

Making an



The evolution and evaluation of Doncaster's
award winning, and ground-breaking
long-term suicide prevention service

Dedication

To Andy, the one that got away.
21st July 1992 – 21st September 2016

A much beloved part of the Open Minds team, and our inspiration to do more and better, always.



Thanks

IMP;ACT could not exist, nor succeed, without the dedication, investment and compassion of many people and organisations. We thank you all:

- Our partners, Thrive@DM/Doncaster Mind, Safe Space/Doncaster PFG, The Access Team (especially Paula Thompson and Ellie Turpin).
- Our commissioners from DMBC Public Health; Helen Conroy and Sarah Smith, and from NHS Doncaster CCG; Stephen Emmerson and Michele Clarke.
- Our service users, for putting their all into working with us.
- Our IMP;ACT Team; Coordinators Daniel, Lydia, and Simon, EmRes Mentors Kim, Samira, and Sue, Clinical Supervisor Jenni, and Manager Helen.
- Our wider Open Minds team, who worked behind the scenes to keep us all going throughout this difficult time

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NB: Page 54 onwards are the anonymised words of people who have participated in the IMPACT service. Over and above anything we have reported here, their voices are the ones to listen to

Introduction

Open Minds Counselling Services Ltd. is a highly credible, well-reputed charity who have been providing counselling and talking therapies to children and adults since 2007.

Open Minds have an incredibly positive record of working with children and adults in both postvention and prevention work. Open Minds successfully deliver therapies to address past trauma and embedded patterns of thinking and reacting, alongside preventing further deterioration and decline. From working with individuals at risk of harm from others, to those who are a risk to themselves or others, Open Minds has worked with thousands of individuals to build in them the confidence to survive, live and thrive.

Drawing on their extensive experience working with children and adults with life distress, suicidality and complex needs, Open Minds developed the IMP;ACT service to provide a combination of practical and psychological support to individuals who had intended to die within 12 months of referral.

Providing long-term, professional led support to wrap around the individual, IMP;ACT delivers highly specialist and comprehensive care to individuals who would otherwise drop out of the system until future completion of suicide.

IMP;ACT is a thorough process of unpicking all the damaging elements of an individual's life and approach to living, and rebuilding these into healthy, functional patterns of behaving and being.

As such, IMP;ACT works in-depth with a tightly-controlled caseload of service users in order to maintain effective working.

NB: a note on terminology. IMP;ACT has completed an anonymous consultation with service users about their preferred terminology in reference to their own participation in the service. Jointly preferred were client and service user, with participant the next favourite. We will therefore use service user and participant interchangeably. Client is avoided due to individuals accessing Open Minds for counselling being referred to as clients.

History; origins and development

The opportunity to deliver a suicide prevention service came in response to ongoing analysis of completed suicides in Doncaster. These indicated that completed suicides were most common in people who had made a previous attempt on their lives, and then disengaged from services. These individuals were not those who typically showed escalatory or parasuicidal behaviours and as such were less likely to reach out to services which could divert them from suicidal crisis. As a result the commissioners identified a need to work specifically with people who had recently made a serious attempt on their lives, or had the interrupted intention to die. Open Minds began developing the proposed project in July 2019, with recruitment completed at the end of February 2020 and with £52,204 annual funding released in March 2020. The project was renamed from SARP (Suicide Attempt Response and Prevention) to IMP;ACT (Improving; Attitudes, Choices, Thoughts).

IMP;ACT came into being to satisfy the need for new and dynamic approaches to suicide prevention.

As members of the Alternative Provision Alliance (APA) Mind, Open Minds, and PFG collaborated on the pilot delivery of Safe Space in 2018. Public Health funding for suicide prevention became available alongside Transformation Alliance monies which were aimed at expanding Safe Space and providing additional support to High Intensity Users (HIU) of A&E.

The APA members each took ownership of the service most appropriate to their organisation;

- Safe Space is run by PFG, providing daytime and out of hours peer support to adults in psychological crisis
- Doncaster Mind run Thrive@DM, providing one-to-one support to divert HIU individuals away from A&E and into services more appropriate to their psychological needs
- Open Minds run IMP;ACT, providing one-to-one support to people who have made an attempt on their lives within the last 12 months

A significant challenge to the process was the diverse nature of the organisations involved who had only limited working relationships. By nature of their governance, structures and activities the three organisations work in very different ways and have fought very different battles to survive and thrive in Doncaster.

- Doncaster Mind is a charity established in 1979 and has provided an tremendous variety of support services in that time to vulnerable people, using a combination of professional, volunteer and peer support to provide wellbeing activities to people with mental health issues. This is a combination of pre-booked and drop-in activities. In 2019 during the development of the APA and Thrive@DM Doncaster Mind were not only challenged by the pandemic, but also faced with a change in chief executives, contracts, and change in premises for the whole organisation.
- Open Minds is a charity, launched in 2007 in response to the lack of longer-term counselling provision available to children and adults on any issue, using paid and unpaid professional support from qualified or trainee therapists. Open Minds provide a variety of talking therapies on any issue to ensure children and adults could access timely, specialist therapies to resolve trauma, distress and dysfunction. In early 2019 Open Minds faced the prospect of business closure as funding ended in March 2019. Continuation funding was secured in April 2019, rapidly followed by flooding, building repairs and long-term staff illness. Just as this was overcome in January 2020 the pandemic loomed on the horizon. Open Minds services are by appointment only.
- PFG are a private business, formed in 2010 to support vulnerable people to manage personal budgets, but have since grown beyond this initial remit. PFG use a multi-tiered structure of paid and unpaid peer support and facilitation to provide an enormous array of community-based support to improve the lives of vulnerable people with or without mental health issues. This is predominantly by drop-in support, with some pre-booked activities.

The three organisations had collaborated briefly in 2018 on a winter wellbeing pilot of Safe Space, each organisation providing staff for the out of hours drop-in support. Other than attending such meetings as the Mentally Well Alliance the managers of these services had had minimal contact with which to form working relationships. Nonetheless between July and November 2019 the APA managers began meeting periodically in order to develop the proposed services effectively.

Of the three proposed services, Safe Space was the only piloted service, with pre-established structures, processes and team. While originally proposed as a continuing collaboration staffed and hosted by all three organisations it rapidly became apparent that PFG were better suited to host and deliver this service independently, with their resource of a new building and numerous peers. The three proposed services were then separated, each under a single 'parent' organisation, with the APA functioning as a source of over-sight, support, and more effective facilitation for individuals being supported throughout the system.

Between July and October 2019 joined up service specifications were developed by the three organisations.

These dynamics and projected interactions altered from October 2019 onwards for several reasons:

1. Significantly different cohorts for each service. Safe Space was designed to resolve short-term crisis through peer wellbeing support, with IMP;ACT and Thrive intended to be longer-term pre- and postvention services to generate significant behaviour change to prevent future crises. All had important work to do but in a very different way with different cohorts of people.
2. Different initial referral criteria and approved referral sources, making movement of individuals throughout all three services less likely, except where one service identified an individual as more suitable for another member of the alliance;
 - a. Safe Space were permitted to take referrals from SPA
 - b. IMP;ACT were permitted to take referrals from Safe Space, SPA or HTT
 - c. Thrive@DM were permitted to take referrals from A&E
3. Different start times for the three projects;
 - a. The urgent need to begin delivering Safe Space in November 2019 for the winter-surge in crisis demand.
 - b. IMP;ACT and Thrive@DM awaiting signed contracts and the release of monies in March 2020 in order to allow for recruitment of staff. In the case of IMP;ACT recruitment was completed only 9 working days prior to lockdown.

Safe Space had been operational for nearly 5 months prior to lockdown commencing, and with an established model, built-in helpline, referral processes and infrastructure were able to move to remote/telephone support immediately. In contrast IMP;ACT's team had only just begun employment and infrastructure development, and Thrive's were not yet fully in employment.

Compounded by pandemic stress this generated some tension in the APA. This was resolved by support from commissioners and Paula Thompson of SPA, and managed by weekly APA meetings to regain traction in the organisational and professional relationships amongst alliance members.

Cohort and Criteria



Over 18



**Suicide attempt
with intent to die...**



**...within the last 12
months**



**Not in ongoing
crisis**



Not parasuicidal



**Not repeated
suicidal gestures**

IMP;ACT referrals are assessed against our criteria, looking always to;

- **Keep the individual safe**
- **Recognise patterns contributing to suicidality**
- **Identify vulnerabilities and strengths**
- **Put in place external support**
- **Develop internal resilience**

Individuals suitable for IMP;ACT are those for whom coping with life distress collapsed into suicidal behaviours. These individuals are not parasuicidal, with repeat suicidal gestures or a pattern of long-term escalatory behaviours, as such individuals typically reach out for support from crisis and other services.

IMP;ACT service users by contrast typify the strong, rescuer or carer. They are often reluctant to reach out for support, and only come to light as needing intervention once they have made the attempt to die, or been interrupted in doing so.

After immediate support from the Crisis Team they typically drop out of support, appearing to be functioning readily in their lives. However the reality is that their ability to cope will collapse again at the next 'crisis' leading to future serious suicide attempts.

As such IMP;ACT exist to not only pick up the pieces, but to help these individuals rebuild their lives with greater resilience to manage sources of distress in their lives, and to reduce that distress where possible.

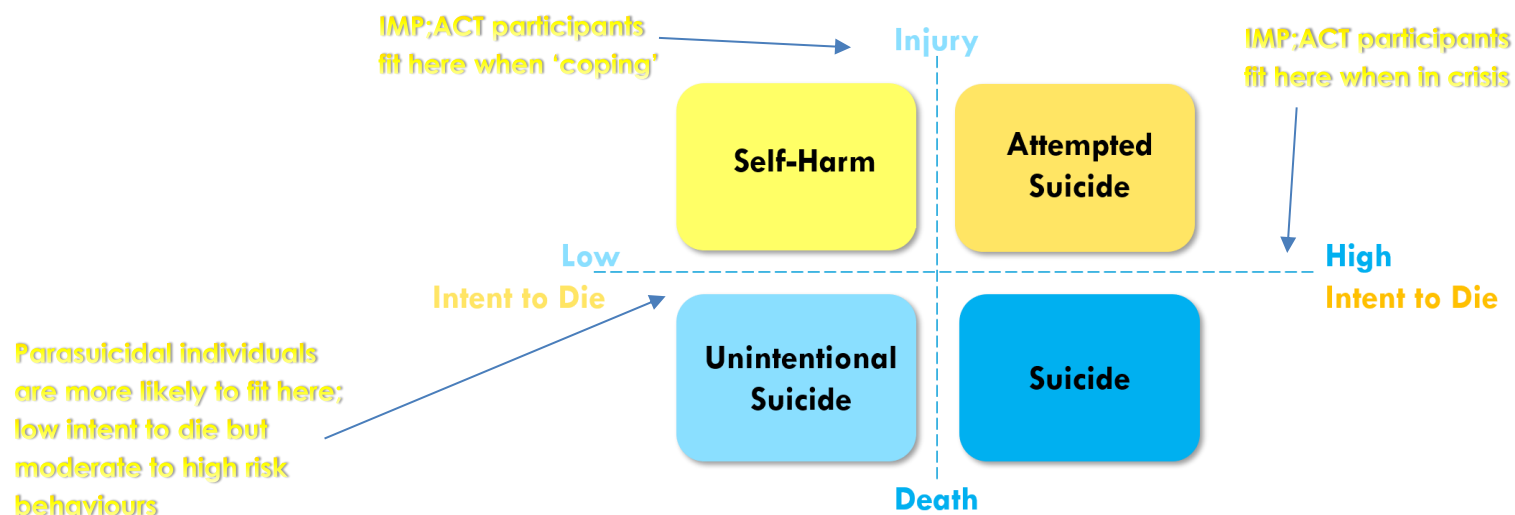
Cohort and Criteria: escalation vs escape

While 65% of IMP;ACT service users admit to some form of low-risk methods of non-suicidal self-injury (self-harm), all see this as a way of diverting from suicidal thinking, as opposed to escalatory behaviours. This fits the patterns expected from people engaging in self-harm, and indeed the suicide attempts made by our service users did not correspond to methods of self-harm, further supporting the statement that self-harm is a coping mechanism for IMP;ACT participants.

This is not to say it is not an indicator of underlying psychological distress, and the IMP;ACT team work for 12 months with service users to help them manage distress more effectively, including through alternatives to self-harm.

This is why it is important to distinguish between parasuicidal behaviours intended to get responses from professionals or others. Parasuicidal behaviours may be self-injurious with low-to-high risk of death, but are also more frequent and continue to escalate, often regardless of the amount of intervention.

By contrast the individuals accessing IMP;ACT fully intended not to escalate their behaviour in order to get support, but to escape life altogether. They intended to die.



The Team

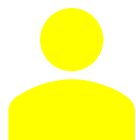
The IMP;ACT Team consists of a manager, clinical supervisor, 3 coordinators and 3 mentors working to develop effective support for past attempters of suicide in order to help them find healthy ways to cope when life distress causes their mood to plummet and suicidal ideation to increase.

The IMP;ACT coordinators work between 18 and 21 hours weekly, Monday, Wednesday and Thursday. Mentoring is ad hoc, dependent upon the individual's needs. The Pandemic forced the team to adapt to working from home. This placed limits upon their ability to provide practical support activities, forcing the team to adapt to deliver support by text, email, telephone and video calling. The team have worked successfully whilst dealing with their own household distresses of experiencing isolation and shielding, Coronavirus and loss, and balancing parenting, home learning and the ongoing threat of the pandemic to their own loved ones.

Weekly team meetings by video call were an essential part of keeping the team effective and stable, and ensuring their own personal resilience to support suicidal service users. The Managing Director of Open Minds (IMP;ACT manager) actively participated in weekly team meetings and in providing input daily to the team's work via video and telephone call, over and above the level projected. This would not have been necessary in 'normal' office based working but was unavoidable given remote working and the need to ensure that each team member followed the same processes and protocols throughout.

Monthly clinical supervision both individually and as a team supported team members with well-being, self-awareness and professional development, enabling them to adjust and adapt effectively to pandemic working. Given the vulnerability of the individuals with whom IMP;ACT work this also allows the coordinator to recognise when they are working outside their own competencies or becoming vulnerable to burn out. This has empowered the team to function efficiently in spite of the challenges they have faced both personally and professionally.

The Team



Managing Director



Clinical Supervisor



IMP:ACT Coordinators



EmRes Mentors

With £52,204 per annum IMP;ACT employ a team of 7, with additional support provided by Open Minds' core team.

This includes:

A manager (funded separately) to oversee and audit the project, support service delivery and safeguarding, and to line-manage the team.

A clinical supervisor who provides monthly individual and group support to maintain the coordinators' effective working.

A team of coordinators working 3 days per week, providing regular and consistent support to service users, and practitioner support to mentors, to attend Multidisciplinary Team meetings and appropriate APA Alliance meetings, and to promote the IMP:ACT service.

A team of mentors who provide hourly sessions to service users as and when required. Mentors feedback to coordinators about all work with service users.

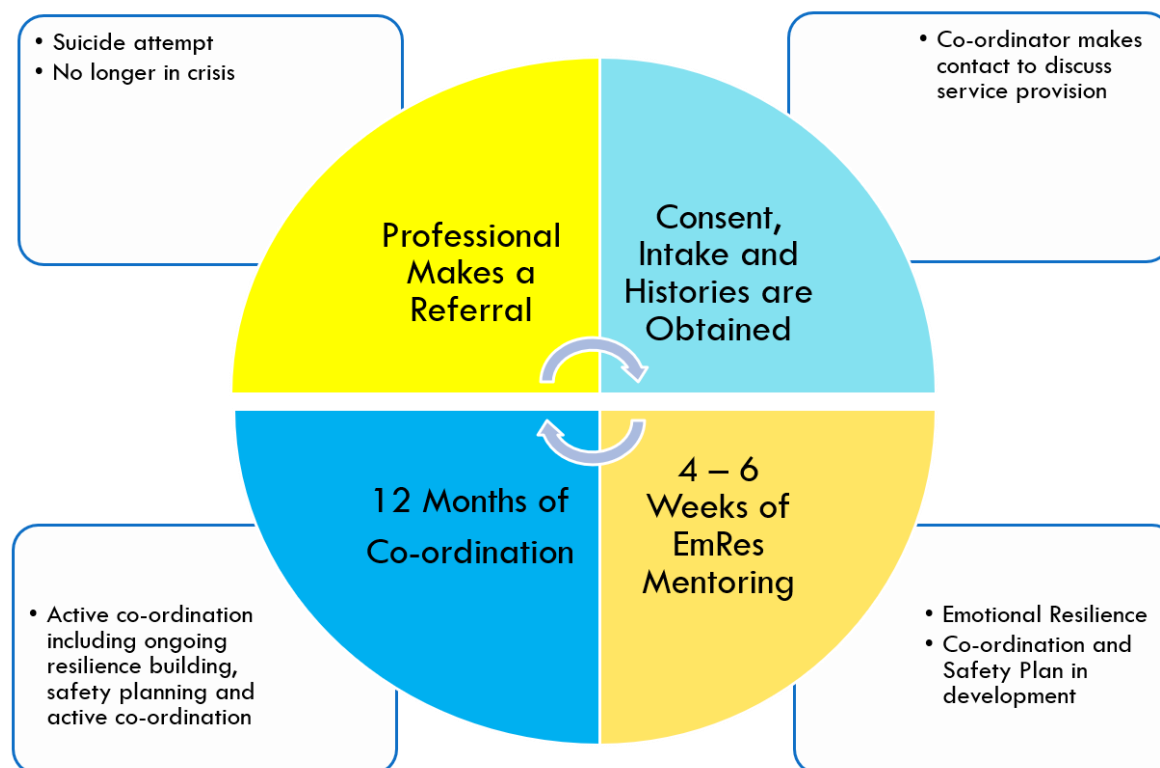
Referrals into IMP;ACT come primarily through Home Treatment Team as part of their exit strategy for individuals whose suicide attempt came out of life distress as opposed to mental illness or escalatory behaviours.

Other sources of referral have included Safe Space, Open Minds and Single Point of Access.

Referrals are triaged and then contacted, typically within a week of referral, to schedule intake assessments and clinical histories. If suitable and willing to engage in the service they then begin 12 months of support from the EmRes mentors and coordination team.

Unsuitable referrals are signposted to more appropriate support or returned to the referrer.

Service User Journey



Pathway and Process; Pandemic challenges

The pandemic was a significant obstacle to generating referrals. At the onset of lockdown in March 2020 services went into 'survival mode', consolidating their resources to ensure their staff could continue functioning safely and well, often with the added complications of their children at home trying to learn remotely. Mental health and crisis services would be needed on a heretofore unknown scale, and flexibility in delivery whilst managing pandemic working was the priority. This left little room for developing new projects such as IMP;ACT, or bringing a new team into the existing Home Treatment dynamic.

IMP;ACT expected face-to-face delivery to be preferable to remote working with people who had made a recent attempts on their lives. Not anticipating the true length of lockdown, which was initially projected by the government as around 6 weeks, IMP;ACT used the time to develop their essential infrastructure, paperwork, processes and staff training. This development stage of the project was used profitably, adapting to supporting people who were newly 'trapped' in their homes and increasingly isolated. This included mapping what resources were still available during lockdown and on what basis, and building relationships with groups that could benefit services users. Services adapted to the national crisis at different rates, some initially being unable to operate and most working at significantly reduced capacity as staff shielded or were unavailable due to household disruption.

IMP;ACT's service specification required that referrals come through Home Treatment (HTT), Single Point of Access (SPA) or Safe Space. IMP;ACT had planned to attend weekly Multidisciplinary Team meetings (MDTs) with Home Treatment and SPA in order to build their relationships with professionals engaging with individuals after suicide attempts. A major challenge to appropriate and consistent referrals was the pandemic induced delay in communication with NHS referrers, who struggled to make referrals to a new team they did not fully understand. This is partly attributed to the delay in attending SPA/HTT MDTs physically or remotely. Identifying appropriate referrals therefore placed an additional burden on Safe Space who were inundated with callers in distress, but who did not fit IMP;ACT or Thrive@DM's criteria. Without access to digital care records Safe Space found identifying appropriate referrals difficult and consequently encouraged SPA/HTT to refer directly to IMP;ACT or Thrive when individuals were identified. Regular weekly allocation meetings between Safe Space, Thrive and IMP;ACT led to some referrals and had the additional benefit of allowing the APA Alliance to build their working relationships. Between May 2020 - May 2021 Safe Space were able to make 13 referrals, of whom 8 became service users of IMP;ACT. SPA/HTT made 20 referrals into IMP;ACT of whom 8 became service users, and Open Minds made 6 referrals into IMP;ACT of whom 5 became service users. 5 referrals came from other sources but did not fit IMP;ACT criteria, or were non-contactable.

Pathway and Process; Pandemic challenges



Commissioners agreed to open the referral pathway for IMP;ACT and the team began actively promoting the service in order to generate referrals, with some success. One example was participating in Healthwatch podcasts, which led to Healthwatch nominating IMP;ACT for an award. IMP;ACT won the Doncaster Adult Safeguarding Award for 2020 for their efforts to improve the lives of suicidal people and prevent further loss of life. Another example is the production of a film to raise awareness of the IMP;ACT service. [Welcome to IMP;ACT - YouTube](#)



IMP;ACT's manager accepts the award <https://youtu.be/cwf1yo9auhg>



A further improvement came in January 2021 when IMP;ACT became involved remotely at MDTs, and increased conversations around referrals. This delay of nearly a year meant that IMPACT are still developing the professional relationships within Home Treatment, and promoting understanding of the IMP;ACT service in order to generate appropriate referrals. Of 44 referrals to date, 21 became active service users. 23 were not appropriate (for example due to significant mental illness or ongoing suicidal crisis), 4 did not want to access the service, and 6 were not contactable. Lack of information in referrals received has included referrals with no or incorrect contact details for service users, or with inaccurate information about their complexity and mental health. Several individuals had made attempts on their lives or been sectioned days prior to referral. Such individuals were still in crisis and not yet at the point where IMPACT's long term, intensive support, could be safely offered. The possibility of access to SystmOne and digital care records were not a viable option on beginning the service. At the time of evaluation however this is being developed to allow the team to directly access information about individuals referred into IMP;ACT, in addition to records reflecting their diagnoses, and patterns of engagement with mental health services. This will dramatically reducing the time spent chasing up referrals, and make a significant difference to the time available to work directly with service users.

Feedback from the Access Team as main referral source has been universally positive. Feedback shows that the referral process is simple and appropriate, and relationships with our team and the difference they made were highly regarded. The IMP;ACT team have a positive relationship with the Access Team who have been extremely receptive, working together to step service users up where their mental health deteriorated, or create pathways back into IMP;ACT where their condition stabilised.

“exceptional! Helpful, approachable, open for discussion ...
staff have been helpful, friendly, professional and receptive...
Positive interactions, attending ward morning meetings and able to identify appropriate referrals”

“IMP;ACT has been a helpful service to refer patients to who require that level of treatments and interventions...
we have had great results! Really make a difference...
Assisted with managing a patient's risk...
Has been a good service to refer to, a different approach to longer term support”

“Thank you for your service and input to people we have referred to you...
Thank you for providing a wonderful service...
keep going - you're fab x”

Pathway; Challenges and Solutions

The pandemic fully occupied referring organisations as the focus was on 'survival'



IMP;ACT participated actively in promoting how their service can reduce the workload of referrers

Referral pathways being restricted to SPA and HTT limited uptake



Referral pathways were expanded, leading to increased uptake

Reinforcing that IMP;ACT are not a service for parasuicidal individuals



The team pursue relationships with referrers in order to ensure appropriate referrals

Inability to physically attend MDTs with Home Treatment and SPA Teams



January 2021 began attending online MDTs with Home Treatment and SPA Teams

The need to embed IMP;ACT as an exit strategy within Home Treatment and SPA Teams



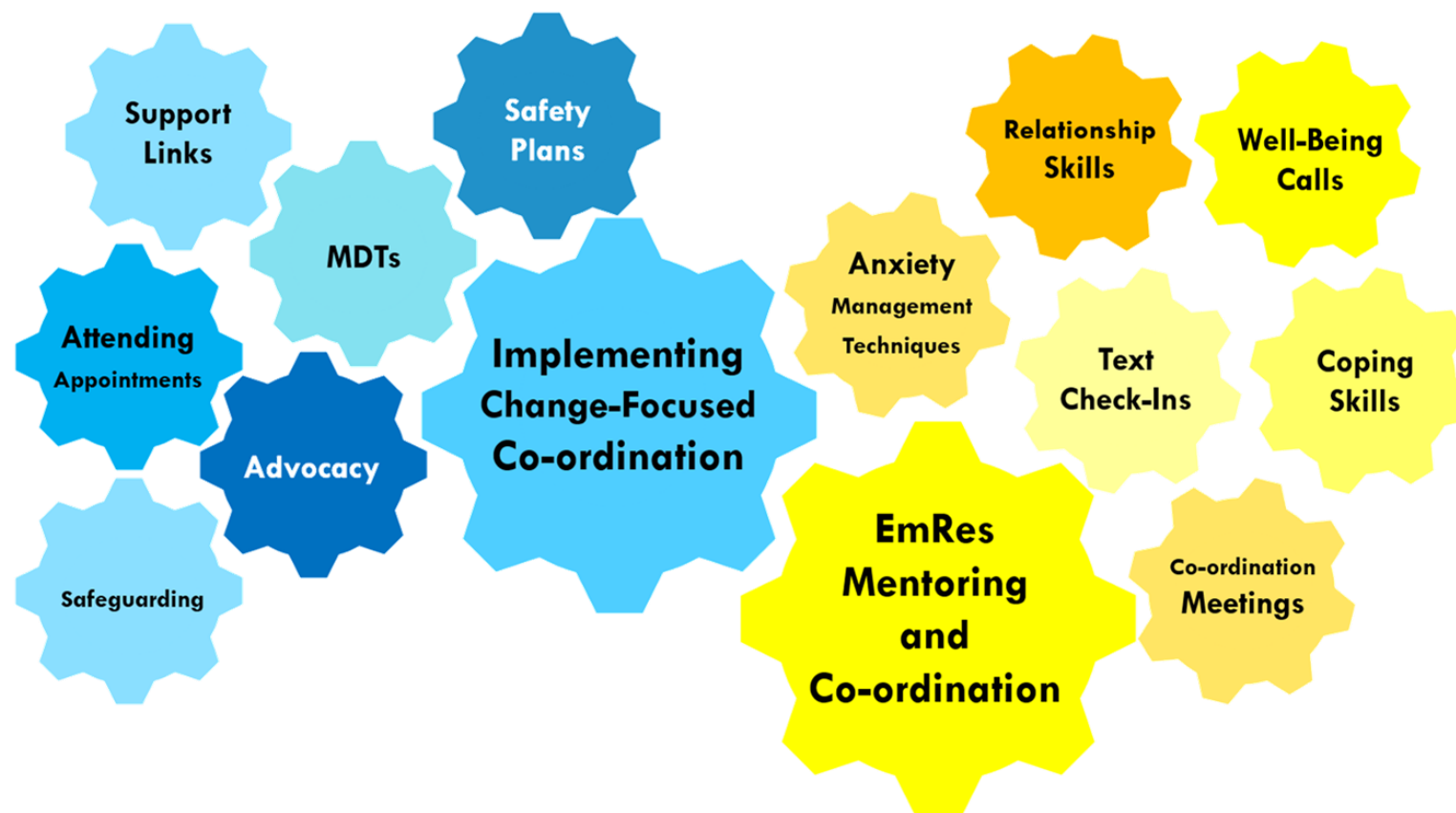
The Team attend MDTs 3 times a week in order to develop the referral pathway and build relationships

Inability to access adequate information about individuals being referred



July 2021 began process of access to digital care records

The Model



"I was taught a very powerful tool, that tops anything that I have had so far.
Thank you."

"Having them have access to outside agencies and supporting me in meetings with those agencies has been invaluable."

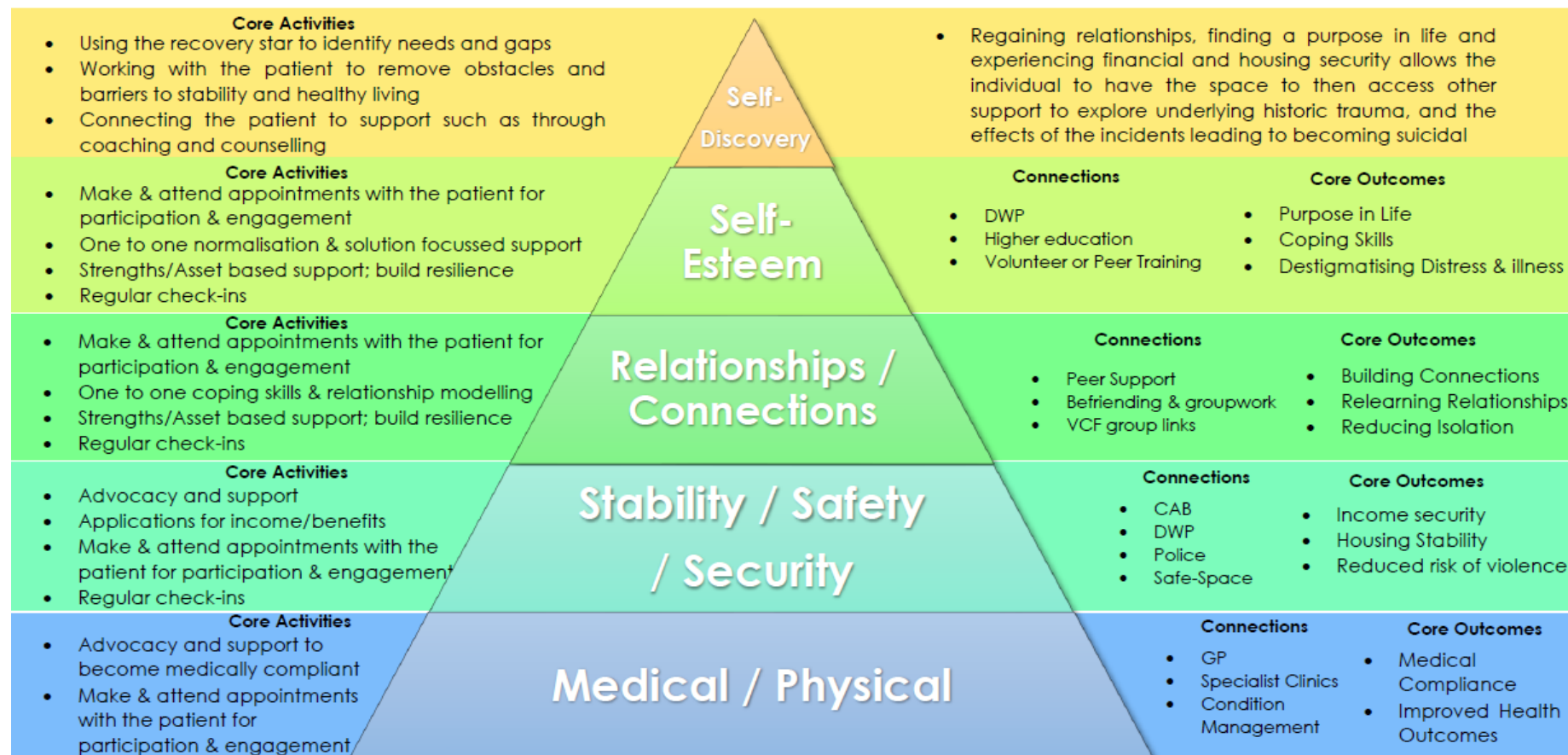
Individuals accessing IMP;ACT are assigned a mentor and coordinator, in whom they can build a relationship of trust over the course of 12 months.

Each stage of the process builds connections between IMP;ACT and the individual's life, allowing the team to identify gaps in the person's life and in their coping methods.

Over time these are addressed, building networks of support around the individual and improving their ability to cope with life distress.

Actions for IMP;ACT workers

Links and Outcomes



IMP;ACT provides wrap-around support paced at a level appropriate to the individual's needs.

For some this might be more active and include completing forms for financial support, or providing guidance around housing applications or volunteering opportunities. For others, the focus may be more on developing their social, communication and relationship skills in gentle but constructive one-to-one resilience building.

The Model; Discussion

The model as designed prior to the pandemic leant heavily on coordinating service users to a variety of external services in order to develop wrap around care. This would aid them to reduce the distress caused by practical issues in their lives such as isolation, chronic illness and/or financial distress. Emotional resilience mentoring, and ongoing strengths focussed work for 12 months during coordination would embed healthy coping mechanisms and improved self-awareness for future life distress.

The pandemic presented two initial challenges to this model, the first being that other services had significantly reduced capacity to provide support, and the second being that lockdown prevented coordinators and service users from physically attending those services that were still active. For those service users who struggled most with isolation and socialisation this was a substantial hindrance. However in such cases the team prioritised building the skills for conversation, communication and managing social anxiety, in preparation for opportunities for contact for resume.

This being said the opportunity to focus on phone/digital mentoring and coordination in fact increased IMP;ACT's internal capacity as there was no travel time between appointments, and contact with other agencies was virtual, developing connections without meetings consuming entire days.

Most service users¹ have expressed their satisfaction with the support they have received from IMP;ACT, and continue to prefer a combination of in-person and telephone/online support². In response the team have adapted to providing mentoring, check-ins and most support by the convenient 'remote' method, prioritising in person meetings for occasions such as attending psychiatric appointments, visiting potential new homes, or linking to and completing welfare forms together. The longer-term combination of focussed mentoring, followed by practical support and resilience building has been a success in spite of the limitations caused by lockdown and the pandemic.

"Having the flexibility to discuss whatever is important at the time of our sessions and knowing I have 12 months support, rather than a short, prescriptive course of action has been the key to me feeling supported and worthwhile."

¹ 93%

² 80%

The Model; Challenges and Solutions

Lockdown meant converting our work to telephone and online support



The team developed online forms and contracts to obtain consent, and developed processes to check service user's locations at each contact

Lockdown meant increased isolation for some service users, and increasingly chaotic households for others



The team adapted their approach to pace mentoring and coordination differently, emphasising emotional resilience and internal resources for managing anxiety

Lockdown meant many services closed temporarily or their capacity was reduced



IMPACT performed a mapping exercise to identify new and existing resources, and collated these into a website www.openmindslibrary.com for service users to access

The Pandemic increased external pressures upon service users



Coordinators focussed on helping individuals manage distress and resist being overwhelmed by their feelings of powerlessness and hopelessness

Lockdown reduced individual's access to external support and withdrew their out of home coping strategies



Coordinators and mentors increased their weekly contact time with service users, providing text, telephone and video call check ins, well-being calls and guidance

Mentoring worksheets might be problematic for people with literacy or comprehension difficulties



Mentors were trained to provide verbal support to share the same learning as provided through worksheets

Mentoring; Overview

Participants are first allocated to an Emotional Resilience (EmRes) Mentor for 4 – 6 sessions of focussed support, tailored around their needs and triggers to suicidal distress that have been identified with the coordinator.

The EmRes Mentoring programme has been designed for this purpose by the IMP;ACT Team – creating an 'off the rack' approach to support.

The mentor can access appropriate, tailored resources around the difficulties experienced by the individual to guide them to improve these.

Each EmRes mentor is a highly skilled, qualified counsellor, drawing on these skills in order to risk assess and guide each service user effectively.

The coordinators support the mentors with individual and team debriefs, and use their input to develop safety and co-ordination plans.

New and
unique
Programme

Tailored to
individual
needs

4 – 6
sessions
of focussed
work

"I wondered if there could be a longer period of mentoring, this isn't a criticism, merely a thought, as my mentor was so excellent."

"The co-ordinator and mentor have blown me away with their perceptiveness, often echoing my thoughts with a deep understanding of my needs."

Mentoring; Focus

Understand relationships

In mentoring the individual learns to identify when relationships are healthy or unhealthy. Using the drama triangle they improve awareness of relationship dynamics, and change dysfunctional transactions.

Recognise triggers

Mentors work with the individual to understand when life distress and negative thinking are becoming triggers to increased suicidal risk.

Manage anxiety

Mentors work on teaching the service user grounding techniques, recognising the build-up of anxiety to identify healthy ways of managing stress.

Identify declining health

Mentors focus with the individual on developing self-awareness in order to embed self-care into their daily life and build resilience.

Develop communication skills

Mentors examine the mechanics of the individual's conversations and provide a sounding board for socially anxious individuals to practice their interactions. This includes recognising passive-aggressive, submissive and assertive communication skills.

Motivate change

People who have recently wanted to die often struggle with goal setting and planning for the future. Mentors work on identifying realistic goals and setting appropriately paced and structured interventions to inspire and develop motivation and positive growth.

Mentoring; Discussion

The IMP;ACT Team used the infrastructure development time of 6 weeks between March and May 2020 to develop robust systems and a programme of mentoring which could be tailored to the different needs of individual accessing our service. Working in a solution focussed, client centred way this focusses on identifying risks but also protective factors, and on building the service user's strengths and capacity to manage life distress. The first stage of support is Emotional resilience Mentoring, designed to empower services users to reach the point of being able to access and engage with coordination. EmRes mentoring has been incredibly successful, with only 2 service users disengaging during mentoring and withdrawing from IMP;ACT support.

Prior to lockdown the intention had been to hold mentoring sessions at Open Minds, alongside the impact coordinator's availability. This would have allowed mentor and coordinators to communicate fluidly about the services user's needs and safety, and adjust coordination and safety plans accordingly. Remote working includes recruiting the EmRes mentors remotely, and training them via Microsoft Teams, a new and challenging experience at the time for the whole team. Keeping service users safe within their own homes during both mentoring and coordination added complexity and was managed by changing online contracts, and always checking in with the individual to learn their location at the time of any given appointment.

The EmRes mentor contacts the coordinator to debrief, and the coordinator follows up actions emerging from mentoring. Despite adding to the coordinator's workload in a very different way to a 'quick chat' when on site, remote debriefing with mentors has been key to improving the mentoring process and keeping service users safe. Feedback from participants of mentoring also led to a significant change. The substantial and additional cognitive burden placed on service users by the pandemic reduced their capacity to process the work undertaken. This was resolved by allowing more time and extending mentoring where needed, alongside well-being calls from the coordinators, in order to allow more time and cognitive resources to process the learning.

Digital poverty amongst service users, alongside sometimes poor literacy skills, proved a challenge to remote mentoring. This was resolved however by a combination of posting all resources to all service users, and requesting they wait to access them until during sessions. Screen sharing during video call sessions has also been a helpful way of supporting service users with lower literacy levels to understand the processes involved. All but to service users found the mentoring an overwhelmingly positive experience. One service user does not use worksheets at all and the service has adapted to support his needs, and another said that while the work was heavy it was necessary.

"Some of the work is heavy but it is what I needed, there is no point talking about flowers when considering hanging yourself."

"My coordinator and the mentor were brilliant, so intuitive I couldn't have wished for any better. It's not about closing me down, I can share what I need to and not have it minimised or brushed over."

Mentoring; Challenges and Solutions

Recruiting and training mentors remotely towards understanding the EmRes materials



Resolved using online mentoring training, practitioner support meetings and contact with coordinators

Digital poverty as an obstacle to service users accessing mentoring materials



Resources were posted to the service users, asking them to wait for mentoring before using them

Keeping service users safe and ensuring safeguarding during remote working



Mentoring is scheduled so that coordinators can support mentors to safeguard service users

Keeping mentors safe and resilient during the pandemic



Debriefs between mentors and coordinators, monthly practitioner development sessions to build the team

Creating a programme that could be delivered safely and effectively by remote support



Designing sessions with optional sections, appropriately paced to service user's needs

Managing participant's capacity to process and absorb mentoring learning



Extending mentoring from 4 sessions to allow more time for reflection and development

Co-ordination forms a package of support around the individual aimed at developing psychological wellbeing, emotional resilience, life-connections and the coping skills to manage future life distress.

These support processes are explored further in diagrammatical form in the following pages.

Feedback shows that coordination has been a successful process for all recipients, and while service users want the support to continue beyond the allocated 12 months they recognise the difference it has made within the finite time allowed.

Given the extent to which the coordinator supports the individual with issues in their lives, the work can be very time consuming for each individual. This means a realistic case-load for each coordinator is between 7 and 10 individuals, depending on their level of active suicidal risk. Originally projected in the service specification as a caseload of 10 individuals per coordinator, during the pandemic the case-load per coordinator has averaged about 7 service users at a time, with coordinators employed between 18 and 21 hours per week.

"IMP;ACT has been perfect for me, as I can be very open about my suicidal feelings. I am much stronger and know what areas of my life I need to change/ work on now"

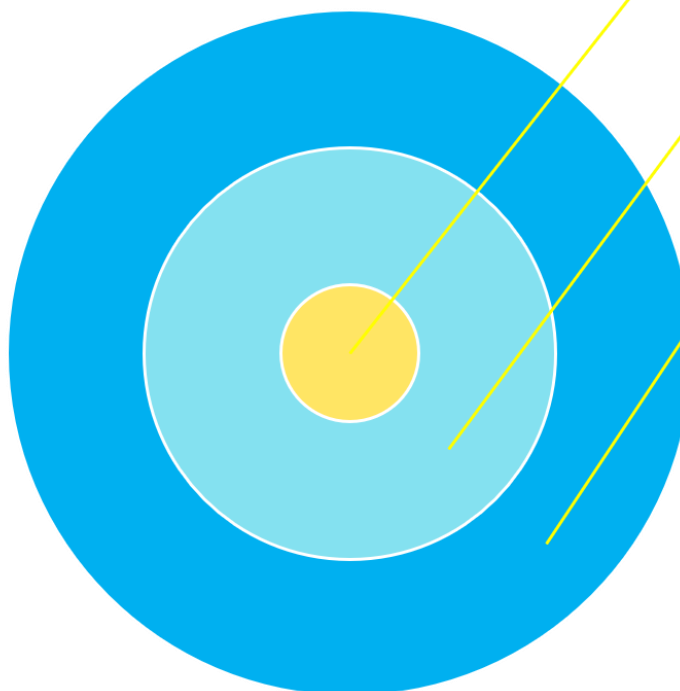
"Helping me get over attempted suicide...having same worker and not different ones. Impact helped me during difficult times...Having a weekly call and understand the long term problems I had"

One unexpected development was the pace and progress of service users away from suicidality and into healthier behaviours and lives. We had projected a pattern of a parabola for progress; initially time consuming work, followed by levelling off and then gradual weaning from services.

What we instead found was that initial work with participants is indeed very time intensive, peaking shortly after beginning coordination. This remains at a consistent level throughout their work with IMP;ACT, often with a brief escalation of crisis at about 6 months into service. The level of service consumption only tails off towards the end of our time together. To what extent this is influenced by the pandemic is unknown.

How Co-ordination Works

- **Co-ordination meetings** focussed on action and safety plans; identifying ongoing dysfunctional behaviour and relationship patterns which contribute to the service user's difficulties. The co-ordinator sets manageable and achievable goals with the service user, working with them to make changes in their lives.



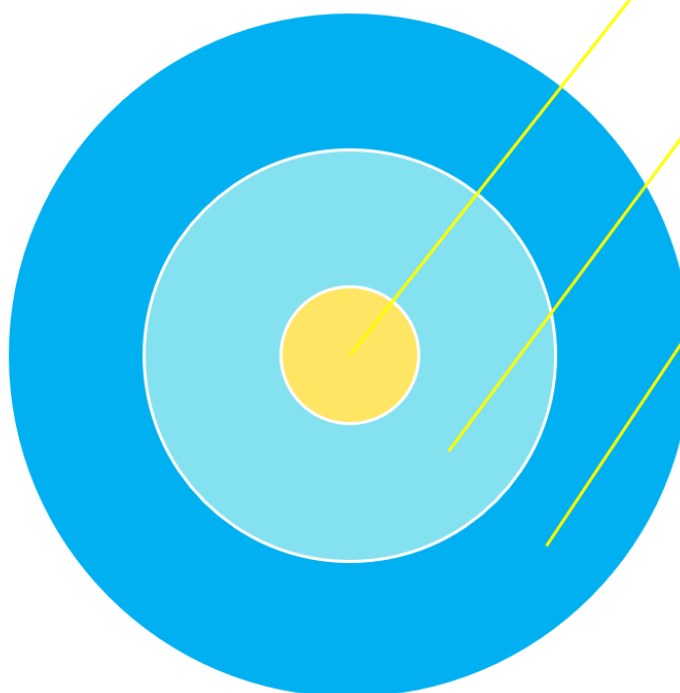
- Immediate safety planning
- Longer-term goals

- How do they make things worse for themselves?
- What can they do to change their own behaviour?

- Looking at priorities
- Unpicking problematic behaviours
- Learning reflective thinking
- Understanding personal limits
- Encouraging accepting support
- Practicing help seeking behaviours
- Enabling autonomy

How Co-ordination Works

- **Co-ordination activities** on behalf of the service user to enable them to access appropriate sources of support to achieve their goals and reduce suicidal behaviours. This might include attending meetings with them, or supporting them to complete PIP forms, and working on their behalf with other services such as Social Services or the NHS.



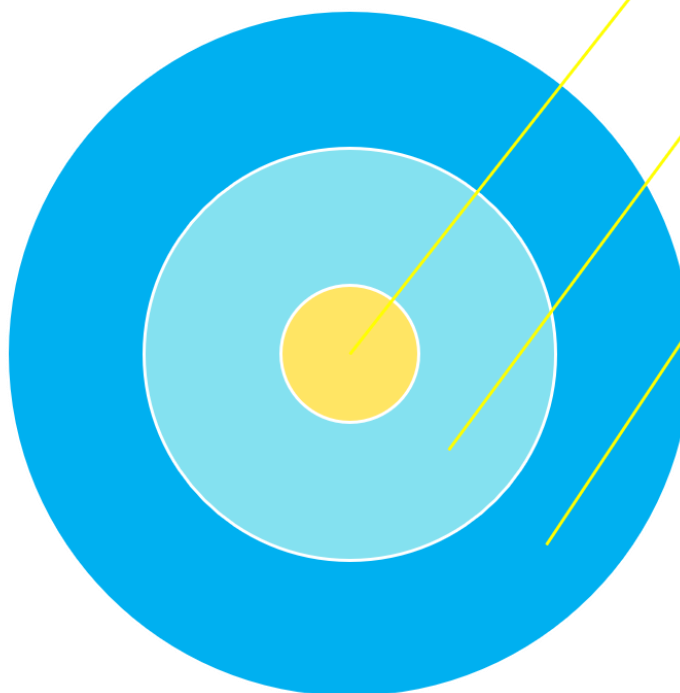
- What do they need now?
- Planning for change

- Setting short and long-term goals
- Exploring priorities and time-management

- Identifying third parties who can provide support
- Contacting them to make referrals
- Completing forms eg ESA, IP, Young Carers
- Advocating with the third parties for the individual's needs e.g. utility providers
- Teaching the individual the skills to reach out for support

How Co-ordination Works

- **Emotional well-being calls** focussed on building the service user's emotional resilience and coping skills week-to-week. This allows the co-ordinator to identify triggers and signs of deteriorating mental health, and put support and strategies in place for the individual to manage their distress



- Looking at coping strategies
- Discussing levels of distress

- Talking through existing relationships
- Exploring communication styles

- Discussing openly who in their lives are sources of support, friendship, strength and who are causes of stress, fatigue and harm
- Seeking out ways to change current relationships, or cope with them better
- Identifying other communities online or in real life who can help
- Confronting abusive patterns and recognising when they repeat

Co-ordination; discussion

Coordination forms a package of support around the individual aimed at developing psychological wellbeing, emotional resilience, life-connections and the coping skills to manage future life distress.

The most significant challenge to working during the pandemic, particularly in the first lockdown between March and September 2020, was that the team were adapting to working safely from home, finding private spaces and times to prevent their children from overhearing confidential and potentially distressing conversations. Each team member was living through the same storm as their service users, but in vastly different circumstances. Consequently, the need to ensure the team had the resilience to function was crucial. Creating protected times away from work for self-care, parenting and teaching their children was essential, and the skills the team developed in managing their own time became an asset they could then transfer to and teach service users who were also struggling with having their children at home full time. Other members of the team experienced isolation due to shielding under the clinically extremely vulnerable category and were able to draw upon their experiences to support service users experiencing similar distress.

The team adapted magnificently in incredibly difficult circumstances, and applied their learning to supporting service users. The model itself of supporting individuals into wrap-around care was adapted to greater focus on internal coping resources as many services were no longer available to wrap-around the individual. Other services continued, but in a limited capacity, and as such coordinators could continue to identify opportunities for after lockdown, such as volunteering and employment skills opportunities.

One area in which uptake was lower than predicted was work directly with families to build their resilience to cope with family members who attempt suicide. However 71% of services user felt IMPACT had supported them with their family relationships and dynamics. For example, advocacy around child custody, with child protection conferences, or relationship skill building.

During lockdown families were frequently in survival mode and as such we did not see the uptake for this element of our service. The team supported in the development of a website specifically to provide families with access to information and educational opportunities during lockdown. www.openmindslibrary.com offered access to 100s of resources which parents could use to keep their children entertained, and for adults it offered mindfulness and mental health support sites.

"the co-ordinator grasps everything I'm feeling and has identified key issues"

Co-ordination; Challenges and Solutions

Pandemic working meant balancing family and working with vulnerable people from home



Developing set times of work was essential to ensuring consistency and safe practice

Working from home with young children present who might hear unsuitable or distressing conversations



Appointments were scheduled to coincide with remote learning for coordinator's children to ensure they were occupied and in separate rooms

Ensuring that service users could have conversations about their own mental health without prying ears



Service users with children scheduled appointments around teacher led online learning

Pandemic and lockdown compounded service user's anxieties and placed them at greater risk of suicidality, in a societal context of reduced availability of support



Structuring support using action and safety plans, uniquely tailored for the individual helped to build their coping skills and sense of control during chaotic times

Risk of burnout for the team, with personal distress re: COVID-19 and lockdown, while supporting service users through the pandemic



Provision of clinical supervision, line-management, practitioner support and team meetings to maintain resilience, personal and professional boundaries, and maintain wellbeing

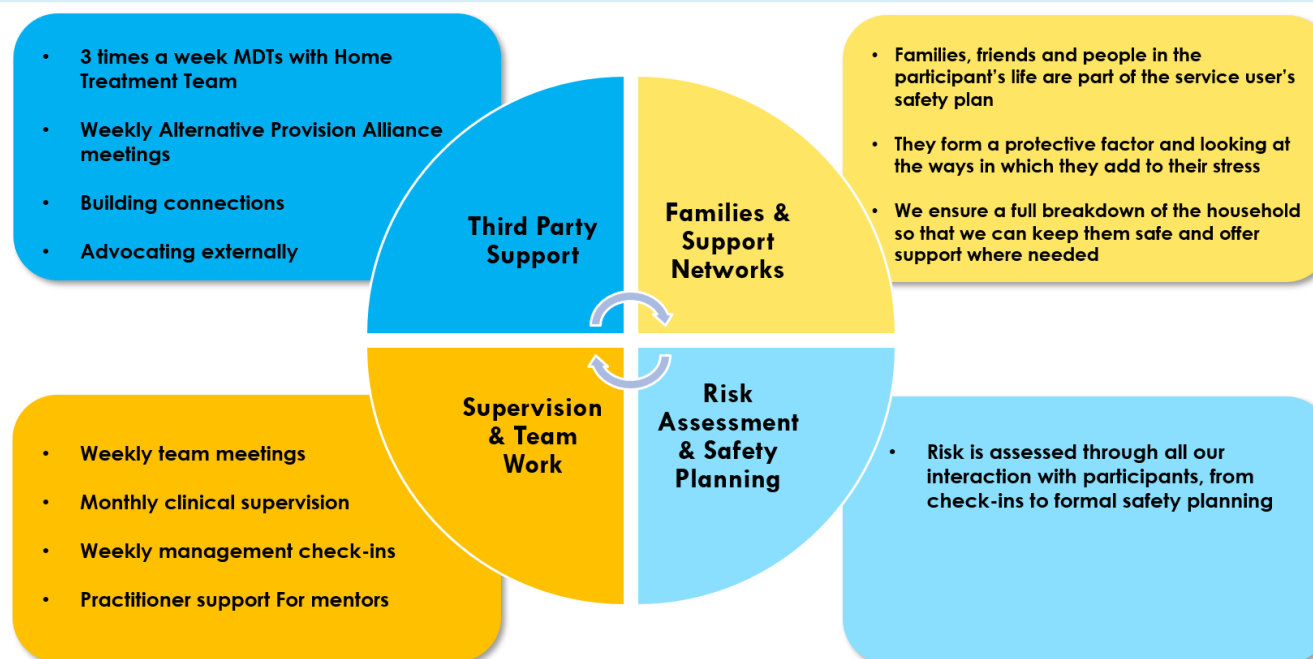
The complex needs of service users, and distress compounded by lockdown, meant changing our work significantly to build their resilience to survive



Accepting that societal pressures meant other services had reduced capacity, and challenging our own work to adapt accordingly

Keeping People Safe; Assessment Process

Assessment of need is an ongoing process, throughout every IMP;ACT interaction and intervention. Action and coordination plans operate alongside safety plans. The coordinator builds the service user's skills and ability to recognise signs of increasing life distress or deteriorating wellbeing, and sets gentle affirmative goals to improve safety and self-care. These are revisited regularly, and changes are recorded alongside actions which can be taken, in order to empower the individual where possible, and assist them where it is not. This ongoing relationship with the mentor and coordinator allows the service user to feel seen and heard, and to begin seeing success and progress, however small or large.

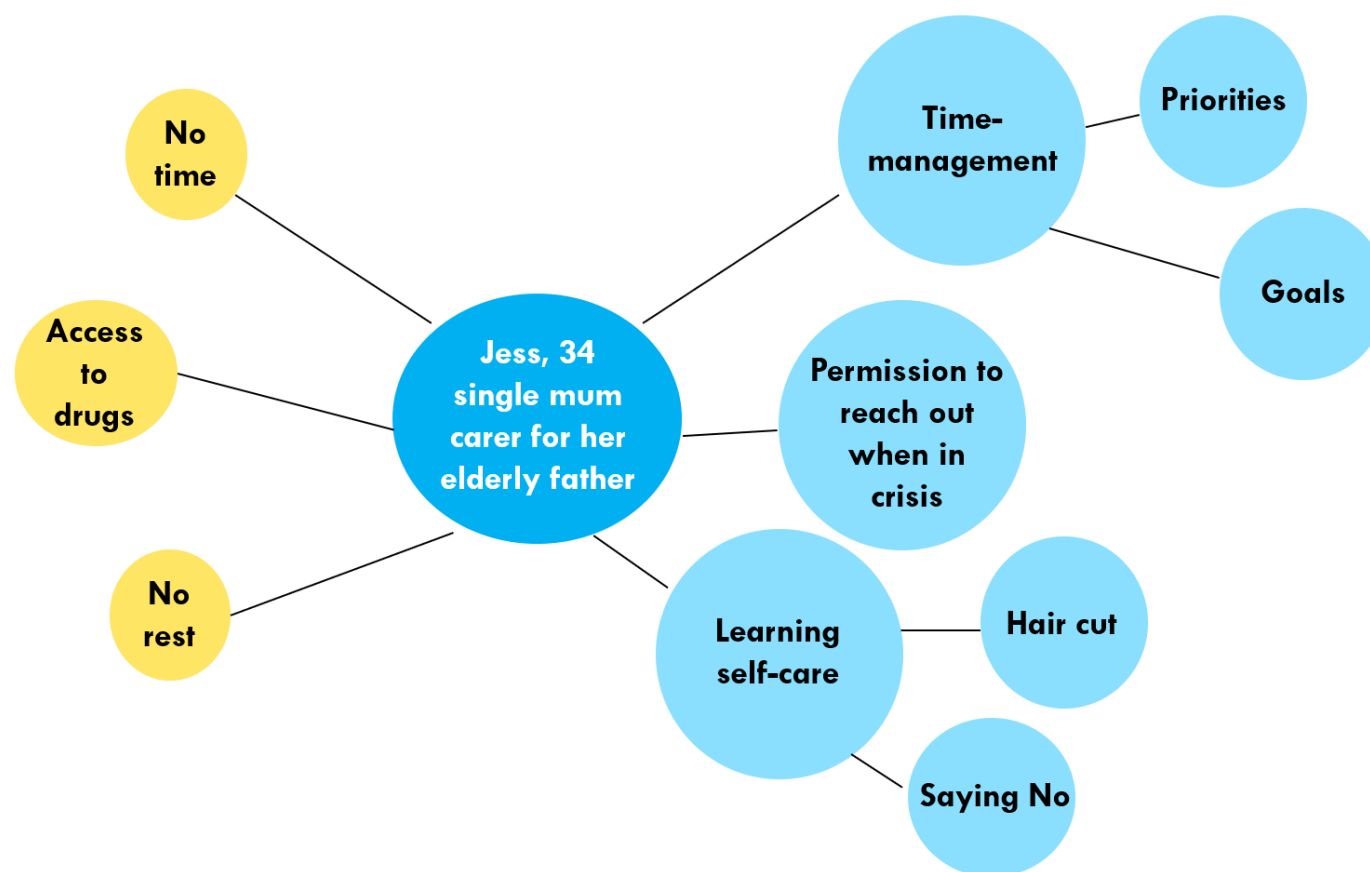


The multi-tiered approach: IMP;ACT participate in MDTs at a variety of levels to keep service users safe. This includes with Home Treatment, Spa and Aspire, giving the opportunity to feedback about referrals into the service and those who need to be stepped up for further support. MDTs with the Alternative Provision Alliance similarly allow for case review of individuals who are moving through the APA system.

Safety plans are completed with the individual regularly, and feeding this back through team meetings, practitioner support and clinical supervision meetings. This multi-tiered approach to assessing and resolving risk allows potential deterioration to be identified rapidly and support put in place for the service user promptly. This can include collaborating with families in order to monitor the individual's access to medication or sources of harm. IMP;ACT also support families to alleviate stress in the house, improve relationships and increase protective factors.

Keeping People Safe; example Safety Plan

IMP;ACT have developed our own safety and coordination (action) plans. These look at the individual's needs, their triggers to distress or suicidal thinking, and help them identify vulnerabilities. These might be times of excess stress, in which they become over-burdened, with otherwise functional coping mechanisms becoming inadequate, or they might be times in which sources of comfort and support are diminished, removing the coping mechanisms they use for daily life. Planning helps to look at opportunities for growth, and to resolve threats to healthy steps forwards.



In this scenario, Jess' main sources of stress are her children and father who depend on her. These can't be changed, but we can support to change how she manages them. IMP;ACT work with Jess to find spaces in her day in which she can find time for herself. Most importantly they work together on giving herself permission to rest, say no and make time for herself. By changing how she views her priorities Jess learns new skills for juggling her responsibilities, and also gains the ability to slow down when she can.

Keeping People Safe; Challenges and Solutions

Remote working limiting access to MDTs



Online weekly MDTs with the APA alliance, and later thrice weekly MDTs with HTT

Stepping service users up to Home Treatment or SPA during lockdown



IMP;ACT maintained good relationships with the heads of Home Treatment and SPA in order to follow up 'stepped up' service users

Stepping up, signposting and discharge during lockdown to ensure services were on the same page



Consistent processes of writing/emailing both the individual and the referring and step-up agency

Access to sufficient information in a timely fashion to fully assess suitability, deterioration or 'gaps' in the individual's narrative



Access to digital care records through SystmOne is in process and will allow immediate access to essential information, and make following up more effective

Safeguarding during lockdown



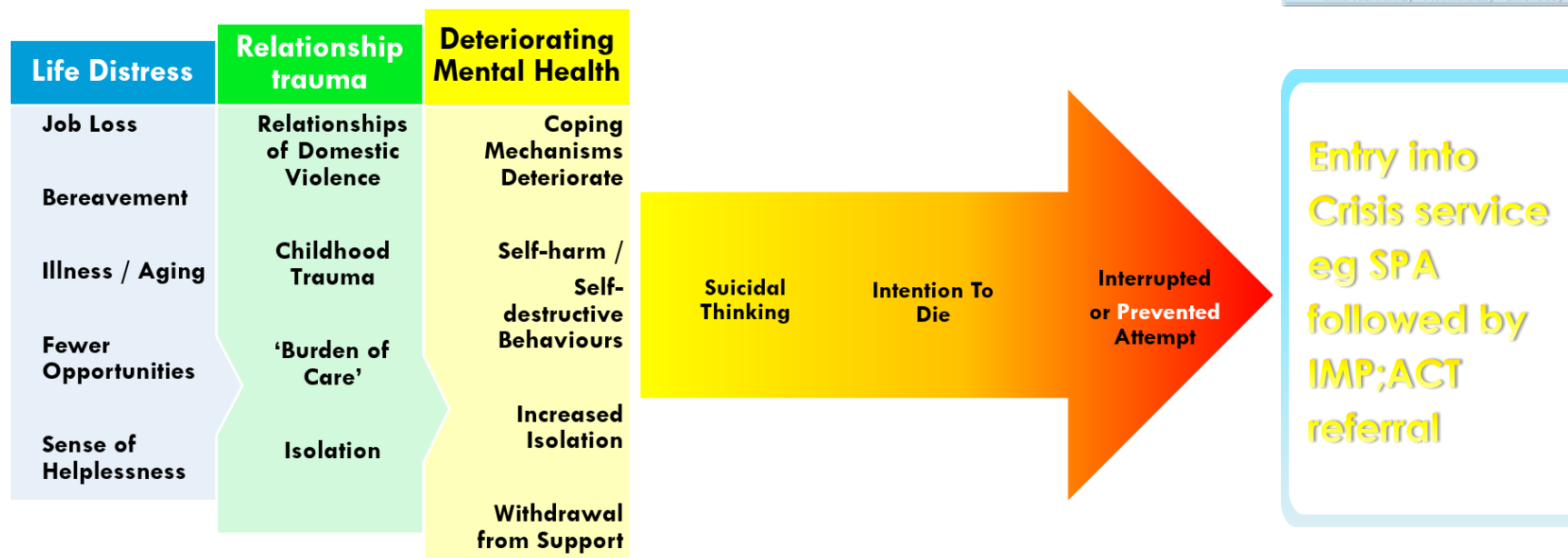
Cultivating relationships with Home Treatment, Spa, secondary mental health, and blue light services allowed us to prompt support for service users where needed

Effectively assessing the complexity of service user's needs while at remote working



The Team developed robust safety and action plans, with electronic note taking and reporting systems supported by debriefs with management to share any concerns as they arose

Participant Patterns; distress and deterioration



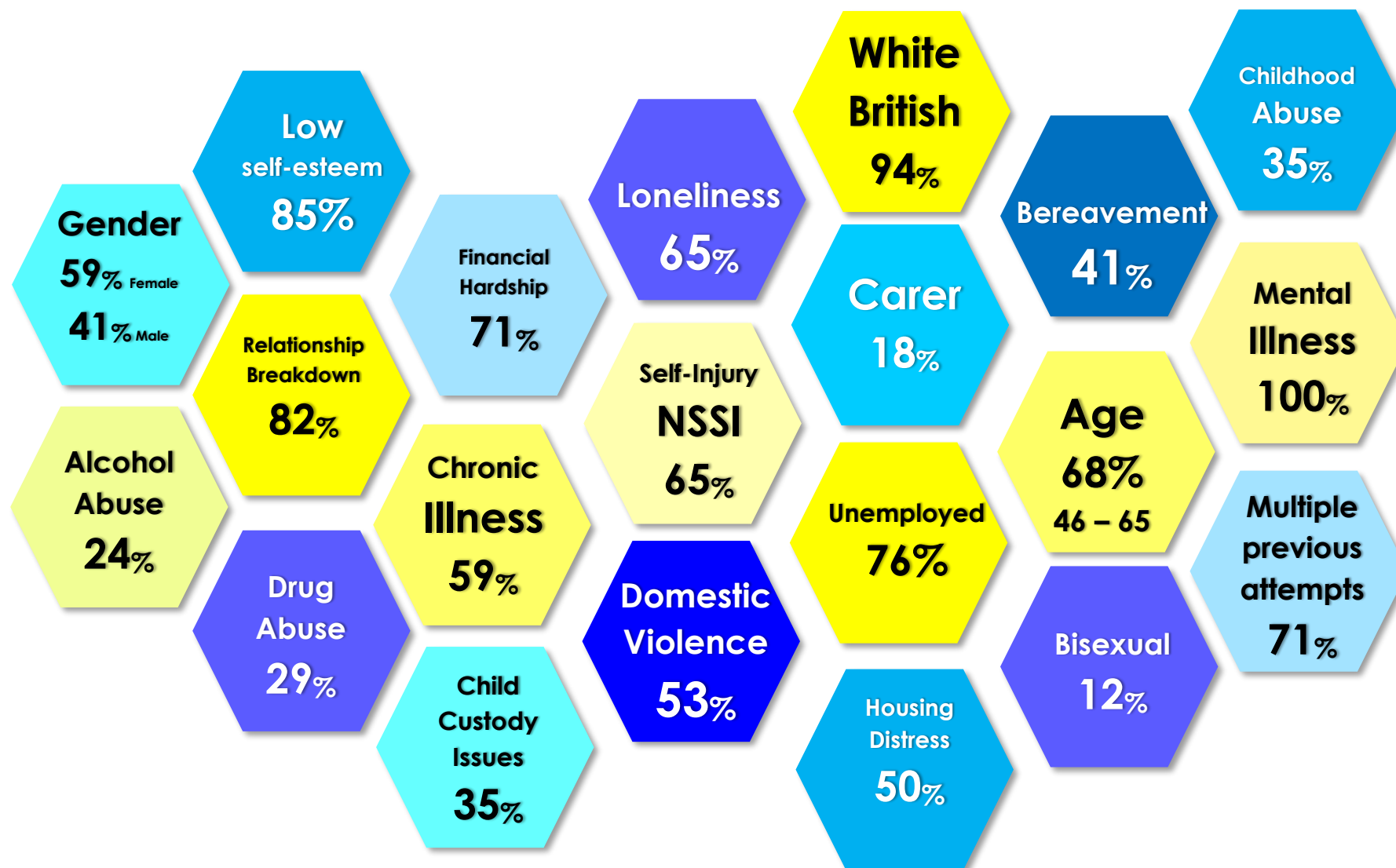
A consistent pattern amongst IMP;ACT service users is that they fulfil supporting roles in their lives – holding up others around them. They have considerable pressures in their lives, often due to their support for children, parents, partners, friends and others, and have adapted to these pressures with a variety of coping mechanics, whether healthy or unhealthy.

As a result their tolerance for intense stress allows them long periods of 'surviving'. They often appear to those around them to be strong and capable of taking on anything and functioning. They have adapted to situations in which they experience a baseline level of long-term distress such as a combination of chronic illness, financial difficulties and relationship trauma.

Importantly however when they lose a protective factor, such as through bereavement, their resilience is overwhelmed as they have no resources left with which to cope, with disastrous, suicidal results. They are unlikely to ask for support from mental health except after a suicide attempt; and receive short-term interventions from crisis services due to their innate capacity to cope with distress. As a result, their need for longer-term support can easily be missed. IMP;ACT aims to address this pattern of behaviour, tailoring care to their needs and their role as the person who rescues others. Teaching them to accept and benefit from help is a first step to healthier coping.

Participant Patterns;

IMPACT contributing factors for suicide attempts amongst service users



Participant Patterns; detail

A common factor amongst most service users has been the gradual accumulation of traumas, each of which they have developed coping skills to manage over their lives, but which lessened their overall resilience when the triggers to their suicide attempts occurred. For example, some have persistent health issues, multiple past traumatic relationships and ongoing isolation or lack of independence. This combined with added stresses during the pandemic such as fear for loved ones, financial instability or relationship stress, have contributed to a melting pot of suicidal thinking.

94% of service users are White British and 88% are Heterosexual. There is no significant difference between gender (male 41%; female 59%) nor relationship status (single 47%; relationship 53%) nor parenting responsibilities (no children under 18; 57% those with children under 18; 43%). 17% are unpaid carers of vulnerable adults. The majority of service users (68%) are aged 46 or over, with 45% being aged 46 – 55, and 23% aged 56 – 65. Only 18% are under the age of 30.

59% have significant physical health issues as a complicating factor. 100% had mental health issues, including lifelong depression, personality disorder (21%) and 50% had diagnosed or clear symptoms of PTSD. Relationship breakdown and difficulties had been, and continues to be a significant factor for 82% of service users. 35% were fighting custody battles over their own children. Both male and female service users presented with a history of being victims of domestic violence in adulthood (53%). 35% had experienced childhood abuse. 41% had experienced a bereavement which contributed to their suicidality. Anxiety (67%), isolation (61%) loneliness (61%) and financial difficulties (67%) are the next most significant difficulties. Being financially dependent upon others where the relationship is toxic or unhealthy has been a recurrent issue. 50% had ongoing housing related distress.

The majority of service users (71%) had made multiple attempts on their lives, and several had made more than one attempt in 2020. Attempts had included overdose (82% of service users) hanging or gassing in the car (each 5%) and jumping from heights such as bridges, car parks or canals (18%). 65% of service users self-harm as a means of coping with distress, and 29% have past issues of substance misuse, 24% of alcohol abuse. 62% of service users report ongoing suicidal thinking, varying from fleeting thoughts to major episodes of suicidality. However, 79% say they no longer want to die, and attribute this to IMP;ACT's support. Three service users were directly prevented from making reattempts on their lives by the intervention of IMP;ACT, one of whom made a reattempt but was then further supported by IMP;ACT to address the issues surrounding this.

Twelve service users took part in qualitative interviews and each stated that they would have made further attempts on their lives had they not been supported by IMP;ACT. Ten service users stated that they are certain they would have died without the support of IMP;ACT.

Page 54 onwards contain the full qualitative (anonymised) feedback that each individual consented to share.

Outcomes and Positive Change

- 93% IMP:ACT support has been a positive experience
- 93% Mentoring helped me understand things differently
- 86% IMP:ACT support helped me to reach out for support when I need it
- 86% The coordinator helped me identify opportunities for change
- 85% IMP:ACT support helped me to improve my self-esteem
- 85% IMP:ACT support helped me with my relationship skills
- 79% I feel better able to cope as a result of IMP:ACT support
- 77% I feel less suicidal as a result of IMP:ACT support
- 71% IMP:ACT support helped me with my family
- 70% IMP:ACT support helped me with financial difficulties, benefits or work
- 63% IMP:ACT support helped me to reduce my isolation

This report was prepared using a combination of nomothetic and ideographic approaches. Service user input was provided by anonymous quantitative surveys, and anonymised qualitative feedback via one to one interviews. Further information such as demographics, presenting issues and triggers to suicide attempts were obtained through analysis of data collected by mentors and coordinators through their work with each individual, and collated into anonymous data.



Outcome: Become able to reach out for support during times of suicidal distress



86%

Case Study:

This gentleman has always struggled with feeling a burden to others and reaching out for support. He agreed to text his coordinator when he feels overwhelmed and self-destructive. To interrupt his cycle of escalating behaviour he has successfully begun to express his feelings in this way, allowing him to explore his feelings. The coordinator acknowledges the messages during working hours, thereby not generating a dependency. The gentleman has begun to reach out to the crisis team when in distress and finds this new-found ability to share his feelings has reduced his suicidality.

Said:

"I feel better able to reach out for help as a result of IMP:ACT support"

Voices of people with lived experience:

"If I am distressed and struggling, I text my co-ordinator with my issues, and he would get back to me in his working hours. I cannot emphasise the positive effects this has given me, it is as if I have effectively passed on my pain! And very potently calms me. Very often I feel very alone and scared, and although I have all the numbers to ring when in crisis. This very simple tool is now a totally invaluable part of, and top of all my coping techniques."

Voices of people with lived experience:

"Folks can't see in people's head but this services get in to the head with their experience and knowledge you think about things and saves lives of people making you look at things in the world differently and it's ok to reach out for help."



Outcome: Develop relationships skills



85%

Case Study:

This gentleman is outgoing and charming by nature but struggles with leaning on others. With the coordinator's help he has begun to distinguish between relationships of 'fun' vs those in which he can reach out for support and deepen and strengthen those friendships. The coordinator has also supported him to develop greater insight into family dynamics, and empower him to assert his own needs.

Said:

**"IMP:ACT
support
helped me
with my
relationship
skills"**

Case Study:

This gentleman made the attempt to end his life due to relationships breakdown. With his coordinator's help he has been able to identify patterns of dysfunctional relationship behaviours, and the impact this has upon him. EmRes mentoring and coordination have given him the skills to ground himself and built his resilience to cope with relationship distress.

Voices of people with lived experience:

"This has been a big thing for me, my relationships can be difficult due to my mental health – it takes a lot for me to trust people but I have always trusted my coordinator, and my mentor when he does the well-being check ins is always really nice."



Outcome: Support to reduce suicidal thinking & behaviours



77%

Voices of people with lived experience:

"If not for IMP;ACT I wouldn't be in the place I am now. I'm not as out of control, don't want to end my life now. My coordinator is such a star, he has backed me, and fought for me, outstanding what you've done for me.

There are no services for what I've gone through, it doesn't end – whichever way it goes it is always part of your life. Finding a new start after bereavement and loss of everything stable... IMP;ACT has gone above and beyond.

I don't know how I would have got through these challenges, I'm on top of it now but it was one thing after another. I'm now at a stage in my life where I don't feel happy and I don't feel sad, but I'm breezing along and taking time out for myself.

I have coped with bereavement and trauma. I have the awareness now of watching myself for in case of suicidal thinking or deterioration, I am stronger and getting stronger, improving physically and psychologically. I have more good days than bad guys.

I am now consciously aware that I am going to need that help when things get worse.

I hit rock bottom and having IMP;ACT as support weekly, fortnightly and 3 weekly – reaching out when I need it has made the difference – my coordinator needs a gold star, you all do."

Voices of people with lived experience:

"I don't say this lightly, but I am in no doubt that I would not still be here without their input. This service is outstanding and needs to be recognised as such Words can never express the deep gratitude I have to those 2 people and to this service."

Said:

"I feel less suicidal as a result of IMP;ACT support"



Outcome: Support to reduce suicidal thinking & behaviours



77%

Voices of people with lived experience:

"Mental illness is painful and people need the help.
If I ever got as low as I did before then suicide would never be an option again; working with IMP:ACT has doubled down for me on needing to stay alive and be there for my family.
I feel better about life, life has been something for many years to tolerate, not enjoy.
At the beginning of last year I was hoping to catch Coronavirus and die, now I want to live, I'm starting to think about what I would like to do work wise and move into supporting people with mental health issues. I would like to be an ambassador for mental health."

Voices of people with lived experience:

"Being able to talk openly about feeling suicidal is what helped me deal with those thoughts, understand what was underlying those feelings and actually grounding me enough to prevent me taking the suicide option."

Voices of people with lived experience:

"I would not be here without the help of my call every week it's knowing you have someone there. Maybe only a quick call but it's helps so much."

Said:

**"I feel less
suicidal as a
result of
IMP:ACT
support"**



Outcome: Medical compliance



75%

Case Study:

This gentleman has frequently felt overwhelmed by his chronic illnesses and multiple diagnoses, which can be confusing and difficult to manage.

With the coordinator's help in attending and engaging with psychiatric and physical health appointments he has been able to more fully participate in these appointments.

He has benefitted from having an advocate and moral and administrative support to book and engage with these consultations.

Said:

**"IMP:ACT
supported
me with
medical
appointments"**

Voices of people with lived experience:

"I suffer with EUPD, Recurrent Depressive disorder, Anxiety, and have just been diagnosed with Psychosis, and have been started on antipsychotic medication... my coordinator is wonderful to work with, a really knowledgeable man, who I am very comfortable with, and with my mental health issues, to have that level of trust and ease with a person is very problematic for me, and speaks volumes about how excellent he is. He is always professional, approachable, and kind."



Outcome: Medical compliance

Case Study:

This older lady with long term life limiting health conditions suffers from social isolation and concerns about her long-term care. The coordinator supported her to access adult social care and support groups to reduce her isolation and risk of domestic abuse from her partner. She is being supported around building positive relationships with family and friends to provide her with emotional support. She has spent time exploring her belief that suicide is an escape for her when her health worsens. The coordinator is developing long term plans with this lady focussing on how to manage her medical issues, arrange appropriate care and cope with their effect on her life.

Voices of people with lived experience:

"I struggled with energy so having someone else to help me with medical appointments, phoning the right people and advocating on my behalf makes a powerful difference.

When you're depressed you don't want to do anything.

My health deteriorated, I needed care, I needed housing, finding PAs, medical support, every aspect of life. I manage but I came to a full stop...my coordinator helps me with all of that."



Non-adherence to medical treatment costs the NHS £500m per annum, with low medical compliance correlated to increased needs for more complex care and treatment.

"Patients in Yorkshire and Humberside are most likely to stop taking their medications due to unwanted side-effects."

[The-True-Cost-of-Medication-Non-Adherence-Report.pdf \(omnicell.co.uk\)](https://www.omnicell.co.uk/The-True-Cost-of-Medication-Non-Adherence-Report.pdf)



Outcome: Support for and with family



71%

Case Study:

This lady, a single mother, was supported by contact with social services, AA, and identifying ways to make her life less chaotic in order to find structure.

She has completed her 12 months work with IMP:ACT and there are now numerous other services involved around her and her children.

With the coordinator's support she has gained back part-time custody of her children after her suicide attempt, and is receiving extra support in parenting.

Said:

**"IMP:ACT
support
helped me
with my
family"**

Voices of people with lived experience:

"Lockdown was a challenge. I'm a lone-parent, teaching my kids at home. Before lockdown I wouldn't go out, I was paranoid about germs, and it still feels unsafe - I haven't had my jabs cos I'm pregnant. IMP:ACT scheduled my appointments around my children not being here.

I am fighting for custody of my children, and my coordinator sent a report for me to court to advocate for me about my mental health. I feel like it made a difference to how the court sees me. My coordinator also helped massively with my anxiety around court. "



Outcome: Support to resolve financial difficulties, such as accessing benefits or work



70%

Case Study:

This lady was experiencing financial difficulties as she is unable to work due to chronic physical and mental health difficulties.

The coordinator supported her to complete the PIP application form, a source of excessive stress.

PIP was awarded and the lady is in a better financial position as a result.

were
supported to
resolve
financial
difficulties ,
access
benefits or
work

Voices of people with lived experience:

"My coordinator helped me fill my PIP forms – I wouldn't have had a clue, my head was a shed, I wouldn't have even done the form, I couldn't concentrate to read anything. "



Outcome: Support to resolve financial difficulties, such as accessing benefits or work



Benefits applications and appeals processes are renowned for being dehumanising, distressing and difficult to navigate, particularly for those in chronic pain or with mental illness.

Supporting people to access benefits and develop financial independence, moving away from poverty, release them from a major stressor and allows them to consider other opportunities such as work/volunteering.

Case Study:

This gentleman struggled during lockdown with anxiety, isolation and limited financial independence. The coordinator identified employment support services and attended appointments. This led to opportunities for CV building, confidence workshops, and continued open-ended support with employment related concerns. The coordinator is seeking volunteering opportunities suitable to the gentleman's experience and interests. The volunteering aims at generating fulfilling, meaningful activity for the gentleman's life.

Voices of people with lived experience:

"I am thankful there have been no barriers to me accessing support from IMP;ACT, in fact IMP;ACT overcome the barriers in my way. I've been able to attend medical appointments with support which has helped...Without IMP;ACT I would struggle with appointments, not speak up for myself and my needs and let myself be whitewashed out of the room. IMP;ACT has helped me actually ask for the help I needed. I can make appointments for myself but the outcomes would have been very different for my physical and mental health. With IMP;ACT's support I have also been able to return to volunteering which is good for me.

3

Referrals received	44
Inappropriate, or non-contactable referrals	23
Active Service Users	20
Individuals completed 12 months and discharged	1
Direct coordination contacts with active service users ⁴	1,050
Hours of Mentoring	70
Hours of Mentoring input into safety provision	50

³ These figures are for 20th July 2020 to 19th July 2021 and represent 12 months of work

⁴ Approximate figures including telephone, video calls, text conversations and emails

Social Return on Investment

Statutory Support	£69,603 ⁱ
Cost per active service user	£3,315 ⁱⁱ
Category of value	Social Return
Prevention of Suicide ⁱⁱⁱ	17m
Prevention of escalating child endangerment ^{iv}	£1.64m
Leadership Input	£34,667
Prevention of escalating Domestic Violence ^v	£34,015
Support accessing volunteering ^{vi}	£21,369
Support accessing medical/psychiatric treatment ^{vii}	£8,400
Support with benefits and finances ^{viii}	£607.11
Support with housing concerns ^{ix}	£123.90
TOTAL SROI	£18.74m
ROI (per £)	£269
ROI (%)	26,924%
ROI per active service user	£892,415m

Over and above SROI; the personal cost of suicide

When we were designing the IMP;ACT service, we had in our minds always, the legacy of a young man whose difficult circumstances eventually led him to take his life.

Andy was a wonderful human being, bringing joy to all who knew him, participating in counselling at Open Minds, but also volunteering as a maintenance worker through what was then our volunteer pathway.

Andy would likely have benefited from IMP;ACT, because the complexity of his circumstances required both practical support with housing, finances and chronic health issues, as well as emotional and psychological support to address historic and ongoing trauma.

Andy tried to be strong for all of those around him, but like many people who rescue others, he frequently forgot to care for himself.

Andy left behind his family; mother, grandparents, siblings, partner and more who were and continue to be devastated by his loss. He also left behind his Open Minds family. Those of us who knew him still feel his loss strongly.

We use his example of compassion and humanity every day in striving to do more and be better for those who need us.

Over and above SROI; a personal perspective on preventing suicide

This personal narrative is provided anonymously

In lockdown in 2020 I was working from home and teaching my child when a very dear friend who lives alone decided it was his time to die. He sent me a very clear goodbye one morning. I contacted him, by phone, text and messenger, but he stopped answering. I felt a sort of cold panic – what should I do? I couldn't just go and physically stop him!

I calmed myself down and phoned SPA to explain my concerns. They were supportive but asked me to phone the police. They asked me how concerned was I out of 10? (10), would he be dangerous? (no, only to himself), last known location? (home). They asked me to send them a photo. By dinner time the police phoned me from his home. He wasn't responding but his phone was ringing inside. They had a locksmith and asked my permission to enter, so I said yes. They phoned again; the door was jammed, could they break a window? (oh my goodness, that's a decision I didn't want to make!) I said yes. They then phoned to say he wasn't at home, and asked where he might have gone. My mind went to visions of the railway bridge. I thought overdose sounded too passive and slow, and I didn't think he would hang himself as I knew he would be horrified to traumatise an innocent family on a walk. He is very kind, just not to himself. I wanted to go look for him, but I was afraid of what I might find, and what that would do to me.

The police changed shifts and late in the evening I had a phone call from the officer on site. My friend was home and had capacity, so they could take no further action. I was relieved but embarrassed – did I read too much into it? No. He phoned me, furious for taking his choice away. Seeing the police looking for him had shocked him, interrupting his ability to 'finish the job'. He had gone for a very long walk in the hopes they would leave and by the time he came home he still wanted to die, but wasn't going to act on it. I was so relieved, and so sad. *I might have lost a friendship, but I hadn't lost a friend and if I had to grieve, I preferred that loss over the other.* He phoned me a week later. The crisis team, home treatment and SPA were supporting him, he had new medication, and he was horrified by the dark place his mind had gone to. I can't thank the police and the crisis team enough. They went above and beyond. I spoke to them a total of 39 times that day, back and forth to different professionals being kept informed and included.

It was one of the worst days of my life, but with one of the best results. It takes a village to raise a child, and it takes a village to save a life when someone doesn't want to live, but both are so worth it.

Risks to the service

The three main risks to the continuing efficacy of the IMP;ACT service are detailed below.

Team capacity

The nature of the work is highly intensive, and began under a period of great societal stress and upheaval with the onset of the COVID-19 pandemic and lockdown. That the team successfully navigated this process and supported IMP;ACT service users so significantly, as evidenced by feedback explored above, is a testament to their passion and drive. However working at a deep-level within individual's lives to unpick dysfunction and replace this with healthy coping methods, and a life environment which supports them is time consuming and sometimes upsetting work.

The team has been structured to allow self-care and robust support for each team member. This includes wrap-around support for occasions on which a service user re-attempts, or may complete suicide. The toll this takes on the person working with them is substantial. Being a 'professional' does not change the amount a coordinator or mentor cares for the person they are supporting, particularly given that their whole role and every interaction is focussed around finding ways of moving the individual further away from suicide, over a period of 12 months. In the aftermath of a reattempt the individual who made the attempt needs a great deal of support from the coordinator and mentor, who are then less available to take on new referrals, as they focus on putting support in place to prevent their service user deteriorating further.

At present each coordinator can realistically support around 7 people at a time in active coordination, spending around 1 – 2 hours per week in direct contact with each individual, with another 2 hours per week occupied with MDTs to discuss referrals and build relationships with NHS referrers, another 1 – 2 hours weekly on team debriefs and practitioner support. The remaining time is occupied in pursuing the needs of the people they work with. For example advocating remotely to Social Services on a service user's behalf may take 2 hours – making appropriate contacts, writing reports and attending child protection meetings. A face-to-face appointment such as attending a psychiatric review may take 3 hours in a single day, including meeting the individual beforehand, helping them be emotionally ready for the appointment, waiting and attending the review, and debriefing afterwards, with travel time to be considered. As such, an appropriate balance appears to be a case-load of between 7 and 10 service users, depending on their level of vulnerability and the amount of in person support they need.

Service Level Continuation Funding

The evidence of SROI shows the extent to which IMP;ACT's work more than pays for itself, with a conservative estimate of £269 per £1 invested return on investment. Without continuation funding the IMP;ACT service is not sustainable.

£52,204 per annum directly funds a team of 7, with Open Minds contributing the time of their Managing Director over and above the funding available to buy back that time. 3 coordinators cost £45,000 per annum, each working 3 days per week to provide essential work. Expanding the service will only be possible with greater financial investment which could allow recruitment of more coordinators to provide this essential work.

Core Continuation Funding

IMP;ACT operate under the umbrella of Open Minds Counselling Service, with extensive direct support from Open Minds' infrastructure, to a value of £26,000 per annum. In year 1 however the actual financial contribution towards this support was £57 after all other expenditure.

Separate to IMP;ACT, Open Minds costs approximately £167,000 per annum, providing counselling to approximately 200 – 300 adults and 100 – 150 children per annum. £97,000 per annum is oversight and delivery of counselling and therapeutic interventions to children and young people, and £70,000 is provision for adults. Currently this £167,000 is funded predominantly by The National Lottery Community Fund, until May 2022, with no possibility of extension. A significant risk to IMP;ACT is then the loss of the organisation unpinning them. Open Minds as a charity will continue to seek continuation funding from other sources in order to minimise this risk, but such investment by grant funders in an increasingly competitive market is not guaranteed.

A change in the approach to funding by statutory providers is essential if services such as Open Minds, which are significantly embedded in mental health provision for the local community, are not to close.

Conclusions and Recommendations

With established systems, relationships with referrers and imminent access to digital care records, IMP;ACT look set to not only sustain their remarkable and award winning service, but also to improve this work, drawing on the lessons learned during the first 16 months of their delivery.

With the hurdles caused by the pandemic now overcome, and significant progress made in referral pathways the main obstacle continues to be appropriate access to information about service users or referrals. SystemOne and digital care records should resolve this issue.

Continuation funding to the same level or greater will allow support to continue, or increase, proportionate to investment, but consideration must also be given to supporting the stability and security of parent organisations in such funding models.

And in conclusion, because who can resist? When it comes to reducing suicide in Doncaster, for a small investment we have made a significant impact.

The following pages are 'In their words: voices of people with lived experience' - a collection of qualitative feedback summarised from people who benefitted from IMP;ACT's support. We hope you read them, as they are the heart and soul of why we do the work we do.

In their words:

The following pages contact summarised feedback from the amazing individuals accessing IMP;ACT.

Gathered in conversation through one to one qualitative interviews and responding to the following questions:

1. What worked? What has made a difference?
2. What did success look like to you?
3. Where were you before our support, where in the middle, where now, where do you see the future being?
4. How much does the holistic IMP;ACT approach adapt and support you – underlying needs, unmet needs?
5. What needs to change for you?
6. If other services had been responsive in the ways they needed to be, what would have looked different?
7. What are the gaps that we can't meet? Young people with no resilience and life skills, no network
8. What barriers were there to you accessing support? How did we work to overcome these?
9. What would/could have happened if you hadn't encountered IMP;ACT?

All participants shared here gave consent for their full, anonymised, interviews to be shared

In their words:

Voices of people with lived experience

I have nothing bad to say. Everything was paced at the right level for me. I needed to find secrecy from my family in the home to not upset my children, but we found ways of making sure my children couldn't over hear me.

I really enjoyed mentoring and would have liked mentoring to go on for longer as the mentor was so helpful.

Been a big thing for me, my relationships can be difficult due to my mental health – takes a lot to trust people but I have always trusted My coordinator, and the mentor when he does the well-being check ins is always really nice.

Mental illness is painful and people need the help. If I ever got as low as I did before then suicide would never be an option again; working with My coordinator has doubled down for me on needing to stay alive and be there for my family. I feel better about life, life has been something for many years to tolerate, not enjoy. At the beginning of last year I was hoping to catch COVID19 and die, now I want to live, I'm starting to think about what I would like to do work wise and move into supporting people with mental health issues. I would like to be an ambassador for mental health.

In their words:

Voices of people with lived experience

If not for my coordinator I wouldn't be in the place I am now, I'm not as out of control, don't want to end my life now. My coordinator is such a star, what will it be like without him – he has backed me, and fought for me, outstanding what you've done for me. There are no services for what I've gone through, it doesn't end – whichever way it goes it is always part of your life. Finding a new start after bereavement and loss of everything stable.

Knowing that he is there weekly or fortnightly, even if just a brief check in or a long chat, he always makes himself available, and if he is worried I know he won't run off. I know I can say anything, warts and all.

Helps motivate me, off load it, it is better to reach out for support – guidance, awareness of when I'm not feeling or thinking right. Finding support local to me, mindfulness, meditation, new to me to work with a male professional. Your service has gone above and beyond. I don't know how I have got through these challenges, I'm on top of it now but it was one thing after another. I'm now at a stage in my life where I don't feel happy and I don't feel sad, breezing along and taking time out for myself, coped with bereavement and trauma.

I have the awareness now of watching myself for in case of suicidal thinking or deterioration, I am stronger and getting stronger. Improving physically and psychologically. I have more good days than bad guys.

I am now consciously aware that I am going to need that help. I hit rock bottom and having my coordinator as support weekly, fortnightly and 3 weekly – reaching out when I need it.

My coordinator needs a gold star, you all do.

Voices of people with lived experience

I've suffered with my Mental Health for some time now. The biggest thing for me was having one worker and knowing we had a year to work together, the continuity lets you build trust, they understand you, know the ins and outs and feeling that you can tell them anything is brilliant. When my coordinator wasn't there the mentor would check in, I was never left alone without support. My coordinator helped me understand my relationships, and the mentor supported me with relationship guidance in mentoring.

I didn't have to repeat myself all the time like with the crisis team's changing of workers. I can continue the conversation and relationship. I had IAPT before and it is only a few sessions, 6 isn't enough, what are you going to achieve? A year working with one person made the difference. Without IMPACT I'd still be going round in circles, no point seeing other services, every time they came out it was someone new who didn't understand anything.

Lockdown was a challenge. I'm a lone-parent, teaching my kids at home. Before lockdown I wouldn't go out, I was paranoid about germs, and it still feels unsafe - I haven't had my jabs cos I'm pregnant. My coordinator scheduled my appointments around my children not being here. I am fighting for custody of my children, and my coordinator sent a report for me to court to advocate for me about my mental health. I feel like it made a difference to how the court sees me. My coordinator also helped massively with my anxiety around court.

My coordinator helped with everything. If I needed anything the backup was there, techniques to control anxiety and worrying, and it's good to know if I had difficulties I could pick the phone. Helps a lot, they are there when you need them. My coordinator helped me fill my PIP forms – I wouldn't have had a clue, my head was a shed, I wouldn't have even done the form, I couldn't concentrate to read anything.

At the beginning I was very suicidal, after my attempt I spent some time in crisis house, but now my mental health is a lot more stable, I have a baby on the way now, I'm a different person. I would not try to kill myself again and in hindsight I wish I hadn't done it at all but everything in my life had changed – all got too much. I'm normally the strong one, and My coordinator is fantastic, can't fault her. IMPACT made me realise a lot in life. I was scared of being on my own in life but now I know I don't need a bloke and I can manage. I am so thankful for the work she did with me.

Voices of people with lived experience

My coordinator is amazing, I am lucky to have found IMPACT. The fact that I can be so open about suicide is the biggest thing – not be judged or shut down, not avoiding the subject. I really struggled to get counselling as there was a fear that it would make me worse instead of help me recover. I felt like everywhere just shunted me from pillar to post – I got the right support eventually, but I had 2 or 3 months on my own without support.

Crisis Team was shocking, dreadful – ignored me saying I wanted to throw myself in the canal. I was shielding and they came in without masks – told me to grow a pair a balls and tell my abuser to fuck off. That threw me over the edge, I felt there was no support, I can't do this on my own and there is no point living, I might as well just 'go'.

Safe Space are the only other organisation that was helpful.

The only fault I would say is finding IMP;ACT – it is a sheer fluke that I found you through safe space. The word needs to get out there that impact exists. Other services can be a band-aid and it isn't cost effective, people bounced in and out of services, whereas IMP;ACT offer a concentrated level of support that makes the change long-term.

When I was referred to impact I didn't know or understand what it was about but I had an immediate connection and felt safe and confident enough with My coordinator to open up, and that took a lot after my negative experiences. My coordinator accepted that I had a suicide plan and that my escape route functions as safety net and allows me to function daily. I don't want to die now, but knowing I could if I wanted to gives me a sense of control that keeps me alive.

The things that worked for me are the flexibility, there being no set criteria for each session, bringing up what I need to and taking things at my pace. It's been so fluid, sessions give me enough time to discuss things but then ground me from anxiety to safety. I can be open about how I'm feeling. I feel so supported. My coordinator has gone above and beyond. I can text when I'm struggling, and he gets back to me when he can with check in calls.

My coordinator and The mentor were brilliant, so intuitive I couldn't have wished for any better. It's not about closing me down, I can share what I need to and not have it minimised or brushed over. Not made me feel stupid, or that I was opening inappropriate subjects. They were never too busy for me, always made time for me and invested in me.

IMP;ACT is tailored around me, not prescriptive. It is led by me, at my pace.

In their words:

This is the gold standard, it should be rolled out everywhere, I can't praise it highly enough. I would stand up on any platform and praise IMPACT. I wish every mental health service worked in the same way.

Success for me is understanding what is going on for me – how do you solve a problem if you don't know what the problem is? We got to the crux and the root cause of my distress, my situation is so complicated and I have been very confused. I needed a very slow unpicking, and the amount of time IMPACT gives me lets me fully unpick this, not rushed, not unsafe, you can't rush feelings, can't rush developing understanding and insight.

Lockdown played into my favour as I am housebound, so remote support has been brilliant, really opened doors for me. I haven't felt that I've missed out on face to face. We will meet face to face though at some point, which will be lovely. The practical support makes the difference too. I am a strong and capable person, and always been. Sometimes I have been absolutely swamped, I have had to fight so many battles, health, relationship support, housing support, health support. Not knowing which next battle to fight next, and My coordinator helps me fight those battles. He saved my life. I would not be here – unbelievable level of difference. Can't fight every dragon on your own.

I struggled with energy so having someone else to help me with medical appointments, phoning the right people and advocating on my behalf makes a powerful difference. When you're depressed you don't want to do anything, my health deteriorated, I needed care, I needed housing, finding PAs, medical support, every aspect of life. I manage but I came to a full stop. Other organisations put barriers in place from encrypted files to seeking information and saying I'm not complying but the systems are impossible to navigate and alienating. The housing service particularly keeps saying I haven't filled things in or completed their requirements, removing me from the list but I'm pursuing them constantly to know what they need. My coordinator helps me with all of that.

I am in awe of this service. This should be the gold standard across the board for everything.

Voices of people with lived experience

I can't fault the CMHT, the police, I hated everything at the time at the time that I wanted to die, everyone who was trying to help me, but I needed the help when I was so bleak. If IMP;ACT hadn't been here for me I would have killed myself. Thank you, you have saved my life and helped me to keep saving my life every day since.

Before IMP;ACT I was utterly lost, wandering around in a daze. It has made a significant difference to how suicidal I am, I still get the thoughts but not entertaining them. I no longer actively want to die. It is all consuming to be suicidal. I'm calmer, I'm a lot calmer now. My future is still just blank, I'm not looking forward to anything, but not fearing anything. I have no worldly goals but that's where I need to be for now, I want quiet, I don't worldly goals and grand plans. That being said I have had thoughts of future employment; I have thoughts of doing something, but I know I'm not ready yet.

What worked for me was having vital contact with someone who understands what I'm going through. That contact continued so I felt safe and able to talk about anything. IMP;ACT has 100% adapted to my needs and supported me. The staff are friendly, very professional, always on time, whether it was calls or emails they were always reliable. I need to maintain the level of support as it is, for the foreseeable future until more positive change occurs. If IMP;ACT could be indefinite it would be even better as it has made so much difference, but I know it is for a year.

I am thankful there have been no barriers to me accessing support from IMP;ACT, in fact IMP;ACT overcome the barriers in my way. I've been able to attend medical appointments with support which has helped. It makes me take it more seriously and the coordinator can hear things that I miss, because I do miss things that are being said. Having a debrief after an appointment helps as well. Without IMP;ACT I would struggle with appointments, not speak up for myself and my needs and let myself be whitewashed out of the room. IMP;ACT has helped me actually ask for the help I needed. I can make appointments for myself but the outcomes would have been very different for my physical and mental health. With IMP;ACT's support I have also been able to return to volunteering which is good for me.

I think mentoring would work better face to face because of the paperwork and worksheets, which I found at the beginning to be overwhelming, which I think is because of COVID. I can imagine they work better face to face but not with someone with poor literacy. Some of the work is heavy but it is what I needed, there is no point talking about flowers when considering hanging yourself. I don't think it was harmful, just overwhelming. Support calls at the beginning before mentoring would have helped me as a more introductory and gentle start when I was so vulnerable.

In their words:

Voices of people with lived experience

This service user has only just begun mentoring.

I find it alright. I need routines to set in.

Mentoring can grind me down, drag on a little. I have a short attention span, I lose focus and miss what the mentor says. We cover a lot in an hour.

I can't use worksheets they are pointless, I don't use them and won't even look at them. I don't like generic worksheets.

From mentoring a couple of things applied to my own life but I don't put myself in those situations to test them out in my own life, I wouldn't know where to start.

When asked if mentoring was distressing:

After mentoring how distressed I am depends on what has been discussed, I find it hard work – I'm covered in sweat and shaking, not upset, just thinking it through is hard.

In conclusion:

The individual's mental health relapsed into suicidal crisis and IMP;ACT responded by discussing this with the Access Team who have taken him into their care, with IMP;ACT as a potential future exit strategy.

Voices of people with lived experience

I've got nothing bad to say whatsoever, everyone is doing a fantastic job. My coordinator has been amazing. She has been a godsend.

Before IMP;ACT started supporting me I felt like I was hitting rock bottom, I didn't want to live. I was very suicidal. I still sometimes want to die but not as often – I am in so much pain on a daily basis. I don't know what the future holds, whether my health will deteriorate. My coordinator has advocated for me and I feel able to tell professionals what I need in a different way now. I am on so much medication I get really confused all the time and 9 times out of 10 I'm not sure what I'm doing. I am very forgetful. I feel better able to ask for support such as not just medication but also acupuncture. A major barrier for me has always been my mobility and pain, I can't go to places as it all makes me have so much pain for days afterwards. I can't stand the pain, like if I went to physio manipulating my joints gives me agony for days. Other services don't listen – talking to a brick wall, they treat me like a job and don't understand what it is like to live with it. My coordinator has always provided me with support over the phone so I did not have to struggle to get to places and then suffer for days afterwards. Having telephone support has been really good, I would like to see her face as well sometimes eg by WhatsApp. I feel like my coordinator listens to me, she is a very good listener, as helpful as anyone could be.

My coordinator has helped me with practical things like utilities, I've never been used to dealing with finances before – never dealt with money before and I still struggle with that. I get a letter and I daren't even open it, I find they weigh down on me. My coordinator found the information for me to get help from the ombudsman service. In an ideal world she would be able to do it for me but they will only speak to me directly. Success to me has been my coordinator's support in getting things to help me mobilise, aids around the house which has really worked for me, that has been amazing, helped me immensely, made life easier at home, no qualms about that, even got extra grab rails.

I wouldn't like to think what would have happened if I hadn't accessed IMP;ACT, It's possible I would have reattempted suicide.

In their words:

Voices of people with lived experience

The main issue for me is I am isolated, I don't have friends or a friendship circle. Finding like-minded people is a challenge, and was even worse during lockdown. I get a negative voice telling me not to do things. My coordinator helps me ignore the voice, he helped me feel less stuck in my own head and able to turn to someone. A big problem for me is loss or lack of purpose, I feel like I am on my way to obtaining that. Lockdown made my anxiety worse, not just fear of the pandemic and the rules, but everything changing. Without IMP;ACT I would have been more isolated and less able to get the support I need. My coordinator helps me plan things and talk through my fears and obstacles. I think I am going to be able to keep using the skills and links my coordinator has helped me with, once I am no longer supported by IMP;ACT.

Before IMP;ACT I was definitely contemplating suicide every day, and now I feel like I'm getting on my feet – I am much less suicidal. Had it not been for IMP;ACT I would probably have made more attempts on my life and possibly even succeeded. I tried to turn to IAPT before accessing IMP;ACT but did not feel that they were supportive for my needs.

A barrier to me accessing support is my anxiety, my mentor helped with some strategies for anxiety management. Mentoring over the phone wasn't ideal but due to lockdown I know there was no other way. I could still learn from the mentoring even by phone. Just having someone to talk to has been quite helpful, pushing me to do things.

My coordinator helps me get out the door or get started in making things happen. Having someone to help me get my foot in the door makes a difference, such as for job support. I could not have done it as quickly without my coordinator's support, which helps me overcome my self-doubt.

Voices of people with lived experience

What worked about IMP;ACT for me? absolutely everything to be honest – 9 months of support so far has absolutely changed my mind, how I think about things, my way of living. My coordinator saved my life.

I have tried to reach out for support after my suicide attempt but I found the other professionals to be cold and rude, not wanting to help me. I had had antidepressants for years but no therapy to help me see things differently. My coordinator helped me talk things through gradually, and I see the changes in myself and my family see the changes in me for the better too. I bonded with my coordinator, and there were no barriers to me accessing support. In the past when I've been as bleak as I was in 2020 I didn't want to live, I could see no point in living. IMP;ACT made all the difference to me seeing life differently. Without this support I would not want to live.

There has been no part of my life My coordinator didn't help with. I don't have the words to describe the difference it has made. The approach of emotional and practical support going altogether really helps. My coordinator is warm but also professional, and makes me feel valued. I know he is listening to me. I can say anything, and I trust him which has always been hard for me. Sometimes he listens and sometimes he gives me advice or helps me find a way forwards. I feel more confident and I know I have someone who has my back and who I can trust.

I have suffered all of my life, from childhood to adulthood. Before IMP;ACT I did not see the point to life, that has always been in my head, no belief that I would ever escape from the cycle I was stuck in, but I feel like I have grown up again – I have learnt about what I can do differently to make life better. I feel like I am a new person and can see myself differently, and what good things I am capable of. I never believed before that any forms of talking therapy could help get me out of the trap of my mental illness and difficulties in my life, but now I know it is possible. I am on the right track now. I am doing everything to make my life work.

If I had never met IMP;ACT I would be in the darkness, not seeing the light and the way out of my depression. I couldn't cope and would have been dead, I would have tried again until I killed myself. And worse, it would not just have been me who was dead, my children would have lost their mother, but now I am a completely different mother to them.

Voices of people with lived experience

My relationships with everyone have improved; I am calmer and different with people. My oldest daughter said if I had had IMP;ACT 10 years ago I would have been a completely different parent to her. I have a small child and I want to be part of her life and give her the best life possible. My coordinator has attended Child Protection conferences with me and he has helped me cope through everything. I am a better mother and my little one is happier too.

Now I have future plans, I am working towards my driving license, I'm in full time education, I'm doing courses and I credit My coordinator with all of that – he inspired me to work on my life and to grow. I have started to volunteer, working with children. I'm studying drugs and alcohol courses because I have seen it take away people I love, and I'm studying mental health and illness courses. Before IMP;ACT I would never have thought I could do any of these things. I am not fully recovered but I see that I have to work slowly to keep going, but I am absolutely changed. Even smoking; after 28 years of smoking now I don't smoke, I want to live and be part of my children's lives and not let anything get in the way. I have the power now to do things in my home, I can make decisions about my house, my life, holidays, taking care of myself. I do not feel like I would try to kill myself again, I want to live and be part of my child's life. I feel sorry for people who haven't found you. I wish I had found you years ago. You need more staff who can help more people, not waiting for years for support, and then it is too late. I truly mean it, IMP;ACT saved my life.

Voices of people with lived experience

Before IMP;ACT I was a right mess, I didn't know if I was coming or going. Without IMP;ACT I would probably not have been here. My last attempt nearly killed me and I was lucky to survive, without IMP;ACT I would have tried to die again. I am less suicidal now. I don't want to die anymore and anytime I have suicidal thinking I think of my kids and wanting to be part of their lives. I wouldn't have this time with my kids if I hadn't changed and I did that with IMP;ACT's support. I don't want to think about what would have happened if I haven't found IMP;ACT.

What worked for me about IMP;ACT is everything – my coordinator and my mentor helped me with everything I needed. They helped me with coping mechanisms such as using headphones to enable me to manage my anxiety when I leave the house, and now I feel safer and more comfortable when out and about so I don't need to use the headphones as much, I don't think I feel less anxiety but I manage it better.

The benefit of someone calling makes all the difference, getting to know where I am coming from, how bad I've been, and meeting that person is fantastic. Helping with anxiety and depression, looking at how far back it goes, understanding my relationship problems. They have helped me understand my relationships, especially with my ex and to stop over-thinking, learning to not a mountain out of a molehill. I feel able to communicate with people. As someone independent my coordinator can see things clearly and give me guidance and perspective. I'm very good to hiding at my feelings, learning to open up and reach out helps.

Me being with the IMP; ACT team has made my life better and easier to cope with. I hope in the future to get back to work, doing things a bit at a time, getting my own house so I can see my kids more often. I am considering volunteering now. I'm going at a pace that works for me.

In their words:

Voices of people with lived experience

Before IMP;ACT I was quite low, self-harming, suicidal thoughts. I went through my GP who referred me for counselling, the counsellor identified that I needed different support so I was referred to IMP;ACT. My coordinator is brilliant, and my mentor was brilliant too, I have nothing but praise for everyone in the team. The approach helped me massively. I have encountered no barriers to accessing support with IMP;ACT. The weekly checks in, knowing that somebody is there is a big source of support.

I dread to think what would have happened if I hadn't had IMP;ACT support, I don't even want to think about it. There is a possibility I wouldn't be here. The biggest success for me is that I am no longer self-harming, which is quite a big thing, I think I am coping better. I have no suicidal thoughts, only the most fleeting thoughts at most.

I hope to carry on making progress as I'm in quite a good place. IMP;ACT absolutely helped me to not want to die and to move further away from suicide.

In their words:

Voices of people with lived experience

Before IMP;ACT I had bad times, wasn't coping very well, I lost my mum, everything went downhill from then. Made me want to die. I don't feel like that anymore. I am looking forward to the future – I haven't seen my family in nearly two years so I am looking forward to that.

My coordinator is a really nice person, really got me through this, he helped me getting confidence in myself, finding purpose in life. IMP;ACT gave me mental health support to overcome barriers in my life, learning to cope with my depression. Having someone to help with forms – I don't think I could have done it on my own.

I feel more confident and less suicidal – I might have reattempted without IMP;ACT's support.

In their words:

Voices of people with lived experience

Before IMP;ACT I couldn't see a light at the end of the tunnel, everything was massive, a lot of times I didn't want to be here. Now I can see light. I know it will be a long time coming – I know to give myself time, it might be two years, but I will turn around and see things differently, 20 years' worth of difficulties will be behind me.

When I was under the Crisis Team they were good, but they made lots of promises to refer me to places but nothing ever came off and it was always someone different that I spoke to, they never knew anything about me and built a relationship. With my coordinator it is always him and I found that so much better. IMP;ACT has made me assess things differently – at one point I was thinking things could never get better, it has made me think about things and evaluate them differently. I've learnt about my relationships, what is healthy and unhealthy, I understand things differently which I never would have done. I face things differently now, some days I just want to go to bed and other days I push myself at my pace. My coordinator taught me to break things down and make it work for me. Before I wasn't facing anything, I was going to bed and ignoring everything. It still gets on top of me but not in the same way.

In terms of barriers to support, I struggle to get support for my son who has special needs. to get him support has been difficult. We are now on the waiting list for the Autism pathway but it has a lot of impact on my daughters and I at home. My ex was a bully, and he still tries so I put pressure on myself – my house is the last connection to him so I am working a bit at a time to get that sorted.

I can unload my feelings about all this to my coordinator, in a way I can't to my friends. I have no family outside of my children – I've always held it in and protected my children and everyone else, I hid my feelings and grief at the loss of my parents but I am learning to deal with them. My coordinator has put things in place to help me deal with my grief. I don't even want to think what would have happened if I hadn't found IMP;ACT. I have no doubt I would have reattempted, and since IMP;ACT a few things have happened that affected me, but I respond to it differently.

References and End Notes

Page 9: figure is adapted from (Calgary, 2016) Straight talk: Youth Suicide prevention workshop, Centre for Suicide Prevention.

Page 42: "Patients in Yorkshire and Humberside are most likely to stop taking their medications due to unwanted side-effects." [The-True-Cost-of-Medication-Non-Adherence-Report.pdf \(omnicell.co.uk\)](#)

End Notes

- ⁱ Total investment for 24 months is £104,408 but these calculations were made 16 months into the service
- ⁱⁱ Cost per active service user is calculated as 16 months income divided by 21 active service users during that period
- ⁱⁱⁱ 10 individuals directly stated that IMP;ACT prevented them from completing suicide. Calculated as total economic cost of 1.67m per suicide, Knapp M, McDaid D, Parsonage M (editors) (in press) Mental health promotion and mental illness prevention: The economic case. PSSRU, London School of Economics and Political Science.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf
- ^{iv} Where lone-parents were prevented from suicide (4 individuals) we have calculated the benefit as threefold:
 - 1) prevention of children being taken into care (10 individuals) It costs around £56k a year to look after a child in care (8 Jan 2019) [Rise in children taken into care pushes 88% of councils over budget | Children | The Guardian](#).
 - 2) prevention of childhood trauma through maltreatment by a care-giver, which is valued at estimated average lifetime cost £89,390 [Economic cost of child maltreatment in the UK | NSPCC Learning](#).
 - 3) reducing cases from Child Protection Status to Child In Need Status, saving £719 per child per annum (1 individual) [Variations in Costs of Children Social Care in 2016/17](#)
- ^v The average unit cost of a domestic abuse victim is calculated at £34,015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf
- ^{vi} Value of volunteering is calculated as £2,008.40 per volunteer per annum, based on 2017 figures of 11.9m volunteers in the UK generating £23.9b [Economic contribution - Impact | UK Civil Society Almanac 2020 | NCVO \(ncvocloud.net\)](#)
- ^{vii} Cost of non-adherence to treatment valued at £600 per person per annum, calculated as total economic cost per annum as £500m, generated by 45% of UK adults (or 30.06m people) [Semahegn, A., Torpey, K., Manu, A. et al. Psychotropic medication non-adherence and its associated factors among patients with major psychiatric disorders: a systematic review and meta-analysis. Syst Rev 9, 17 \(2020\). https://doi.org/10.1186/s13643-020-1274-3](#)
- ^{viii} Calculated based on average hourly rate of a benefits advisor at £12.39, multiplied by an average of 5 hours support per service user affected
- ^{ix} Calculated based on average hourly rate of a housing advisor at £12.39, multiplied by an average of 5 hours support per service user affected