Suicide Crisis

Suicide Crisis is a registered charity which provides Suicide Crisis Centres in Gloucestershire. It also runs a separate Trauma Centre (focusing on early intervention to help prevent people from deteriorating into suicidal crisis).

We provide a combination of Suicide Crisis Centres, home visits and emergency phone lines for our clients. This provides more ways for them to access us, and more ways for us to reach them.

Our Suicide Crisis Centre was devised and set up in 2013 by a psychiatric patient who had recently experienced suicidal crisis herself. She had been under the care of the crisis team (crisis resolution and home treatment team) and had been admitted to psychiatric hospital in 2012, following a traumatic experience.

There was initially huge scepticism that a “psychiatric patient” could set up “such an ambitious project”. But it was her lived experience that provided such important learning and understanding of what is helpful to people in suicidal crisis. It gave her a profound insight into what crisis services should be providing. She was able to see why the crisis team (CRHT) wasn’t working for some people, and that some people needed a very different approach and ethos to help them survive suicidal crisis. She has said: “In many ways, I set up the opposite of what I experienced under psychiatric services”.

Although our services are very different from psychiatric services, we include psychiatric professionals in our team, recognising the skills and knowledge they have. Our advising psychiatrist and other advising clinicians provide specific information and guidance, and give advice about specific matters that may arise when we are working with clients. Our team members who work with clients in crisis have a combination of counselling training, suicide intervention skills training, input from our psychiatric advisers (especially in assessing suicide risk) and training in the lived experience ethos and approach of our charity.

Going above and beyond the expectations

In the eight years that we have been providing services, no client has died by suicide during the period in which they have been under our care, whether they have been under our care for a period of days, weeks or months. This is unusual in a crisis service, and it has led to national and international interest in our work, including from the Ministry of Health in New Zealand.

We have frequently used the following phrases to describe our approach:

“We do everything we can for each individual to help them to survive” and

“We are tenacious in helping people to survive suicidal crisis”.

In order for every client to survive, we feel it has been necessary to go above and beyond what would be expected of a crisis service.

For example, we have noted that some men say they only feel able to be supported by one member of staff – the person who first assesses them.

Some men find it extremely difficult to ask for help. In coming to see us, our male clients take the hugely courageous step of expressing their deep emotional pain, their distress and their fears to another person. This may be something that they have never revealed to anyone before because they have spent their adult life keeping this part of them hidden. They may only feel able to show this level of vulnerability to one member of our team.

A high-risk male client told me retrospectively that if I had passed him to another member of our team for subsequent appointments, he would not have come back to our Centre.

Our experience shows that in order to help such men, who are the least likely to disclose their risk to anyone, organisations may need to put in place very specialised and targeted support as we have done, and go above and beyond what they would usually provide. It has always been our aim to reach people *who would not usually seek help from any other source and whose silence about their suicidality puts them at great risk*. They may tell no one.

We know it is exceptionally difficult for crisis services to put in place such individualised crisis support. In most crisis services, a team becomes involved in someone's care, when they are in crisis. But we felt it was essential to adapt our service, to ensure that our high risk clients survived. After a period of time, the men were able to accept a second member of our team to co-support

them, but in the early days, this sense of continuity with one person was vital for their engagement.

Our tenacity and "going beyond what is expected" are also demonstrated in our commitment to reaching clients. Last year we were able to drive through areas of flooding to reach them, because of our highly trained professional drivers who were able to safely drive through water to reach the homes of clients in crisis.

Innovation

1. **The Suicide Crisis Centre was devised and set up by a psychiatric patient**. The concept of a psychiatric patient setting up a crisis service was considered radical in 2013. It is still exceptionally unusual. It goes beyond co-production. It turns the traditional MH service model upside down – the psychiatric patient creating a service and employing psychiatric advisers. Our advising psychiatrist used to like to remind her: "You're my boss".

2. **The model of service is a combination of Suicide Crisis Centres, home visits and our emergency phone lines**. We know of no other crisis service model which provides this combination. Our suicide crisis service operates 24 hours a day, 365 days a year.

Our first client showed us we would need to provide home visits, back in 2013. He had been through severe trauma and was unable to leave his home. He was too afraid to travel to our Suicide Crisis Centre. So we risk assessed the

situation and went out to him. We realised that we would have to provide home visits, if we wanted to reach everyone who needed our services. We were able to adapt our service in the first few weeks to create a model which would really provide what our clients were showing us they needed from a crisis service.

3. **Altering the traditional power balance**: Our clients are much more in control of their care than under traditional services. Our clients decide how often we see them (every day if they wish), they decide the kind of care and support they receive from us, and they decide when they feel ready to leave our service. Under traditional services, psychiatric clinicians usually make these decisions for the patient/service user.

Although we place our clients in control of their care as much as possible, we actively intervene to protect their life when they are at risk of suicide.

People who have experienced trauma may find feeling in control extremely important. They may have felt a loss of control during the traumatic event – and so subsequently losing control (or having control taken from them) is something they may find very difficult and distressing. Men also often find it very important to have a sense of being in control of their care – to counteract the feeling of vulnerability which they can experience.

4. We know of no other crisis service where the team has the **combination of different training** that our team has. All but one team member is a qualified, BACP-accredited counsellor. They have additional suicide

intervention skills training, via the ASIST course. They also have input from psychiatric clinicians – in particular in assessing suicide risk. And of course they have the vital training in the lived experience ethos, approach and methods of our charity which are described in detail in the book "Suicide Prevention Techniques: How A Suicide Crisis Service Saves Lives" https://www.hachette.co.uk/titles/joy-hibbins/suicide-prevention-techniques/9781784509491/

Sustained impact

Our clients provide the best evidence of the impact being sustained over several years. For example, Allan Fawlk is now a trustee of our charity and also works as a driver/support worker. He has safely driven members of our team through the most adverse weather conditions to see clients, including through floodwater. He is a skilled driver (a former postman who used to drive post office vans).

Allan is well now, but in 2013, he was a client at our Suicide Crisis Centre. He accessed our services after a series of adverse life events. We assessed him as being at high risk of suicide, and we were very concerned that we might lose him. We worked tenaciously to support him through his crisis.

Sometime after he recovered from his crisis, Al wrote a comment on the charity's Facebook page:

You remain in my pocket for life, supporting, guiding and aiding my recovery. Still here, thanks to the Suicide Crisis Centre."

His comment highlights the strong connection that we build with our clients. It is as if he carries us with him (in his pocket). And his comment shows how the impact of our care and support continues after he has left our services – his eloquent quote highlights how the things he learned and experienced under our care have stayed with him, and continue to assist his recovery.

As well as the sustained impact on our clients, the wider impact of our work is shown through the books about our Suicide Crisis Centre, which continue to inform people about our methods, approach and ethos. The book "Suicide Prevention Techniques: How A Suicide Crisis Centre Saves Lives" (published in 2018 by Hachette UK) explains in detail why all clients have survived under our care. It was this book which led the Ministry of Health in New Zealand to contact us about our work. We continue to be contacted by individuals and organisations about the book:

https://www.hachette.co.uk/titles/joy-hibbins/suicide-prevention-techniques/9781784509491/

Another book focusing on our methods, ethos and approach will be published in the autumn of this year.