

# **Lifeline Crisis Response Service**

## **CONSULTATION QUESTIONNAIRE**

The Public Health Agency (PHA) is currently reviewing the 'Lifeline Crisis Response Service', seeking to develop the most appropriate and effective service to ensure the best outcomes for the public within the resources available.

Lifeline is a free-to-call regional confidential telephone helpline with provision of additional counselling support services for people of all age groups who are experiencing emotional crisis and who are at risk of suicide. Counselling can be defined as a service provided by any counsellor/psychotherapist who is or is well on the way to obtaining a counselling or psychotherapy qualification.

**Current Lifeline Service Objectives:**

- De-escalate clients at risk of self harm or taking their own life
- Provide an immediate response proportionate to client's assessed risk
- Deliver rapid response, short term community based counselling
- Refer / signpost clients for on-going support, as appropriate

**Current Lifeline Service Description:**

- Immediate free 24 hour telephone based response for people in crisis
- Risk assessment for suicide and/or self-harming, carried out by counsellors
- Immediate referral to emergency services if the individual is at high risk
- Up to six sessions of counselling intervention, as appropriate
- Rapid response counselling available throughout the geographical spread of Northern Ireland to all age groups
- Referral / signpost to existing statutory and voluntary / community support services who provide longer term interventions.

For further information on the Lifeline service please see attached '**Consultation Context Paper To Inform Future Procurement of the Lifeline Crisis Response Service**'.

The current Lifeline contract is due to end on 31 March 2015 and the Public Health Agency is keen to engage with relevant stakeholders to ensure that the future service specification is appropriately informed and that future services are fit for purpose. This questionnaire seeks feedback from key stakeholders to inform the decision making process on the future of the Lifeline Crisis Response Service.

Your response will only be used for the purpose intended, informing the future specification of the Lifeline contract.

You can get involved in the following ways:

- Attending PHA consultation presentations
- Download the consultation paper and response questionnaire via the PHA website <http://www.publichealth.hscni.net/current-consultations>
- Send your completed consultation questionnaire response by email to: **liz.mcgrath@hscni.net** or post to: **Elizabeth McGrath**, PHA office, Towerhill, Armagh, BT61 9DR.

Following the consultation period, which runs to 24 June 2014, the PHA will undertake an analysis of the responses and comments on the future configuration of the Lifeline service. This analysis will inform the development of the future model of provision for the Lifeline service from spring 2015. Equality screening and, if appropriate, an equality impact assessment will also be undertaken as part of this process.

We would appreciate if you would complete the following questionnaire and return it to: **Elizabeth McGrath** at **liz.mcgrath@hscni.net** or post to: **Elizabeth McGrath**, PHA office, Towerhill, Armagh, BT61 9DR.

1. Are you responding as (please tick one of the following options)?

An individual

Representative of a community or voluntary organisation

Representative of a Health & Social Care organisation

Representative of another Statutory Body

Representative of another type of organisation, please specify type:\_\_\_\_\_

If responding on behalf of any organisation, please specify the name of the organisation: **South Belfast Partnership Board**

2. Do you have experience of using the Lifeline service on behalf of another person or for yourself? Tick one option below.

- Yes** experience of Lifeline for self or other
- No** previous direct experience of Lifeline

3. Do you think that the Lifeline service is having a beneficial effect on the prevention of suicide and self-harm in Northern Ireland?

- Yes  No  Unsure

Comment please:

This consultation response reflects the views of South Belfast Partnership Board who collaborates and plans for the population of South Belfast.

The lifeline helpline service has been providing a crucial and timely supportive intervention to people, particularly young people at risk of suicide or self harm. The service gives the individual at risk invaluable time. Time is vital through providing someone to talk to confidentially and additional signposting to supportive services. The demand and benefit of the service is evident through the telephone and counselling service statistics.

4. Do you think the Lifeline service should be retained in its current form, i.e a telephone helpline service and short term counselling support services?

- Yes  No  Unsure

5. If you answered No to question 4 and you think that the current Lifeline service needs to change, please state what changes you would like to see made?

Comment please:

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Yes the service should be maintained in its current form however there needs to be a process in place that ensure the quality of service versus the demand (which is significantly large). Waiting times can exceed those targeted/advertised. Counselling in January 2014 was peaking at approx 3000 individuals and call demand is peaking at 6000 calls per month.

**Recommened changes:**

- Possibly a follow up text service could be recommended within the first 48 hours following the helpline call to ensure the safety of the person at risk and so that they have someone to talk if they feel at risk again There is a 'check in' service for those who continue to be of concern – perhaps this could be expanded upon.
- Referral to counselling services provided by lifeline is increasing in demand with approx 1000-2000 clients and 4000-6000 sessions. Perhaps outreach sessions through the community and voluntary sector organisations and in community centres to provide counselling services would decrease demands on Lifeline. Lifeline uses all the venues and centres that are afforded to them across the region where possible free of charge. Community counselling services could help out-which was the partnership model employed before the current contract which took all face to face services in house. This would also mean that the individual would not have to travel far to access a service also which at this difficult point in time for the individual at risk can be a significant stressful situation for them.

6. Please tick which of the following, if any, you think should be available:

- **Column 1:** immediately to people in crisis and suffering from severe emotional distress
- **Column 2:** within 48 hours to people in crisis and suffering from severe emotional distress.
- **Column 3:** not required in a crisis service / can be provided elsewhere

	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
	Yes, should be Immediately available	Should be available within 48 hrs.	Not required in a crisis service /can be provided elsewhere
Immediate de-escalation of caller distress with onward referral, as appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive assessment of callers risk of self-harm or suicide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face Psychological Therapies i.e. counselling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telephone Psychological Therapies i.e. counselling via telephone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client check-in service via; telephone, text and/ or online	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outreach (counsellor attends client in community)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral to Trust specialist mental health service or Trust mental health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Complementary Therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Be-friending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creative/Art/Play Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify): .....			

7. Please explain why you think it is important that the support you ticked in column 1 and 2 (immediately or within 48 hours) question 6, should be provided from a regional crisis helpline service?

Comments please:

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Those options ticked in column 1 are crucial in ensuring that while the individual is on the phone you are able to measure their risk to themselves and apply the immediate support and interventions that will help them at that point. Long term therapy and interventions are not vital at this point these can be adopted and offered post 48 hours.

Following up the telephone helpline conversation (by the same person if possible is important through a second telephone call, text service (is effective for young people) or email is something immediate (within 48 hours) as an additional follow up to remind the client that there is someone confidently available to support the individual. This will demonstrate that the service has cared for their client, monitoring and deescalated those who within 48 hours are no longer at risk to themselves. Where it is indicated that services such as creative/play or family therapy could take place away from the crisis service it

would be important to ensure that corresponding resources were directed to those services wherever they may be placed. This is to ensure that children especially are not disadvantaged by any reduction in the Lifeline service.

8. Please explain why you think it is important that the support you ticked in column 3 (not required in a crisis service, within 48 hours) can be provided else where?

Comments:

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All the boxes selected in column 3 are available from lifeline, the Health and Social Care Trusts and the community/voluntary sector. The point at which the person at risk to themselves calls the helpline when they are in desperate need of support and attention to support them through the difficult moment in their life; this could last hours, days, weeks etc. This is where it could be effective for lifeline to apply a mentor or immediate befriender to the client to support them rather than begin to signpost to therapies and support immediately following the call as clients are often not sure what type of support they need at this crisis point-this should reduce the DNA rate.

If the client has been in contact with Lifeline before and are a risk to themselves for a second reoccurrence then perhaps additional support such as counselling sessions should begin.

Once the emergency 'at risk' situation has been deescalated then consideration should be given to the nature of the longer term support required depending on the client/issue/age etc e.g. creative and complementary therapies. Lifeline counsellors are equipped to assess and make these decisions to refer out however not all of these services need to take place within Lifeline so long as the resources are directed to the organisations to whom the referrals will be directed.

9. With a limited budget for the Lifeline service, what do you / your organisation think are the most important elements of the Lifeline service that should be given priority for funding?

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Please list:

- 24 hour telephone helpline
- Risk Assessment

- Immediate referral if emergency situation at risk
- Rapid response telephone counselling
- Referral and signposting for deescalated cases or for those not wishing to engage with the helpline
- Follow Up Contact Text follow up service or app chat line  
**(recommendation)**

10. Please tell us how the Lifeline service provider could work with other Community & Voluntary Sector providers and Health and Social Care Trusts and others to ensure a “joined-up” service?

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Comment please:

- Referral to counselling sessions in the community could be an option with resources allowing for this
- Greater communication between the signposter from lifeline e.g. sharing of assessment information, the client and the community/voluntary organisations who can deliver supportive counselling and longer term interventions.
- Work with the community /voluntary organisations to make a database of what is available in the area or contact a health lead in the area. Specific staff equipped with this information for each area.
- For clients with multiple problems perhaps linking into the mental health hubs or family support hubs
- When there have been incidences of self harm or attempted suicide raised with lifeline that Lifeline contact the Community Response Team’s who can action in the local community to reiterate safety message and promote the services available for those at risk of harm or suicide. The detail of the client should be anonymised . From knowledge Lifeline does sit on most Community Response Teams
- Community and Voluntary organisations could provide befriending/mentoring support for the individual and provide regular follow up contact. Resources must be put in place or built upon in these existing services and knowledge within Lifeline of where these resources exist.

11. If you wish to do so, please provide your name and contact details.  
*(please read privacy statement below)*



Name: \_\_\_\_\_

Name of organisation: **South Belfast Partnership Board**  
(if applicable)

Address: \_\_\_\_\_

Post code \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

## **Privacy statement**

### **Freedom of Information Act (2000) – Confidentiality of Consultations**

The Public Health Agency will publish a summary of responses following completion of the consultation process on their website. Your response, and all other responses to the consultation, may be disclosed on request. The PHA can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the PHA in this case. This right of access to information includes information provided in response to a consultation. The PHA cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the PHA should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the PHA's functions and it would not otherwise be provided

- the PHA should not agree to hold information received from third parties “in confidence” which is not confidential in nature
- acceptance by the PHA of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at:  
**<http://www.informationcommissioner.gov.uk/>**

With our sincere thanks for your time in completing this questionnaire, we value your input. If you have any questions about this questionnaire or the consultation process please contact:

Elizabeth McGrath  
Health Improvement Officer  
Public Health Agency  
Towerhill  
Armagh  
Co Armagh  
Tele: (028) 37 414460  
Email: [liz.mcgrath@hscni.net](mailto:liz.mcgrath@hscni.net)

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact: Elizabeth McGrath, Health Improvement Officer (Contact details as above)

Questionnaires must be returned to **Elizabeth McGrath**, Health Improvement Officer, PHA (Contact details above) by either post or email by **5pm, 24 June 2014**. Late returns will not be accepted.