



About the Suicide Crisis Centre © Suicide Crisis 2022



- Suicide Crisis (a registered charity) runs an award-winning Suicide Crisis Centre
- We provide a combination of Suicide Crisis Centre, home visits and emergency phone lines for our clients.
- A high proportion of our clients are men (pages 5 and 6 of this document).
- Our work is now receiving national and international recognition (page 6 and 7 of this document).

The facts

In March 2012 the founder of Suicide Crisis had a traumatic experience, developed post-traumatic symptoms, and experienced suicidal crisis. Later that year she attempted suicide twice.

Psychiatric crisis services are effective for many people but our founder didn't find their methods and approach helpful, and she struggled to connect with the large number of people within the team who came to visit her at home. Her experience showed her that some people needed a different approach.

In December 2012 Suicide Crisis was set up as a company and a charity. In May 2013 the Trauma Centre opened. In the autumn of 2013 our Suicide Crisis Centre opened, providing support for anyone in Gloucestershire who is feeling suicidal.

The crisis service: a combination of Suicide Crisis Centre, home visits and emergency phone lines

Safe place

The Suicide Crisis Centre provides a safe place for people who are at risk of suicide. They can come to see us every day when at high risk. Our Centre is accessible 24 hours a day.

It's not a drop-in centre. The ongoing support is provided by appointments which can be daily. If a client is at imminent risk they can come in immediately, though. Appointments last around an hour but if someone is at immediate risk of suicide, they will be supported for a period of several hours – overnight if necessary.

We ruled out having a drop-in service both because it would create additional safety risks and because a drop-in service can deter some people from accessing a service.

Clients can keep in contact with us by phone, text or email between their appointments.

Home visits

Although we see most of our clients at our Suicide Crisis Centre in the centre of town, it became clear that there were also times when we needed to go out and visit our clients, because they couldn't come in to see us.

We go out to the homes of clients who are at imminent risk of suicide and we have no doubt that this has made a difference. If we had only provided services at our Crisis Centre, we do not think all our clients would have survived.

We also make home visits to clients who may not be able to attend our Centre, for example if they are drinking so much alcohol that they no longer leave the home or if they have had an extremely traumatic experience which has left them afraid to do so.

Emergency phone lines

We provide emergency phone lines for our clients to contact us when they are at imminent risk. High risk clients have access to 24 hour care, including our night emergency phone number. Many clients say they would not have contacted anyone else at that point. One client who had phoned us in the early hours of the morning when at the point of suicide told us retrospectively: "I could not have ended my life without talking to you first. You have done so much for me."

The reason why they contact us is because of the connection that we have built with them.

The "safety net"

The combination of an accessible Crisis Centre, home visits and emergency phone lines really places a safety net around our clients.

The team

A small team supports each client – usually only two team members. This allows our team to really get to know and understand clients, build trust and provide continuity of care.

All our team members have counselling training, and currently all but one of them are fully qualified, BACP-accredited counsellors. They also have suicide intervention skills training and other qualifications. However, their personal qualities are equally important: they are kind, caring, empathic, sensitive and respectful. Although they all have a counselling background, they are providing crisis support, not counselling.

The relationship and connection

The quality of the relationship between team member and client is so important.

Clients know that we care about them and care about their survival. When our founder was under mental health services, she found the clinical distance difficult. In our experience, caring for clients absolutely does not conflict with a professional relationship.

The connection that we have with our clients is vital. We get to know them, work hard to really understand them and build a relationship of trust. We cannot be with them continually but we know that the sense of being cared for, the value placed on their life and the knowledge that the team who cares is but a phone call away –helps them to survive when we are not with them.

Individualised care

We recognise that our clients are individuals and we tailor the support to each individual. If a client isn't engaging with a service, then it means that the service is not providing the right kind of help for them and the service provider should work to find what kind of help and support they do need.

Control

Our clients have a greater level of control than within statutory services. We put them in control as much as we can. Clients decide how often they see us, the type of care and support they receive, and they decide when they feel ready to leave our services. Feeling in control can be particularly important to people who have experienced trauma.

A tenacious approach

We are tenacious in the way that we support people. We do not take the approach of "respecting a person's right to make the decision to end their life" (if they are deemed to have the mental capacity to make that decision).

In our experience, a person in suicidal crisis is nearly always thinking in way that is profoundly different from usual. High levels of distress or mental illness (such as depression) are impacting on their thinking and decision-making. For this reason, we need to do everything that we can to help them survive.

Lived experience

Our Suicide Crisis Centre was set up and is still run by a person with lived experience – a survivor of suicidal crisis who was subsequently diagnosed with bipolar disorder and a post-traumatic syndrome. Our clients' input and opinions, and their expressed needs, showed us how we needed to adapt our model of service in the first few weeks of operating. Our clients had significant input into the model of service we have provided since 2013.

Lived experience allows an understanding on a very profound level what it is like to be at the point of suicide, and what can be helpful, when a person is in crisis. Lived experience influences our methods, and our whole ethos and approach. Lived experience is embedded into our services.

Support for our staff

We have an advising psychiatrist and other advising clinicians who give us advice about individual client cases when we need it.

All our team members have support and supervision. Our supervisors have previously provided supervision to staff either in psychiatric services or in counselling services.

Support and advice are available at very short notice to our team.

Our service is confidential. However, there are circumstances under which we do need to break confidentiality and involve other services, for example if a client is stating an intention to end their life that day.

Men

A high proportion of our clients are men, despite the general perception that men are less likely to seek help. They have reported some of the reasons they come to us, and why they wouldn't have accessed another type of service when they were feeling suicidal.

Not a drop-in service: Many male clients said they wouldn't walk into a drop-in Crisis Centre because that would mean waiting in an area with other people. Some men described feeling embarrassed about being in crisis and about coming to our Centre initially. They would not have wanted anyone else to know they were coming here, and they definitely wouldn't have wanted to risk seeing someone they knew. They wanted to be given a time to come in to our Centre so they could walk in and be seen immediately.

It is not only men who have told us that they would avoid a drop-in centre: people who have experienced trauma, or who have autism, have expressed similar concerns.

Our independence: We are independent and entirely separate from other services, including the NHS, and this is a reason why many men say they feel able to come to us. Many say they would not tell their GP that they were feeling suicidal, for fear of having it on their medical records. They are concerned that it could affect their current or future job prospects. Some also cited "pride" as a reason for not telling their GP.

They are often men at high risk of suicide, who would not have told anyone else about their risk.

Control: Our clients have a greater level of control than within statutory services. In seeking help, men feel vulnerable. To counteract this, we put clients in control as much as we can. They decide how often they see us, how long the care lasts, and the type of care they receive. Control is important to our male clients, and to our clients who have experienced trauma.

How they can access our service: Most clients make contact with us by phone initially before they come in to see us. However, some people only feel able to make their initial contact with our crisis service by email or text. It is difficult to ask for help – this can feel a more comfortable first step than walking into a Crisis Centre or picking up a phone. Taking small steps can be helpful. Once a connection is established by a series of emails/texts, they then feel able to come to the Crisis Centre. This is different from texting or emailing an anonymous service – these texts/emails are the first steps in connecting with and becoming known to a team who will give individual face to face support and build a trusting relationship with them.

Small team: Usually only two members of staff are involved. However, 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.

Our experience shows that in order to help the 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.*

Warmth, care and connection: Men are far less likely than women to feel able to tell family members/friends, even though we as a service provider actively encourage them to do so. The absence of family involvement makes it even more important that crisis services which support men provide warmth, connection, empathy, acceptance and a caring approach. We provide this in the context of a professional relationship which has clear boundaries.

Being known, not anonymous: One of the primary reasons why men come to us in crisis is because of relationship breakup or the death of a partner. In those circumstances they may feel bereft and alone, and the connection with us and the warmth and care they receive become very important. Although the confidentiality of our service is important to them, they say they are not seeking an anonymous service. They want to be known to and feel connected with the people supporting them.

Our work is now receiving national recognition.

Suicide Crisis was the winner of the “Most Innovative Mental Health Intervention” award in the UK Mental Health and Wellbeing Awards 2021.

Our Suicide Crisis Centre has been featured on BBC Breakfast News, the BBC 6 O’ Clock News, Sky News, BBC Woman’s Hour and in national and international newspapers including The Guardian, The Independent and USA Today.

We are now asked to provide suicide prevention training to the police, NHS services and charities.

In 2021-22 we provided suicide prevention awareness training for the British Transport Police for their police officers in England, Wales and Scotland.

We also provide suicide prevention training for psychiatric teams in NHS services.

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For more information about the Suicide Crisis Centre and our services please go to our website www.suicidecrisis.co.uk

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