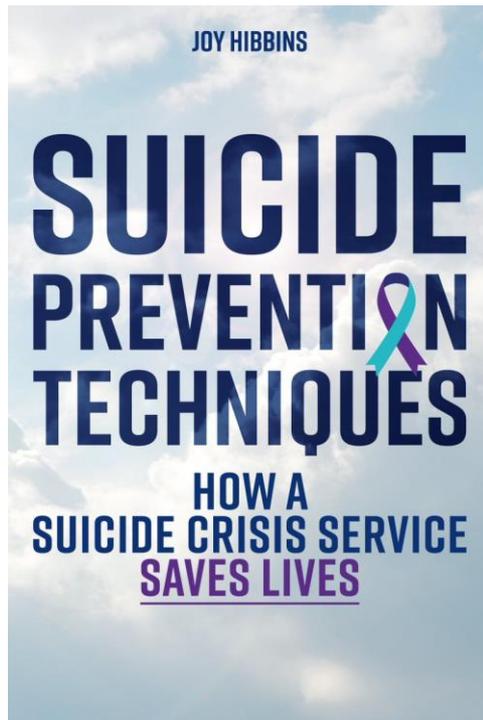
- * In September 2016 the Government's adviser on suicide, Louis Appleby, invited us to give a presentation about our work to the national advisory group which he chairs. On Twitter, he described our work as "very impressive".
- * We were invited to give oral evidence about the work of our Suicide Crisis Centre to the Parliamentary Health Select Committee when they undertook an inquiry into the measures needed to prevent suicide.

A book which explains in detail our methods, approach and ethos



- * This book, published by Jessica Kingsley Publishers in December 2018, explains in detail how we work and why all our clients survive.
- * It is raising money for Suicide Crisis: the author's royalties are being paid by JKP directly to the charity.

The reach of the book



- * This month (June 2019) we were contacted by the Ministry of Health in New Zealand, requesting more information about our work, after a senior project manager at the Ministry read Joy's book.

Replicating our service

- * We are grateful for the interest from other regions in replicating our model. We recognise that not all interested regions wish to replicate the full model of Suicide Crisis Centre, home visits and emergency phone lines. Some are interested solely in having a Suicide Crisis Centre with our methods, approach and ethos.
- * We are grateful to the Eastern AHSN (Academic Health and Science Network, set up by the Department of Health) for the support which they are providing to us as we take our model to other regions.

Contact

- * For more information or to ask further questions:
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