

Time Space Compassion in Suicide Prevention


Stories of Time Space Compassion in Practice – Volume 2



Sources of Support

We value the time you take to read these practice stories. While their purpose is to support positive change, we know they may impact emotionally on those reading them. We have provided details of organisations offering listening support, as well as ways to give feedback on this document.

Breathing Space – Free and confidential mental health helpline, offering advice for individuals over the age of 16. From 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

 0800 83 85 87

Samaritans – Free 24/7 confidential non-judgemental emotional support for people experiencing feelings of distress or despair.

 116 123  jo@samaritans.org

NHS24 Mental Health Hub – Free 24/7 listening support, advice, guiding you to further help if required.

 111

Childline – Free 24/7 service for children and young people, for whenever they need support or advice.

 0800 1111  www.childline.org.uk

NHS Inform – surviving suicidal thoughts – a website with stories and resources for those affected by suicide, including up to date details of 24/7 support, services available at other times, and support for specific communities (e.g. Switchboard LGBT+ and Think Positive Hub for students.)

 www.nhsinform.scot/surviving-suicidal-thoughts

National Wellbeing Hub – Free 24/7 helpline for everyone working in health and social care.

 0800 111 4191  www.wellbeinghub.scot

Please share your advice on how we can improve the guide, including how we can make it a more accessible and positive resource.

Contact us at  TSC@gov.scot

Contents

Sources of support	1
1. Introduction.....	3
2. Practice deep dive Sam’s Café Fife by Scottish Action for Mental Health	4
3. Stepping Out in East Lothian.....	7
4. Andys Man Club.....	10
5. Suicide Bereavement Support Service	12
6. Wee Minds Matter	15

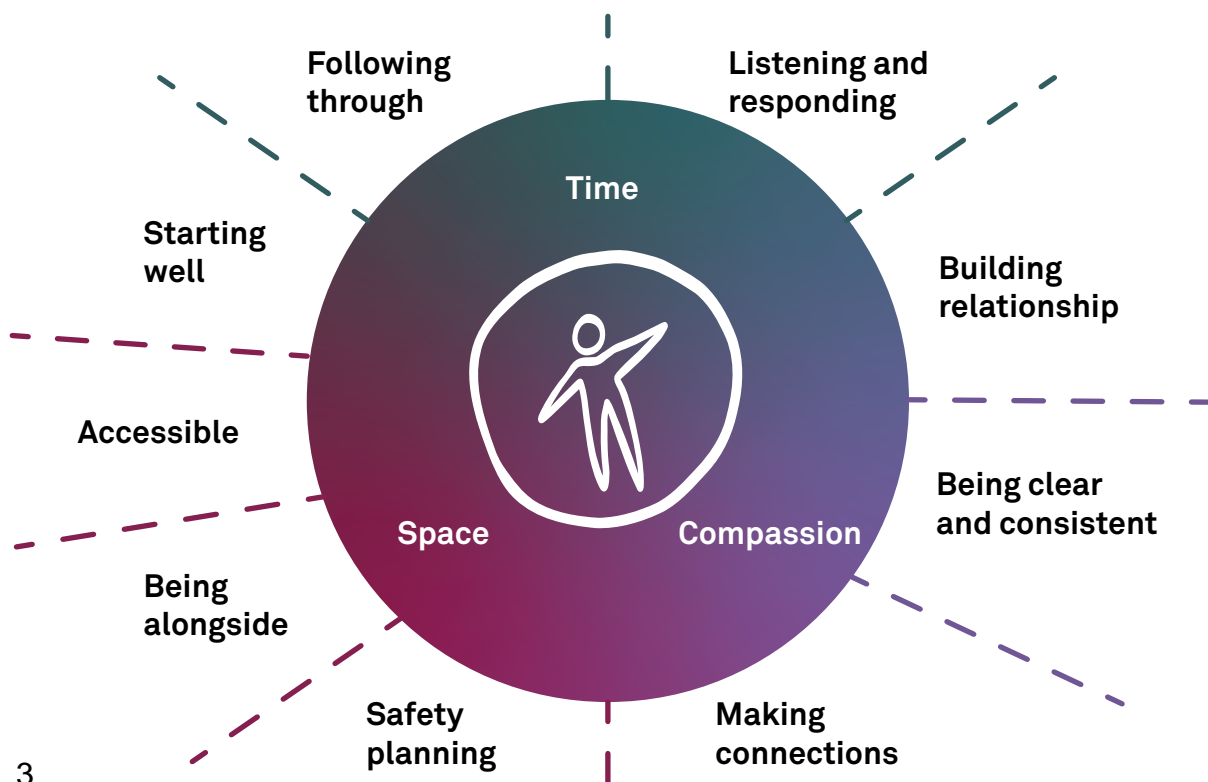
1. Introduction

This is the second collection of Time Space Compassion practice stories exploring the challenges, practices and impact of prioritising human connection in suicide prevention. This publication builds on [the first set of practice stories](#) published in March 2023.

Time Space Compassion is about securing better outcomes for people affected by suicide, through a focus on relationships. The [introductory guide to Time Space Compassion](#) outlines shared principles, practices and underpinning values, to help people offer a response rooted in human connection and compassion.

The stories included have been developed by people and communities keen to share and learn more about how the principles of Time Space Compassion show up in what they do and the impact they have for others.

If you would like to share or nominate a practice story for publication in a future collection, please get in touch at TSC@gov.scot



2. Practice deep dive

Sam's Café Fife by Scottish Action for Mental Health

Creating hope through peer-led support in an Emergency Department

The Scottish Action for Mental Health (SAMH) Sam's Café team are best known for their peer-led cafés - offering mental health drop-in and one-to-one support, 7 days-a-week across Fife. Working in partnership with NHS Fife and Fife Health and Social Care Partnership, the Sam's Café team have also now taken their peer-support approach into Victoria Hospital's Emergency Department, offering peer-led support for people who are over 16 and in crisis.

“To be, is to invite hope gently into one's life, through offering people and ourselves Time Space Compassion.”

(Sam's Café book – conversations of experience)

2.1 Our challenge

Emergency Departments can be an overwhelming place for someone admitted to hospital in suicidal crisis. The bright lights, noise, staff handovers, protocols and open spaces needed for effective medical care, can make it hard to find the time and space people need - to make sense of what has happened to them, process their feelings, and work through next steps. For NHS staff, the need to balance multiple urgent demands in a fast paced environment, can make offering a consistently personal and compassionate response hard to achieve.

In contrast to the time pressures on NHS staff, time can pass slowly for the person admitted to hospital – as they wait to be triaged, see specialist NHS staff and take part in essential monitoring and periods of treatment.

Our challenge was to look at how peer-led support could bring a measured pace and more individualised approach to person-centred mental health support within this

setting. We wanted to do this in ways that would make the most of the time people are in the Emergency Department.



2.2 Our response

The Sam's team understand that a human response is paramount. We also know that sharing the opportunity for people to talk with peer-led workers can support individuals to let go of enough shame, self-judgement and sense of isolation, to start to process what's happened. Using these insights, along with support and funding from Fife Health and Social Care Partnership, the Sam's team worked with Victoria Hospital to place an experienced peer-led support team in their Emergency Department.



2.3 Learning from practice

Starting well – Changes to care pathways – no matter how considered - have big impacts for Emergency Departments. Protocols and clear roles are key to safe and effective crisis care. The Sam's team aspired to build trusted relationships with the Emergency Department team, working in what can be described as an already crowded day and space. The first thing Sam's needed to do, was to gather as a team to discuss and put aside presumptions and views of what it would be like. Facilitating a compassionate approach to the Emergency Department team was core to this. Informal chats over a cuppa, sorting out leaflets and showing interest in how the Emergency Department worked, helped develop the trust we all needed to make this work. Once the Emergency Department team saw the practical results of peer-led support, and how it supported people to share and choose to open up within this setting, our working partnership went from strength to strength.

Following through: as a community based team, Sam's have insight into local trends, needs and community aspirations. Sam's Café drop-in sessions take place seven days a week across Fife and offer an important source of postvention¹

¹ Postvention is a term first used by Shneidman (1972) to describe appropriate and helpful acts that come after a dire event. Postvention is most often offered to people impacted by suicide, including close family and friends who have been bereaved by suicide.

support. Experiencing peer-led support in hospital helps people understand the value of what we do in the community and what they can expect when they access one of the Sams café locations. It also starts to build their trust in a peer-led approach to supporting their mental health needs.

Listening and responding - listening with compassion and without judgement are core to our approach. This isn't about detailed personal disclosure of our own lived experience of mental health issues. Instead, Sam's team members share that they've had a journey through mental health issues and recovery. We find this approach can support people to express their own unique mental health journey and consider moving forward with their own recovery.



2.4 Impact

“it's incredible the respect that Emergency Consultants give the Sam's team – it truly is very much a partnership working environment. NHS and Sam's are very clear about each other's roles and work so well together, to the benefit of the patient.”

Susan, SAMH, Fife Community Services Manager

Between January and October 2023, the Sam's team have supported **544 people** at Victoria Hospital's Emergency Department. The Sam's team are inspired and motivated by the welcome and support they've had from the Emergency Department team. They always make their patients aware of our work in the community, and people have told us stories about how this connection and our support has stopped them ending up back at the Emergency Department. The team at Victoria hospital have also made us **part of their trainee doctors' orientation into the department**, so that all new doctors passing through their doors understand the potential of peer-led support, when it works alongside an Emergency Department team.

3. Stepping Out in East Lothian

Avoiding crisis and supporting people with severe and enduring mental ill health

Stepping Out is a community based project in East Lothian, supporting people with severe and enduring mental ill health. They offer group activities, drop in sessions, a lunch club, as well as person centred support. The charity's aim is to help people live in the community - offering choice and an alternative to the isolation and loneliness that often comes with severe and enduring mental illness. The team are made up of peer, project, and volunteer workers, and has strong connections to the community and local statutory organisations.

“It's still a common mistake to think people impacted by trauma or illnesses like psychosis will misuse public services. For most it's the opposite. They're less likely to seek help or disclose distress. Missed appointments, repeat attendances – these are often signals we're not meeting their needs. Not failure on their part to engage.”
Nicky, Stepping Out

3.1 Our challenge

Helping people develop trust and engage with public services is a key part of what we do. It enables them to address practical issues before they add to their existing mental ill-health symptoms and can reduce the risk of distress and crisis. An example is some work we did a few years back with a local GP practice. New processes had been introduced to reduce primary care waiting times, and improve access to services for the local community. This included the GP's reception team asking people why they wanted an appointment – as a way to help prioritise and direct people to the best possible response. The people we support told us they didn't want to disclose that they were having suicidal thoughts and feelings, as part of a process to make an appointment, and that it made them feel exposed and vulnerable. For some, the anxiety of anticipating this question, was getting in the way of them seeking help.



Our response

Through our involvement in local planning meetings, we had connections with the local GP practice. We shared what we we'd learned and the GP practice team were keen to work with us to find a solution. We ran a short trauma informed practice workshop for the reception team, covering the ways trauma can show up for people, and supporting the team to think through what that meant for them and people seeking help. The practice team put in place a simple process, that gave the people we support the option to have their patient record flagged on the appointment system. We explained the options to the people we support and gave them the choice to opt in. When they called or dropped into the surgery to ask for an appointment, the reception team could immediately see they were linked with our project. This prompted the reception team to take a bit more time over the call, check in on how the person was doing, and ask if they needed an urgent GP appointment that day.



3.2 Learning from practice

Building relationship – As support providers, we were in the perfect position to hear what people had to say about the barriers they faced. By working in partnership with us, the GP practice was able to tap into those trusted relationships. Without that, it's unlikely people would have opted in to using this system. People felt listened to, empowered and like they mattered. When it comes to partnering with other service providers, like the GP practice, building trusting relationships over time is just as important. It helps raise and work through issues, and move quickly to action when needed. We also learned that offering a small but tangible solution, like the trauma informed practice session for the reception team, can help open up the conversation and more opportunities to collaborate.

Being clear and consistent – We used trauma informed practice principles to help us get clear on what we would ask people to do, how the GP practice would use and manage personal data and ensure the people we support understood they had the choice to opt in and out at any time. We also spent time developing clear

expectations for how people would use the urgent appointment system. It gave people on both sides of the relationship a simple framework, based on mutual trust.

Making connections. Being actively involved in community planning and local structures meant we had the relationships we needed to find the people who could help us address these barriers. Working together on a project deepened these connections in a really useful way.



3.3 Impact

“Everyone’s worry was that the same day access to a GP appointment would be over-run or overused. It’s just not happened. We’d like to see this or similar approaches adopted in more places.”

Nicky, Stepping Out

It feels important to say - this was not a big or time consuming piece of work. When there’s trust - simple actions can be effective. It doesn’t always take months of work. While the numbers of people impacted aren’t high, the scale of the impact on their wellbeing, their lives and the way they use services really adds up. This quote from one of the people we support, sums up this point nicely:

“I phoned the surgery this morning and the receptionist said, ‘I see you’re with Stepping Out... what’s your day been like....do you need an urgent appointment today?’ It was a just a run of the mill appointment I needed - I couldn’t believe she asked me and checked in that I was ok – it was so nice! I just said, ‘No I don’t need an urgent appointment, but thanks for asking’.”

Learn more about and contact the team through the [Stepping Out website](#).

4. Andys Man Club

Tackling stigma through peer support, in a judgement free and non-clinical environment

The idea and funding for Andys Man Club comes directly from people impacted by suicide. Andys Man Club is a peer led organisation working across the UK, offering lightly structured community based peer support. It is named after Andrew Roberts, a man who took his own life aged 23, in early 2016.

“The first time I walked through the door, I didn’t know what I would say. I genuinely thought no one would understand. But they did. Listening, having the hard conversations and validating each other – it’s what we’re about.”

(Alex, Andys Man Club)

4.1 Our challenge

There was a gap in non-clinical, judgement free and confidential spaces, where men could talk about the issues in their life and learn how to have the kinds of conversations that would help them deal with their mental health. Experience and evidence show men are less likely to have networks of people they can reach out to when they’re struggling. Stigma, including internalised stigma, means that many find opening up and seeking help hard to do. We wanted to offer ready-made groups that men could tap into when they need it, designed in ways that actively addressed stigma.

4.2 Our response

Our approach is all about simplicity – a room, a cuppa, and a conversation facilitated by someone who’s also been there. All of our groups meet at the same time, on the same day and kick off with the same three questions. Our questions are based on proven Cognitive Behavioural Therapy (CBT) methods, and we all work to the same ground rules – all topics are welcome, with the exception of politics, medication and religion.



4.3 Learning from practice

Building relationship – As a peer led organisation, we've all walked through that door and joined a group for the first time. This common ground helps build the trust needed for someone to open up. We know life can be hard, so it's important people know they can talk about the difficult stuff and that it's ok to share different perspectives. Group facilitators are experienced and trained in group process, including how to hold space for these harder conversations.

Being clear and consistent – Simplicity and consistency reduces the cognitive load and challenge of joining a group. It also makes marketing and word-of-mouth promotion easier. For example, busy GPs only need to learn about us once and they can take that knowledge wherever they go.

Making connections – When it comes to setting up new groups, we work organically and follow people's interest. The quickest way to grow is to work with people who hold a shared drive to get something done. We work closely with communities to find the best places to hold meetings – local people find the quiet, stigma free and available spaces faster than we ever would. We also link closely to local NHS teams, raising awareness, offering drop in sessions and building good connections between statutory and peer led support



4.4 Impact

Andys Man Club has **13** project development champions, **1,600** volunteers and over **170** groups running across the UK. In seven years, we have become one of the best known on-line social media brands in the UK. On average, **over 4,300 men** attend our sessions each week. That means 4,300 men going home to their families and communities and encouraging others that #ITSOKAYTOTALK.

Find out more and contact the team at [their website](#).

5. Suicide Bereavement Support Service

The Suicide Bereavement Support Service is a Scottish Government pilot being delivered in partnership by Change Mental Health and Penumbra Mental Health. It offers free, confidential, one-to-one support for anyone who has been impacted by a death by suicide in Highlands, Argyll & Bute, and Ayrshire & Arran. The service is available to people who live in these areas or to those impacted by a suicide within the area but who live elsewhere. Support can be face to face or over the phone, and is available for as long as it's needed. This service is only one example of suicide bereavement support that takes place in communities across Scotland.

“Our service gently helps people to navigate the many and complex feelings and emotions that can follow a suicide” (Lara, Change Mental Health)

5.1 Our challenge

People bereaved by suicide are significantly more likely to have suicidal thoughts and behaviours than the wider population. This service offers tailored support, helping to reduce distress, stigma, and their risk of suicide. Our challenge was to build on learning from the experiences of members of the National Suicide Lived Experience Panel and existing research, to develop and deliver an easily accessible service that would work across urban and rural communities. We also wanted to capture learning and data from this work, in a way that would support the growth of suicide bereavement support across Scotland.

5.2 Our response

Local connections were made with Police Scotland, GP practices and other health professionals in order to support easy access to the service. Referrals were initially received from Police Scotland with other pathways opening as the service was embedded in the areas. All referrals are received via one telephone number and email address for each delivery area, and responded to within 24-hours. Care was taken to understand and respond to the particular factors that increase someone's

risk of suicide across the differing communities, such as easier access to some of the common means of suicide, the impacts of rural deprivation, and the draw of remote and beautiful places for those with an active suicide plan.

As providers of existing services, both Change Mental Health and Penumbra had a ready-made network of local connections to build on and raise awareness of the service.

5.3 Learning from practice

Listening and responding – fear of saying the wrong thing, stigma and self-stigma can disrupt a person’s existing support networks, making it hard to find a safe space to make sense of what’s happened. We have worked to develop simple and clear messaging and ways for people to get in contact with our projects. The teams are highly experienced in both compassionate listening and supporting people to resolve additional issues that might be adding to their distress and feelings of grief.

Building relationship – being able to talk without fear of judgement or upsetting us, learning that they are not alone in feeling the way they do, and knowing that we are there for them when and for however long they need us – these things build trust and help people move through complex grief. Wherever we can, we also try to ensure people are supported by the same person over time, as their story and their experience has a big impact on how we tailor our support for them. Everyone’s grief journey is different, so it’s crucial to have a flexible, responsive and person-centred approach.

Being clear and consistent – The overwhelming nature of grief following a suicide means our messaging and offer needs to be extremely clear. Communicating clearly that we’re a compassionate and professional service targeted for them, can help reduce people’s fear of stigma and judgement. Developing our service with people who have lived experience has been core to getting that right. It’s also important that local partners, such as Police, GPs and wider primary/community care partners (e.g. Link Workers, as well as community based and third sector organisations) know

what we do and where to find us. Embedding different referral routes helped raise awareness of the service and increase numbers of people accessing support.

5.4 Impact

A 3-year evaluation of this service is due for publication in 2024, but the original 2-year pilot evaluation published on the Scottish Government website, highlighted the importance people place on the approach, skills and quality of staff; the consistency of working with one practitioner; that there is no waiting time to access the service, and that there is no time limit on the support that a service user can receive.

The independent evaluation also highlighted the positive impact on people's emotional and mental well-being, as well as the extent to which they feel they can cope with returning to day-to-day life and activities. For some, this impact has been profound, with feedback suggesting that it has made the difference between them living, or not.

“the suicide of my son was devastating. The support I have received from the Suicide Bereavement Support Service has been invaluable in enabling me to find the strength to rebuild my life and my heart.”

(person supported through the service)

Find out more and contact the Change Mental Health Suicide Bereavement Service Team through their website [Suicide Bereavement Support Service - Change Mental Health \(changemh.org\)](https://www.changemh.org) and Penumbra's Ayrshire & Arran service at their website [Suicide Bereavement Support Service - Penumbra Mental Health](https://www.penumbra.org.uk)

6. Wee Minds Matter

Specialist mental health support for infants and their parents or caregivers during pregnancy, birth and up to 3 years of age

Wee Minds Matter is Greater Glasgow and Clyde's infant mental health service, working in partnership with Glasgow City Health & Social Care Partnership and the local authorities in our health board area. The team is multi-disciplinary, drawing together expertise in psychotherapy, occupational therapy, social work, nursing, family therapy, speech and language therapy, and psychology. Our team helps parents and care givers build positive relationships with their infants, to prevent and reduce the negative impact mental health and relationship challenges can have on them and their family. We also work with colleagues providing health care and support, to develop clear care plans and networks of support for families.

“This can mean helping an adult work through their suicidality and the impact it's having on their baby, without adding to their distress – to do this with compassion and without blaming.” (Kasia, team member)

6.1 Our challenge

People can find it extremely hard to ask for help when they or their partner experience suicidality. Feelings of shame and fear are common. People worry about having to revisit traumatic events or that their child may be removed from their care. Evidence and people's experience tell us that infants have their own and very specific needs. Traditionally, family mental health services have been set up to work with adults as the primary 'patient' in a family. This can make it harder to spot and meet the fast changing developmental and relational needs of very young children. When we stop and pay attention to a baby's rich communication, we can learn a huge amount about the support they and the adults in their family need. They can play a big and active part in the whole family's recovery. Our challenge has been to

develop a service that places the infant at the centre of our work with the family, in ways the parents and carers can connect with.



6.2 Our response

We developed a new infant focused mental health service, drawing on evidence, experts, experiences of families who have used family mental health services, and funding support from Scottish Government. Our goal has been to tailor our offer to the child and family and meet people on their terms. We also wanted to offer families and their support networks the information, support, and tools that could empower them to value and respond to their infant's experience and communication with them.

Many of the families we support experience the combined impacts of trauma, poverty, insecure housing, and unequal access to services. In response to this, we pulled together a multi-disciplinary team that can support people on the underlying drivers of distress and crisis as well as the impact it's having on the family. Our service has four strands, which we draw on to meet each family's needs:

1. Support network consultations – offering specialist support and developing care plans and networks of support with professionals supporting the family.
2. Outreach work – working alongside our partners in the third and community sectors, helping them shape the support they offer families.
3. Direct work with the family – working alongside a trusted professional, our multi-disciplinary team provides specialist support and evidence-based interventions for parents and carers to build positive relationships with their babies.
4. Education and capacity building – building understanding of infant mental health and the work we do, across key services and professional groups.



6.3 Learning from practice

Starting well: Listening to people's experience of infant mental health services helped us understand the importance of addressing families' fear of stigma and judgement. In collaboration with families, we chose a name (Wee Minds Matter) that sent a positive message about accessing our support. We invest time in building good relationships with and working alongside community-based support providers because we know that families are much more likely to seek and stay in contact with our support, when referred by someone they already know and trust.

Following through: We have thought a lot about how we administer appointments and communications. It is important that our first point of contact feels welcoming and human. We often ask the person who referred the family to help plan and confirm logistics for sessions. Taking a personal and therapeutic approach to each step and putting people in control of where and when we meet, is key to building trust in us.

Listening and Responding: When things go well, we let families know and emphasise the progress being made. We also support people to understand the different ways in which things can be challenging and increase their insight into how relationships from their own childhood can get in the way of their relationship with their new baby. After 3-5 introductory sessions, we review what we have done together using written or visual reports. This helps families to feel heard, seen and validated. We agree with families what will go in the report, taking a collaborative approach to this. For some families, we arrange for reports to be shared and read through by someone they know and trust.

“How do we keep going? Team supervision and reflective practice are crucial...to step back, ask questions together, and process the powerful feelings raised when working with vulnerable infants.” (Kasia, team member)



6.4 Impact

“Staff who visited us multiple times listened to everything I had to say, reassured me and helped me make sense of the things I was feeling as well as deciding the best plan going forward for me.” (service user)

Wee Minds Matter has been offering support to babies and their families since January 2022. Feedback from families working with the service describes increases in their understanding of their babies' emotional needs and communications, leading to improved relationships.

Find out more using their [service leaflet](#) and contact the Wee Minds Matter team at tier4admin@gcc.scot.nhs.uk



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