



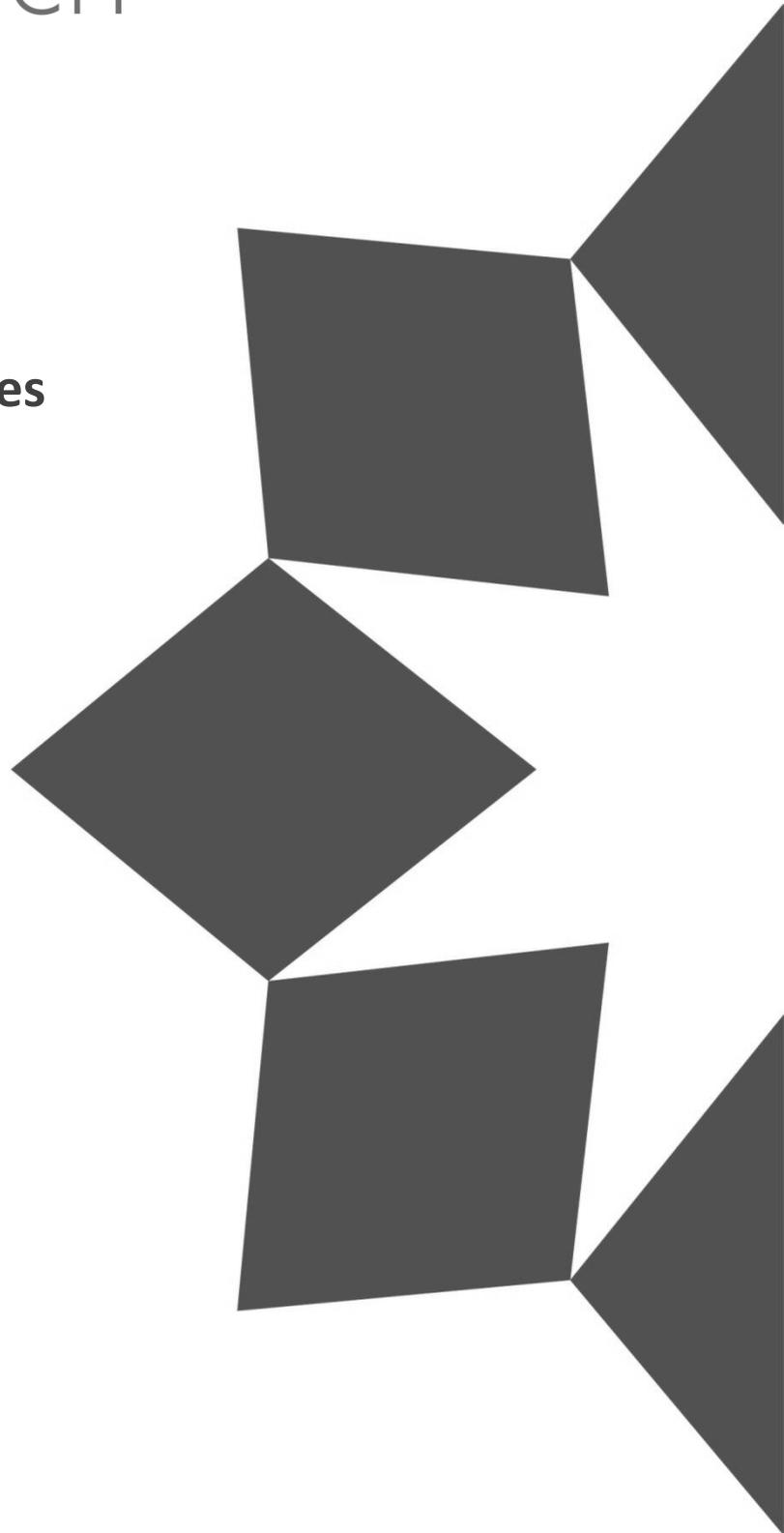
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research

**Helpline Caller Outcomes  
Study 2020**

**Samaritans**

**Executive Summary**

**October 2020**



# Executive Summary

Samaritans commissioned M·E·L Research in May 2019 to undertake research to measure primary outcomes for callers who use the Samaritans Helpline, explore callers' experience of the Helpline, and identify the difference the Helpline makes to them. The study is the first nationwide evaluation of the Samaritans service and follows a Feasibility Study carried out by Samaritans in 2017-18. The study will provide the evidence base to inform service improvements and evidence of the impact of Samaritans' Helpline and serve as a template for future evaluations.

Two primary outcomes for callers were the focus for the study: distress and suicidal thoughts/plans. The study used a combination of quantitative and qualitative research methods to measure and understand caller outcomes and experiences. The study involved a team of 104 Samaritans volunteers from 24 branches. The study was conducted over three points in time: firstly, immediate outcomes were collected at the end of the call to the Helpline in which the caller was recruited to the study; secondly a follow-up survey was sent to study participants one week later; and thirdly in-depth qualitative interviews were carried out with a sub-group of respondents to the online survey to explore their experiences and the impact of the Helpline in more detail. Feedback was also gathered from volunteers who helped deliver the study, via an online survey, to understand their experiences.

## Study participants

A total of 2,247 calls for emotional support were answered by volunteers participating in the study, from 1st January to 31st March 2020. Volunteers managed to invite 791 eligible callers to join the study, of which 471 (60%) agreed to participate and completed the study questions at the end of the call. Of the 471 study participants, 417 provided valid contact details which enabled the follow-up survey to be sent one week later, and 123 (29%) responded to this. Twenty-five of the survey respondents took part in an in-depth qualitative interview.

## What is the immediate and short-term impact of contact with Samaritans' telephone helpline on callers' levels of distress and suicidality?

**There was a significant reduction in levels of distress in the immediate term, from the start to end of a call, and in the short-term, from the start of a call to a week later.**

For all callers, at the start of the call, the average score for distress was 7.4 on a scale of 0 – 10 (where 0 = no distress and 10 = severely distressed). **By the end of the call the average level of distress had**

**been reduced to 4.2 – the immediate impact. There was also a reduction in distress over the short-term, with the average score for distress being 5.4 one week later.**

Levels of suicidal thoughts/plans were also reduced in the immediate term. For all those responding to the study questions at the end of the call, **the proportion experiencing suicidal thoughts/plans fell from 33% at the start of the call to 19% at the end of the call. Over the short-term, there was no significant difference** between the proportion of those who had suicidal thoughts/plans at the start of the call and one week later. For survey respondents, the proportion with suicidal thoughts/plans at the start of the call (37%) had gone back to roughly the same level (39%) a week later. The different baseline result for T1a (33% and 37%) reflects the use of different matched bases for analysis and is explained in Section 5.

### **How does this impact for different groups of callers, depending on patterns of use and /or demographic profile?**

The study explored the experiences of the Helpline and the impacts on distress and suicidal thoughts/plans for different groups of callers, including; age groups, gender, ethnicity and frequency of calls.

While there are some differences to consider, the key finding from the study is that **the experience and changes in level of distress are of a similar nature across different groups of callers.** The pattern is consistent, showing a reduction in distress in the immediate term – from the start of a call to the end of the call and, to a lesser extent, there is a reduction over the short-term – from the start of a call to a week later. The changes in levels of distress from the start of the call to a week later are statistically significant for men and women and for younger and older callers.

The one-week follow-up survey included two validated measures of emotional wellbeing, the Suicidal Behaviour Questionnaire – Revised (SBQ-R) and the Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS). These measure how callers felt one week after the call. In the moment, people generally reported a positive impact of the service. However, through the two measures of suicidality and mental wellbeing it is evident that callers were likely to be vulnerable a week after they contacted Samaritans, with poor mental wellbeing. Given the complex needs of many callers, this is unsurprising, as it unlikely they will have become ‘better’.

### **What are the secondary outcomes callers experience, if any, after being supported by a volunteer on Samaritans helpline?**

Reductions in levels of distress and suicidal thoughts/plans are not the only benefits of calling the Helpline. **The majority of survey respondents reported an improvement in how they felt on eight**

**secondary outcomes and that their call to the Helpline had a positive impact on these changes.** Since the call:

- 76% felt listened to
- 74% felt they now had options for dealing with difficult situations
- 70% felt more hopeful about the future
- 67% felt better able to cope with everyday life
- 65% of callers felt more able to make choices
- 62% felt more understood
- 62% felt calmer after the call
- 53% felt less lonely and/or isolated

### **What contribution does Samaritans' telephone helpline make to callers' self-management of emotional distress and suicidal feelings and behaviours?**

The study has shown that **the Helpline makes a very positive contribution to callers' self-management of emotional distress and suicidal thoughts/plans.** Almost all 123 respondents to the one-week follow-up survey indicated that the Helpline had helped them manage their current level of distress (95%). More than four in ten survey respondents (44%) felt it helped a lot, 35% that it was of some help, with the rest feeling it helped a little (16%) or not at all (5%). Likewise, 92% of survey respondents indicated that the Helpline had helped them manage their current level of suicidal thoughts/plans. As with distress, more than four in ten (44%) survey respondents indicated it helped a lot, 28% that it was of some help, 20% that it helped a little, with 8% reporting that it was of no help. While these study findings are very positive, the extent to which the support has helped callers shows that there is some room for improvement.

The in-depth interviews with 25 callers also showed that there is a similarity between the reasons why callers choose to use the Helpline and the reasons why callers felt it helped them manage their levels of distress and suicidal thoughts/plans. While these results are from a select group and need to be treated with caution, the overall impression is that the Helpline lives up to callers' expectations. The interviews revealed that the call had helped by giving them the feeling they were:

- better able to cope, feel calmer, to think clearly, see other choices, to have more confidence to make decisions and take actions, feel less alone.

The Helpline did this by providing a service that from the caller's perspective:

- allows the caller time to explain how they are feeling and to reflect on these thoughts
- is available and accessible 24/7, via a real person

- is always there to help, takes them seriously, understands them and really cares about them, makes them feel supported, and is non-judgmental
- is there to listen and provide human contact.

## Caller experiences of Samaritans' support

### What are callers' experiences of their interaction with volunteers on the helpline?

For over half (55%) of the callers, the interaction with the volunteer exceeded their expectations. This is a particularly positive finding, considering that most respondents are repeat callers and familiar with the Helpline. For other callers, the experience was as expected (37%) and for a few it did not go as well as expected (8%). Six in ten new callers (59%) reported that the call went better than they expected.

**The majority of survey respondents reported a very positive experience on each aspect of their interaction with the volunteer** – they felt they were treated with respect and dignity, had the volunteers undivided attention, that conversations would remain confidential, the volunteer was caring and compassionate towards them, and they were able to talk openly to the volunteer about their feelings. Analysis of responses from different groups of callers indicates that while there were some differences, the key finding is that there was a consistent experience across the study participants. The intention to call again is another indicator of the positive experience callers have of the service, with eight in ten (81%) reporting they would definitely make a call and around two in ten (18%) who would probably do so. There are, however, differences by types of caller - a higher proportion of repeat callers (84%) would definitely call again, compared to first time callers (62%).

**Callers do not feel there are major gaps in the service.** Comments tended to place the emphasis on developing the existing type of service and 'doing more of the same'. The study has helped to identify some areas where there may be some room for improvement, the main one being 'understanding the needs of the caller'. The active listening model is highly valued and the response from survey respondents shows that it is being well-delivered. The study has highlighted that for some callers (particularly new callers) the overall approach of listening was new and/or unexpected. The study has also shown that there is a group of callers that are seeking 'advice' and that this means different things to different callers.

### How did the interaction with the volunteer on the helpline impact on callers' emotional well-being?

**In the short-term, seven out of ten survey respondents indicated they were feeling better one week after the call (71%), with 23% staying about the same and 6% feeling worse.** All those feeling better,

felt that their call to the Helpline had contributed to this improvement, with 36% indicating it had made a big difference, 52% that it made some difference and 12% that it had made a little difference.

While these improvements and impact of the Helpline are clear, they should also be seen in relation to the results of the measure of suicidality and mental wellbeing at one-week after the call. Both measures show that callers remain at an above average risk of suicide and have low scores for mental wellbeing.

## Experience of other forms of support outside Samaritans

### What are the experiences of callers in accessing other forms of support, and their help-seeking behaviours?

**Most callers (89%) had used other sources of support as well as Samaritans' helpline.** GPs were the most popular sources of support – used by six in ten callers. Other sources of support included healthcare organisations, charities, websites, social media, and social services. For each source of help, most callers found them to be of some use. The study shows that from the caller perspective, there is a wide variation in the experience of support. Other charities received the most positive response from callers, with seven in ten reporting they helped a lot/of some help, with others reported they had been of little (22%) or no help (8%). Half of those (51%) using a GP felt this helped a lot/of some help, while the rest felt it helped a little (26%) or not at all (23%).

**Feedback from caller interviews highlights the unique aspects of the Helpline that appeal to callers and make it different from other sources of support.** The main themes were;

- **immediately accessible** – no appointment needed, put through day and night, available 24/7 and 365 days per year;
- **the tone** - in that volunteers are more empathic and do not have the awkwardness of a GP/NHS appointment, is led by the caller rather than directed by the organisation's objectives and;
- **they really listen** - not to direct callers elsewhere, offer instant solutions or tell them what to do, it helps the caller to reflect and move forwards with their own decisions and solutions.

### What are the experiences of callers about how they were recruited into the study and data they had to provide?

**Most callers were positive about being asked to join the study.** Nine out of ten reported that it was fine to be asked to join the study, with one in ten feeling this was a little awkward, but still going on to participate. Many saw it as a way of giving something back to Samaritans. The positive response

from callers has not been taken for granted and is built on the results of the Feasibility Study which tested the methodology with callers and volunteers to make sure it works for both parties, is ethically sound and does not harm callers. While there are learning points to take on board (see Appendix 6 – Learning points), the study methodology has proved to be robust and repeatable. Key to the success was the volunteers' ability to build a rapport with callers. The success of the approach is reflected in the proportion of eligible callers who agreed to become study participants (60%) and that there were no complaints about the study.

### **Has involvement in the research affected the likelihood to use Samaritans services in the future?**

**Involvement in the study had no negative influence on survey respondents' intentions to contact Samaritans in the future.** Almost all (99%) survey respondents indicated that they would contact Samaritans if they needed to in future.

### **What are volunteers' experiences of recruitment and data collection procedures?**

**Overall, volunteers felt it was a positive, if sometimes challenging, experience.** A total of 153 volunteers from 24 branches attended a training session, with over 104 going on to recruit callers.

**Feedback from volunteers has emphasised the value of the training and support.** The training sessions enabled volunteers to explore and discuss various concerns about the research process and volunteers' involvement. Volunteers understood the inclusion/exclusion criteria, found it straightforward to find the right words to introduce the study, address queries from callers, collect the data using the study questions, collect caller contact details and work with M·E·L Research. **Most importantly, volunteers reported that they were able to provide 'support as usual' and recruit callers to the study.** Many commented on the positive response from callers when they asked them to join the study.

As expected, while consistent application of the inclusion / exclusion was not without its challenges, volunteers were successful and made it work.

