

# Time Space Compassion – supporting people experiencing suicidal crisis


Stories of Time Space Compassion in Practice – Volume 1



# Sources of Support

We value the time you take to read these practice stories. While their purpose is to support positive change, we know they may impact emotionally on those reading them. We have provided details of organisations offering listening support, as well as ways to give feedback on this document.

**Breathing Space** – Free and confidential mental health helpline, offering advice for individuals over the age of 16. From 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

 0800 83 85 87

**Samaritans** – Free 24/7 confidential non-judgemental emotional support for people experiencing feelings of distress or despair.

 116 123  [jo@samaritans.org](mailto:jo@samaritans.org)

**NHS24 Mental Health Hub** – Free 24/7 listening support, advice, guiding you to further help if required.

 111

**Childline** – Free 24/7 service for children and young people, for whenever they need support or advice.

 0800 1111  [www.childline.org.uk](http://www.childline.org.uk)

**NHS Inform – surviving suicidal thoughts** – a website with stories and resources for those affected by suicide, including up to date details of 24/7 support, services available at other times, and support for specific communities (e.g. Switchboard LGBT+ and Think Positive Hub for students.)

 [www.nhsinform.scot/surviving-suicidal-thoughts](http://www.nhsinform.scot/surviving-suicidal-thoughts)

**National Wellbeing Hub** – Free 24/7 helpline for everyone working in health and social care.

 0800 111 4191  [www.wellbeinghub.scot](http://www.wellbeinghub.scot)

**Please share your advice** on how we can improve the document, including how we can make it a more accessible and positive resource.

Contact us at  [TSC@gov.scot](mailto:TSC@gov.scot)

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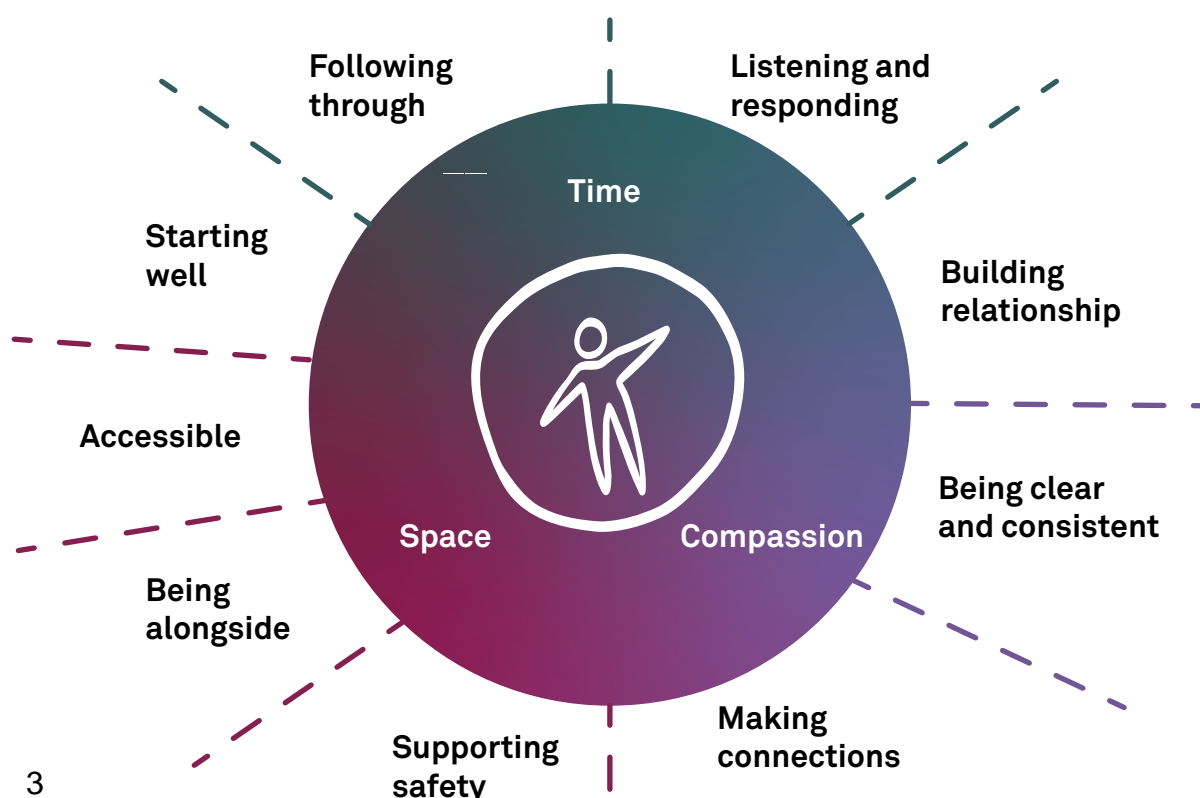
# 1. Introduction

Time Space Compassion is about securing better outcomes for people experiencing suicidal crisis, through a focus on relationships. [The introductory guide to Time Space Compassion](#) outlines shared principles, practices and underpinning values, to help people offer a response rooted in human connection and compassion.

This is the first in a series of practice story collections, produced to show the diversity of ways Time Space Compassion is happening in Scotland.

The practice story contributors have worked with the Time Space Compassion team in Scottish Government to develop their contribution. Thanks go to all who have shared their views and practice through this document, and to those who seek to learn more about how the principles of Time Space Compassion show up in what they do and the impact they have for others.

If you would like to share or nominate a practice story for publication in a future collection, please get in touch at [TSC@gov.scot](mailto:TSC@gov.scot)



## 2. Practice deep dive

### Distress Brief Intervention (DBI) Scotland



For a quick introduction to DBI, check out this [short animation](#) on YouTube. You can also view a hypothetical but realistic story of one person's experience of distress and DBI support, through [Helen's story](#) on YouTube.

DBI provides immediate, connected and compassionate support to people experiencing distress. DBI Level 1 is provided by trained frontline staff, working in a range of health and emergency settings and trained to listen without judgement, to understand and help ease the person's distress and know when to refer someone onto Level 2 support. DBI practitioners provide Level 2 support, which includes follow up, usually within 24 hours of referral, and the offer of support for around two weeks.

"We get the key people already working in a community together, working with them to set a shared goal of providing a compassionate and effective response to people in distress."

#### 2.1 Our challenge

The Scottish Government undertook research that showed the response to people in distress in Scotland needed to improve. It highlighted a significant gap in support for those who present in distress or present with multiple contributing factors, but do not meet the criteria for clinical support. This gap was also impacting negatively for people providing support - contributing to frustration and the risk of compassion fatigue in busy front line practitioners.

#### 2.2 Our response

DBI was established in 2016 by the Scottish Government and key partners. DBI is hosted and led by NHS Lanarkshire and the DBI Central Team, and shaped by stakeholders and a network of delivery partners. The two most important

characteristics of DBI are the relationships and processes we use to connect people from Level 1 to Level 2 DBI support, and the local partnerships that enable us to offer community-based problem solving support, wellness and distress management planning, as well as the ability to connect people with other service and sources of support.

“People are referred to the DBI Service by specially trained practitioners working mainly in primary care, NHS emergency departments, NHS 24, Police Scotland and the Scottish Ambulance Service. These relationships are key to what we do.”

## 2.3 Learning from practice

Making connections - focusing on building and maintaining networks through the DBI national and regional distress collaboration has supported this way of working to spread faster and farther than we anticipated. We learned that working in close connection needs supporting structures to flourish and last over time. That means paying close attention to the details – referral forms, information leaflets, standard operating procedures, shared systems and ways of working that support referral and data sharing, and distress management plans. They all have to really work for people.

“This means simplifying processes and giving staff the tools, confidence and trust to ‘do the right things, the right way for that person.’”

Being clear and consistent - putting a clear shared commitment to connected compassionate support in our vision and evaluation has supported a culture of open learning and collaboration. We put a lot of energy into being as clear as possible on who we are and what we are here to do. This includes tailored training for anyone referring into our services on when to refer to us, and helping the person they’re working with understand what to expect from us and the work we can do with them.

Building relationships - We’ve learned that when you really listen to what’s going on for people, you can help them move beyond that initial sense of being overwhelmed

and find a pace that works for them. We take time to ask what matters to them and how we can work together to create positive conditions for change and remove barriers. This empowers frontline staff to deliver connected compassionate support and creates space for people to make sense of what that means for them. A great deal can be achieved through the provision of assertive support over a two-week period, avoiding problems escalating and addressing issues quickly. The majority of people benefiting from DBI have a number of presenting problems and contributing factors, but services are often designed to work on one thing at a time. We see connection as the antidote to all of this, so we work an ‘ask once get help fast’ approach.

“A combination of compassionate response and practical support helps to validate people’s distress and break down barriers to seeking help, thereby reducing self-stigma”

We talk a lot about tenacious support. Everyone referred to us receives a contact attempt within 24 hours of their referral to the Level 2 service. Each person receives up to 5 contact attempts over the first three days. We phone then write in case that works better for them. These things are written into our standard operating procedures. We see this assertive approach as a critical part in tackling inequalities including poverty – we don’t assume people feel safe to talk to us the first time we call or that they have enough money on their phones to return a call.

## 2.4 Impact

At the point of writing this practice story, over 30,000 people in distress have been supported through this approach, with an average of 1,050 referrals received per month. DBI partners offer services in twenty Health & Social Care Partnerships, and plans are in place to cover the whole of Scotland. You can contact the team and read more about DBI and their evaluation reports on their [website](#)

## 3. NHS Borders RENEW

### Taking time to make better connections by starting well, following through and listening and responding

Renew offers a simple route for people working in primary care, to connect people directly into NHS Border's psychological therapy service. This is an example of taking time to listen and offer practical support to someone moving between services. It is also an example of services working together to develop better connections.

"Our aim is to build a strong connection with the person by calling as soon as possible – listening to them, working together to reduce their levels of distress and develop a blended plan they feel in control of and a commitment to"

#### 3.1 Our challenge

We were looking to expand our psychological therapies service and GPs in the Borders were seeing people in their surgeries with anxiety and depression that they felt needed more support and intervention than was available.

#### 3.2 Our response

We brought a team together and designed a response to help fill the gap. We developed a referral process called RENEW, to connect people directly from primary care, into a psychological therapy. We designed it so people were offered an on-line or telephone conversation with an experienced psychology team member, usually within two weeks. They would then be offered support to put together a tailored support plan, which could include psychological therapy, self-help resources, and learning activities like courses to understand and manage anxiety and low mood.

#### 3.3 Learning from practice

Starting well – by focusing on the challenges identified by GPs and then working



together to shape the service, we've generated a lot of trust in each other. This has also been really important as the service started during Covid when many people have been troubled with low mood and anxiety. Following through – putting people quickly and directly in contact with an experienced member of the team sends an important message about our commitment to the person and their recovery. It offers psychological support from day one, with no need to work through layers of referrals. Listening and responding – Our aim is to build a strong connection with the person calling as soon as possible – listening to them, working together to reduce their levels of distress and develop a blended plan they feel in control of. This also includes helping them manage online courses and other digitally based options. People using the service tell us this has been helpful.

### 3.4 Impact

We've rolled RENEW out to all GP practices in the Borders and receive around 300 referrals a month. It's still early days, but people are telling us that they find the interventions helpful and are generally feeling much better. 96% of people describe the support they receive as excellent (74%) or good (22%). People tell us they really value the courses and options we provide – they find them useful, but also because it frames their recovery in a positive way, reducing the barriers and stigma of taking part.

“I'm grateful to have the tools I need to continue this battle. Doing this online has made me feel more comfortable than I would have been in a room full of people”  
(person with experience of RENEW)

For more information on RENEW contact

- Dr Louise Keir, Consultant Clinical Psychologist  
[louise.keir@borders.scot.nhs.uk](mailto:louise.keir@borders.scot.nhs.uk)
- Dr Caroline Cochrane, Director of Psychological Services  
[Caroline.Cochrane@borders.scot.nhs.uk](mailto:Caroline.Cochrane@borders.scot.nhs.uk)

## 4. The Lighthouse Perth

### **Making space to shape safety plans with children & young people by being accessible, being alongside and supporting safety**

The Lighthouse offers crisis support to young people aged 12 and over. This includes those who are at risk of suicide or self-injury, or those who find themselves in emotional distress or crisis.

“By centring everything we do around the young people we support, they have built their confidence and trust in us, and that we are doing everything for their safety/benefit. We’ve gone from 50 to 60% of young people agreeing for us to share their safety plan with key people at their school, to over 95%. This is really important in allowing us to form a bigger safety network around them.”

#### **4.1 Our challenge**

We offer crisis support for young people in Perth and Kinross and regularly support young people and families impacted by self-harm and suicidal ideation. We had started to notice a trend in comments and some resistance to our safety plans from young people using our service.

#### **4.2 Our response**

We asked every young person using our crisis service what they thought about our safety plan - did they like it, did they feel comfortable completing this and using it as a safety tool in their recovery? We captured feedback anonymously to ensure confidentiality and encourage an open response. We discovered that young people attending for reasons of self-harm did not like how the safety plan made reference to both self-harm and suicide – they were clear that, while self-harm and suicide can be linked, self-harming didn’t always mean they were suicidal. We’ve now developed two safety-plans to reflect this.



## 4.3 Learning from practice

Being accessible – creating the space for young people to tell us about their experience of what we do is important – talking openly about challenges, giving them control over what impacts on them, working through it together, and sharing back how their input has impacted positively for others. Being alongside – listening and letting people know their voice is being heard, is critical. No two young people are the same, their experiences are different and what works and matters to them differs from person to person. By listening to them collectively you get a clear picture of what it is they need, what works best for them and, importantly, they feel like they matter. Supporting safety – the value to our young people has been priceless, they feel listened to, like they have contributed to our service and they now have a document they are happy to use, meaning they are more likely to use it to keep themselves safe.



## 4.4 Impact

Our two model safety planning is now fully implemented. The evidence is clear in the amount of young people who now agree to having a safety plan completed as part of their support at Lighthouse – everyone now sees it as a positive tool in their journey and we have seen evidence of this being applied when crisis situations arise. We've gone from 50 to 60% of young people agreeing for us to share their safety plan with people at their school, to over 95%.

Find out more and contact the Lighthouse team through their [website](#)

## 5. The Changing Room (SAMH)

### Creating crisis informed space for peer support by being accessible, being alongside and supporting safety

The Changing Room is a twelve week programme for men, based in football stadium spaces. The programme focuses on wellbeing, recognising that for some this includes navigating and making sense of crisis.

“Not only are participants supported by trained Changing Room coaches, they are supported by their peers ... Learning from and supporting others are key components of what makes The Changing Room successful.”

#### 5.1 Our challenge

In Scotland, men are nearly three times more likely to die by suicide, with the biggest risk during their middle years. Men often aren't great at sharing how they feel or seeking help around their mental wellbeing, and yet we know that talking is one of the first steps to better mental health. We are not a crisis service, but we need to be able to respond well and support men who want to make sense of their experiences of crisis, as part of their wellbeing planning. It was also important to be ready to support someone to stay safe and connect to crisis support, if needed.

#### 5.2 Our response

That's why SAMH (Scottish Association for Mental Health) created The Changing Room, thanks to funding from Movember and support from the SPFL Trust. The 12-week programme uses football to bring men together – not just for a blether about the football, but also for the chance to get the stuff that's bothering them off their chests too. The Changing Room encourages men to open up in environments where they feel comfortable, using a tested and co-produced model. Our aim is to ensure men are supported to live happier, healthier lives. The team of coaches are all trained in course delivery and how to have a mental health conversation. External evaluation of The Changing Room found that men strengthened social connections

and supported one another through their participation in the programme. Learning from the evaluation also informed our three core values - sharing experiences, learning from others, supporting others.



### **5.3 Learning from practice**

Being accessible – meeting in football stadiums, our sessions are designed to be informal, comfortable and encouraging. Focusing on their wellbeing, rather than their problems, can be freeing and help men share their past experiences in the context of their hopes for the future. Being alongside - trained Changing Room coaches at clubs across Scotland are equipped with the skills to come alongside participants, support them on their mental health journey and create space for peer support. Supporting safety - the structure of the course builds toward the participants developing their own 'wellbeing team', designed to aid them in managing their mental health going forward, including supporting men to strengthen social networks and connect to services that may prove beneficial in their ongoing mental health journey.



### **5.4 Impact**

External evaluation of our project found significant increases in mental wellbeing, life satisfaction and social support for men who participated in the programme. Further, many men who have participated have reported improvements in their relationships, career and social lives as a result of participating. It has been a source of increased self-confidence for many, enabling men to tackle some of the challenges they face head-on.

Find out more and contact The Changing Room Team through their [website](#)

## 6. Glasgow Complex Needs Service

### **Making the link between compassion and trauma informed practice by building relationship, being clear and consistent, and making connections**

The Glasgow City Health & Social Care Partnership's Complex Needs Service provides specialist, highly personalised support for people with multiple and complex health and social care needs, which mainstream services are at times unable to meet.

“...through a focus on building relationships, people have the opportunity to feel supported enough to begin to trust that perhaps there is a different future available to them than the one they once accepted for themselves”

#### 6.1 Our challenge

For some people we support, suicidal crisis can be chronic, lasting days, weeks and sometimes months at a time. The possibility of completing suicide can be both protracted and acute. For some, the ongoing factors that contribute to their experience of suicidal crisis, alongside the impact of previous suicide attempts, can compound their levels of distress. Before COVID, we offered support out of our clinic at Hunter Street. We'd allocate appointments and invite people to attend for review, addiction care and treatment. The pandemic meant we needed a safe and sustainable way to work that and, most importantly, met the needs of the most vulnerable people we supported. This led to a major shift in our approach and ways of working.

#### 6.2 Our response

We implemented an assertive outreach approach, increased the amount of face to face contact time, and introduced new ways of assessing and responding to the level of risk people experience. Removing the barriers to staying in contact with people, has been a key move – distributing mobile phones to help us stay in touch between

face to face sessions and support follow up. Increasing the number of people in the teams with social care expertise helped us take a more holistic and person centred approach, and enabled skills sharing between the nursing, keyworker, clinical and social care staff in the team. Providing training on suicide prevention, mental health awareness and targeted support to our key partners has helped us build stronger working relationships and employing a clinical psychologist to support our team has had a big impact on our practice and team wellbeing.



## 6.3 Learning from practice

Building relationship – trauma early in life can teach people it's not safe to share difficult emotions or trust those in a position of power. We work hard to respond to this through the support we provide, taking time to build relationships that show care, support safety, and build trust. We've found this is only possible through collaboration, empowerment and choice. Trauma informed practice is a core approach in our team. Being clear & consistent – by consistently offering and role modelling this kind of care, we can help people feel safe enough to share more of what they are experiencing and open up to alternative ideas of what their future might be like. To help people build confidence in us and what we're doing together, we regularly work through outreach – going to the places they feel safe and comfortable. Making connections – by listening without judgement, offering validation, sticking with people as they change their mind and experience setbacks, we aim to help the person get a clearer sense of their needs. When the time is right, we use this assessment to identify and introduce key workers, who will stay with them while they use the service and eventually, help connect them to a wider network of support.



## 6.4 Impact

We have seen a sustained increased in the uptake of the health interventions we offer, better outcomes and a reduction in critical incidents. Working this way has increased people's engagement with the support and treatment available through the team. Find out more and contact the team through their [website](#)

## 7. LGBT Health & Wellbeing

### **Offering support and a space that reflect our communities by being accessible, being alongside and supporting safety**

LGBT Health and Wellbeing provides a range of affirmative support services that reflect the diversity of the lesbian, gay, bisexual, and trans (LGBT+) community across Scotland. This includes offering emotional support through our helpline, individual support, the LGBT counselling service, therapy groups, informal social meet ups, as well as information and resources which reflect the intersectional LGBT+ experience.

“Being able to understand and respond to the diversity, and intersectionality, of people’s experience and lives is core to what we do.”

#### 7.1 Our challenge

It’s widely recognised LGBT+ people are more likely to be impacted by suicide, either personally or through people they know, than other communities. It’s key we look at this from the context of people’s lives – that we don’t conflate being LGBT+ with being suicidal – instead seeing it as the outcome of their experiences of inequality, trauma and discrimination. The LGBT+ community is also diverse in itself. Our stats tells us 28% of our community members are people of colour, 78% are disabled or have a long term health condition and 33% have used a foodbank in the last 2 months. Our aim is to reflect and engage with this diversity, as well as the impact of intersectionality on folks, through our services.

#### 7.2 Our response

Our priorities have been to develop a diverse and highly trained team, and to provide a clear and simple point of access to a range of supportive spaces and approaches. The team is made up of a blend of paid staff, volunteers and peer workers, who reflect the diversity of the communities we support. Although the needs of our community can be thematic, people have very different needs, depending on the



identity and situation they are in. Because of our team's diversity, we find keeping up to date with learning on anti-racist, autism aware, trauma informed principles and practice, enables us to feel confident about doing this well. Having all the services within the same organisation makes it simple to link people to support, with full confidence they will be welcomed by someone who understands their perspective.



## 7.3 Learning from practice

Being accessible – Our helpline is supported by experienced, trained and friendly staff and volunteers. Many of us identify as LGBT+ and we are all experienced in supporting LGBT+ people with a wide range of issues. Most people will have seen our posters in health and public spaces – it's really important that we reach into communities and promote what we do. Being Alongside – our volunteers understand the challenges people often face, including things specific to the communities we support. For example, transphobia can make the idea of going outside for a walk – standard advice given to support mental wellbeing – daunting for trans and non-binary people. Listening without judgement, letting the person set the pace and asking them what works for them helps empower and build trust. Supporting safety - We apply the principles of trauma informed practice. This includes explaining how referrals work, easing the wait by keeping in touch, connecting them to peer support or informal sessions, being clear about what they can expect and how long they can expect to wait to access that support. Online, social and peer sessions provide a starting point for people, to work out what we're about and build confidence in their choice to start counselling or an in-person group.



## 7.4 Impact

Feedback from community members, volunteers and community group leaders has always been important in shaping and developing our services. Common themes from people are that they feel accepted, that they've received support that helps them understand and make sense of who they are, part of an active community and able to make good quality connections. Find out more about LGBT Health & Wellbeing and contact the team [here](#)

## 8. Penumbra's outcomes mapping project

### **Taking time to understanding the impact of Time Space Compassion by building relationship, being clear and consistent, and making connections**

Penumbra provides dedicated services to adults and young people who experience mental ill health. They do this through a wide range of community based mental health services. More recently, Penumbra have been exploring how to define and better understand what matters to the people they support.

“The voice of lived experience already shapes our processes and activities at Penumbra, so this project was about finding even better ways to put people at the heart of our work.”

#### **Our challenge**

We believe that mental health recovery is possible for all and that supportive relationships are key to this, but we also operate in a world where the amount of work we do can be more highly valued than relationships. Penumbra are working to develop a set of meaningful measures that help us understand and do more on what matters for the people we support, at the same time as charting our progress towards the outcomes defined by funders and regulators. These measures, and our ways of collecting them, need to reflect our values and ways of working. For us that means simple, practical tools that support meaningful conversations and track our journey towards outcomes; developing and doing this with people, not to them; and working in trauma informed ways that deliver the time space and compassion people need for recovery.

#### **Our response**

We started by looking for ways to build on what's already in place – for us, this meant starting with I.ROC, a personal recovery measure and tool we use to help people identify and track their journey towards their personal outcomes, and our HOPE® framework for mental wellbeing. We then brought together an evaluation

platform provider specialising in outcome focused evaluation, with people who have used our services and our practitioners. Our aim was to work together to shape what we would do next. Next, we shared stories and experiences about what positive outcomes really mean and what matters most. We used those stories to develop an outcomes map, which was then translated onto the platform provider's cloud based system. This gave us a practical and logical approach to capturing, tracking and reporting people's experience of what we do in real time. At a person and practitioner level, it helps people capture and track progress. At a strategic and service level, it helps us bring together data and evidence that we can use to ensure that our services work successfully towards both personal and our shared outcomes.



## Learning from practice

Building relationship – By working together to: understand and share our experiences; the relationship between what we set out to do and how that makes people feel; as well as the impact all of that has for people in the short and longer term, we help create the trust we needed to learn and change things together. Being clear & consistent – people's lives and recovery journeys are complex. The systems we use to track impact need to help us work with that, rather than compound it. Simple cloud based systems that reduce admin, along with consistent approaches to providing support and prioritising human connection, can help support recovery, wellbeing and better outcomes for everyone involved. Making connections – offering time space and compassion; and collecting meaningful data can happen at the same time. The key is to identify the important questions and ask them in ways that serve the people we support, as well as their recovery.



## Impact

We're still at an early stage with this work, but initial findings are that focusing on shared outcomes, combined with gathering evidence of our performance in a systematic and consistent way, can help us deliver the difference that matters most.

For more info on Penumbra visit [their website](#)



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Any enquiries regarding this publication should be sent to us at

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