

Suicide prevention the Maytree approach



Maytree respite centre is a sanctuary for the suicidal, which opened its doors in October 2002, taking in guests for a four night stay.

It is located in a terraced house in north London, and provides accommodation for up to four guests at one time. The limit of four nights means Maytree is available quickly for suicidal people in crisis. Guests may stay only once. Up to December 2005 it had taken in 159 guests.

Maytree aims to reduce the suicidal thoughts of its guests through providing a calm environment in which trusting relationships can be developed, and guests feel listened to and understood. Maytree has the belief that by offering this approach, guests can change through regaining balance, perspective and hope.

Maytree is an unusual and probably unique organisation, offering a distinctive approach to the process of suicide prevention, at a time when it is an important aim of social policy here and internationally. The emergence of a new approach like this is of considerable interest.

Key findings

- ▶ **Maytree has a distinctive approach and makes a unique contribution to suicide prevention.**
- ▶ **Guests report short-term relief from stressful and life-threatening states of mind and situations, longer-term positive changes, and reduced risks.**
- ▶ **Its success is founded upon the combination of a robust working model and the skills, commitment and values of its leadership.**
- ▶ **The model is effective, based on its therapeutic approach with clear boundaries.**
- ▶ **Assessing suitability requires considerable skill and is a challenge that is met by Maytree's committed staff.**
- ▶ **Maytree carefully selects suitable guests who can use the approach and are assessed as situated between depression/mild suicidality and extreme risk. Guests are actively suicidal and in considerable psycho-social and mental health difficulties.**
- ▶ **The process of leaving Maytree after the four day stay is difficult and stressful. It is well managed and understood by Maytree but a follow-up or review interview is recommended as a way of reducing the impact of this on some guests.**
- ▶ **Volunteers could benefit from more extensive supervision and training.**
- ▶ **Maytree should explore ways to widen support to a greater number of minority ethnic people.**
- ▶ **Other services can learn a great deal from Maytree's approach and the strengths of this model should be widely publicised.**

The national policy context

Suicide prevention is central to government policy for mental health. Following a global trend for rising suicide rates in the 1980s and 1990s, the UK National Service Framework for Mental Health introduced the target of reducing the suicide rate by 20% by 2010, from a base rate of 9.2 suicides per 100,000 in 1995-97.

The National Suicide Prevention Strategy for England, under the auspices of the National Institute for Mental Health in England (NIMHE), proposed locally co-ordinated activities based on identification of high risk groups, promoting mental health and reducing access to means of committing suicide. NIMHE has sponsored projects that aim to engage hard to reach groups (especially young men aged 16-35), promote mental health and identify key risk factors for suicide.

Research has shown that people who deliberately self harm are more vulnerable to suicide, particularly in the 18 months after the episode of self harm. Suicidal and self harming behaviour continues to make high demands on services and it is not anticipated that the target will be reached by 2010. It is essential that suicide prevention strategies include diverse approaches to understanding and intervention.

Maytree is offering something different. It provides short term respite and sanctuary, maintains and extends a particular tradition originating in the work of the Samaritans, and complements – but is distinguishable from – statutory services (particularly the medically-led NHS services) and the new NIMHE-led prevention programmes.

The Maytree model

Maytree promotes the key values of making emotional contact with suicidal people through talking and understanding. It places emphasis on a non-judgmental approach and by establishing a boundary, separates the commitment to work to generate positive change, from the self determination of the individual to make decisions, including whether to live or to die.

The Maytree model is an evolving therapeutic approach, based on three key principles – befriending, limits and risk management.

Befriending. This is a process of offering a relationship, based on trust and confidentiality that aims to change thoughts, feelings, intentions and actions. Through helping a person feel understood, it is a 'normalising' process, as understanding is often taken for granted but is missing for suicidal people. In Maytree befriending is undertaken through spending time one-to-one or in an informal group. In the course of their stay, guests will make a number of befriending relationships with volunteers and with one or more of the directors.

Limits and boundaries. The key boundary is the limit of four night stays, and the once-only availability of this. Having clearly-articulated limits is essential to provide a structure through which befriending can take place. Boundaries are described in terms of the volunteer's approach which should be guided by empathetic listening and trust rather than probing or giving advice.

Risk management. Maytree recognises that the project is providing a non-medical residential service, and the vulnerable nature of the guests can pose

risks, on which it has a clearly articulated policy:

- ▶ assessment of suitability, and statement of criteria of unsuitability (namely those with a history of violence against others, being in a severely disturbed state of mind which reduces the capacity to be responsible for actions, and severe drug and alcohol dependency);
- ▶ assessment of the capacity of the guest to retain responsibility for self and others;
- ▶ some house rules, including no violence, and no alcohol or drug taking.

Assessment of suitability. The criteria for suitability are that potential guests should be in a suicidal crisis and that they will benefit from the stay. This means the capacity and willingness to use the opportunity for talking about themselves and their difficulties. The assessments involve some very difficult and complex decisions about suitability and risk.

The offer of a four night stay within the terms of Maytree's model is a substantial one, involving a major decision by the potential guest. It can – for some – involve making decisions to leave family and partners for this period. Since suicidal risks often do occur alongside other mental health problems, the assessments include judgments about the mental health difficulties of guests. For all guests there is an essential precondition for entering Maytree, that of negotiation across a boundary.

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The evaluation

Aim: to review the scheme, consider good practice and look at problematic areas.

Method: a multi-method approach was used for evaluation involving quantitative and qualitative methods. Written sources were analysed including a self-report questionnaire, current guests observed, individual and group semi-structured interviews held with staff, volunteers, ex-guests and referrers, and discussions held with the co-directors. A self report questionnaire (CORE) was administered and analysed quantitatively.

Credits: The evaluation was undertaken by Stephen Briggs, Liz Webb, Gaby Braun and Jonathan Buhagiar of the Tavistock and Portman NHS Trust.

Maytree's garden

Characteristics of Maytree guests

Maytree had 159 guests in the period up to December 2005, of which 60% were female and 40% male. Two thirds were white British. 'Peak' age ranges were 30-39 for female guests, and 40-49 for males. Maytree does succeed in offering a stay to young men in the age range 18-29, often considered the hardest group to reach – 14 guests in this age range represent 20% of all male guests.

The profiles of the guests strongly support the view that Maytree does take guests who are in suicidal crises. 70% of guests had a history of at least one previous suicide attempt, and 17% had histories of at least three previous attempts. Additionally, evaluation of Maytree guests showed that they presented a range of risk factors for suicide and psycho-social vulnerabilities.

Many guests had experienced significant losses and separations including the death of a close friend or relative by suicide (22%), divorce and relationship break up (26%), parental death before the age of 15 (6%). Some have had disturbed or disrupted childhood experiences including 15% who had experienced parental separation and 10% 'in care'. A large proportion – 41% – were single and others were unsupported, felt stigmatized by previous difficulties and had turbulent or difficult current relationships with partners, family members and friends.

Guests entering Maytree had wide ranging mental health problems and difficulties in social functioning – these were above the norms for the population as a whole.

Two main groups were identified by comparing mental health histories. These are 'anomic' long term mental health patients and 'acute' turbulent and anxious suicidal people.

The '**anomic**' group consists of those who have long standing and complex mental health difficulties. This group had significant involvement with psychiatric agencies. Generally, they had experienced previous in-patient admissions and lengthy therapeutic support over a number of years. These guests were socially isolated, had few close relationships and limited employment/career histories.

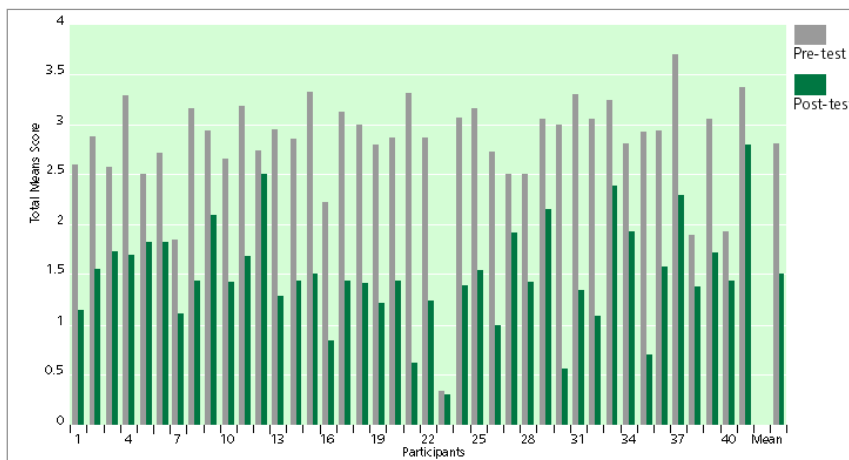
The '**acute**' group are characterised by describing themselves as depressed. They may have other mental health problems which have, on occasion, involved in-patient admissions, but they have fewer restrictions to their social and emotional lives. Most are or have been in employment, have or have had long term relationships, and often have children.

Each of these groups presents a different dilemma to Maytree. The 'anomic' group wish for relief from a long-standing, repetitive, cyclical struggle with isolation, misery, disappointment and stigmatisation. The 'acute' group require – often accompanied by anxiety and panic – that Maytree arrest the descent into deepening depression, despair and suicidal thoughts and solutions.

Maytree offers the possibility of relief from suicidal states of mind and an experience that reduces stigmatisation as a mental health patient and the fear of this.

strategies include and intervention.'

The benefits of staying at Maytree



How guests changed during their stays: The chart shows the level of improvement of each of a sample of 41 guests who stayed at Maytree. In each case, the first column shows the 'high risk' score before the stay: the second shows the lower score – the improvement – when they were re-assessed at the end of the stay. The final columns show the overall picture for all 41.

Strong evidence emerged that staying at Maytree had deep positive effects. Guests begin their stay in considerable distress, disturbance, tension and inner conflict and during the stay all of these are replaced by greater relaxation, calm and reflectiveness. But in the last part of the stay – as leaving the house gets nearer – they experience increased tension and anxiety.

We assessed quantitatively how 41 guests changed. We found a statistically significant reduction of problems and risks (see illustration).

On follow-up three months after leaving Maytree, 10 out of 13 guests who completed an interview showed continued improvements and reduced risks. These overall improvements brought these ex-guests from the 'clinical' into the 'normal' range of the population. Further work will be undertaken on follow-up data to increase the sample size.

Conclusions

Maytree has made a successful start as an organisation. It fulfils its mission to offer respite for suicidal people, particularly the acutely suicidal people that it aims to serve.

Maytree helps a wide range of people, including those that have more chronic, enduring and severe mental health problems. These are selected carefully and systematically. It makes a difference to the guests that stay. Most benefit immensely in the short term, gaining relief from desperate and difficult situations. Perhaps more extraordinary, given the short stay and respite aim of the centre, is the emerging evidence that Maytree has an enduring effect on its guests and the beneficial effects increase over time: for some guests the experience is transformative.

The organisation is well-organised and well run by gifted and committed directors. It is increasingly widely known and highly regarded. Statutory and voluntary services are pleased and grateful that it is available and there is a strong wish amongst these services that it should be more widely available through replication.

Maytree has its niche in suicide prevention, though it does not claim to be able to help everyone. There is a clear need for more centres based on the Maytree model: these will need to ensure the integration of model and practice to ensure success and safety. Other organisations can learn from Maytree which has already made a unique contribution to suicide prevention.

About the project

Funding for the Maytree project comes from individual donors, companies, charitable trusts and foundations. City Parochial Foundation funded the evaluation and report.

The full evaluation report can be downloaded from both websites.

City Parochial Foundation
www.cityparochial.org.uk

6 Middle Street London EC1A 7PH
Telephone: 020 7606 6145
E-mail: info@cityparochial.org.uk
Charity Registration Number: 205629

The Maytree Respite Centre Limited

www.maytree.org.uk

72 Moray Rd, Finsbury Park,
London. N4 3LG United Kingdom
Telephone: 020 7263 7070
Facsimile: 020 7272 6863
E-mail: maytree@maytree.org.uk

Charity Registration Number: 1087668