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Do Helplines Help?

Summary Report



*National Institute for
Mental Health in England*

rethink
severe mental illness

Do helplines help?

Summary report

An impact study of the effect of Rethink mental health crisis helplines on care pathways

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The full copy of the report: Do Helplines Help? is available at www.rethink.org/research

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Introduction

This study explored the impact of two very distinct Rethink helpline services, one of which is closely linked with local services and the other more independent of them. The study sought to gain the views of all stakeholders: information was gathered from staff working on the line, and telephone interviews were conducted with all relevant local mental health professionals (e.g., ward managers, CPN's, team leaders and commissioners) and service users using the line.

Results: Main Findings

The central aim of the research was the question, "Do helplines help?". Stakeholders of both lines identified their role as providing a valuable listening space and emotional support, particularly out of normal office hours. Stakeholders also felt that the helplines could play an active role in the prevention of self-harm and suicide and case study examples of positive effects on care pathways were given.

The project also evaluated the views of many of the regular callers to the lines, who between them account for the majority of the calls. Service users provided examples of how calling the line helped them to deal with depression, anxiety, self-harm and suicide. Service users of both helplines were positive about the role of the lines in providing support when they were feeling depressed or anxious, or at risk of self-harm. Many service users spoke about the relief of being able to talk things through with staff and reduce isolation as well as obtain advice, particularly out of hours. They talked of feeling less anxious, more in control, and less isolated after calling.

Users of both lines discussed times when the helpline was not helpful. This would partly depend on how they themselves were feeling but also on the response received from staff.



Recommendations

The authors recommend that Lincsline would benefit from on-going accredited quality training of staff. It is important to note here that at the time of writing, all Rethink staff and volunteers are about to undergo an accredited training programme put together by MHHP, THA and Open College Network.

Both lines were criticised for limitations on access; we would recommend further resources be put into ensuring that more lines are available to callers.

It was felt that the helplines could benefit from greater awareness in statutory and primary care agencies and further promotion to Black and minority ethnic communities of service users and carers.

In addition both helplines could benefit from raising awareness of their availability round the clock.

Concluding Remarks

The report illustrates that helplines contribute to maintaining the mental health of service users and can be particularly helpful in dealing with self-harm. One of the main characteristics of the helpline services was the usefulness of the helplines as a local resource for service users in need of listening, emotional and social support. Helplines have a valuable role to play in the package of care available to service users, particularly in accessing out of hours support. However people need to be able to access the service to gain this benefit, and both callers to both helplines experienced difficulties in this respect.

section 1: introduction

This study was commissioned by the Department of Health in 2003 as part of an overall review of mental health telephone helpline services. This study was one of three pieces of work carried out by Rethink to complement investigations undertaken by other helpline providers including NHS Direct, CALM (Campaign Against Living Miserably) and the work programme of the Telephone Helplines Partnership. The evidence base supporting telephone helplines is poor; however these services are a central part of the government's commitment to modernising mental health care as outlined in the National Service Framework for Mental Health (Department of Health, 1999; 2004), particularly under Standard Three concerning access to services. Helplines enable mental health providers to support service users twenty-four hours a day, seven days a week, by complementing core services with out-of-hours contact provision. Helplines provide a confidential listening and emotional support to people with mental health problems and are usually provided by a voluntary sector service provider, though some acute services such as in-patient wards or crisis teams can also fulfil this role. The Mental Health Helpline partnership currently has over 60 members including the Samaritans, Sane, Rethink, Mind, No Panic and NHS Direct. Across the partnership 5.5 million calls were answered in 2001 (Frak and Rowlands, 2003).

The delivery of high quality, effective mental health services across the whole of England relies upon a strong evidence based culture in mental health to direct service planning, shared knowledge, learning and development. However, published research on mental health telephone helpline activities is limited. The mental health helplines partnership commissioned research to address the awareness and perceptions of helplines, and reported upon potential usage, barriers and overall satisfaction with mental health helplines. It found 18% awareness of specialist mental health

helpline services and overall levels of usage to be 5% of the population based upon a sample of 1787 adults aged over 16 (Taylor Nelson Sofres Consumer, 2002).



Service specific reports tend to concentrate on audit information, profiling the types of callers and nature of calls or market research addressing awareness of the service. For example when CALM opened in Merseyside in 2000, the pre- and post launch survey identified that post launch 8% of young men spontaneously identified CALM as a source of support after only two months of advertising the new service. CALM has undertaken a series of evaluations and limitations of these have been noted in series of progress reports to the Department of Health. Most importantly evaluations on helpline services provide 'snap-shot' descriptions rather than cohort data taking a holistic view of local impacts and their relevance for national priorities (Sargent, 2004). NHS Direct has undertaken a number of user satisfaction evaluations and reported on findings that support the development of a triage service offering information, support and signposting (Munro et al 2001). NHS Direct, however, recognises

the limitations of its service for mental health service users requiring emotional support rather than specific factual information. It thus established in April 2000 a NHS Direct mental health team to enable it to respond more effectively to callers and is working closely with the mental health helplines partnership to ensure effective promotion of specialist helplines is standard practice across NHS Direct.

The difficulties of evaluating a telephone helpline service are well known. A recent report for the youth agency Connexions discounted all their telephone interview data in their analysis of Connexions Direct because of sampling bias. Researchers managed to speak to only 18% of callers in the reporting period with nearly three-quarters not being offered a research interview by advisors (Prior and Carter, 2004). Helpline services operate with clear policies on confidentiality that do not easily lend themselves to in-depth research methodologies and thus many services rely on user satisfaction surveys undertaken and collated by helpline operators (also introducing bias) and basic audit information.

Rethink currently operates 13 mental health telephone helpline services, each funded by a local Primary care trust (PCT), consortium of PCTs or jointly commissioned with local authorities. These services thus operate in distinct geographical areas under locally constructed service agreements. Rethink is aware of the value placed on its helpline services through anecdotal feedback and caller demand. However, Rethink does not currently have an evidenced-based service model to support its helpline services, and internal development audits reveal service model diversity. Rethink currently operates four main types of helpline service: a “front door” reception service for the organisation including provision of information and support as required; out-of-hours volunteer staffed services that typically operate seven days a week 6-12pm; specialist helpline for Asian community open several sessions per week and crisis helpline services operated 24/7 by paid staff. This small study begins the process of developing a clear service model for Rethink telephone helpline services and contribute to the Mental Health Helpline Partnership emerging evidence base. Two helplines were studied: Focusline covering south Derbyshire and Lincslines covering North and North East Lincolnshire.



section 2: methods



The study sought to gain the perspective of all of the relevant stakeholders local to the two services. These could be grouped into three main categories, as follows:

The Service Perspective:

Information was gathered from staff working on Focusline and Lincsline through a site visit, a focus group with staff and an interview with the service manager. In addition, analysis of caller logs for a one-month period and supporting service paperwork was explored.

External Stakeholder Perspective:

Telephone interviews were carried out with local mental health professionals (e.g. ward managers, CPNs, team leaders, commissioners). Thirty-seven telephone interviews were conducted: 17 for Focusline South Derbyshire and 20 for Lincsline.

Service User Perspective:

Telephone interviews were carried out with people using the Focusline and Lincsline telephone helpline service. Focusline and Lincsline staff were involved in the recruitment of callers and interviews were carried out at least 3 days after initial recruitment after collecting informed consent. Thirty-nine telephone interviews were conducted: 20 for Focusline South Derbyshire and 19 for Lincsline.

section 3: results

A Site Visits

The two helpline services featured in this report serve different sized catchment areas, are located in geographically distinct regions of England and have different operational configurations. The Focusline service, which is based in Nottingham city centre, is a hub centre for several helplines: Birmingham; Leicester; Nottingham; South Derbyshire and North Derbyshire. This study was only investigating one of the Focusline helplines: South Derbyshire. South Derbyshire is served by a number of PCTs across a catchment area with a population of approximately 81,500.

The second study site for the project was Lincslines covering North and North East Lincolnshire. The helpline service is split over two sites, Scunthorpe and Grimsby, and the line is operated out of a crisis house in each location with staff employed in dual roles of helpline operator and community mental health support worker in the crisis house. Operationally, the majority of the helpline service is provided on the Scunthorpe site, with Grimsby acting as a divert location. Lincslines in North and North East Lincolnshire covers a catchment area with a population of approximately 310,000.

Focusline

Focusline was reported at the site visit to provide a complementary service to mainstream mental health provision. Focusline is promoted as a service available 24 hours a day, seven days a week for service users, carers and professionals, although staff recognised that the majority of calls were from service users. Focusline employs four full-time and eight part-time community mental health workers, one administrator and bank staff as required. The publicity materials to promote Focusline are distributed through relevant health and social care services.

The helpline provides emotional, practical and social support for people with

mental health problems. During the site visit the researchers learned that at Focusline the exchange between the caller and the helpline worker is strictly confidential except under specific circumstances relating to risk.

Staff working on the helpline had clear views on the purpose, remit and core characteristics underlying the Focusline service model. For example, Focusline was described as:

“...support for the person who is thinking of suicide, support for the person who is feeling lonely, support for the person who has got many family problems in relation with mental health so I think that it has to do with a bigger range let's say of support than general health. People perceive it for themselves.”

Focusline staff member

Characteristics of the service were described as: user focused; safe, honest and open; working with the recovery model; offering time and support to callers and independent from statutory services. All staff working on the line genuinely believed their service provided a valuable addition to the mental health service portfolio.

Lincslines

The Lincslines service is a crisis accommodation and helpline service for everyone affected by mental health problems. The Lincslines service is staffed by seven full time community mental health workers and eight bank staff. The service does rely heavily on staff overtime and bank staffing to cover all required shifts. Support is provided in terms of listening and emotional support, as well as signposting to local services. The line is well integrated with local service provision; staff will contact individual CMHT staff if they are concerned about a particular call and the helpline facilitates access to the crisis accommodation. The service does not promote itself as 'independent' of statutory services.

“If for example somebody has self harmed, if somebody is suicidal, or if there’s clearly a deterioration in their mental health...the operators will contact the individual care coordinator...to say that this person’s rung, this is what they’re saying, clearly they’re becoming unwell, we’re letting you know...”

Lincsline staff member

The staff expressed clear views on the impact they have on the use of statutory services, in terms of avoiding hospital admissions, diverting telephone contacts from ward staff and CMHT staff, and contacting emergency services when callers are self-harming or suicidal. The staff believed that the line can have an impact on ‘patient’ pathways, although identifying evidence for this is difficult as each individual caller is presenting with unique issues and problems at any one time.

Comparison of the Focusline and Lincsline Models

The most notable differences between the two helplines relate to structure and partnership working. Focusline is a helpline service with staff working solely on the line, whereas Lincsline is a crisis accommodation and helpline service with staff taking on dual roles requiring different skill sets. Both services work to promote the line within mainstream services and have established relationships with local CMHTs and in-patient wards. In Lincsline, however, these relationships are much closer, with dedicated CMHT link workers in place to liaise with Lincsline staff and a more active information sharing policy in operation.

B Analysis of Calls

In order to understand the pattern of demand for the two services the study reviewed all the calls taken in a one-month period. Analysis revealed the volume of calls taken by the line and number of individual service users. The call log data in this section refers only to calls that reach an operator. No comparison was made between the number of calls between helplines as each helpline covers a different population size: Focusline covers a catchment area of approximately 81,500 and has one line operating at all times. Lincsline services covers a population of approximately 310,000 and has

three lines open at all times. In April 2004, the South Derbyshire Focusline service took 389 calls. Sixty-seven individual callers were identified and ninety percent of callers were known to operators. In April 2004, the Lincsline service took 1010 calls from the North East Lincolnshire Area. Ninety-six percent of callers were known to operators with one hundred and fifty-eight individuals identified.

C External Stakeholder Interviews

The research sought to address the impact of the helpline on care pathways and specific outcomes for service users. The data presented in this section is based upon stakeholder second hand experiences on the use of the line.

Focusline: stakeholder interviews

Focusline is a confidential service and thus user feedback to the line may be limited; none of the stakeholders could provide examples of how the line had helped an individual but stakeholders provided general comments describing the key benefits as the ability to talk through difficulties and reduce stress and anxiety outside of normal service hours.

“Focusline is there to offer out of hours support for people who need to talk. Quite often people need to talk to someone friendly who can make them feel better.”

Ward staff

“Focusline helps people by being there to give support, being there on someone’s terms not on the basis of constraints that mainstream services often operate under. It helps the individual so that they can see that they are not alone, so that someone can ring and talk and break the isolation that they are experiencing.” *Member of community team*

In order to explore specific outcomes with stakeholders, interviews also sought views on the impact of the helpline for service users in terms of admission to hospital and prevention of self harm and suicide. Stakeholders did believe that the line could play an active role in the prevention of self-harm and suicidal behaviours; its ability to reduce hospital admissions was seen to be highly dependent on the individual service user:

“The support given can stop service users from wanting to do it [self-harm], but if they are determined then no. Although it could put people off for a while and enable them to seek elsewhere for services, it might be a good way of holding the person until other services open.”

Ward staff

“It could [prevent hospital admission] but only as part of a package of care and not in itself, it depends on the individual involved. The helpline can contribute to support in their own homes and stop problems from escalating and requiring admittance to hospital.”

Community Service Manager

Overall Focusline is well received by stakeholders locally, with the main criticism centred upon the capacity of the line – one commissioned telephone line open 24 hours a day, seven days a week – resulting in service users feeling frustrated that it is often difficult to access at peak times.

Lincslines: stakeholder interviews

A number of stakeholders drew upon specific second hand examples of how Lincslines affected pathways for admission, for example in managing self-harm, though further research would be required to explore this connection in detail.

“One example is a client with a personality disorder, and a history of inappropriate behaviour and self harming. As part of her care package it was agreed that if she cannot contact professionals, she should phone Lincslines. This she does. On occasion Lincslines have contacted the Team to say she is about to self harm, the Team can then send someone around to check up on her. Lincslines in this way provides a useful link between the clients and the service, and can prevent serious incidents occurring.”

Community Service Manager

“One woman’s typical route was to use A+E in a crisis in the early hours of the morning where she would be seen by inexperienced junior doctors who would admit her. Now she feels able to phone Lincslines instead and her use of A+E has reduced.”

Member of a community team

Stakeholders felt the Lincslines service could prevent admissions to hospital if it worked as part of a package of care with other services. The ability of the line to deal with self-harming and suicide was felt to be dependent on the training of staff. Indeed the biggest limitation identified by stakeholders was the perceived lack of professional qualified staff on the line.

External Stakeholders: comparison between Focusline and Lincslines

Consistent with the staff focus group data and site visit, the stakeholder interviews identified several contrasting features between these two helpline services. The most pronounced contrasts between the services surround the usefulness of the helplines resource. Half of stakeholders identified the usefulness of Lincslines as a gateway into statutory services, whereas Focusline service was seen as more independent of statutory services and a complementary out of hours service.

D Service User Experiences

Service users from both studied services were interviewed using a structured telephone interview schedule to capture their views on reasons for calling the line and the impact of the line on care pathways.

Focusline: service user views

Over 50% of the service users in the Focusline sample described their mental health problem as depression. Many tended to call the line on a daily basis when they were feeling down or wanted to talk. In the Focusline sample, the “average” service users calling the line would be a white British female, aged 43 years, living in a town rather than a rural area, has had a mental health problem for over 16 years and currently describes this as depression. In terms of their use of the line, she has tended to contact Focusline on a daily basis for the last 2-3 years.

In order to explore the impact of the line on care pathways, each participant was asked how satisfied they were using the Focusline service and whether they felt any different after calling the line. The majority of service users within the sample were reported to be very satisfied with

the Focusline service and many reported feeling less isolated, more in control and less anxious after talking to staff on the line, see figure 1 below. The ability to talk about mental health issues was seen as particularly helpful.

“I have various problems and call if things are playing on my mind or if I’m not feeling well.”

“[after talking to staff] I felt a lot better, less isolated and more happy.”

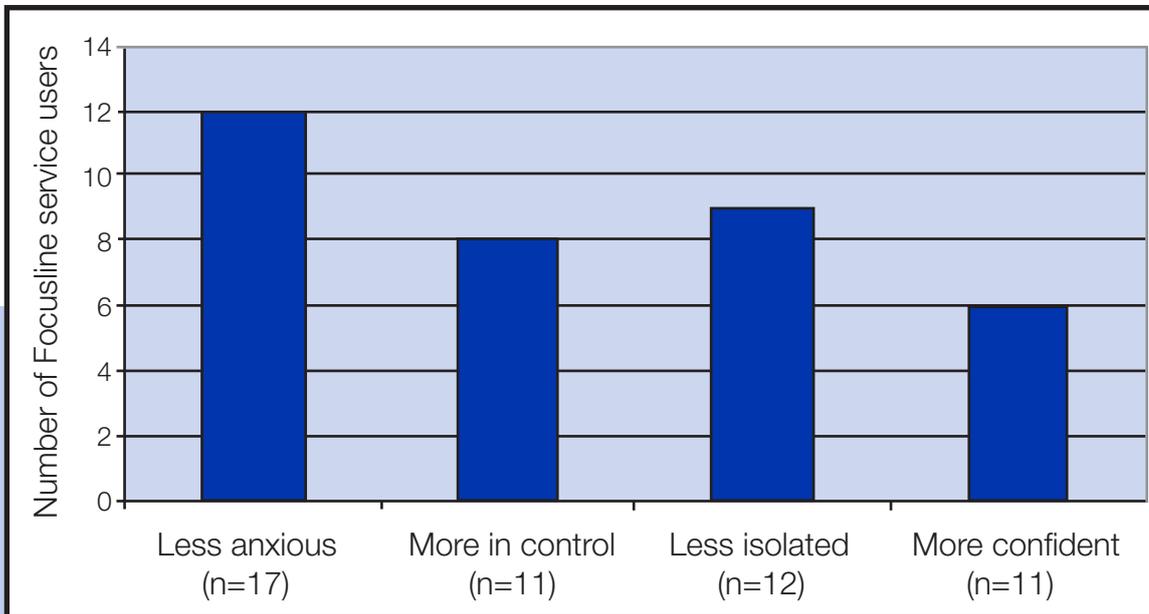


Figure one:
Reported differences after calling Focusline

Anecdotal evidence of how the line helps service users to deal with depression, anxiety, self-harm and hearing voices is provided and much of the qualitative comments reflect the individual outcomes for service users. For example, in dealing with depression many service users spoke about the relief of being able to talk things through with staff and reduce isolation as well as obtain advice.

“I used to get quite depressed as I never used to do any activities. Staff on the line told me to focus my attention on a hobby or do volunteer work. I have now joined a gym which has turned my life around and I work in a charity shop. I wouldn’t have done that if I hadn’t spoken to Focusline.”

However, 23% of service users specified that they found the helpline to be helpful only some of the time. This is important to highlight as not all calls will result in positive and memorable outcomes for service users.

Twenty percent of service users also called the line when they wanted to self-harm or had already self-harmed and wanted to talk to somebody about how they were feeling. Of those half spoke about times when they had

caused themselves harm and staff on the line had kept them talking until the ambulance had turned up, although many found this to be rather upsetting or unnecessary. Half spoke about calling the line as an avoidance technique when they felt the need to self harm.

“Sometimes it’s annoying as they call ambulance when I don’t want that kind of help, although I know they have a duty to care and sometimes they advise me and it influences me so I don’t do it [self-harm].”

The final approach to evaluating benefits and outcomes of the line for service users was made by asking people to reflect upon a hypothetical situation: What would they do if the line closed. Users of Focusline felt that if the support provided by the helpline was taken away they would use the alternative helpline services available. Service users were also asked if there was anything they would change concerning the help they received from the line. As the majority of service users in the sample had reported problems in getting through to the line, it is not surprising that many felt that there was a need for greater access to the line, particularly at night when other means of support are closed.

Lincsline: service user views

Over 30% of service users using Lincsline were those living with a diagnosis of schizophrenia, depression and anxiety. In the sample the “average” service user would be a: White British, 43 year old person living with a diagnosis of schizophrenia or depression and anxiety for over 16 years, who calls the line on a daily basis.

Two-thirds of service users were very satisfied with the help they received from the line many felt less anxious, more in control and less isolated after calling (see figure 2). Service users spoke of the need to call the line and chat to staff about how they feel:

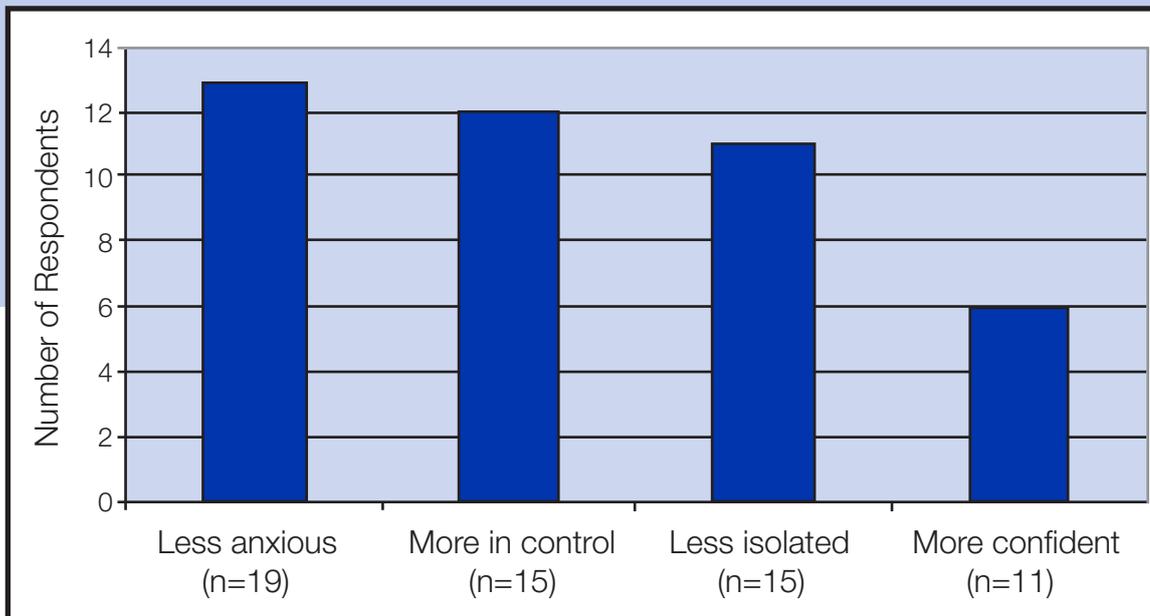


Figure two:
Reported differences after calling Lincsline

“To be honest I sometimes call just to chat, to get a few things off my chest, other times I call when I am in distress, crying and things are happening and I’m not sure how I feel.”

Individual experiences of service users calling the line to deal with depression, anxiety, self harm and hearing voices was provided. For example when dealing with depression, 50% service users outlined that it helped to talk about things and made them feel better and less isolated.

“Without them I would be completely lost, they do a brilliant service, everyone is really caring and understanding.”

“It is a nice to have somebody to talk to because my mum is dead, helps to talk to someone.”

Half of those who call the line when they are feeling depressed or need to talk found that

talking to staff helps only some of the time, depending on how they were feeling or the type of support provided by staff:

“I don’t come across too well when I’m agitated, if I am weepy they help but if I am agitated sometimes they can agitate me more.”

Lincsline is supporting people with severe mental health problems such as schizophrenia, which may be a long term condition where a series of interventions over time are needed to address symptoms and develop individually crafted pathways for care. The helpline is one such intervention but as the quotations above illustrate, the impact of the helpline will vary for any individual depending on a number of factors such as rapport with particular members of staff, how the service user feels and the context surrounding their mental health at any one point in time.

Four service users also outlined that they called the line when they felt anxious, or had panic attacks.

“I suffer from agoraphobia so sometimes I just call if I’ve not spoken to someone for a while. I also suffer panic attacks and just want to talk to someone who understands the symptoms especially if I am feeling down and depressed.”

After talking to staff on the line, service users illustrated that they felt more relaxed after calling and more in control:

“They do breathing exercises with me and if I am feeling low they discuss a plan of action and what I should do next week and how to tackle things. After calling the line I feel relieved and more positive as staff usually have something positive to say. They keep a check on me and how far I have come along.”

Service users provided examples of calling the line to deal with self-harm and hearing voices and many reported that talking to staff helped to distract them from the voices or the need to self-harm.

A characteristic of Lincslines is its integration with statutory services, a couple of service users particularly referred to the benefit of this link and the wish to strengthen the links between the crisis service and mental health staff.

“I find it helpful when I call and they put me through to Fieldview (the crisis house) – it gives me a break if I am having a hard time.”

Lincslines is available 24 hours a day, seven days a week and has been described by many stakeholders as an add-on service for the continuity of care out of hours. For many service users the support provided at this time is particularly important; many did not know what other support they would turn to should the line close. Similar to the Focusline service, many Lincslines service users reported problems in getting through to the line, it is therefore not surprising that many service users felt that there was a need for greater access to the line, particularly at night.



Service User Experiences: comparison between Focusline and Lincslines

The benefits of being able to talk through difficulties and stop problems from escalating is apparent for service users using both helpline services.

Users of both services reported difficulties in accessing the service and, inevitably, this arose as a strong recommendation.

The most striking differences reported by service users between the two services are user characteristics and the potential consequences of the hypothetical closure of the line. Focusline is promoted as an independent listening and emotional support service, should the line close many service users felt that they would use the alternative helplines. Focusline is a separate service for mental health service users, many of whom experience depression and would benefit from this type of support. On the other hand Lincslines is promoted as a crisis service and has many links to statutory and crisis services, and indeed their own crisis house. Callers tend to be those who live with severe mental health problems, including schizophrenia and they recognise the links with statutory services, indeed many speak of the need to strengthen the working relationship. As such Lincslines is seen as part of their package of care, it is available out of normal office hours and many service users found it difficult to imagine what they would do without it.

section 4: discussion

Comparison Between Focusline and Lincsline

The core ethics, values and 24 hour access component of the helplines are similar, each helpline promotes a person-centred service to service users. However there are key differences in their approach. Focusline is a separate service for mental health service users, many of whom have depression, it employs full time and part time community mental health workers, has a robust confidentiality policy and is marketed to service users across South Derbyshire via primary care and adult mental health services. In contrast Lincsline is promoted as a crisis service for anyone affected by mental health problems, it has links with statutory services and facilitates access to the adjacent crisis house, has a pro-active information sharing policy with mental health colleagues working in crisis teams or CMHTs. Many of the service users tend to be those who live with Schizophrenia, as well as depression and anxiety disorders. Lincsline staff include full time staff and bank staff.

Impact of Helplines on Service User Pathways

Positive outcomes on care pathways are difficult to assess in a limited timeframe without employing a longitudinal study design. Nonetheless anecdotal evidence is provided within the report about how helplines can help people deal with problems and prevent them from escalating. Stakeholders felt that the helplines could play an active role in the prevention of self-harm and suicide and many examples were given of positive effects on care pathways. In addition service users provided examples of how calling the line helped them to deal with depression, anxiety, self-harm and suicide. The differences in roles of the helpline services as part of local mental health services was also recognised by service users; Focusline users believe they would use another separate mental health helpline should the line close,

whereas callers to Lincsline were generally unable to think of alternative means of support out of normal office hours.

Study Limitations

The cross-sectional design of the study did not allow for any specific outcomes to be explored across the individuals' recovery. As such a limitation of this study was the inability to track service users and their experiences across time. It is also outlined that a longer timeframe would have allowed that the impact on inpatient admissions to hospital could have been explored.

The recruitment of helpline service users is known to pose methodological challenges for researchers. In this study we do have a biased and small service user sample and thus the results must be treated with caution. However, the data do provide evidence that helplines can form an important component of support to long term users of mental health services, as perceived by the individuals themselves.





Recommendations

The biggest recommendation from stakeholders for the Focusline and Lincslines services was the difficulty experienced by service users Lincslines in getting through to the line. This is recognised to be an inherent problem for many helpline services and requires further funding to be addressed fully.

Stakeholders felt that the main limitation of the Lincslines service was the training of staff on the line. Consequently, it was felt that the service would benefit from on-going accredited quality training of helpline staff. At the time of writing all Rethink staff and volunteers are about to undergo an accredited training programme, put together by MHHP, THA and open college network.

Stakeholders outlined that the helplines could benefit from greater awareness amongst statutory and primary care agencies. Further promotion to carers was also suggested as carers are under-represented in the callers to the lines at the moment. The need to advertise and configure the service to include service users from Black and minority ethnic communities was also recognised. In addition, Lincslines and Focusline are both available 24/7 but their crisis quality is defined as 'out of hours support'; the need to raise their prominence as being available round the clock is apparent.

Concluding Remarks

The study explored the impact of two very distinct Rethink helpline services, one of which is closely linked with local services and the other more independent of them. The project evaluated the views of many of the regular callers to the lines, who between them account for the majority of the calls. Issues around staff training and promotion of the service within statutory services and to other groups of service users was recognised. It is important to note here that many of the recommendations made within this report will be addressed within the Rethink helplines forum.

The central aim of the research was the question, "Do helplines help?" Many of the callers to the lines were long term mental health service users with fluctuating mental health needs reliant on a range of interventions with varying impacts at any one point in time. The report illustrates that helplines contribute to maintaining the mental health of service users and can be particularly helpful in dealing with self-harm. One of the main characteristics of the helpline services was the usefulness of the helplines as a local resource for service users in need of listening, emotional and social support. Helplines have a valuable role to play in the package of care available to service users, particularly in accessing out of hours support, however people need to be able to access the service to gain this benefit.

Appendix one: references

Department of Health (1999) *National Service Framework for Mental Health*. London: HMSO.

Department of Health (2004) *The National Service Framework for Mental Health – Five Years On*. London: HMSO.

Frak D, Rowlands L (2003) *Help on the line. What commissioners and funders need to know about mental health helplines*. NIMHE.

Munro J, Nicholl J, O’Cathain A, Knowles E and Morgan A (2001) *Evaluation of NHS Direct first wave sites: Final report of the phase one research*. Medical Care Research Unit, University of Sheffield.

Prior G, Carter K (2004) *Connexions Direct: obtaining user views pilot evaluation study*. Research Report RR509, Department for Education and Skills.

Taylor Nelson Sofres Consumer (2001) *Usage of and attitudes towards mental health helplines*. Report prepared for mental health helplines partnership.

If you feel it is important that Rethink continues to speak out about the issues dealt with in this report why not become a Rethink member and help us to speak out for everyone affected by severe mental illness. Call 0845 456 0455 or join online at www.rethink.org/membership.

To find out more about the experiences of service users and carers, and to see the full Do Helplines Help? research report, visit www.rethink.org/research

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