

An Evaluation of Samaritans Emotional Support Services

SUMMARY REPORT

Contents

Executive Summary	2
Overview: the 'great value' of Samaritans	4
Specific findings:	
1. The experience of volunteering for Samaritans	5
2. Delivery of the service	6
3. Callers' own accounts of their needs and experiences	7
4. What makes Samaritans different from other sources of support	8
5. Giving advice versus exploring options	9
6. Suicide	10
7. Mental health issues	11
8. Evaluation purpose, methods and limitations	12

Research limitations: Please note that the evaluation findings relate to the people who took part in the evaluation and cannot be taken as representative of the population of Samaritans' callers and volunteers as a whole. For example, the online questionnaire survey is likely to have been completed by younger, more literate users who have access to the internet and email. This possible sample bias is acknowledged in the full report and must be taken into account when interpreting the findings.

EXECUTIVE SUMMARY

Samaritans commissioned an evaluation of its emotional support services by the University of Nottingham between January 2008 and April 2010.

Aims

The aims of the evaluation were to:

- develop independent evidence about the impact of its services
- better understand the needs, expectations and experiences of people who use its services (callers), and the people who deliver them (volunteers).

User involvement

The research team at Samaritans consulted volunteers and callers around the UK on how best to involve them in the evaluation. The findings were fed back to the research team at the University of Nottingham who designed the methodology using several approaches:

- 1,309 callers completed an online survey
- 48 callers took part in individual interviews (face-to-face and telephone)
- 55 email strings and 3 text strings between callers and volunteers were analysed (with caller permission)
- 66 volunteers took part in individual interviews (face-to-face and telephone)
- 9 Samaritans branches across the UK, selected for a range of localities, sizes and activities, were informally observed (there was no listening to, or recording of, calls).

Throughout, the research team was careful not to compromise Samaritans' commitment to caller confidentiality, and the team took part in Samaritans Initial Training to increase their understanding of the service offered by Samaritans.

Key findings: Callers

- The majority (71%) of respondents rated the service as 'good' or 'excellent' and indicated that they had been very satisfied.
- The majority (84.6%) stated they would use the service again.
- Most respondents felt better immediately after their contact with Samaritans.
- Many callers expressed their great appreciation for the support received from volunteers.
- Callers expressed a high level of appreciation for Samaritans' services and reported deriving considerable benefit from their contact with volunteers.
- Callers felt able to discuss suicidal thoughts which they did not divulge to health professionals for fear of unwanted interventions from health services.
- Samaritans' core values of empathy, human contact, listening, acceptance, unconditional regard, anonymity, confidentiality and 24/7 access are strongly valued by callers.
- In particular, callers valued being able to talk anonymously and in complete confidence without fear of repercussions or unwanted interventions. These were seen as the key aspects which differentiated Samaritans from other forms of support.

Key findings: Volunteers

- People gain a great deal from their experience as Samaritans volunteers, in terms of personal development as well as membership of a community in a branch.
- Many volunteers described their experience as personally transformative, and being a Samaritans volunteer was a strong part of their self-identity.

- Volunteers described considerable fulfilment from 'being there' for callers.
- Volunteers rated training highly, and were positive about the support systems within branches.

Key findings: the complexity of suicidal thoughts, feelings and behaviour

The evaluation showed the very complex relationships between suicidal thoughts and feelings, intent to die, actions engaged in while feeling suicidal, and deliberate self-harm as a form of coping. Callers who described themselves as suicidal comprised of a very broad group: from stating that they wished to die, at the one extreme, to stating that they would never attempt to end their life, at the other. For some, their intentions were unclear even to themselves.

Learning points

Samaritans is committed to using its knowledge to ensure that its services are as relevant, accessible and of a high quality as possible. The evaluation revealed four key areas for Samaritans to consider in terms of its future development:

- To what extent is Samaritans *primarily* for people who are suicidal?
- Should Samaritans become more expert in the area of mental health, and/or more explicitly support people with mental health problems?
- What are the *explicit* benefits and boundaries to using Samaritans' services, and what scope do callers have in determining these?
- Should Samaritans give advice to callers, and what is the boundary between giving advice and exploring options?

Using the research

Samaritans is delighted with the results of this evaluation. Many of the findings demonstrate the positive effect of Samaritans' services on the lives of individuals.

However, Samaritans acknowledges there are many areas for learning and improvement, and this has led to a number of new projects. For example, an in-depth gap analysis is taking place to identify areas that need service development and further research. Samaritans is also reviewing its service specification, ensuring that it is clear to callers and volunteers what its service can and cannot provide.

Samaritans is committed to learning from research evidence, and will continue to develop and build on research knowledge about its services, callers and volunteers in order to improve its services.

Overview: The 'Great Value' of Samaritans

Callers expressed a high level of appreciation for our services and reported deriving considerable benefit from their contact with the volunteers. Samaritans' core values of empathy, human contact, listening, acceptance, unconditional regard, anonymity, confidentiality and 24/7 access are strongly valued by callers.

In particular, callers valued being able to talk to Samaritans anonymously and in confidence without attracting unwanted interventions from statutory services.

These were seen as the key aspects which differentiated Samaritans from other forms of support.

The role of individual volunteers

The study cannot give evidence for any role the volunteers may have in preventing suicide in any individual case. However, callers gave accounts of how helpful contact with the volunteers is in helping them regain control and calm when struggling with inner conflicts and suicidal and self-destructive urges. The researchers write that this "strongly supports" the effectiveness of Samaritans' style of support and volunteers' notion that callers may "step down" from a suicide attempt or self-harm after being allowed time and space to talk (Pollock et al, 2010, p.187).

"I really appreciate how much Samaritans helped me. I will definitely contact them in the future when I feel low, its nice to know there's somebody to talk to when you feel you have nobody to turn to" (Caller)

Responding to caller needs

The evaluation raised some fundamental questions for Samaritans to consider regarding how we understand and meet caller needs. Are callers' needs defined in reference to Samaritans mission and ideals? Alternatively should callers' needs be defined by those who use the service? The evaluation poses the question as to what extent Samaritans should maintain its current focus or modify this in response to *caller driven* definitions of needs and benefits for Samaritans' support (Pollock et al, 2010, p250). The researchers comment that, "regardless of what the volunteers' aim to provide it is the caller who determines whether or not they feel supported, and how effectively" (Pollock et al, 2010, p245).

- **The majority (71%) of respondents rated the service as "good" or "excellent" and indicated that they had been very satisfied.**
- **The majority (84.6%) stated they would use the service again.**
- **The majority of respondents to the online survey indicated that their contact with Samaritans had an 'immediate positive effect'.**

The Experience of Volunteering for Samaritans

The evaluation found that people gained a great deal from their experience as Samaritans volunteers, in terms of personal development as well as membership of a community in a branch. Many volunteers described their experience as personally transformative, and being a Samaritans volunteer was a strong part of their self-identity. Volunteers described considerable fulfilment from “being there” for callers and the sense that they were helping people in need.

What influences people to volunteer for Samaritans

The decision to volunteer for Samaritans was frequently deliberated over for long periods. People were motivated to volunteer usually because of a mixture of personal experience (or the experiences of a family member or friend) relating to suicide, mental health problems or severe life stressors, with exposure to advertising as a trigger. Some wanted to make use of personal skills and abilities (such as being a good listener) or professional skills.

Volunteers tended not to have concrete expectations of what their work as a volunteer would involve before training, but had a general perception of Samaritans as a worthy cause.

Training and support

Generally, volunteers were positive about the training and support systems within branches, which they saw as necessarily intense, challenging and difficult at times. Training was also seen as an ongoing process and not something that ends after the initial formal training has ended. Volunteers also felt that training intensified once they began to provide support to callers, enabling them to cope with the difficult content of calls. They also reflect on their training to help them maintain good working practices whilst on duty.

“I just want to give something back...I think that people who’ve been through difficult times are maybe more empathetic and ready to listen” (Volunteer)

“I think it was very useful. I certainly couldn’t operate as a Samaritan without it” (Volunteer)

- **Volunteers were motivated to volunteer for a number of reasons including; personal experience of suicide, mental health or significant life stressors; use of personal and professional skills; and to keep busy and develop a social network.**
- **Volunteers rated training highly, and most felt supported by their branch.**

2. Delivery of the Service

The researchers commented that Samaritans' 'active listening' is very complex and that the branch observations showed volunteers supporting callers with great skill and sensitivity. The researchers found that volunteers were committed to core Samaritans' ideals and values, but interpreted and applied this variably.

Samaritans' support

Samaritans' emotional support is based on non-judgemental active listening which provides a reflective space for people to explore feelings, develop insight and 'move on' by gaining the capacity to cope with their lives. The volunteer's role is to provide the caller with a 'safe space' where they can focus on their feelings and consider their options. Volunteers typically regarded callers who were actively suicidal or in great distress to be the "core and distinctive purpose" of Samaritans.

"They are so helpful. If they hadn't helped me I probably wouldn't be here today. Thank you so much for being there when everything else had failed. I would recommend it to anyone". (Caller)

Callers' needs

In practice, volunteers support a wide range of callers seeking to use the service in different ways to fulfil different needs. In the view of the researchers the ideal of 'active listening' and talking about feelings to enable the caller to develop new insights and 'move on' is not always achieved in reality.

Dependency

It was found that conflict may arise when a caller is restricted from using the service because Samaritans believes they have become 'dependent', i.e. the caller's ongoing use of the service is inappropriate or not benefitting them but holding them back. However, Samaritans promote the service as being available without limit and whenever callers feel they are in need. Therefore the organisation could be seen to encourage 'dependency'. In addition, many callers value the service as an ongoing resource for life-long problems such as mental health problems, for which there is no realistic prospect of resolution.

- **Volunteers aim to provide non-judgemental active listening to enable callers to reflect and explore their feelings.**
- **Volunteers saw callers who were actively suicidal or in great distress to be the 'core and distinctive purpose' of Samaritans.**
- **Volunteers support a wide range of callers though sometimes struggle to apply the principles of active listening due to callers needs.**
- **Samaritans defines the service as for short term support during times of crisis though callers use the service for varying durations of time through their lives.**

3. Callers' Own Accounts of their Needs and Experiences

Many callers expressed their great appreciation for the support received from volunteers, and shared common opinions as to what constitutes a good standard of support from the service. This aligns with the core of what Samaritans intends to offer: available 24/7; a quick response; anonymous and confidential; human and social contact with someone who is able to listen and be non-judgemental.

Expectations of the service

Callers tended to report having no clear expectations of what would happen when they called Samaritans. Asking for help was experienced as a difficult thing to do, and callers described feelings of trepidation and anxiety before calling.

Immediate benefit versus long term change

Most respondents felt better immediately after their contact with Samaritans. Feeling listened to, understood and cared for helped callers to feel better and less alone, even if their problem was not resolved after the call. For some, talking to a volunteer started the process of 'healing' which led to taking positive action or seeking other forms of help.

What callers need and value from Samaritans

Availability: Callers praised Samaritans for its 24/7 availability, especially during the night. They derived comfort from the knowledge that Samaritans is 'always there'.

Anonymity: Callers felt able to disclose their problems and feel less burdensome or embarrassed by their need to ask for help.

Human interaction: Having "someone real" to communicate with, listen to and "be there" for them was valued.

***"It's a security to know that there is someone there 24 hours a day in case you need them. My crises never happens between 9 and 5"**
(Caller)*

Social connection: Some callers valued this because of living in extreme social isolation often related to mental health problems.

Reducing risk of self harm and suicide: Some callers indicated that calling Samaritans helped to calm them when they were in crisis, and deterred them from self harm or taking their life.

- **Callers valued availability, anonymity, human and social connection from Samaritans.**
- **Callers didn't have clear expectations of what would happen when they called but knew it was a place to go when you needed help.**
- **Most respondents felt better immediately after their contact with Samaritans.**

4. What Makes Samaritans Different from Other Sources of Support?

Callers reported making use of an extensive range of formal and informal support for different purposes at different times. The key features of the Samaritans' service that differentiates it from other sources of support are its 24/7 availability, complete confidentiality and anonymity.

Family and friends

Many callers have access to an informal support network of family and friends. Callers chose to turn to Samaritans when they did not want to worry, burden, scare or embarrass those close to them, or if they needed someone to speak to at night. Some callers did not want to disclose sensitive issues to friends or family because they could not be sure of confidentiality, or because it exposed their level of vulnerability. But there were also some callers who were socially isolated or were not supported by people in their life.

"So helpful to talk to someone – I have many friends and supportive family members but don't want to call them in the middle of the night when I'm feeling low and don't want to worry them" (Caller)

Statutory services

A significant minority of callers (almost 40% of the survey) were in touch with other main statutory services. Some used Samaritans in preference to statutory services; others used the two in complementary ways; and for some both statutory services and Samaritans were equally unsatisfactory. In comparison to what was on offer from statutory services, callers appreciated being able to access Samaritans confidentially and anonymously whenever they felt they needed to for 24/7 support, besides the time and attention Samaritans was able to give. Callers appreciated being able to contact Samaritans on their own terms and being able to remain in control.

"I find it interesting that the statutory services all recommend that the Samaritans are the people to contact FIRST when in a crisis...even the Crisis Team!" (Caller)

- **Even though many callers have informal support networks, they use Samaritans to prevent placing burden on these networks. However, some callers did feel isolated or unsupported by family or friends.**
- **Though 40% of the survey sample were supported by other statutory services, what was appreciated about Samaritans' service was the anonymity, confidentiality, 24/7 availability and the time and attention Samaritans provided.**
- **Callers felt able to discuss suicidal thoughts which they did not divulge to health professionals for fear of attracting unwanted intervention and treatments.**

5. Giving Advice and Exploring Options

Samaritans' active listening provides an opportunity for callers to explore their options and find a way forward. The caller remains responsible for their own life and for identifying solutions for their difficulties. The researchers describe the Samaritans' principle that "any offer of advice from the volunteer would be an infringement of caller autonomy" (Pollock et al, 2010, p262).

Callers' expectations of advice

Samaritans policy is not to give advice to callers, but to enable options to be explored. However, many callers expected, and wanted, to be given advice. Advice, practical help, working out a solution together with the Samaritan, or being given contact details of others who could actively assist were more frequently listed as expected by callers before calling than being listened to and not being judged.

"It was a catalyst to working out my own responsibilities regarding my life. I had choices" (Caller)

Being offered advice which was not anticipated or sought can be experienced as not being listened to or understood, or as being judged, or as being treated as incompetent. Findings revealed that on one hand, some callers were disappointed and frustrated when advice or a solution was not forthcoming. On the other hand, some did not want advice and were offended if they thought it had been given. However, the majority of survey respondents reported feeling that they *had* been offered advice. One of the most frequent suggestions from callers for improving the service was simply that volunteers should be willing to offer advice.

The researchers indicate the importance of distinguishing between advice that is solicited and advice that is offered unrequested. However, callers who want or expect advice may feel rebuffed and dissatisfied if it is not forthcoming, particular if they are seeking tangible help of some kind with problems for which they cannot see solutions (Pollock et al, 2010, p262).

- **Many callers expected Samaritans to provide advice and practical help before they made contact.**
- **Some callers were disappointed if they were not given advice, whilst others were offended if they felt they were given advice.**
- **Even though Samaritans volunteers do not give direct advice, the majority of survey respondents felt they had been offered advice.**
- **Many callers felt that volunteers should be able to give advice and that this would improve the service.**

6. Suicide

Volunteers felt that supporting people experiencing suicidal feelings is core to Samaritans. Some volunteers saw the act of calling Samaritans as an indicator of hesitancy or as a request for assistance and believed that Samaritans' support could help callers to move away from a suicide attempt (Pollock et al, 2010, p176).

Samaritans' role in suicide prevention or reduction

Some callers indicated that, when they called Samaritans, they were in a state of fear and inner conflict, struggling with strong suicidal and destructive impulses which, in many cases, they wanted to resist. Respondents revealed that contact with Samaritans at these times could be beneficial in helping them to calm down and so avert the possibility of self harm and suicide (Pollock et al, 2010, p245). However, while the study shows that Samaritans may be of great benefit to callers reporting suicidal thoughts and actions, it cannot establish whether suicide is prevented after contact with a caller has ended.

The complexity of suicidal thoughts, feelings and behaviour

The evaluation showed the very complex relationships between suicidal thoughts and feelings, intent to die, behaviours while feeling suicidal, and deliberate self harm as a form of coping. Callers who described themselves as suicidal comprised of a very broad group: from stating that they wished to die, at the one extreme, to stating that they would never attempt to end their life, at the other. For some, their intentions were unclear even to themselves. A strong theme throughout callers' accounts of their suicidal experience is the ambivalence and uncertainty they feel towards death and dying and also the sense that they may never be able to resolve this ambivalence (Pollock et al, 2010, p245).

The ways in which suicidal thoughts, feelings and intentions were understood by volunteers was complex and varied, but mirrored to some extent caller accounts. In general, volunteers recognised that expressing suicidal thoughts or feelings did not relate clearly to an intention to die, and discussed "being suicidal" as a coping mechanism which some people switch into to help them to cope (Pollock et al, 2010, p168-171).

***"I have been dealing with suicidal thoughts on a daily basis for 15 years and Samaritans are crucial to my survival. To talk to Samaritans helps me release the pressure and takes away the impulse to overdose...I can't think of a word that's good enough to describe Samaritans and what they do for me. I don't think I'd be here without them".
(Caller)***

Focus on suicide versus the majority of callers

The researchers remark that, while supporting the suicidal is a core focus of the organisation, engaging with people experiencing suicidal thoughts and behaviour represents only a small proportion of callers.

- **Callers felt that contact with Samaritans helps them to calm down and reduce their risk of suicide.**
- **The relationship between suicidal thoughts and behaviours is complex.**
- **Volunteers support a large number of callers who are not suicidal.**

7. Mental Health Issues

Many callers contacted Samaritans as a “mental health charity” and regarded the ongoing support of their mental health problems as central to the role of the organisation. They valued Samaritans as an enduring resource to help them deal with ongoing mental health problems and associated social problems – sometimes episodic, sometimes chronic – that were unlikely to be resolved.

Callers and mental health problems

The report indicates that a high proportion of both survey (47%) and interview respondents (77%) and emails (28 of 55 strings) had experience of mental health problems (Pollock et al, 2010, p264). These were often given as a reason for making contact with Samaritans, particularly by repeat or regular callers.

“I use Samaritans when I go through periods of depression. They are the only help I have and without them I would probably be dead, in the gutter, or in prison” (Caller)

Some callers considered that the service needed to improve its understanding of mental health problems: “One source of caller dissatisfaction was that volunteers were insufficiently expert in supporting people experiencing mental health problems and not sufficiently supportive of their problems and difficulties” (Pollock et al, 2010, p248). However, other callers were concerned that training volunteers in mental health issues could change the nature of the support they received because Samaritans was valued for being different from professional or statutory services (Pollock et al, 2010, p211).

Volunteer views on mental health issues

In general, volunteers did not view Samaritans as a mental health charity although they were aware that many callers had such problems (Pollock et al, 2010, p211). Some volunteers commented on the dearth of information on mental health issues in current training. Some argued for mental health issues to be included in training, especially on *how to handle calls* from people with mental health problems. Alternatively, some argued that one of the strengths of Samaritans is that volunteers are not experts in mental health and therefore are not there to advise, diagnose or judge callers, but simply to listen and be there for them (Pollock et al, 2010, p201-203).

- **Many callers contacted Samaritans to help them cope with ongoing mental health problems.**
- **Volunteers saw their strength as not being mental health experts, enabling them to simply listen and be there for callers.**
- **Callers valued Samaritans for being different from professional or statutory services.**

8. Evaluation Purpose, Methods and Limitations

Samaritans commissioned this evaluation to develop evidence about the impact of the services it provides; and to better understand the needs, expectations and experiences of those who use them and volunteers in delivering them.

The evaluation has been reviewed by expert researchers who consider that it is a comprehensive study that will be very valuable for informing the development of Samaritans' services. The main methodological strengths of the study are the combination of data from a variety of different sources and the detailed exploration of volunteer and user experiences through qualitative research.

The research adopted a mixed methods approach, which allows comparison of data gathered from a variety of different sources. The methodology was based on consultation with volunteers and callers and was careful not to compromise Samaritans commitment to caller confidentiality. The researchers took part in Samaritans Initial Training in order to increase their understanding of Samaritans.

The sample was based on callers and volunteers coming forward to participate in response to promotional material about the research project; therefore the sample was self-selected.

Online survey and individual interviews with callers

Information from 1,309 callers was collected via an online survey. Individual interviews took place with 48 callers. Information about these samples is provided in the table below. Also, data collected annually by Samaritans is provided to enable comparisons with the evaluation sample.

	Gender	Age	Ethnicity	Mental health problems	Employment/ education	Samaritans services used (many used multiple methods)	Frequency of service use
Research sample: online survey (n=1309)	77.9% female	Aged 15 or under – 85 and over 36% 16-24 years	82.3% British or Irish	47% had experience of mental health problems	75% in education or employment	Method of last contact: 60% email 35% phone Method of contact ever used: 44% email 43% phone	46% used only once Median of contacts for those who used the service more than once telephone: 4 email: 5 face-to-face: 2 text: 12.5
Research sample: in-depth interviews (n=48)	81% female	Aged 18-94 Average age 46 years	96% British or Irish	77% had experience of mental health problems 46% of these were severe	31% in full-time employment 31% unable to work 19% unemployed	39 had used telephone 14 had used email 10 had used face to face	Majority were long term or frequent users of the service

	Gender	Age	Ethnicity	Mental health problems	Employment/education	Samaritans services used (many used multiple methods)	Frequency of service use
						4 had used text	
Samaritans callers overall ¹	All contacts: 46.8% female Email: 49.9% female 18.5% men	Unknown	unknown	unknown	unknown	98% of all contacts are by phone	Unknown

Email and text strings

55 email strings and three text strings between callers and volunteers were analysed, with caller permission. Because so few text strings were available for analysis, the study does not make much use of these data. Mental health issues were discussed in 28 of 55 email strings.

Volunteer interviews

66 volunteers took part in in-depth interviews. Some information about this sample and Samaritans volunteers as a whole is shown in the table below.

	Gender	Age	Ethnicity
Research sample	50% men	Aged 22-76 Average age 52 years	100% white British
Samaritans volunteers overall ²	67.9% female	Aged 18-85 30% 41-60 years	Unknown

Half the volunteers interviewed were listening volunteers and had not held other volunteer roles in the organisation. Others had been directors, chairpersons or had held multiple roles. There was wide variation in volunteers' length of service, with 7 volunteering for 1 year or less and 1 volunteer for 36 years. This information was not collected in 5 of the interviews, and for the remaining volunteers, the average length of service was 10.7 years.

Branch observations

Informal observation took place in 9 Samaritans branches across the UK, selected for a range of branch localities, sizes and activities. There was no listening into or recording of calls.

Evaluation Limitations

¹ Information Resource Pack, 2010, Samaritans

Stephen Platt, Professor of Health Policy Research, University of Edinburgh, and Samaritans Trustee, has reviewed the evaluation report on behalf of the Board, paying particular attention to its methodological strengths and limitations.

The findings relate to the people who took part in the survey; their personal characteristics are not likely to reflect perfectly those of all our callers. Our emphasis on confidentiality means that we cannot know precisely who calls us, while the methods of asking people to put themselves forward, and using the internet to recruit people, introduce a potential bias. The online questionnaire survey is likely to have been completed by younger, more literate users who have access to the internet and email. In addition, the survey sample appears to over-represent young female callers.

This means that the figures given for the sample who participated in the study cannot be taken as reliable estimates in relation to the population of callers as a whole. For example, the report states that 51% of **survey respondents** who were asked if they were feeling suicidal during their last contact with Samaritans reported feeling positive about being asked the question. However, this does not necessarily mean that 51% of our **callers** feel positive about being asked the question. This possible sample bias is acknowledged in the full report and must be taken into account when interpreting the findings.

Contact

For further information on the evaluation carried out by the University of Nottingham, please contact Dr Stephanie Stace, Research Manager at Samaritans General Office on s.stace@samaritans.org

If this report is used in other reports or publications, please reference as:

Stace, S & Wyllie, C (2011) An Evaluation of Samaritans Emotional Support Services: Summary Report. Samaritans.