

Public Consultation on the Lifeline crisis support service

The Public Health Agency (PHA) is currently holding a 12 week consultation on the future of the Lifeline service to ensure that it best meets the needs of people who will require its support over coming years, and to make it as effective and responsive as possible.

A number of questions and concerns have been raised during the course of the consultation, so this Frequently Asked Questions document has been created to help address these and provide clarity about what is proposed.

If you would like any further information, please contact lifelineconsultation@hscni.net

Frequently Asked Questions

Q. Is the Lifeline service being cut back?

A. No. PHA is proposing to increase the Lifeline budget by £230,000 a year, and create additional support services for people who call Lifeline. Under the proposals, the capacity for the number of psychological therapy sessions would increase by 27%.

The Lifeline crisis response service is highly valued by the PHA and is a key priority as it provides essential support to people at a time when they are at their most vulnerable.

The purpose of revising the Lifeline model is to retain the best elements from the existing set-up, and strengthen the service with new features to ensure that we are delivering the best support for people who need it in a time of crisis.

Q. Will there continue to be a 24-hour helpline?

A. Yes, Lifeline will continue to be a 24-hour service, 365 days a year. The proposals do not change that.

Q. Will call handlers be qualified?

A. Yes. The consultation proposals would maintain the 24 hour, seven days a week telephone helpline provided by staff who are skilled and qualified in talking to people in crisis and in particular in the field of suicide and self-harm prevention.

The position within the current contract is that all staff involved in taking calls from the 24/7 helpline and providing follow on counselling sessions must have, or be working towards, a recognised counselling qualification.

In the proposed model, that qualification requirement would continue for staff providing the counselling sessions, but experience with the current service and similar services elsewhere suggests that formal counselling qualifications are not necessarily required for the telephone helpline role.

The PHA has stressed that the telephone helpline must be provided by staff who are skilled and qualified in talking to people in crisis and who possess professional skills and qualifications in listening and in assessing the risk of suicide as well as knowledge of the range of support services available to ensure that callers are directed to the most appropriate service for their needs. This would not preclude staff with formal counselling qualifications from taking on the role but opens the opportunity to staff from a wider range of professional backgrounds.

The use of the generic term “call handler” should not be interpreted as “unskilled” or “unqualified”. The PHA fully recognises the importance of the staff who provide the telephone helpline service being appropriately skilled and trained for this vital role.

Q. Will Lifeline be changed from a counselling service for people in distress and despair to a signposting service?

A. No. All callers would continue to be listened to and carefully risk assessed by skilled staff. For callers at immediate risk, Lifeline staff would ensure that the caller receives the appropriate emergency services immediately, safely, and seamlessly. For other callers who are assessed as being at risk, Lifeline staff would arrange follow-on counselling care with the appropriate service. This would include safe direct handover to the follow-on service.

For other callers who are not at risk of self-harm, the Lifeline staff would tell them of services available in their area that they can access when they feel ready to avail of that support. The provider of the support service would be given the contact details of the individual and would make suitable arrangements to accommodate them. The Lifeline service will ensure that all callers receive the most appropriate level of support, particular to their needs.

Q. Will the Lifeline service be split across various providers and will this impact on its effectiveness?

A. The current Lifeline service is split across various providers with one provider handling the telephone calls and then referring patients to follow-on support, including some through the current provider. The proposed future Lifeline service would be similar except that the telephone service would be managed by the NI Ambulance Service to strengthen the links to other emergency services, including

Trust crisis mental health services. Follow-on support services would continue to be provided by a range of organisations.

The future Lifeline service would be fully integrated, with skilled and qualified staff on the telephone helpline and face-to-face support delivered locally across the region. This would enable more immediate and appropriate support for those at most risk, and facilitate expert counselling for all who need it. The feedback from the pre-consultation process was one of support for this type of model, so it has now gone forward for full consultation.

Q. Is this about saving money?

A. No. It is about creating the most effective service we can to save people's lives. Overall, more money would be spent on running the Lifeline service under the new model, and we believe that by altering how that money is spent, we can provide a more effective service to help people in crisis, and that is what is most important.

The proposed revision of the management arrangements would potentially result in more funding being directed into front line services. In the proposals it is anticipated that the change would lead to an increase in the number of counselling sessions by up to 27%, plus face-to-face support and complementary therapy could be provided where appropriate.

The 24/7 telephone helpline would be maintained. The enhanced service would offer a broader range of evidence-based support services. Overall, this would enable additional capacity for 18,800 sessions and an increased budget of 6.5%.

Q. Why change the model?

A. All HSC-contracted services must be modelled on available evidence and based on accurate needs assessment. As the current contract is due to end, we have a duty to review the existing model and consider what, if any, changes are required.

The current service has evolved from an original service that was piloted in north and west Belfast and has changed over that time into what it is now. As we learn more about who is, and how people are, using the service and what works best, it is right that we continue to consider and reflect on the service so that it remains fit for purpose.

There is also a duty of care on the PHA to ensure that any service we commission is fit for purpose, meets good corporate and clinical governance standards, is in line with policy direction, improves the quality of patient care, and provides value for money

Q. Will people lose their jobs under the proposals?

A. At this time the proposals are only at consultation stage, so it is too early to say what impact there might be on individual jobs until we have a stronger idea of the model of service that is most likely to proceed.

Q. Should people still ring Lifeline now, and when the new system is in place?

A. Yes. The Lifeline service will continue to be in place. It provides vital support for people who need it – this will continue to be the case while the current contract is in operation and after the new contracts begins, so we encourage anyone who is in distress or despair to call Lifeline on 0808 808 8000. The person on the end of the line will listen and help immediately on the phone and follow up with other support if necessary. For the service user, they can rest assured that Lifeline will continue to be available 24/7, and that when the new contract is put in place, that service will be enhanced further.

Q. How can people respond to the consultation?

A. Full details on the consultation can be found on the PHA's website at www.bit.ly/llconsult

Completed questionnaires must be returned by 1pm on 19 November 2015.

Lifeline is an essential service and forms an important element of the PHA's work with many partners to reduce the risk of suicide. The agency recognises that there will be a range of views on the proposals and we look forward to hearing from as many interested parties as possible during the public consultation.