James' Place Evaluation

ONE-YEAR REPORT

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James' Place Evaluation: One-Year Report

Executive Summary

Introduction

Over 800,000 people die by suicide each year worldwide. Suicide amongst men is a major public health problem, and is the leading cause of death among men under the age of 50 and for young people aged 20-34 years in the UK. James' Place is an innovative therapeutic centre that has recently opened to offer support to men in suicidal crisis within a community setting. The centre is the first of its kind in the UK, delivering suicide prevention interventions by therapists. This evaluation aimed to examine the effectiveness of the James' Place model on reducing suicidality in men and to explore the social value outcomes and wider beneficiaries of the service.

Evaluation Clinical data was collected from 265 men referred to James' Place between August 2018 and July 2019. Demographic information was collected by the service data system and the CORE-34 Clinical Outcome Measure (CORE-OM) was used pre and postintervention to measure change. This information was supplemented with qualitative data generated through in-depth (n=4) and short (n=4) interviews with service users. Interviews explored individuals' experiences and outcomes of engaging with James' Place. One GP provided their views and perceptions of the impact of James' Place. This information was used to understand the mechanisms of change for the James' Place Model and explore the outcomes experienced by individuals and wider beneficiaries.

Impact of James' Place

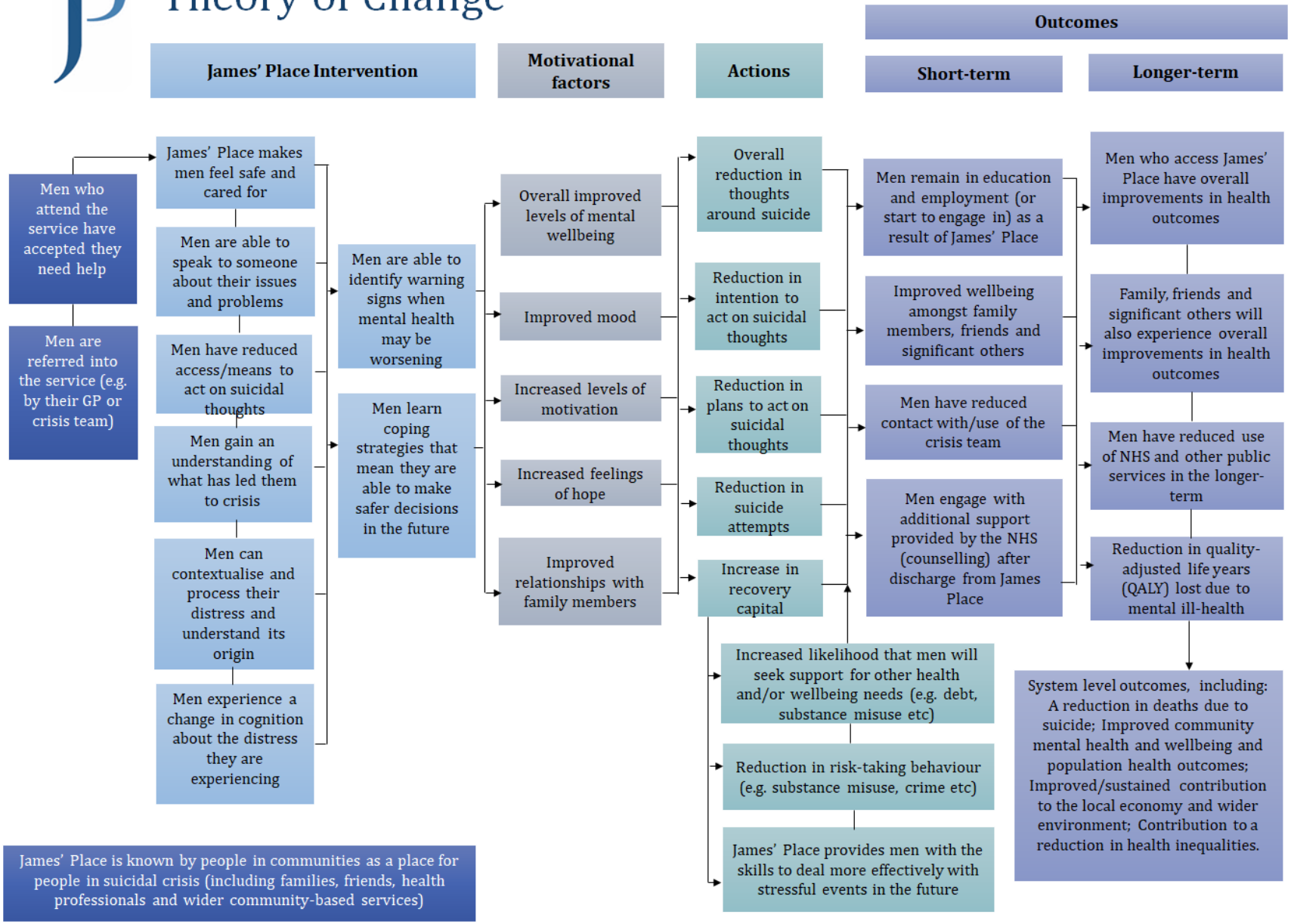
Lives Saved For the men who completed pre and post questionnaires, all experienced a significant positive change in the items measured by the CORE-OM as result of James' Place. Across the cohort, there was a statistically significant reduction in mean scores between assessment and discharge.

All of the men interviewed described how James' Place had increased their feelings of hope, improved relationships with family members, and ultimately reduced suicidal thoughts. Most of the men spoke about being in suicidal crisis and described that they were not sure where they would have gone for help if James' Place was not there and that, ultimately, they may not have survived.

Value of James' Place James' Place is making a life-changing difference to individuals, their families, their communities and the wider system. James' Place provides a substantial social value contribution to a wide range of stakeholders, including family members, friends, statutory and non-statutory services (including the NHS, welfare services), employers and education establishments.

Recommendations This evaluation has highlighted the effectiveness of the James' Place model in saving lives and providing a substantial social value contribution to a wide range of beneficiaries. We would recommend that James' Place use a similar approach to the Liverpool model when implementing the service in other settings.

Theory of Change



1. Introduction

With over 800,000 people dying by suicide each year worldwide (World Health Organisation [WHO], 2019a), suicide remains a significant, yet preventable, public health risk. Suicide among men is a major public health problem, and is the leading cause of death among men under the age of 50 and for young people aged 20-34 years in the UK (Office for National Statistic [ONS], 2019). Prevalence of death by suicide among men is consistently higher than females in the majority of countries (WHO, 2019b; Turecki and Brent, 2016). Recent figures show that men accounted for three quarters (4,903 deaths by suicide) of the 6,507 registered suicides in 2018 in the UK (ONS, 2019). Suicide mortality among males in England significantly increased by 14% in 2018 compared to 2017, with a 31% increase of men aged 20-24 years dying by suicide and middle-aged men (40-50 years) accounting for a third of all suicides in England in 2018 (ONS, 2019).

Suitable support provision for men in suicidal crisis is needed, especially for men who communicate suicidal distress; however, service provision is lacking, particularly within community settings (Pearson et al, 2009; Saini et al, 2010, 2015, 2017). To date there is no published research on the effectiveness of community-based brief therapeutic psychological programmes for men in suicidal crisis. Additionally, previous findings suggest that existing suicide prevention services are incompatible with the needs and preferences of men who are experiencing suicidal distress (Pearson et al., 2009; Saini et al., 2010, 2015, 2017). This adds further to the research evidence suggesting suicide prevention interventions should be tailored to suit the specific needs of their target audience (Zalsman et al., 2016; Lynch et al., 2016).

James' Place is an innovative therapeutic centre that offers support to men in suicidal crisis within a community-setting. The centre is the first of its kind in the UK, delivering suicide prevention interventions by therapists. The therapeutic model of James' Place draws upon three theoretical models: Interpersonal Theory of Suicide (Joiner 2009), The Collaborative Assessment and Management of Suicidality (Jobes, 2012) and The Integrated Motivational-Volitional Theory of Suicide (O'Connor 2011; O'Connor and Kirtley, 2018). Each of these three models seek to explain suicidal behaviour in an individual or group and suggest ways in which individuals at risk of suicide can be treated and which interventions could be helpful. The commonality of these approaches is the process of working alongside the suicidal person with a focus on helping to reduce suicidal distress and supporting the men to develop resilience, safety planning and coping strategies. The James' Place model is developed and will be familiar as a simple 'Crisis Resolution' model (DH 2006). The difference is that James' Place supports men who, whilst they may be experiencing a suicidal crisis, have not identified a serious mental health problem (e.g. Severe Depressions, Bipolar Disorder, Psychotic Illness, Personality Disorder) as the underlying cause of their suicidality. In common with the Collaborative Assessment and Management of Suicidality (CAMS) model, the therapists at James' Place offer a range of therapeutic approaches and interventions but focus on decreasing suicidal distress and supporting the men to develop resilience and coping strategies.

Currently, the model includes approximately nine sessions of therapy in three lots of three. The first three sessions are given over the first week and typically involve the assessment formulation stage where therapists assess the risk of the men, in a collaborative way, with a safety plan. The first stage is about managing the risk, making sure the men are safe and engaged in the talking therapy. The 'Lay your Cards on the Table' model is introduced within the first three sessions to aid conversation and visually display how the men are being affected by their suicidal thoughts. The middle part lasts over 10 days and is more person centred. The therapists may conduct a brief psychological intervention if someone is struggling with negative beliefs about themselves or unhelpful cognitions. This may include behavioural activation, relaxation with someone who is really struggling with anxiety, or sleep hygiene. The final three sessions will typically consist of relapse prevention and going through a very in-depth safety plan, making sure that the men know the progress they have made and they know what has actually helped them. That could be using the cards, getting all the cards out and looking at what has been useful and what has not been useful; looking at that person's early warning signs and what is a sign for them when they are going downhill again; and planning with them for that scenario, so a lapse is less likely to turn into a relapse.

The purpose of this report was to evaluate the effectiveness of the James' Place model, which delivers a clinical intervention within a community setting for men in suicidal crisis. The main aims were to:

1) Evaluate the effectiveness of the James' Place model on reducing suicidality in men using the service; and

2) Conduct a social value assessment of the service to provide an understanding of the potential social, economic and environmental impact of James' Place.

2. Methodology

Design: A mixed-methods approach was used for this study. A range of quantitative and qualitative data was collected and analysed to evidence the effectiveness of the James' Place model and to assess social value.

Methods: Pre and post data was collected for the primary outcome measure and four semi-structured interviews were conducted with men who had used the service. This information was used to explore whether the James' Place model was effective in reducing suicidality in men. This evidence also indicates the wider outcomes and impact that James' Place has upon the men who access the service.

An additional four short service user interviews and short, written responses provided by a general practitioner (GP) to a number of questions from the interview schedule, were used to supplement this data for the purposes of the social value assessment.

Participants: Quantitative data was collected from a cohort of men experiencing a suicidal crisis who had been referred to James' Place between 1st August 2018 to 31st July 2019 (n=265). Referrals came from Emergency Departments, Primary Care, Universities, or self-referrals.

Qualitative data was elicited through four in-depth interviews with service users and a further four short interviews with another four men (carried out between January and April 2020). Interviews explored individual experiences of engaging with James' Place and any changes that the men felt they had experienced as a result of this engagement. One GP sent short written responses to a number of the interview schedule question, which provided some brief details around their views and perceptions of the impact of James' Place. It was originally anticipated that a number of other service user interviews/focus groups would be carried out, but this was not possible (for logistical and safeguarding reasons) due to COVID19.

Procedure for quantitative data collection: Demographic data was collected from the service data system on all men referred to the service. Clinical data was collected from the pre and post CORE-34 Clinical Outcome Measure (CORE-OM). The CORE-OM is a client self-report questionnaire, which is administered before and after therapy. The client was asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point Likert scale ranging from 'not at all' to 'most of the time'. The 34 items cover four dimensions; subjective well-being, problems/symptoms, life functioning, and risk/harm, producing an overall score called the global distress (GD) score. Comparison of the pre and post therapy scores offer a measure of 'outcome' (i.e. whether or not the clients level of distress has changed, and by how much) (see Figure 1). Connell et al (2007) published benchmark information and suggested a GD score equivalent to a mean of 10 or above was an appropriate clinical cut-off, demonstrating a clinically significant change, while a change of greater than or equal to five was considered reliable. A range of psychological, motivational, and volitional factors that play a key role in suicidality were assessed. These were informed by leading evidence-based models of suicidal behaviour, which the James' Place model is based upon. In addition, the referrer to the service and the precipitating factors to the suicidal

crisis were recorded. Questionnaire data was used for feedback from the men who had been discharged from the service (n=39).

Quantitative data analysis: The sample size was predetermined based on the number of men who used the service in the first year. Data was analysed using SPSS 26. To examine client outcomes repeated measures general linear models were used to compare pre and post treatment data. Magnitude of effect sizes (r) were established using the Cohen criteria for r of 0.1 = small effect, 0.3 = medium effect and 0.5 large effect. Descriptive data analyses were also used for the feedback questionnaires.

Procedure for qualitative data collection: Prior to the interviews or group discussions, all participants signed a written consent form to confirm participation. Gatekeeper consent was received from James' Place prior to data collection. Semi-structured interview schedules were used to elicit discussions about the design, implementation and delivery of the James' Place model. Researchers experienced in qualitative methods conducted one-to-one interviews or group discussions. The interviews and discussions lasted between 20 minutes and one hour. The four short interviews that were conducted ranged from 3.02 minutes to 4.50 minutes.

Qualitative data analysis: Thematic analysis was used to analyse the interview transcripts and was selected as an appropriate method for examining the interview data because it provides a way of getting close to the data and developing a deeper appreciation of the content (Braun & Clarke, 2006). All data transcripts were checked for errors by listening back to the audio-recording and reading the transcripts simultaneously. Pooja Saini (PS) conducted all of the interviews and listened back to the audio-recorded interviews to become familiar with the whole data set. PS, Hannah Timpson and Rebecca Harrison conducted analysis of the anonymised transcripts that have been used within this report.

Social value analysis[1]: Findings from the quantitative and qualitative data analysis were triangulated to understand the wider social, economic and environmental outcomes of James' Place. The four in-depth service user interviews were used to develop case studies to illustrate people's experiences and outcomes of using James' Place. Alongside this, the four short service user interviews and the short written responses provided by the GP were incorporated into the analysis to develop a summary of the social value outcomes. This information was used to develop a logic model and theory of change that details the outcomes and beneficiaries of James' Place.

Patient and Public Involvement: The James' Place centre was originally conceptualised by bereaved parents of a young man aged 21 years old, who was attending university at the time of his death. In consultation and coproduction with academics, clinicians, commissioners, public health, researchers, therapists, psychologists and experts-by-experience, the centre was designed and implemented. All members of the centre design team were involved in

[1] It was initially hoped that a Social Return on Investment (SROI) could be carried out. Due to limitations with collecting qualitative information from service users (as a result of COVID-19) it was not possible to follow all of the key principles required for SROI. It is hoped that it will be possible to collect this data at a later point in time.

finalising the outcome measures developed for the James' Place model and these were informed by their priorities, experience and relevance. The research question was developed through a collaboration involving the James' Place Research Steering Group who oversee all of the research taking place at the centre. The group includes commissioners, clinicians, academics, researchers, therapists, James' Place Charity Trustee members and experts-by-experience. Experts-by-experience are men who have personal experience of being in a suicidal crisis or those who have been bereaved by a male suicide. Experts-by-experience were involved in a series of meetings when setting up the service and are members of the Research Steering Group. Members of both groups will be involved in choosing the methods and agreeing plans for the dissemination of the report to ensure that the findings are shared with wider, relevant audiences within the field, particularly as some members are part of the National Suicide Prevention Alliance and NIHR Applied Research Collaboration.

Ethical Approval: Ethical approval was granted by the Liverpool John Moores University Research Ethics Committee (Reference: 19/NSP/057) and written consent was gained from men using the service at their initial welcome assessment, as well as those staff and wider beneficiaries who took part in the interviews.

3. Findings

3.1 Men referred to James' Place in the first year

Between 1st August 2018 to 31st July 2019, 265 men were referred to James' Place via Emergency Departments, Primary Care, Universities or self-referrals. 212 (80%) out of the 265 attended for a welcome assessment and 176/212 (83%) went on to engage in therapy. For those who did not attend the welcome assessment, the reason was usually no response when the men were followed-up or some said they were not feeling suicidal anymore. For those who were assessed at James' Place: 85 men were discharged after their treatment was complete; 51 were engaged but treatment was incomplete; 36 men did not attend their therapy sessions after the welcome assessment or could not be reached when contacted; 24 referrals were not suitable for James' Place and men were referred to other alternative services; and 16 men were still in the process of receiving treatment.

Table 1: Demographics

Demographic	**% (n)**	**Significance against Core outcomes**
Ethnicity White British Other	 86%(166/192) 14% (26/192)	p=.950
Relationship Status Single Married Divorced Separated	 86% (147/172) 9% (16/172) 2% (4/172) 3% (5/172)	p=.788
Sexual Orientation Heterosexual Homosexual Bisexual	 85% (51/60) 12% 7/60) 3% (2/60)	p=.061
Employment Status Employed Unemployed Self employed Students	 39% (72/183) 37% (68/183) 4% (7/183) 20% (36/183)	p=.877

Demographic data

Table 1 shows the demographic characteristics about the men who were referred to James' Place, the mean age was 33 years old (range 18-61). Eighty-six percent (166/192) of the men were white British and 14% (26/192) non-white British. Relationship status showed that 86% (147/172) of the men were single, 9% (16/172) married, 2% (4/172) divorced and 5% (5/172) separated. However, we suspect that the 'single' category may include men who were divorced or separated or those were not cohabiting. Living situation varied across the men with: 27% (15/55) living with parents; 16% (9/55) living alone; 9% (5/55) living with a partner; 11% (11/55) living in supported accommodation; 29% (16/55) student accommodation and,

7% (4/55) with a family member or friend. However, there was missing data for 74% (157/212) of the men attending at James' Place within this 'living situation' category. Sexual orientation of the men was 85% (51/60) heterosexual, 12% (7/60) homosexual and 3% (2/60) bisexual; however, there was missing data for 72% (152/212) of the men attending at James' Place. Thirty-nine percent (72/183) of men were employed, 37% (68/183) unemployed, 4% (7/183) self-employed and 20% (36/183) students. This data needs to be interpreted cautiously due to the high number of missing data. To date, demographic information has been collected via referral forms; however, therapists are now going to collect any of the missing data within the initial assessment so that we have a clearer picture of the men attending the service.

Referrals to the service

Table 2 shows the referral details for men who were seen at James' Place over year one. Men were referred from a variety of places. Just over one third (34.9%) of the referralscame from mental health practitioners based in Emergency Departments, 16% were from GPs, 8% via self-referral and nearly a third were not recorded (30.2%).

Table 2: Referrer details

Referrer	N (%) (of 212)
Mental Health Practitioner	74 (34.9%)
General Practitioner (GP)	33 (15.6%)
Self-Referral	17 (8%)
Nurse Practitioner	10 (4.7%)
Support Worker	8 (3.8%)
Talk Liverpool	4 (1.9%)
University	1 (0.5%)
Occupational Health	1 (0.5%)
Not Specified	64 (30.2%)

Factors related to the current suicidal crisis

Table 3 shows the factors related to the current suicidal crisis the men were in at the time of referral into James' Place. There was no relationship between the precipitating factors and the levels of general distress found at initial assessment ($p>.05$). There were also no significant differences in general distress between those with and without each precipitating factor ($p>.05$).

Psychological factors

Within the sessions, therapists recorded data on the psychological variables listed in Table 4. The data highlights the psychological factors that affect men the most, for example, humiliation, impulsivity, rumination, entrapment and thwarted belongingness. Although, some of the data indicated an improvement in various psychological factors (e.g. hopelessness, humiliation, coping, thwarted belongingness) this information was not available for all the men and was therefore not included in the report. The reasons for this may be due to information not being collected by all therapists throughout the first year of the centre opening or because it was not discussed in their subsequent sessions. This is an

Table 3: Factors related to the current suicidal crisis

Factor	N (%)
Relationship Breakdown (N=163)	71 (44%)
Family Problems (including domestic abuse) (N=162)	70 (43%)
Work (N=162)	48 (30%)
Debt (N=162)	42 (26%)
Bereavement (N=162)	35 (22%)
Alcohol misuse (N=165)	29 (18%)
Drug misuse (N=165)	27 (16%)
University (N=163)	23 (14%)
Legal Problems (N=162)	16 (10%)
Sexuality (N=163)	8 (5%)
Gambling (N=162)	8 (5%)
Bullying (N=162)	7 (4.3%)

Missing data 47-50/212 (22-24%)

Table 4: Number of psychological variables reported by men at initial assessment

Variable	Reported at initial assessment
Thoughts about suicide (N=212)	125 (59%)
Social support (N=117)	92 (79%)
Past suicide attempt/self-harm (N=129)	90 (70%)
Rumination (N=95)	77 (81%)
Thwarted Belongingness (N=99)	74 (75%)
Impulsivity (N=100)	68 (68%)
Humiliation (N=87)	62 (71%)
Entrapment (N=74)	55 (74%)
Absence of positive future thinking (N=88)	46 (52%)
Burdensomeness (N=74)	43 (58%)
Exposure to suicide (N=80)	40 (50%)
Defeat (N=62)	36 (58%)
Resilience (N=60)	35 (58%)
Imagery of death & suicide (N=76)	34 (45%)
Not engaged in new goals (N=73)	33 (45%)
Hopelessness (N=35)	32 (91%)
Coping (N=86)	32 (37%)
Memory biases (N=66)	31 (47%)
Social problem solving (N=56)	27 (48%)
Fearlessness of death (N=64)	20 (31%)
Social isolation (N=22)	19 (86%)
Suicide plan (N=116)	18 (16%)
Pain sensitivity (N=56)	16 (29%)
Attitudes (N=52)	12 (23%)
Unrealistic goals (N=63)	11 (18%)
Social norms (N=58)	6 (10%)

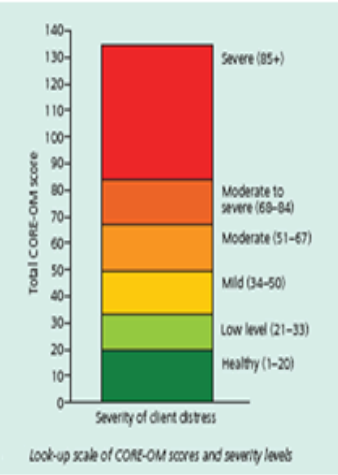
area in which to conduct more work in the future to ensure we have a clearer picture of the effects of the therapy on psychological factors.

3.2 Impact of James' Place on service users

Clinical outcomes

Figure 1 shows the clinical reduction in the average change for the CORE-OM total scores for 85/176 (48%) of the men who completed the CORE-OM at assessment and discharge. For all subscales of the CORE-OM there was a statistically significant reduction in mean scores between assessment and discharge, with all outcomes demonstrating a large effect size (table 5). Results found that for risk/harm and subjective wellbeing, there was a clinically significant change, with mean scores reducing to under 10, indicating a level of distress classed as healthy. Problems/symptoms and life functioning demonstrated a reliable change with a reduction of more than five in the clinical distress scores following therapy.

Figure 1: CORE-OM scores and severity levels



Average Initial Core	**- 85.5 (n=137)**
Range	**- 18-120**
Average Final Core	**- 38.9 (n=60)**
Range	**- 0-81**
Average change	**- 46.6**

Table 5: CORE-OM Outcome Statistics

Outcome	Mean (SD) at Assessment	Mean (SD) at Discharge	F	p	Partial eta squared
General Distress	82.91 (18.16)	36.41 (23.82)	195.06	<0.001	.78
Subjective Wellbeing	12 (2.92)	5.30 (3.76)	128.86	<0.001	.70
Problems/Symptoms	34.38 (7.27)	16.36 (10.14)	149.13	<0.001	.73
Life Functioning	24.91 (7.01)	12.88 (8.49)	119.11	<0.001	.68
Risk/Harm	9.38 (4.61)	1.88 (3.16)	138.16	<0.001	.72

Feedback questionnaire

One fifth of the men (18%; 39/212) who used the service completed and returned feedback questionnaires on their experience of the service. Feedback from the evaluation forms (see Table 6), suggested that they found the service useful and importantly, that it had provided

support and help for them at a time when they were in suicidal crisis. Most were very thankful for the service they received and had formed good relationships with the therapists at the service. Men reported they found they felt better than they had done in years and that felt they could speak about their issues, some for the first time ever. They also enjoyed learning about their progress with the cards and feedback from therapists. Overall, there has been no negative feedback from men using the service to date.

Table 6: James' Place Satisfaction Questionnaire completed by men who attended James' Place

Feedback Questions	Response
Were you happy with the time it took us to get in contact with you?	**Yes - 39/39**
Were you happy with the quality of therapy you received?	**Strongly agree – 38/39** **Agree – 1/39**
I felt better after my contact with James' Place	**Strongly agree – 39/39**
Were you happy with the time it took us to get in contact with you?	**Strongly agree – 39/39**
I felt treated with respect and dignity	**Yes - 39/39**
Were you kept informed of your progress?	**Yes - 39/39**
I felt able to say what I wanted to	**Yes - 39/39**
Were you happy with the practical and emotional support you were offered?	**Yes – 38/39** **Partly – 1/39**
Do you feel you were signposted to correct support services?	**Yes – 38/39** **Partly – 1/39**

The quotes in Box 1 also illustrate the positive experiences of the men who accessed James' Place in its first year of delivery. The men highlighted how important the role of the therapist was in their recovery and how they felt supported and listened to. Many men mentioned that the environment felt like a homely, safe space and that they were never judged by the staff or therapists.

Qualitative outcomes

Findings from the interviews with services users demonstrated how James' Place is seen to provide men with somewhere safe and welcoming, a therapeutic setting where they felt that they were supported, and were encouraged to talk about their problems and find solutions. The support and therapy they received appeared to increase their awareness to understand their own thoughts and feelings, and they were able to adopt coping strategies and all of this in turn had a positive impact upon their mental health and their thoughts around suicide and

wanting to act on these. A small number of the men also spoke about experiencing improved relationships with family.

Most of the men spoke about being in suicidal crisis and that they were not sure where they would have gone for help if James' Place was not there and that they may not have survived.

Box 1: Quotes from men on their experience of the James' Place Service

"Thank you for everything you have done for me and a special thank you to [therapist name] who's been a great help (getting there slowly)."

"It was good to talk feel listened to and feel I could be open and honest."

"I really feel lucky to have such amazing help and support from James' Place the first moment I walked in I felt safe."

"I felt I noticed my progress and didn't really need to be informed however, signs were pointed out."

"I really appreciate everything James' Place has done for me. I feel so much better now, then I have in a long time."

"The environment and friendly atmosphere helped me be open with my issues."

"I've not felt this safe and good in years."

"[Therapist name] was wonderful, she has helped me massively and I can't thank her enough."

"Everyone was very friendly and understanding and the support I received was very good."

"I feel like I have a purpose."

"Understanding and caring and not judgemental or bias, which was good."

"The quality is outstanding."

"I might not be talking to you now. So that's the sort of impact that it's had.." (Male 4)

"I wasn't going anywhere…I just had one thing on my mind and one thing only. I wouldn't have survived." (Male 5)

"I'm scared to think [where I would have gone for help] if it wasn't, if I didn't know where James' Place if it was there. I sit back and I think every day I wish I'd have knew where it was 12 months earlier and I could have introduced me friend to it who unfortunately took his life. So, I mightn't be sitting here today if I didn't know where James' Place was." (Male 7)

"I was talking to a lot of friends and doing their head in coz there's only so much you can be down around your friends and get the support, so I don't know, it was a very fortunate thing that it [James' Place] was there." (Male 8)

All of the men highlighted a lack of awareness of what support was available for men in suicidal crisis and that James' Place needed to be promoted more, especially as men struggle to talk about their emotions.

"I quite easily could have missed… if my mate hadn't tweeted that day, I still don't think… actually, I would have done, but I would have, potentially, might have seen them too late and might not have been here to have seen it." (Male 2)

"I don't know, maybe posters around the university; I think that would be good. You know, sometimes on the back of a toilet cubicle they've got things on, because I think something like that might have just been the push I needed." (Male 3)

"..if another fellow was to come up to me and say, 'I'm going through all this, where did you go to get help' and that, then they [James' Place] would be the first place." (Male 4)

"It's just a shame there's not more places like that out there…I wouldn't have even of found it myself if it wasn't recommended to me." (Male 5)

"We don't talk and we struggle to talk and it's probably one of the better things to help us get better, talking." (Male 6)

The majority of the men also said that they would not hesitate to tell and have told their friends and family about James' Place. One of the men said that when he talks to his friends he always asks them how they are feeling and how is their mental health.

"I'd just say, I've been in that place, I've been where you are now and James' Place can help you get through it." (Male 6)

"If I thought someone was that down, I'd drag them there, I'd do everything physically possible to take someone there, because I know it's saved me and that's no understatement and I'm sure well I know for a fact it's helped countless others so I'd make it me mission to take them and introduce them to James' Place." (Male 7)

3.3 Service user experiences of James' Place

Initial engagement with James' Place

The way in which the men had come to engage with James' Place varied from being told about it by specialist mental health professionals, to visiting their GP who signposted them to the service, and visiting a university wellbeing advisor. One of the men spoke about finding out about James' Place through the Twitter account of a colleague at work who had received help from the charity. One of the men also highlighted that he had found out about the service as one of his friends had died from suicide – he donated money raised from a charity fundraiser in his friend's name and had then gone on to use the service himself. This service user had found it hard to believe how little there was available for men and that he had 'stumbled' across James' Place. Another service user praised the fact that he saw his GP and was able to go and speak to someone at James' Place the next day. For one of the men it had taken two to four weeks to see someone after being referred to James' Place, but he had been able to access other therapy during this time. All of the men had engaged with James' Place at a time of mental health crisis.

"I felt like I was lost, I felt like I didn't want to be here anymore. People just helped me through it. I didn't know people cared." (Male 1)

"I was suffering and was really contemplating how to get out of this struggle and with this voice of an exit path that you've been shown through a friend." (Male 8)

Expectations and the physical environment

The men spoke about how James' Place was not what they were expecting. They spoke about previous experiences of treatment for their mental health and that they were expecting something more 'clinical' and 'regimented'.

"I was expecting your typical clinical, lab sort of setting that you usually get with a therapist, because I've had a similar kind of thing in the past." (Male 6)

"I expected it to be more clinical, a bit more regimented." (Male 7)

One of the men spoke about not having any expectations: *"I was in such a strange head space that I think I was up for anything to try and get out of that head space"* (Male 8), but that he

found James' Place 'quite uplifting' because it was a 'very nurtured space that had been considered'. He saw paintings on the wall that had been done by a friend of his and he felt that this gave him some 'feelings of support from the community and the environment' and that he was 'in the right place'.

All of the men found James' Place made them feel safe and that it was calming and welcoming, and that they felt cared for. One of the men stated that it was 'the polar opposite' of what he was expecting and that James' Place had 'rebuilt' him. This service user saw James' Place 'more like someone's home' welcoming you in and felt that the environment 'keeps you at peace a bit more'. Another of the men said that it felt 'comfortable' and 'quite chilled'.

Therapy received

Figure 1 shows the clinical reduction in the average change for the CORE-OM total scores for 60/137 (44%) of the men who completed the CORE-OM at assessment and discharge. The men spoke about never having been to a place like James' Place before and all specifically mentioned the therapy that they had received and the positive impact it had upon them. Many of the men had previously tried other forms of counselling and therapy that they felt was just not right for them.

One of the men spoke about having experienced mental health problems all his life and that talking to the therapist as more like 'talking to a family member or a friend'. This feeling of talking to a 'friend' was also echoed by a number of the other men who were interviewed.

> *"It was just like going to see a friend. They just asked you how you were, and how your week's been. And then just asking you questions. Just like a friend. You make like a friend without even realising."* (Male 4)
>
> *"The tactfulness of the therapist, she was absolutely fantastic. I've always been a closed book . I've always struggled to open up to people, but it was just the tactfulness and the way she was getting you to open up to talk about problems I'd had throughout me life…the skills that they show and the compassion, you don't even realised they're doing it until you finish your therapy sessions and you sit back and you think 'wow'."* (Male 5)

Another of the men, however, highlighted that not knowing the therapist gave them the confidence to talk about their problems, as they usually did not speak about their emotions.

> *"I felt I could speak to somebody, someone different who I don't know who's independent and I can talk to. I'm the type of person to keep things in and I don't tell anybody anything about my problems. Seeing a stranger, I can open up to a stranger and they're not judging me for who I am or what I am."* (Male 1)

The men spoke about feeling safe to open up and talk about their problems with the therapist, highlighting the importance of the therapists' 'calm demeanour' and the way in which they approached each session in terms of what was said, how it was said and the timing of when things were said. Two of the men spoke about using the 'lay your cards on the table' tool, which helped them to explore their problems and recognise things that had happened in the past that had impacted on their mental health, but they had not necessarily realised. One of the men highlighted that the therapist was cautious in their approach as they were concerned that he was too upset.

> *"[Therapist name] didn't want to do the cards with me at first because she knew I was in that much of a state, but she was pleased with me, how we got through it. I got upset with it, but that's part and parcel of it, isn't it?"* (Male 1)
>
> *"That set the building blocks. Then, as we did, like, the thing… there was a second and third activity, there were things… so, I'd always attributed my mental health just to my mum and, obviously, the loss of my mum. Then, there were certain cards that just other things have happened in my life.."* (Male 2)

All of the men spoke about how the talking therapy helped them to resolve their issues (even when they had not realised that there were issues), with one saying that by the end of his one-to-one sessions, it had 'all clicked'.

> *"It didn't feel like I was necessarily pressured to talk about anything with the therapist, but the environment did provide me with the means to do so, to open up and start resolving some of me issues." (Male 6)*
>
> *"It was like talking to a friend almost even though we'd never met in the past. She was really quite delicate with me at the start and then later on once she'd got to know me a bit better, asked me deeper questions and they kind of helped me resolve my issues from there."* (Male 6)
>
> *"It opened me up to things that I didn't really know was an issue with me. The more I talked, the more things I let out that I didn't, that I admitted to meself and not just the counsellor."* (Male 7)

One-to-one sessions were seen to be more beneficial than group work, with the majority of the men saying that they had previously struggled in a group setting. Reasons given for this included: because they could not 'open up quite as easily', because it made them feel 'uncomfortable' and because they had to listen to other people's stories that they did not feel were relevant or helpful to them. One of the men also spoke about other settings where you get 'x' amount of weeks or 'x' amount days to be treated and that he did not think it was 'doable' as 'everyone is different'. James' Place was seen to allow for this, so that therapy was 'finished when it's finished'.

3.4 Case studies

** All of the case study service users were assigned a pseudonym for anonymity*

Case Study 1 – Male 1 – Benjamin*

Engaging with James' Place

Benjamin found out about James' Place through his local clinical primary care psychological service and a local hospital that he had attended as he was feeling suicidal and had tried to harm himself due to issues with his marriage. He was referred to James' Place and told that 'there's always somebody to help' there. Benjamin spoke about the process of being referred into the service and that it took approximately two to four weeks to be seen. Whilst he was waiting to see someone he carried on with the counselling he was already receiving in the community.

Benjamin spoke about when he first had contact with James' Place. He felt that he wasn't sure about the paperwork [the welcome assessment all new service users have to complete] to begin with because his head was 'all over the place' and that he was still in trauma from what had happened and needed someone to talk though each question with him.

Receiving therapy at James' Place

Benjamin said that when he came to James' Place he saw a female therapist who '[helped] me through the troubles that I've had'. He recognised that he had initially felt nervous and did not know what to expect, but that everyone was friendly and welcoming and he felt that people cared.

> *"Everyone was friendly, a nice garden in the back. Everyone made you feel welcome, not like when I felt like I was lost, I felt like I didn't want to be here anymore. People just helped me through it. I didn't know people cared."*

Benjamin said that he was happy to keep coming back to James' Place for his therapy sessions because he 'felt wanted' and he was able to speak to somebody who he did not really know and was independent and so did not feel that he was being judged. He felt that his helped him as he usually kept things in.

> *"I'm the type of person to keep things in and I don't tell anybody anything about my problems. Seeing a stranger, I can open up to a stranger and they're not judging me for who I am or what I am."*

Therapy tools

He spoke about using cards as part of his therapy over three or four sessions, and that at first the therapist had been cautious of this therapy tool, as he 'was in that much of a state'. He said, however, that he had found them helpful and that whilst the process had upset him because 'each card meant something' to him and made him think of what had happened, he understood it was 'part and parcel of it [the therapy]'. Benjamin felt that by using the card tool the therapist was able to help him to identify how to overcome his troubles/problems/issues - he had felt a 'failure' and was 'lost' and didn't 'want to be here anymore', but the therapist had reassured him. He spoke about just using this tool in his sessions and that he had also downloaded a mindfulness app to use outside of his sessions, but that he had found this difficult to concentrate on.

> *"It was a helpful tool due to what it entailed. Then [therapist name] could tell me how to come over those things. There were ones with failure, "I'm lost. I don't want to be here anymore." She said, "You're not a failure. You're not lost. You're just going through a difficult time," and just telling me how to work through each card and think of the positives."*

Comparison to other settings

When looking at the environments in which Benjamin had received support, he felt that they were totally different. James' Place was felt to be more considered and provided clear information about what therapy would be given and how it would be done. He also felt that at James' Place people cared about what he was going through and listened to him. He compared this to feeling like a 'guinea pig' when he had attended a hospital because they are so busy and he did not think that they were interested in his problems. He also preferred the one-to-one sessions so that he could express his problems as he felt that in group sessions people spoke about different things that were not relevant to him and he found this to be a waste of time. He also felt that in a one-to-one session, proper attention could be given to his problems.

> *"I just feel uncomfortable going to hospitals because I don't think that they're interested, apart from the people in this place. They take care and they listen to you. They understand what you're going through. One-to-one sessions are even better."*

> *"I found a few little bits [that were relevant], but I found it more upsetting because I was just sitting there listening and none of it was relevant to me. It was just going over the procedure, what's happened to me, constantly in my head."*

Suggested changes to therapy

In terms of the therapy he received, Benjamin felt that it would have been good if he could have written things down so that he could express his feelings in a different way and that this may also help with addressing the problems he was having. Following on from this, he agreed that having blank cards for the card tool might have been helpful to be able to write something about how he was feeling at a specific point in time. Benjamin highlighted that he hadn't been advised or referred to try anything else since accessing James' Place, but that if he was feeling 'really bad' and James' Place wasn't open he would make sure he speaks to somebody.

> *"It would be good if we could just write things on a piece of paper and then just leave it at the end of the session and then the therapist can have a little look at what you're actually going through as well and how you actually feel. Sometimes you can't tell a therapist everything of how you feel. Sometimes you need to write things down on paper and then just walk away from it."*

The impact of providing support for men in suicidal crisis

In terms of outcomes, it was clear that Benjamin had been able to talk to someone about his issues (speaking to someone when he might not have done before), which helped him to overcome his issues (improving overall mental wellbeing), and he was able to turn negatives into positives (through the card tool). This in turn had an impact upon his thoughts around suicidal behaviour and he was able to be discharged from James' Place as they felt he was ready to have one-to-one NHS support.

At the time of his interview taking place, Benjamin had not received therapy at James' Place for one week as he now had a one-to-one counsellor through the NHS, who he would be seeing once a week for 45 minutes. He felt that when he first came to James' Place he had been in a suicidal state, but that James' Place had helped him through this and that they thought he was ready to 'go onto the next stage'. This involved being discharged from James' Place, but the therapist was still in touch asking if Benjamin needed anything and also that he could get in touch if there were any problems. He felt that this was a benefit as *"with some places, once you've finished the therapy, onto the next one and then you're forgotten about. In this place, it doesn't seem like they forget about you".*

> *"When I came here, I was in a suicidal state. I didn't know what to do. I had loads of thoughts. I was just going to smash my car into a wall. I was just going to do myself in. I was going to jump off a bridge. I was going to hang myself. Then I just started to get myself out of it and this place helped me through it."*

Case Study 2 – Male 2 – Michael*

Engaging with James' Place

Michael said that he heard about James' Place on Twitter on World Suicide or World Mental Health Day, 'or one of the derivatives'. He felt that he was 'really struggling' at the time. His Mum had passed away a number of years previously, but he still felt that it was very recent. He had read a tweet from a colleague who had been in crisis and they mentioned James' Place. He felt 'happy' that he had seen the tweet as he had tried other services and 'different avenues' in the past. He clicked on the link that was on Twitter and it went through to the James' Place website and then he 'called through'. Michael said that it only took a day or two after he had contacted James' Place before he had completed a telephone interview, and then was seen face-to-face by someone the following week, so it 'all happened quite quickly'. He said that the lady who had called him was 'lovely' and 'compassionate' and 'calming' and he felt cared for straightaway.

"I had no idea that he'd been in that place. So, it was, kind of, a hard… I just, like you do, flick through Twitter and I saw it and I thought… and I felt like I was in that place at that time. I'd tried different things and called different services, different avenues... So, it was one of those funny moments where you think I could have easily not checked Twitter that day and I would have missed it or I might have scrolled later on in the day and not seen it. It jumped out at me and… I mean, I'm happy that I did see the tweet that day."

Receiving therapy at James' Place

Michael said that he remembered first walking through the doors at James' Place and that he felt completely at ease, comforted and calm. He was not sure if this was to do with the décor of the surroundings, but he knew that it 'felt completely different' to anything he had experienced before.

"I'm not sure if it was because of the circumstances where I feel my mental health issues began with the loss of my mum, I've always craved that… or there's been a massive hole in my life. My mum was so affectionate, and a mumsy mum and all this kind of stuff. So, I'm not sure if, kind of… [Therapist name] is probably similar, maybe a little bit older than my mum, of what my mum would be now. I don't know if that… I'm not saying that's the reason why it worked there, but I'm not sure if it just put me at ease a little bit, you know, just, like… that was purely coincidental, I think."

When talking about the therapy he received, Michael said that he felt he had a good experience even though 'I cried my leg off in there at times'. He said that the therapist put him at ease and that he was not sure if this was because they reminded him of his Mum in

that she was kind and maternal and could possibly relate to him because she had children of a similar age.

Michael felt that one of the hardest things to do, when you have poor mental health, is to accept that you need help, and that he felt 'guilty' when he began attending James' Place and so needed to justify why he needed help and that he was not wasting anyone's time. He felt that the therapist at James' Place reassured him that he was doing the right thing and that he did need help and support and that they were there to help him.

> *"..you can tell yourself that you don't need help. One of the hardest things is accepting that you do need help, or… I think something that kept me feeling so low for so long was, 'just get on with it, just put it to the back of your… there are other people that are worse off', or whatever. Then, you're like, 'but, on the flipside, I'm trying to kill myself'."*

He felt that after going through the pathway of treatment with the therapist that it resonated with him and he could just see how it was going to help, and that this encouraged him to keep going back. He felt that the therapy helped him to understand why people have suicidal thoughts, why he was feeling like that and that he was not a 'weirdo'.

Michael had approximately 13 therapy sessions, attending James' Place once or sometimes twice a week. He spoke about his girlfriend being aware that he was going to James' Place and that she was keen to know how long the therapy would last for. Michael said he found the thought initially 'scary', but the he was ok when he knew he was coming to the time when he would be discharged. He felt that by this point he 'was feeling a lot better' in himself and that the therapist had also noticed this, and so the discharge process began. Michael also knew that he would be able go back to James' Place if he needed to and that there was 'never any pressure' for him to be discharged as it went at his pace.

> *"..It just came to a natural, kind of [end]… it didn't feel like a shock when [Therapist name] mentioned… because it worked well, actually, because I was going away on holiday on [date] for three weeks."*

Therapy tools

Michael used the card tool in the first couple of therapy sessions that he had. He described how the therapist would put the cards down and ask him how he was feeling, for example, short of breath, fast heart rate, sweating, not sleeping at night, and that she explained why these physical symptoms were there, relating back to prehistoric times and fight or flight. He felt that the cards set the building blocks and helped him to explore how he had attributed his mental health to just the loss of his Mum, but that he was able to identify there were other

life events that had contributed to his mental health. He felt that it helped him to form a wider picture of what was impacting upon his mental health.

> *"Then, there were certain cards that just other things have happened in my life, different circumstances that had happened that would be big things to normal people, but seemed less significant than my mum, but they were still something that not everyone has been through…"*

Michael spoke about the communication tools he learnt around 'recruiting people' into his life and building networks to ensure that he had the right people to talk to at the right times. He also felt that this gave him the confidence to be able to tell people about his situation and have people to speak to at times when he was feeling down.

> *"I've got one friend who I just wouldn't even dare speaking to about certain things because he just lives in, like, his own little place. He's like my best mate, but it'd be a waste of time speaking to him about certain things. So, it's helping me look around and think, 'who in my life can I speak to about this?'."*

Whilst Michael's girlfriend did not come to any sessions with him he made sure that he was honest and open with her and always spoke to her about what had happened in the sessions and he had found this 'helpful'. He said that he was also able, through the therapy, to identify when he was 'dropping', so particular warning signs such as not being as enthusiastic about going to the gym or his sleep getting worse. In turn, he was then able to put strategies that he had learnt in place to help address this before he started to 'spiral down'.

Comparison to other treatment/setting

Michael spoke about having taken antidepressants recently, but that he had stopped taking them as he had not liked the side-effects. . He had also attended one or two counselling sessions through the GP through the traditional NHS route. He felt however, that these had not helped him. He had also attended a cognitive behavioural therapy course, but again felt that this was just not for him.

> *"They [the NHS counselling sessions] just didn't do anything for me at all. They felt very clinical and just like you're a number…it's not me being ungrateful, I just didn't think it was something that was going to really work for me. Then, a former employee had put me on to a CBT therapy course. I just think it was just the same. It was just very going to sit in an office, not too dissimilar to this, with an old man. We just didn't connect. I just didn't feel comfortable and just didn't… there was probably a number of different… yes, just still probably felt cold and just didn't really work, I just didn't find it worked for me."*

Suggested changes

Michael said that he could not speak highly enough of James' Place and that all his experiences were positive. He mentioned that there might be some benefits to having access to James' Place at the weekends and also after usual closing hours for men who needed help.

> *"The only thing that I could potentially think of, and this was not something that I felt the need for at the time, was that it's not 24-hour or it's not weekends. So, if you need it outside of, you know, their office hours for whatever, for argument's sake, then they say to phone… if you're feeling so sad, phone 999, or Samaritans or whatever. I think people would rather be able to speak to them, but they've got lives, and families and stuff. I'm not sure if there's a technological development that could mean that there was a hotline, you know, a special James' Place.."*

He also suggested that James' Place could be better promoted so that awareness of the service that is available is increased. Michael felt that he could quite easily have missed it, if he had not have seen his friend's tweet and that it may have been too late for him.

> *"I don't know if they could do more around their marketing to have more awareness of themselves, or to generate more awareness for them because I quite easily could have missed… if my mate hadn't tweeted that day, I still don't think… actually, I would have done, but I would have, potentially, might have seen them too late and might not have been here to have seen it. I appreciate you can't be in everyone's mind's eye…"*

The impact of providing support for men in suicidal crisis

Michael felt that whilst nothing in life is certain, he was now 'more confident' to move forward than he had ever been and that he had 'more hope' than he'd ever had.

Even though he was no longer receiving treatment from James' Place, Michael felt he was able to apply some of the learning that he had to his everyday life when things have been a bit stressful. For example, things being tough at work, or his girlfriend being annoyed. He had also (at the time of the interview taking place) not needed to go back to James' Place or phone them. He felt he had learned 'bits and pieces' to be able to stop himself 'really [dipping] off'. He also spoke about it helping him to identify that he needed to make changes with his job; so whilst he was still working for the same company, he now worked in the office (albeit a long commute) rather than working from home too much as he found this isolating and lacking in routine. He had also been experiencing money problems, which had now been resolved.

Michael felt that he had come a great distance compared to how he had felt before engaging with James' Place when he had felt hopeless and without any prospects and could not see a pathway for himself. He felt he had the 'energy' to take things forward, something that he never thought he would have.

> *"I just felt like everything was on top of me and I really just couldn't feel… like, if I drew a picture, I would have just been sat in the corner with a rock on top, just weighted down by things. Now, I feel so light, and a different person...."*

Case Study 3 – Male 3 – Archie*

Engaging with James' Place

> *"I didn't know what to expect, but it was quite chilled really. I was obviously quite nervous, but it was quite comfortable. The atmosphere there is alright. I came in and they got me a coffee and it was alright."*

Archie spoke about visiting his university wellbeing centre to see one of the advisors there and they had recommended James' Place. He said that he had never heard of it before, but that the advisor sent an e-mail to James' Place and he was contacted the same day. He said that this conversation had been 'really brief' and just double checked all his information. He spoke to someone on the Friday and then went to James' Place on the Monday. Archie said that he had not known what to expect, but that he found James' Place 'comfortable' and 'quite chilled'.

As Archie hadn't heard about James' Place before he felt that it would have been useful to have had some information about James' Place so he knew 'what to expect' and 'what would happen' whilst he was there. He had looked them up 'briefly', and felt secure in the knowledge that James' Place was a 'professional, legit place', but felt that an online leaflet or similar would have been good.

Receiving therapy at James' Place

Archie spoke about seeing the therapist at James' Place. He said that as the sessions had gone on, his thoughts had changed around how he viewed himself and that this was achieved through being able to speak to the therapist and feel comfortable and supported in doing so.

> *"I think at first, I was feeling like, 'There is no point in doing this because I'm broken,' but you get quite comfortable after a while, just chatting, and then you realise that sometimes just the process of talking to someone can help. It's not necessarily as though they click a reset button. It's comfort and it's mostly knowing that you've got someone on your side that didn't need to be. If I talk to my mum about my problems, she has to stick up for me but it's nice to have someone on your team."*

Archie said that he had felt nervous speaking to someone about things that he would not talk about to anyone, but that it was like James' Place 'made the best of a bad situation' and that everyone in James' Place was really welcoming and friendly. Archie said that he kept coming back for his sessions because he 'didn't want to be miserable any more' and also spoke about his Mum also struggling with her mental health.

> *"Just like being miserable to my friends, because my mum is obviously – well, not obviously – she is quite similar to me, so she has obvious problems in her past and everything. I feel like my atmosphere is very much, yes, it's just like, "You are doom and gloom," and all this. They made me realise that there is something better, I suppose, or that you don't have to put up with this."*

Therapy tools

> *"To be fair, he [the therapist] did say at the time, "We'll just have a look and see if it helps," because he said that we'd talked about it, so I suppose for people that might not – because I'm quite open as a person, I just tell anyone anything, but I suppose if there are people that wouldn't, then…"*

Archie spoke about using a set of cards during his therapy where he had to choose cards that reflected how he was feeling. He said that he found things like that a bit 'cheesy', but also that by the time they had come to look at the cards they had actually talked through most of them. He did say, however, that if he had the choice of using the cards again, they would probably be 'better to use straight away to maybe root out your problems' and also could see how they would be helpful for people who weren't necessarily open to talking as much (so as a conversation ice breaker). He also spoke about the therapist saying that they would just explore if the cards would help.

Archie spoke about feeling that James' Place prepared him for his eventual discharge from the very beginning and that this was 'good' because it was not a shock.

> *"I think they kind of prepare you for it from the beginning which is good. So I knew it was coming and he didn't just clap me out, he was like, 'If you're not comfortable yet, we can carry on' or whatever, but because they talked about it from the offset, like, 'This is what we're aiming to do', it was fine."*

Comparison to other treatment

Archie spoke about his GP having directed him towards online cognitive behavioural therapy (CBT), but that he had found this something that he personally just did not like as he found it really condescending and patronising. He said that this was one of the reasons why he had been anxious to attend James' Place, because he was not sure what to expect. He said that

he preferred something more personal, so just talking to the therapist. Archie said that he'd never experienced anywhere else like James' Place and that it was unique because it was 'like being in someone's living room' and it was nice because it was 'not a clinical setting'.

Suggested changes

Archie said that it was hard to think of things that he would suggest needed changing because he had not experienced any problems during his time at James' Place.

The impact of providing support for men in suicidal crisis

The main positive changes that Archie spoke about experiencing were in his levels of motivation and his mood. Archie felt that the therapy he received from James' Place initially gave him a 'temporary boost' in his mood and levels of motivation after attending each sessions, but that initially this boost had not lasted long after each session. He felt, however, that after around five or six sessions this motivation increased and was more permanent. He said that he had never thought that 'they'd ever get me to be motivated again like I used to be'. For Archie, this motivation was related to his academic life, so revising for exams and going to lectures, as prior to the therapy he said that he had got to the point where he 'wasn't going to bother anymore'; and also to his mood.

He said that he now felt 'a lot better' and that this was because the therapist had helped him to realise that he could be responsible for his own happiness. Also that his Mum may have noticed he was less moody and that he was 'physically' pulling himself together.

> *"At first, I kind of felt like it was a temporary boost, so I'd get it out with talk and then we'd get it out and I'd leave feeling a bit motivated and then it would taper off for the rest of the week and then I'd just be back like, 'Oh, what am I doing?' But yes, probably at the midway point, because he'd backed up what I already knew, I suppose, like subconsciously I know I am doing all the right things. It took a good five or six sessions to actually get there and once I had, I was more motivated to do everything."*

He said, however, that he was not really able to speak to his Mum about how he was feeling because *"…With my mum, it's like a competition, like who is more miserable, which is just unhelpful."* Archie said that these changes would not have happened without James' Place.

> *"…had I known about it a lot sooner, then I feel like I could be in a completely different place now, but that's obviously not their fault that I didn't know about it. I had to have someone drag me to the Wellbeing person. I would never have gone there myself."*

Archie said that he would have liked to have known about James' Place sooner, because he felt that he would be in a 'completely different place now', but that he would never have found out about it if it had not have been for the wellbeing advisor. He also spoke about feeling that the support provided by his university from one of the undergraduate student administrators for his course had helped to reduce his pressures (e.g., by arranging extensions for assignments). The administrator had also kept in contact with him to make sure he was still engaging with James' Place. Archie said that even if he had heard about James' Place, he would never have called as he has a phobia around phone calls but that he would probably e-mail if that was an option. He also said that he would use a textline to make that initial contact and that he would definitely prefer this over a phone call. He felt that it would be good to promote James' Place around his university campus using posters on the back of toilet cubicle doors for example: "*I don't know, maybe posters around the university; I think that would be good. You know, sometimes on the back of a toilet cubicle they've got things on, because I think something like that might have just been the push I needed*."

> *"Obviously my life had fallen apart etc., so that took off a bit of the pressure, which meant that I could focus on myself, but I don't think I would have got myself to focus on myself."*

Case Study 4 – Male 4 – Liam*

Engaging with James' Place

Liam was experiencing a number of personal issues including being off work due to an injury and not being able to provide for his family. Whilst being off work, Liam said that it gave him time to think about things that had happened to him in the past, and that everything was getting on top of him and he did not know which way to turn as he was having suicidal thoughts.

> *"So he [the doctor] sent me a text with the email address and the website, and stuff like that, so I had a look, and then [name of mental health service], the emergency crisis team, got in touch. So I went and had a little appointment with them, and then they suggested about me going to them as well."*

Liam said that he had found out about James' Place through his doctor who suggested the emergency crisis team initially but also said that James' Place, whilst a relatively new organisation, was 'really good'. After seeing a member of the emergency crisis team, they also recommended James' Place and so Liam self-referred. He was able to have his first appointment at James' Place approximately one week later.

Liam spoke about it being daunting and overwhelming contacting James' Place because he had not really heard of it before, and was wary about what would happen and how James' Place would be able to help him.

> *"Yes, it was a bit daunting at first. Because you've not really heard of places like that. You've heard of the Samaritans, or the mental health organisations. But when you hear of a new one, you're a bit wary of what they do, the people that are there. You don't know who you're going to be talking to, or whether they've got experience of what you're going through. And it's still relatively overwhelming, sort of thing. So it was a bit daunting at first."*

He said, however, that when he first visited James' Place it was not what he expected. It was just like a 'big house' rather than a doctor's waiting room, and this had helped to make him feel welcomed and at ease and settled straight away. He felt that is was because of this, that James' Place would be the first place he would recommend to anyone who needed support.

> *"Obviously they only do men, but I don't know whether women have got their own… But if another fellow was to come up to me and say, 'I'm going through all this, where did you go to get help' and that, then they [James' Place] would be the first place."*

Receiving therapy at James' Place

Liam felt that seeing the therapist was 'just like going to see a friend' as they 'asked you how you were and how your week's been' and that after his first visit, he was not at all worried about going. He felt that he did not have to worry about what to say and that he could say 'pretty much' what was on his mind and he did not feel out of place for saying it.

Therapy tools

> *I thought, anything's worth a go to try and get me to get the help that I needed. Because I knew I needed help, but I'm not, I'm not the sort of person that can express, even to my wife and that, the feelings that I have. But I can't, there are things I won't say to them. I won't tell them; I won't let them know anything. I keep myself very guarded. I want people to hear what I want them to hear."*

Liam spoke about being 'guarded' and not really being one to express his feelings. He had used the cards as a therapy tool and said that the first time he had seen them he found them a bit 'weird' as he had not experienced anything like that before, but that he was willing to try it.

He said that the cards had prompted him to think about things, and spoke about the therapist also encouraging him to write things down on paper or in a text and then delete it, just so that the words were out of his head: *"And it wasn't until my therapist said, 'You write stuff down, and then even though you're thinking it, it's getting it out of your head,*

rather than just keeping it in your head, and just building and building and then building. Whereas if you write it down, even if it's like a text message on your phone and then just deleting it, it just gets that thought and misery out of your head. So that's why you just write things down.'"

Liam said that he had found using the cards very useful at the time and took pictures of them so that he now has them on his phone as a reference when he needs to use them.

> *"So when I'm going through, when I'm having the thoughts, when the thoughts are creeping in, I'll look at my plan, and I'll look at the cards, and see which ones are going to be helpful for me, and I've got to read what's on the cards and then just try and do little bits and bobs. Even, like, mixing them and matching. Having a look at various ones, and seeing which one's going to help me through whatever I'm facing at the time."*

He said that he has used them since being discharged from James' Place three weeks ago as he had been feeling a bit 'down in the dumps' and things were getting on top of him. He made reference to this being because of Covid-19 and the lockdown that was in place, because on the one hand he was not able to go out and about as much as he wanted; but then on the other it meant he did not have to make an effort to go anywhere, especially when he was having a bad day.

> *"I've been really down in the dumps really. Things are getting on top of me again, and so just literally, because obviously with the lockdown, and not being able to go out and just have a little bit of a walk as far as I could. And then on another thing, this lockdown; as my wife says, 'You're actually made up having a lockdown aren't you?' I said, 'Why?' 'Because you don't have to go anywhere. And I can't force you to go out.' And I just end up saying, 'Yes'. So it's mixed emotions really."*

Comparison to other treatments/settings

Liam said that he has been on a cognitive behavioural therapy (CBT) course but that he had not found it any good. He said that he had only gone on the CBT course because he wanted to see what it was like, but that it only really 'scratched the surface'.

He spoke about currently being on a waiting list for another service, but that it was going to be approximately 26 weeks to wait and that with the current lockdown situation; it was likely to be longer.

Discharge from James' Place

Liam felt very much that 'you get out of life what you put into it' and he felt that he had done his best throughout his therapy to open up and talk about things that he didn't necessarily want to. Liam said that he had felt sad about being discharged from James' Place and had not realised that it would happen so quickly. He understood that it was not going to be permanent, but he felt very mixed emotions about it as he was 'just getting used to it' and

then felt he was 'going to be on my own now'. Liam felt that he had got what he had needed from his time at James' Place, and in one way therefore felt happy for his time there to have come to an end, but that he would miss seeing the people there as he felt like he had made a friend who he would then never see again. He knew he was able to get back in touch with James' Place though should he need it.

"So yes, it was upsetting… Not upsetting, it was just like a bit emotional. Because it's just mixed feelings really. There's just, not that I wanted to stay there anyway, but I just understood that it was just, it had to come to an end. I couldn't go there, like it couldn't be months."

The impact of providing support for men in suicidal crisis

Liam said the he had experienced positive changes as a result of attending James' Place. Whilst he had a very open relationship and could talk to his wife about anything, he had felt that he couldn't talk to her about things that had happened in his childhood. He had become more open with his wife and had started talking to her more about 'what was going on inside my head'.

"But it was more of what's going on in my head, what I was thinking. Because she had an idea I thought about ending my life, and stuff like that, but she wasn't 100%. I was more open with her. So she knew when not to try and push a conversation that I didn't want to talk about. And she knew when I needed to, so she kept pushing and pushing."

Liam felt that if he had not gone to his doctor and found out about James' Place and self-referred he might not be here now.

I might not be talking to you now. So that's the sort of impact that it's had, and I have to say that I had to put something into it. I had to do it. Because if I didn't, it was a waste of time doing it, going there."

He also felt that his moods were now more stable as previously he was losing his temper with his children one minute and then laughing with them the next. He also said that he now had a more open relationship with one of his children who had known that something was wrong but didn't want to say anything to his Dad because he was worried about upsetting him. Liam said that he wouldn't suggest that any changes are made to the way in which James' Place is run, and the way in which the service is delivered. He felt that if too many changes were made it would change the feeling of the place.

3.5 Social Value Findings

The findings from the qualitative and quantitative data have been triangulated to demonstrate the impact that James' Place has on the people who use it, as well as the wider social, economic and environmental outcomes. A theory of change (ToC) was developed using these findings and in consultation with the commissioners of the evaluation to ensure that a full picture of the actual (identified through the evaluation) and the wider, longer-term, potential/hoped for impacts of James' Place were visible (figure two). A narrative description of the theory of change is then provided below.

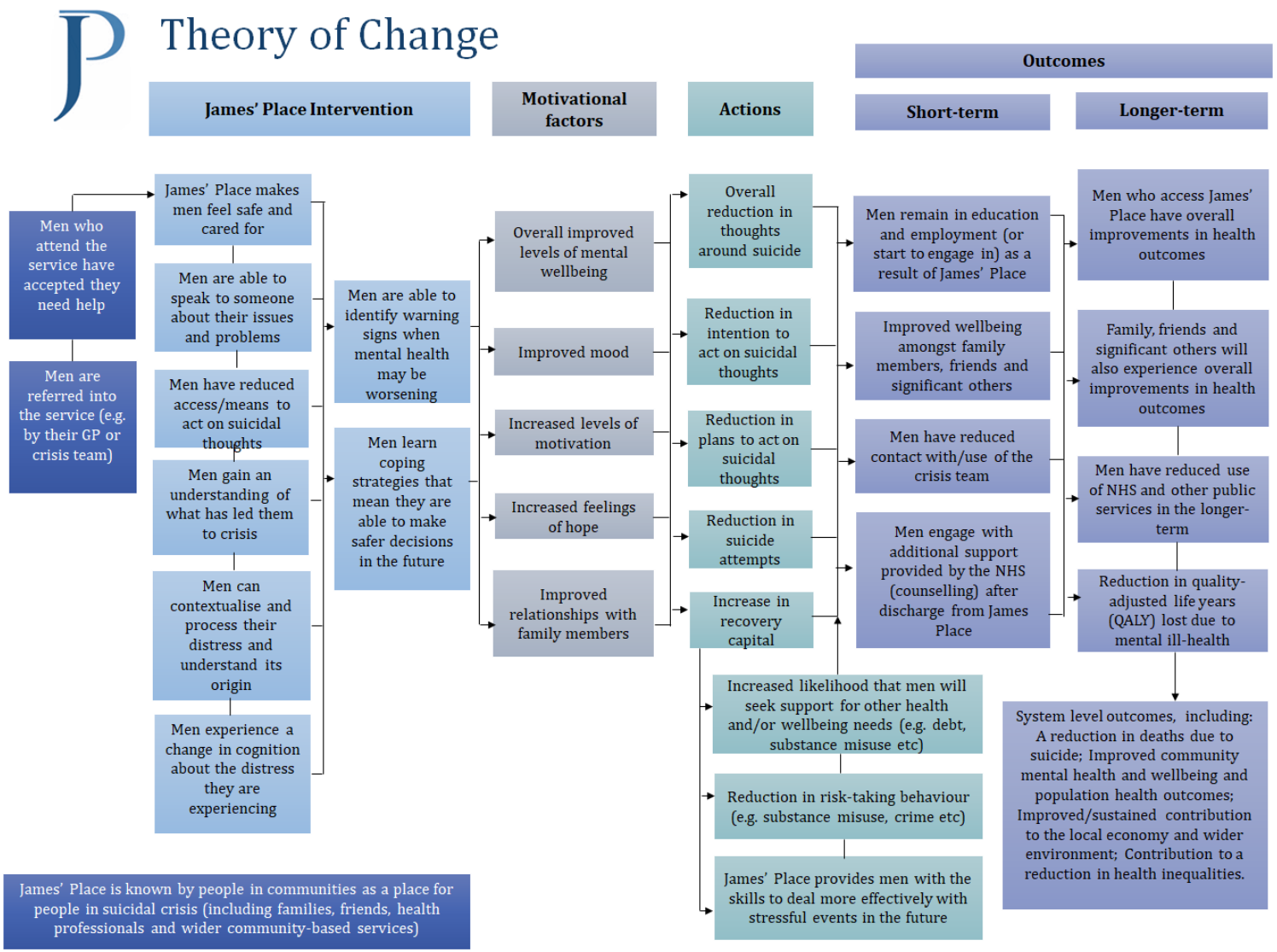


Figure 2. James' Place Theory of Change

James' Place intervention

The quantitative service data show the range of organisations who refer men into James' Place. During the interviews, the men described how James' Place enabled them to feel safe and cared for and provided an environment in which they could speak to someone about their problems. The men also described how they had accepted that they needed help and support, which contributed to their positive experience and outcomes of using the service. Quantitative data (factors relating to the suicidal crisis and CORE-OM data) and qualitative data demonstrate the breadth of support and positive outcomes that the service provides. Upon further exploration with James' Place, it was suggested that through the provision of support, men accessing the service were able to begin to understand their thoughts and feelings (through increased awareness and the formation of knowledge) around what had led them to the point of crisis, help them to identify warning signs that their mental health may be worsening, and change the way in which they approached and dealt with (through coping strategies) the distress they were feeling. These actions were seen to help the men make safer decisions in the future.

Motivational factors and actions

The men described how engaging with James' Place had improved their mood, their levels of motivation and feelings of hope, and this, together with the CORE-OM data, demonstrates how the service improves overall levels of mental wellbeing. Men were also seen to experience improved relationships with family members.[2] These factors were all considered to ultimately reduce overall suicidality through reductions in thoughts around suicide, plans and intention to act on suicidal thoughts, and risk taking behaviour. These outcomes were seen to lead to an increase in recovery capital and in enabling the men to seek support for other health and wellbeing issues.

Key outcomes – short-term, wider social value and longer-term outcomes

From the interviews and case studies, it was clear that there are a number of short-term outcomes that are experienced by the men and wider beneficiaries that can be evidenced within the data. These outcomes focussed around education and employment, wellbeing of family/friends/significant others, and the men's engagement with crisis support and additional NHS support. Further details of these outcomes are found in Table 7 below.

[2] Initial assessment data show that 71 service users reported that their problems were related to relationship breakdown and 70 reported that their issues were related to family problems. CORE-OM data show improvements in clinical outcomes. The case studies also provide evidence as to how relationships with family members have improved as a result of engaging with James' Place.

Table 7: Social value outcomes

Beneficiary	Outcome	Indicator	Evidence from this evaluation
Education and employment sector	Men remain in education and employment (or start to engage in) as a result of James' Place	Initial assessment data show that: Education - 36 service users stated they were students; 23 services users said that their problems were University related. Employment - 78 service users stated that they were employed/self-employed; 48 service users stated that their problems were work related.	Education: One case study described how the support received through James' Place enabled them to complete their University degree. Employment: One case study described how the support received through James' Place enabled them to remain in employment.
Family members/friends and significant others	Improved wellbeing amongst family members, friends and significant others	Initial assessment data show that: 71 service users reported that their problems were related to relationship breakdown. 70 reported that their issues were related to family problems.	Data from the CORE-OM show improvements in clinical outcomes. Case studies provide evidence as to how relationships with family members had improved as a result of engaging with James' Place.
Health care services	Men have reduced contact with/use of the crisis team	Outcome identified by the GP.	The GP described reduced contact/use of the crisis team as an outcome of client engagement with James' Place.
	Men engage with additional support provided by the NHS (counselling) after discharge from James Place.	Evidence suggests James' Place may become a gateway for the use of other services.	Outcome identified during the service user interviews.

Within the ToC there are also a number of anticipated/hoped for outcomes that may be expereinced. These relate to the longer-term outcomes of engaging with James' Place and wider, system level outcomes. The longer-term outcomes specifically relate to broader and

sustained health outcomes for the men and their family/friends/significant others, increased use of public/statutory services, and an impact on quality-adjusted life years (QALY) lost due to mental ill-health. There are also a number of system level outcomes to be considered that would be an expected longer-term outcome of the service, including a reduction in health inequalities and positive impact on the local community, local economy and the wider environment.

4. Lessons learned from the six-month evaluation

The six-month evaluation report (Saini, Whelan and Briggs, 2019) provided useful insights into the many positive aspects of the service and areas for improvement - Box 2 lists the recommendations that were made in that report for James' Place. Within this second report, we have provided an update of whether these recommendations have been implemented, and if not what the reason is for this.

Box 2: Recommendations in the Six Month Evaluation (Saini, Whelan and Briggs, 2019)

- The ethos of coproduction should continue in all aspects of the service.
- James' Place staff should be provided with a more appropriate database for recording clinical information.
- James' Place staff need more training opportunities and to be consulted on what their professional development needs are.
- James' Place staff need an area for them to debrief or relax away from staff working areas and clients or supporters.
- Information on James' Place, needs to be accessible to referrers in a format they can easily use with men.
- Communication from James' Place to referrers (not just GPs) needs to be improved and given in a more timely manner to ensure the safety of men referred into the service.
- James' Place to provide a discharge summary on those who did or did not have therapy.
- The environment of James' Place needs to be maintained but staff need to reach a consensus of what is necessary.
- Ongoing evaluation needs to continue to gain more in-depth information on the impact of James' Place on those using the service, their supporters, referral agencies and local NHS services.

The ethos of coproduction should continue in all aspects of the service.

The service had continued to include wider stakeholders in the expansion of the service through partnering for various events and media exposure that reach a wider audience, for example, events with local bands, art museums, businesses and local media. A mentoring service has also been piloted and a peer support service is in the planning stages in collaboration with men and supporters who have used the service. The research steering

group including stakeholders from NHS trusts, public health, primary care, universities, academics, researchers and experts-by-experience, continue to meet quarterly to review and discuss the research taking place at James' Place.

James' Place staff should be provided with a more appropriate database for recording clinical information.

A new database *'Heydoc'* has now been installed at the service and all staff have been trained on using the software. It is being monitored and received feedback from the staff about its usefulness and any required improvements that may be needed.

James' Place staff need more training opportunities and to be consulted on what their professional development needs are.

The staff at the service have all received training on the James' Place model, the use of the new *'Heydoc'* system and are offered other training that is useful for their specific role. Staff have regular personal development meetings to discuss their individual needs.

James' Place staff need an area for them to debrief or relax away from staff working areas and clients or supporters.

Once staff feedback was given to the service, building work started to refurbish the basement into an area for the staff to relax and have time away from their therapy rooms. An area with a kitchen, additional work table and comfortable sitting area has now been created. The staff have given feedback on how much difference this new space has made both to them and the reception area that used to be used for debriefing. The staff now ensure that they have a one-hour lunch break together that enables them to relax away from their work rooms. The additional desk has also created a space for researchers to use when they are on site. For future James' Place Services, a room or area needs to be created for the staff to use in between sessions.

Information on the James' Place Service, needs to be accessible to referrers in a format they can easily use with men.

The website is available for men to view information and videos about the service. No leaflets have been created to give to men who may be referred to the service. Feedback from men for the one year evaluation also suggested that more information needed to be shared via different avenues so that it reaches a wider audience of men who may benefit from knowing about this service.

Communication from James' Place to referrers (not just GPs) needs to be improved and given in a timelier manner to ensure the safety of men referred into the service.

Since receiving this feedback from the referrers, the service incorporated an additional email to be sent to the referrers and the GP of the men referred to the service. Previously only the GP would receive updates. The system is working much better and has given more opportunity to build relations with the referral services.

James' Place Service to provide a discharge summary on those who did or did not have therapy.

As above, since receiving this feedback, the service has incorporated an additional email to be sent to the referrers and the GP of the men referred to the service. Previously only the GP would receive a discharge letter or would have been informed if the man referred to the service did not engage or attend. The system is working much better and has given more opportunity to build relations with the referral services.

The environment of James' Place needs to be maintained but staff need to reach a consensus of what is necessary.

Regular, weekly staff meetings are held where any issues can be raised. Previous issues have been taken on board and improvements have been made to ensure the staff are happier within the work environment. Lessons learned will also be taken forward to any new centres that will be opened in the future.

Ongoing evaluation needs to continue to gain more in-depth information on the impact of the James' Place Service on those using the service, their supporters, referral agencies and local NHS services.

Research is embedded within James' Place and new staff are invited to take part in interviews a few months after starting at the service to ensure their views and feedback can be anonymously given to the service. Any interviews that have taken place since the six month evaluation have not brought up any new issues. This will be continually monitored by independent researchers to ensure staff satisfaction at regular intervals.

5. Discussion

The findings of this report indicate that the one year delivery of the brief psychological James' Place therapeutic model has been effective in significantly reducing suicidality in men. The results from the CORE-OM show a significant improvement in the health of the men arriving in a crisis to the service. Outcomes identified through the interviews clearly demonstrate that James' Place is making a life-changing difference to individuals, their families, their communities and the wider system. Feedback from the men who have used the service highlights that the environment played a factor in providing a safe, comfortable setting for them to speak about their crisis and work with therapists in their sessions. Going forwards it seems that the service should continue to use the James' Place model and aim to keep a similar environment at all times.

The social value assessment shows that James' Place provides a substantial social value contribution to a wide range of stakeholders, including family members, friends, statutory and non-statutory services (including the NHS, welfare services), employers and education establishments.

Long-term scores need to be collected to see whether this affect continues once men are discharged from the service. A PhD student who has been fully funded by Liverpool John Moores University to conduct a 3-year study on: *'The Feasibility and Efficacy of the James' Place Brief Psychological Therapeutic Model among Men in Suicide Crisis'* (started in October 2019); will be collecting data at three follow-up time points once ethical approval has been gained for the study (at the time of crisis, and 6 and 12 months following the men's initial assessment). These findings will help the service to understand whether the effects of the therapy are sustainable over a period of time following discharge from the service.

Most previous research includes demographic data for people who died by suicide; however, this service has collected data on men at the time of crisis and therefore this information has been used to establish what support men may need from the local support networks in the area. A good example is debt, which affected 26% of the men attending the service; James' Place have invited the local Citizens Advice Bureau to come to the centre and receive referrals for men attending the service; this is working well as part of the local social prescribing model.

A strength of this project is that interviews were conducted with men who have used the service. As the data collected for this project is current, some of the findings should reflect current clinical practice, especially many of their negative experiences with previous treatment offered within medical settings. However, the findings in this report should be interpreted in the context of some methodological limitations as the results may not be representative of the rest of the UK (only collected in one area where the service is situated) although many of the issues we identified are likely to apply across other areas. Another limitation to consider is the reduction of missing data for men who attend the service. Currently, this data is collected from information completed by referrers on the referral form. The service may therefore look at collating this information within the initial assessment completed at James' Place. The new database should help with giving reminders for missing data.

6. Recommendations

The core values and principles of coproduction have been demonstrated throughout the inception to the delivery of the service and the James' Place team have established how to put these into practice. Future James' Place services can use a similar approach when setting up in other cities across England. The learning from the James' Place site in Liverpool should be used. This would include following the steps undertaken by the team in this initial city. The team have shown that they have learned, listened and valued different perspectives and identified some of the challenges which have or now need to be addressed. The six month report (Saini, Whelan and Briggs, 2019) informs on: the identification and importance of the initiator within a chosen city to form the coproduction group; how they communicated with local service providers to gather information on the current need and service delivery in their area; how they ensured all stakeholders could contribute; and most importantly how they used peer research to ensure input from unrepresented voices/unmet needs, for example through evidence-based research and public and patient involvement. Additionally, they took advice from academics and funded research to be conducted through focus groups and surveys and allowed the exploration of a new innovative model by the lead therapist and Centre Manager. We can conclude from the year one findings that future James' Place services can use a similar approach and the James' Place model when setting up in other cities across England. This report has highlighted further areas of learning that would improve the recording of data for James' Place. The recommendations would be as follows:

Recommendations for James' Place service delivery

- Use the core values and principles of coproduction that have been demonstrated throughout the inception to the delivery of the James' Place service.
- Ensure that men are aware of the service through different marketing strategies.

Recommendations for monitoring and evaluation

- Ensure that demographic data is consistently collected for all the men referred into and using the service.
- Ensure that clinical outcome data is collected as fully as possible to ensure that there is good coverage and as accurate a reflection as possible of the outcomes being experienced. Including details of the date when clinical outcome measures are taken (at both initial assessment and at discharge) would enable identification of the duration over which the change has taken place, and whether this has a significant effect.

Recommendations for SROI

- To carry out a full SROI, we would recommend the following quantitative and qualitative data be used together to calculate the SROI of James' Place:

Quantitative

  - Continue to consistently collect pre and post measures for all clients who engage with the service. This will enable measures for the key outcomes identified in this report to be gathered and further explored (alongside the

qualitative data) for as many clients as possible, to provide an accurate reflection of the total numbers of men experiencing the outcomes. This will then be transferred into the impact map for calculation of the SROI (the more clients we can report outcomes for, the more robust the SROI, as we know it is being experienced by the majority of men); the SROI will only include the key outcomes that experienced by the majority of men, not all outcomes. The CORE-OM will then be used to provide further evidence for including an outcome and the rationale for including it within the impact map.

- Continue to collect information about the number of sessions attended for all clients and the type of sessions/support received (e.g. one-to-one, group session, and any ongoing support).
- Continue to collect information about the numbers of staff/volunteers working at James' Place and the different types of support that they provide (to be used alongside information to apportion cost to their role from values around the activities they provide).
- Continue to collect information about onward referrals for all clients.

Qualitative

- In order to explore these areas further it is necessary to engage with further service users of James' Place to collect this information. It is proposed that this information could be gathered through engaging with service users over two sessions, to explore:

  Understanding the outcomes (session 1): to understand the outcomes, a focus group[3] would be held with service users to ask them what has changed for them already as a result of being engaged with James' Place. This session could also explore changes that service users expect / hope to experience over the coming 12 months. [4] It would identify whether these changes were intended/expected or unintended/unexpected.

  Valuing the outcomes and establishing attribution and deadweight (session 2): a second focus group would then be held to identify which were the key outcomes and collect other information to establish impact about:

  - if the change would have happened without the recovery community,

[3] We would liaise with the service providers to determine the most appropriate method/s of engagement. We would explore the potential to engage with any existing service user groups (e.g. peer support groups) if these exist. Where focus groups not deemed appropriate, we would explore alternative options (e.g. 1-1 interviews). The feasibility and appropriateness of online data collection would also require consideration, in light of Covid-19.

[4] In certain circumstances, this session would also explore what the service users might contribute to the services/interventions that they are engaged with and whether any monetary value could be attached to this input. For example, if the service users also acted in a volunteer capacity, then it would be possible to attribute a monetary value to this that would be considered for the impact map.

    - the likelihood of these changes happening anyway,
    - what other services or people might have contributed to this change, and
    - how long the change would last.[5]
  - The key outcomes that would be identified in the impact map and then proxy values would be found using previously tested and validated sources.
  - It is acknowledged, however, that in light of Covid-19 and social distancing restrictions, and the very sensitive nature of the study, participants may not want to share their experiences more widely with others outside speaking to their James' Place therapist. It may also be difficult, for those who no longer engage with James' Place, to get them all together in one place at a time.
  - In light of this, a number of additional interviews may be carried out instead, provided there is the level of detail required elicited from the interviews; this is achieved through following the key SROI questions covered in 'Valuing the outcomes and establishing attribution and deadweight' above.

It would also be beneficial to engage with staff (and volunteers, if applicable) at James' Place to identify:

  - Perceptions of outcomes experienced by clients.
  - Impacts on themselves (positive or negative).

This quantitative and qualitative information will be used together, alongside financial data for the service, to determine cost per client. This will be fed into stage 5 of the SROI the development of the impact map and calculation of the final SROI ratio.

Conclusion

This evaluation has highlighted the effectiveness of the James' Place model in saving lives and providing a substantial social value contribution to a wide range of beneficiaries. We would recommend that James' Place use a similar approach to the Liverpool model when implementing the service in other settings. Future research needs to assess the long-term effects of the model in order to understand whether the effects of the therapy are sustainable over a period of time following discharge from the service.

[5] Where individuals attending the second focus group may not be the same as those who attended the first, a refresh over the outcomes identified would be discussed to ensure that any additional outcomes were included in session 2 discussions.

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