
Supporting people to understand
their experiences and manage their
own journey of rediscovery:

# An evaluation of Comcare's Warmline

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# Executive Summary

**Background**

Comcare has been operating a Warmline telephone mental health helpline in the Canterbury region since September 2007. Warmline staff and management were interested in seeking feedback from the mental health community after 18 months of operation. They wanted to ascertain whether they were meeting the needs of their callers and identify any improvements the telephone support line could make.

Warmline is a confidential 0800 telephone support line service for people with mental illness in the Canterbury region, is staffed by volunteer trained peer supporters with personal experience of mental illness, and operates between 7pm and 1am, 7 nights a week, 365 nights. They provide non-crisis listening support and have been trained in the intentional peer support approach (Mead, Hilton & Curtis, 2003).

Intentional peer support (IPS) focuses not on illness, symptoms or assessment of crisis but on what the caller is experiencing and what is behind the experience (Mead, Hilton & Curtis, 2003). It is a system of giving and receiving help based on key principles of respect, shared responsibility, and mutual agreement of what is helpful and promotes critical learning and the renaming of experiences (Warmline brochure, 2008). Warmline now has two accredited intentional peer support trainers providing an internationally recognised training programme.

There is supporting evidence that helplines can play an important role in the mental health system. They can be the most immediate source of support at times and can often fulfil the requirement to have support for mental health consumers 24/7 (Chidwick, 2007). There can be a huge demand for mental health helplines, particularly for certain demographics and types of services (e.g. young suicidal men).

Consumer run initiatives and peer support in mental health service delivery has been developing over the past 20 years. These initiatives usually emphasise strengths, partnership, rehabilitation and recovery (Bentley, 2000). Peer run telephone helplines with trained peer support volunteers were relatively new precrisis services in 2001 (Pudlinski, 2001) but much has happened since then.

**Method**

The Warmline surveys were carried out in Christchurch and the greater Canterbury District Health Board (CDHB) area in November and December 2008. The surveys were interested in finding out who was using Warmline, what was most helpful and what value or difference it makes for consumers.

As Warmline is a confidential telephone service, they are unable to contact any of their callers directly. It was decided therefore that a profile of the service, as well as a survey of the key stakeholders in a triangulation method including a) mental health consumers, b) the trained peer supporters and c) mental health workers both in the Canterbury District Health Board (CDHB) and in non government organisations (NGOs) was needed in order to gain a range of opinions and feedback.

**Results**

The results of the service profile indicate that the times of greatest activity on the helpline are Sunday and Monday nights followed by Saturday nights and the hours of 7-9pm. Most calls come from unlisted numbers (e.g. ID blocked) or from Christchurch with a small percentage from Ashburton and very few calls from North Canterbury. The most common call codes are for mood and general mental health followed by isolation and relationships.

Data from actual callers recorded at the Warmline office highlight how much they value and appreciate Warmline. Many callers ring back to say thanks, and let the peer supporters know about their positive outcomes. Some use it for crisis prevention. This is valuable feedback as it comes from the callers who actually use the service.

Consumers in Canterbury do not all know about Warmline. Almost half the people in the survey did not know about the service. Those who use it, value it and appreciate it. Only 5% of the

survey respondents were under 30 years of age. More needs to be done to promote Warmline to consumers, particularly younger consumers.

The trained peer supporters were the people closest to the service in terms of contact with callers and knowledge about what is offered. Their perception is that Warmline offers a helpful and most valued service to their callers. They gain much personally from the training and from peer supporting on the telephones in terms of confidence and being able to live more easily with their own mental illness.

Mental health workers know about Warmline and refer consumers to it. Some see it as a valuable complement to Psychiatric Emergency Service (PES) or the CDHB Specialist Mental Health Services Duty Managers. All the mental health workers surveyed had high levels of satisfaction with Warmline.

**Conclusions**

The peer supporters profile matches the **profile** of the consumers and the mental health workers, predominantly female and an older or over 40 years of age group. This has implications for service delivery to younger callers, particularly in their 20s.

As part of the recovery journey, consumers gain confidence and skills to take more self responsibility and to **manage their own wellness**. Having Warmline available can help consumers to manage the early stages of a crisis and to keep issues from escalating and can be part of a powerful arsenal of support to keep consumers well.

The peer supporters have a clear perception that Warmline is helpful and offers general support, peer support, critical support, non medical support and non judgmental support. The difference it has made is general day to day support to keep people well, understand their experiences and self manage. The peer supporters themselves gain learned hopefulness (Zimmerman, 1990).

More needs to be done to **promote** Warmline to consumers. Consumers and mental health workers know most that Warmline:

- exists on an 0800 number and there are fridge magnets
- has some anecdotal feedback from consumers or callers.

This is quite scant information about a substantial service.

**Recommendations**

This report recommends that Warmline be continued and funded. It recommends that Warmline be **promoted** to Canterbury mental health consumers and workers, particularly in the rural areas as well as to Primary Health Organisation (PHO) GPs, practice nurses and counsellors in a '**remind and refresh**' promotion campaign with specific key messages.

The key messages need to be around who is operating the service and how it is operated using the Intentional Peer Support (IPS) approach, the 13 week intensive training and the ongoing regular supervision for peer supporters. Key messages need to be promoted around when are the best and most appropriate times for consumers to use Warmline such as using it:

- as part of consumers recovery package and 'staying well'
- at pre crisis times
- at post crisis debriefing and care
- as a support service after people are discharged from inpatient services
- as part of the total spectrum of mental health care in Canterbury.

The stories and quotes from callers need to be promoted. Comcare may want to look at options such as operating Warmline from 6pm to midnight.

It is also recommends that the trained peer supporters and staff continue to develop the **Intentional Peer Support** (IPS) approach in their service and ensure that the wider Canterbury health community know about how they operate. The Warmline service may well be a place or bubble of international excellence working with this innovative IPS approach but the Canterbury mental health and general health community are unaware of how it operates and the fact that there are two internationally qualified IPS trainers at Warmline.

# 1.0 Introduction

Comcare provides community services for adults with a diagnosed mental illness in Canterbury. These include housing services (finding flats, emergency housing, assistance in retaining existing housing), Community Support Services (short term or long term depending on need), Community Integration Service, the Jobconnect supported employment service, the ActiveLinks recreation service and the Warmline telephone peer support service.

Warmline is a confidential 0800 telephone support line service for people with mental illness in the Canterbury region and is staffed by trained volunteer peer supporters operating between 7pm and 1am, 7 nights a week, 365 nights.

Warmline provides friendly and understanding phoneline support for those who need someone to talk to. It enables people with a mental illness to talk to a peer (that is, a person who is in recovery from his or her own mental illness) about issues they are facing in their lives. People call because of loneliness, isolation, fear, lack of support and the need for help or information. Warmline is not a crisis line but a "non crisis listening service" (refer Appendix 1).

The telephone peer supporters have all had personal experience of mental illness. They are recruited from posters placed in libraries, community centres, hospitals and newspaper articles and are trained intensively for 13 weeks in interpersonal skills, telephone support line skills and the Intentional Peer Support (IPS) approach (Mead, 2003).

Intentional Peer Support (IPS) focuses not on illness, symptoms or assessment of crisis but on what the caller is experiencing and what is behind the experience (refer Appendix 2). International intentional peer support expert, Shery Mead (2005), defines IPS as "*different from traditional service relationships because it doesn't start with the assumption of "a problem". Instead people are taught to listen for how and why each of us has learned to make sense of our experiences, and then use the relationship to create new ways of seeing, thinking, and doing*" (p.134).

It is a system of giving and receiving help based on key principles of respect, shared responsibility, and mutual agreement of what is helpful and promotes critical learning and the renaming of experiences (Warmline brochure, 2008). Warmline now has two accredited intentional peer support trainers providing an internationally recognised training programme (refer Appendix 6). Warmline operators (Warmliners) are well supervised, mentored and supported.

Warmline has 2.3 FTEs and all staff have completed the intentional peer support training. When Warmline Canterbury started in September 2007, they had 14 trained peer supporters. Warmline recognises that "the success of this service relies on the passion and commitment of our volunteers and also of the staff" (Hastings, 2008).

Warmline Canterbury has promoted itself through producing and giving out colourful fridge magnets with a green telephone and the 0800 number.

Comcare's Warmline has been operating for almost 18 months and staff and management were interested in seeking feedback from the mental health community of greater Canterbury. They wanted to ascertain whether they were meeting the needs of their callers and identify if there were any improvements the telephone support line could make.

As the service is confidential, direct feedback from callers of the service was not possible. Instead, a survey of the key stakeholders including mental health consumers, trained peer supporters and mental health workers in the Canterbury District Health Board (CDHB) and in the Non Government Organisation (NGO) sector, was undertaken.

## 1.1 Helpline industry

The helpline industry reflects a growing trend for people to search for support and health information and has grown out of the empowerment movements of the 1960s and 70s which encouraged people to take more control of their health and not always leave it to the health experts. The number of helplines worldwide has increased in the past twenty years, and the range of services offered, are more diverse. In 2005 there were more than 1,100 registered helplines in the United Kingdom and every year more than 22 million calls are received (Telephone Helplines Association (THA) 2005 as cited in Collett, Kent & Swain, 2006). In New Zealand, our healthline, a national telephone service offering general health information and support is provided by a multinational helpline operator, McKessor, (Boyd, 2006).

Helplines can play an important role in the mental health system, they can be the most immediate source of support at times and can often fulfil the requirement of mental health consumers for 24/7 support (Chidwick, 2007). They are accessible to all and turn no one away (MacKinnon, 1998). They can in essence, fill the gaps when mainline services are unavailable or already busy (Chidwick, 2007). The government in the UK recognises their value and has set up a consortium or a mental health helpline partnership (mhhp) which has over 50 organisations, over 240 helpline locations and over 5 million calls a year (Chidwick, 2007). Some mental health helplines in the UK are staffed by consumers or service users.

Considerable funding is directed towards mental health helplines, with the UK Dept of Health contracting 2.7million pounds (NZ$8.1mill) just for mental health carers helplines in England (Ahmed, 2008), 1million pounds (NZ$3mill) to Saneline (a mental health organisation) to run 3 sites (Anonymous 2005a) and in 2005 there was 5million pounds (NZ$15mill) of new funding made available for a mental health telephone helpline fund (Anonymous 2005b).

There can be a huge demand for mental health helplines, particularly for certain demographics and types of services. A helpline in Scotland called Breathing Space, for young men who are considering suicide, has 4000 calls a month or 1000 calls a week with many of these being redirected from the NHS helpline (The Times, 2008). In Manchester, C.A.L.M or the Campaign Against Living Miserably, trained counsellors provide help particularly for young suicidal men, took 15000 calls in one year or 1250 calls a week (Anonymous, 2000). A mental health telephone helpline on trial in Tasmania handled 10, 600 calls over 100 days or 742 a week (The Hobart Mercury, 2007). Norway, with a population similar to New Zealand, had a national mental health call line operating 24/7 and had 20,000 calls a year (Lyngstad, 1994). However a pregnancy helpline in Australia had almost 3000 calls over a 10 month period or only 300 month or 45 a week (Anderson, 2008).

Sane Australia, identify that people living in rural areas are twice as likely as those in urban areas to phone helplines because there is usually a shortage of medical professionals and other services, coupled with an ongoing drought (ABC Premium News, 2007). Most interestingly, they argue that as a result of community education programmes, people have a growing awareness of the early signs of mental illness and understand that it can happen to anyone (ABC Premium News, 2007). The majority of callers in one study, discovered the mental health helpline through a newspaper or magazine article (Collett *et al.*, 2006).

Hall & Schlosar (1995) argue that telephone helplines are a "much needed service in the community to the lonely, the depressed and the suicidal" (p. 66). The effectiveness and usefulness of telephone support lines has been studied, particularly in suicidal situations. In one study with adolescents, they found significant decreases in suicidality and significant improvements in mental states during the course of the telephone sessions (King *et al.*, 2003). Other studies found prolonged decreases in crisis states and hopelessness (Kalafat *et al.*, 2007) and decreases in hopelessness and psychological pain (Gould, Kalafat, Harrismunfakh & Kleinman, 2007) in the weeks after the telephone support sessions.

Little research has been done on the impact of website information and online support services to the helpline industry.

## 1.2 Volunteers and telephone support

The value of volunteers on telephone support lines has also been studied and in one case was directly compared with that of mental health professionals. O'Donnell & George (1977), in the early days of telephone support lines, found that "*carefully selected and trained volunteers can function as effectively as professional staff in providing supportive and emergency telephone services for distressed callers and community mental health center clients*" (p.3).

Mishara, Chagon, Daigle, Balan, Raymond, Marcoux, Bardon, Campbell & Berman (2007) found that the essential qualities for effective mental health or crisis telephone support were empathy, respect, supportive approach, good contact and collaborative problem solving and these were linked with positive outcomes. Active listening was not linked with positive outcome.

Of benefit to the Warmline peer supporters are training, supervision and support. O'Donnell & George (1977) stressed the importance of effective training and the learning of new skills for telephone helpline operators.

The volunteers themselves gain much from taking part in the training and in answering the helpline telephone calls. Zimmerman (1990) introduced the notion of learned hopefulness. This concept links empowering experiences like participating in voluntary organisations and learning new skills and people's ability to cope better with their own problems. Rogers, Chamberlin, Ellison & Crean (1997 cited in Bentley, 2000) argue that empowerment is also connected with a person's quality of life and community activism.

There is, however, a high turnover of volunteers in all helplines (Kinzel & Nanson, 2000) and perhaps more so with peer supporters. A helpline must continuously recruit and retrain replacements as volunteers listen to much human pain and suffering which affects their thoughts, feelings and beliefs which in turn influences their decision to quit (Kinzel & Nanson, 2000). Sometimes the volunteers suffer compassion fatigue (Kinzel & Nanson, 2000).

## 1.3 Consumers and peer support

Mental health recovery is about people's individual stories, their goals and aspirations…and recovering a meaningful life, working with strengths and encouraging hope and optimism (Faulkner, 2007). She argues "*we carry our distress with us on our journeys - it is difficult, painful and sometimes distressing to others, as well as to ourselves*" (p. 26).

Social isolation and loneliness continue to be a challenge for consumers on their recovery journey, and this challenge may be met in part through peer support (Davidson, Shahar, Stayner *et al.*, 2004). Peers provide the social support that can offer friendship, reduce stigma and build hope (Solomon, 2005). Peers also bring their unique perspectives, social affinity and a freedom to engage consumers at a personal level (Rivera, Sullivan & Stavros Valenti, 2007).

Consumer run and peer support initiatives are still relatively new in mental health service delivery. These initiatives emphasise strengths, partnership, rehabilitation and recovery and have moved away from the traditional emphasis on pathology, hierarchy, psychotherapy and symptom reduction (Bentley, 2000). Peer supported drop-ins are the most common consumer run initiative (Bentley, 2000) developed over the past 20 years. Peer run telephone support lines with trained peer supporters are relatively new precrisis services (Pudlinski, 2001).

It is important for those providing mental health peer supported telephone lines to realise that there are different roles to perform such as friend, uninvolved listener and lay expert (Pudlinski, 2001) otherwise role crossover can lead to confusion and difficulty. Pudlinski (2001) studied three peer run warmlines in the US and found three different themes:

*(i)* "*connectedness or relationship based work in one site*
*(ii)* *non directiveness or treating people as autonomous and self reliant in another site*
*(iii)* *proactive problem solving where operators put forward options for callers, in the third site*" (p. 399).

All themes were present in all sites but each site had a different major emphasis or intentional way of working.


Warmline
Canterbury

# 2.0 Procedure

The Warmline surveys were carried out in Christchurch and the greater Canterbury District Health Board area in November and December 2008. The surveys were interested in finding out who was using Warmline, what was most helpful and what value or difference it made for consumers (refer Appendix 3).

As Warmline is a confidential telephone service, they are unable to contact any of their clients directly, so it was important to get input and feedback from as many mental health workers, consumers and trained peer support volunteer workers as possible.

Therefore a triangulation method was used to gain a range of opinions and feedback from: a) mental health consumers who completed a survey (refer Appendix 4) b) mental health workers who completed a separate survey and c) the trained peer supporters (Warmliners) who operate the Warmline service who completed a survey or took part in focus groups.

## 2.1 Profile of the Warmline service

Data collected in the Warmline office and reported on to CDHB Funding and Planning (Hastings, 2008) was used and tabulated. This data included total number of calls and the days of the week and hours of the night the calls were taken. Call codes or the content of the calls were also recorded and tabulated. The call codes used include general terms such as mood, general mental health, isolation or relationship. Qualitative feedback from the callers recorded at the Warmline office, is also included in this report.

## 2.2 Mental health consumer survey

It was important to get feedback from consumers with a range of experiences and opinions of Warmline replying anonymously to the survey distributed in the mental health community. It was important to hear back from consumers who knew about Warmline and those who did not, as well as the experiences of those who had used Warmline, and the views of those who knew about it but chose not to use Warmline. The consumer survey was adopted as a standardised method of gathering information.

Much time and thought was put into considering how to access consumers who call Warmline. The independent evaluator and Warmline staff member spent much time discussing who exactly uses Warmline and how to find them. They therefore contacted and visited as many mental health community based organisations as possible and visited drop in centres. Their thinking was that perhaps those who go to drop ins and are connected with groups may not need Warmline, as much as those who were socially isolated. It was an ongoing conundrum and challenge to try and make direct contact with more socially isolated consumers of Canterbury.

The CDHB Specialist Mental Health service senior managers were sent a letter in early November 2008 informing them of the consumer and worker surveys and asking for their approval of the evaluation. Although they were asked to reply if they had any concerns there were no subsequent responses from the senior managers.

Surveys for consumers were distributed primarily through Comcare Trust Community Support Workers, through Floyds, Latnam House, MHERC – Mental Health Education Resource Centre, Pacific Trust, Pathways staff, Richmond Fellowship staff, St Lukes Drop in, Step Ahead and Te Awa o te Ora Trust. A green box for completed surveys was left at MHERC, at Step Ahead and at Latnam House. An independent email address and a post office box were arranged for anonymous returns.

Emails with a request to be forwarded on to members, were sent to: Depression Support Network, Kaiapoi Community Services, MHERC, Mind and Body, Psychiatric Consumers Trust, Quiet Minds, Rivendell Respite Trust, Schizophrenia Fellowship Canterbury, Southern Consumer Network Trust,

The Women's Centre and other related services found in the Canterbury Mental Health Services Directory.

The CDHB Consumer Advisors supported the evaluation and helped negotiate for Warmline consumer surveys to be distributed in each sector base and the rural mental health team. A cover letter for the surveys was approved by CDHB management but only on the proviso that consumers could choose to participate and that it wasn't promoted too actively. Stamped and addressed envelopes were left with the surveys in the reception areas of the sector bases.

Rural mental health consumers were particularly targeted via Comcare community support workers and via the rural mental health team. A small article appeared in the community newspaper to encourage people to take part in the survey. Some church bulletins were also contacted to run a small article about the Warmline surveys.

In December 2008, the independent evaluator and a Warmline worker visited Step Ahead to get more information directly from consumers. This strategy was adopted because there were not many completed questionnaires in their green box, even after much encouragement.

Over 50 supermarket vouchers were offered as incentives for consumers to complete the surveys.

## 2.3 Trained peer supporter survey

There are currently 16 trained Warmline peer supporters operating the telephone service.
All peer supporters were invited to take part in one of the four focus groups to discuss Warmline. Others were offered the opportunity to have a one to one interview and some were offered surveys to take home and complete and return to the post office box address or to the Warmline office.

## 2.4 Mental health worker survey

Some local representatives from the Canterbury District Health Board (CDHB) Specialist Mental Health Services Duty Managers team and also from Psychiatric Emergency Service (PES) were interviewed for their views on the Warmline service.

Mental health workers including CDHB mental health staff as well as non government organisation (NGO) community support workers were targeted. It was important to ask the mental health workers for feedback from anyone they knew who had used Warmline and also their experiences and opinions of the service.

Surveys for mental health workers were distributed primarily through Comcare, through MHERC – Mental Health Education Resource Centre and Community House in Hereford St. A green box for completed surveys was left at Comcare and at MHERC. An independent email address and a post office box were arranged for anonymous returns. Some mental health workers were contacted directly via email.

The CDHB Consumer Advisors supported the evaluation and helped negotiate for Warmline surveys to be distributed in each sector base and the rural mental health team. A cover letter for the surveys was approved but only on the proviso that workers could choose to participate and that it wasn't promoted too actively. Direct email contact with CDHB staff was not encouraged.

# Some quotes about Warmline

*"it makes us feel safe.*
*We know we can call someone to just talk to.*
*When I was out of hospital before, I used to ring Lifeline.*
*I felt I had to say I was feeling suicidal so that I could talk to them*
*but now I know I can talk to someone without saying that"*
(consumer, December 2008)

*"throughout the night it is valuable*
*as people don't want to ring psych emergency and*
*other lines with time limits.*
*Warmline ……. is not a crisis line but when you are in crisis, it is there.*
(Warmline trained peer supporter, Dec 2008)

*"thank you for the commitment,*
*I have 15 years plus experience in the field*
*and believe the service is a true asset to Canterbury"*
(mental health worker, December 2008)

*"someone who understands my illness*
*and has lived it"*
(consumer, December 2009)

*"Most people know what they need …*
*So we are supporting them to go and*
*get their own resource of help and*
*they can use their own strengths...*
*it is not a chat line ….*
*its real purpose is intentional peer support (IPS)"*
(Warmline trained peer supporter, December 2008)

*"consumers are getting support to*
*find solutions for their issues*
*and can take self responsibility"*
(mental health worker, December 2008)

# 3.0 Key findings

Warmline has 2.3 FTEs who facilitate a 6 hour a night, 7 nights a week telephone support service plus the training, support and operational administration. All staff have had personal experiences of mental illness and have completed the training in intentional peer support.

When Warmline started in September 2007 they had 14 trained peer supporters with 3 people on indefinite leave. Five more were trained in January 2008 but 6 withdrew due to jobs, death, one became a mentor and two who were on leave, resigned. In August 2008 they started their sixth group of trainee peer supporters and were at that stage averaging one resignation a month due to study, work and family commitments. Ideally they would like to work with 20 available peer supporters. A copy of their training programme for 2009 for new volunteers is outlined in Appendix 5.

## 3.1 Profile of the Warmline service

Over the 12 months of Warmline's operation, they received a total of 1573 calls over 320 available nights or an average of 149 calls a month or 34.5 calls a week. The average length of calls was 21 minutes.

There were some non operational nights or nights when they did not have any peer supporters on the telephones, including 6 nights in the first 6 months and 39 nights in the second six months with two weeks of no support in April 08. At this time there were only 7 active peer supporters (although 6 were on leave). As peer supporters were not available, Warmline had to close on Tuesdays and Thursdays for the month. Also peer supporters were doing a full 6 hour shift (currently people mostly do a 3 hour on call shift).

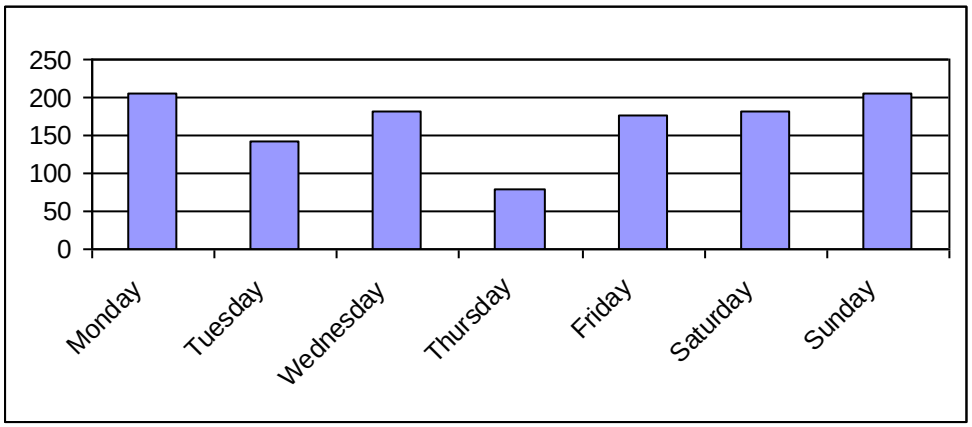
If anyone got sick or was unavailable to do their shift for any reason there was no back up, so that explains the closures on these nights.

There was a total of 1741 missed calls with December 2007 having 276 missed calls and 287 missed calls in January 2008. Many of these missed calls are from people who try persistently to get through to the operators. Hang ups can be an indicator that consumers are trying to make contact with an operator but are still building up their confidence to talk.

### 3.1.1 Nights of the week and Warmline calls

The following tables and figures profile the use of the service and the nights and times of most frequent use. Figure 3.1.1 indicates the nights of the week that Warmline was most commonly called in its first year of operation.

**Figure 3.1.1 Nights of the week and Warmline calls**

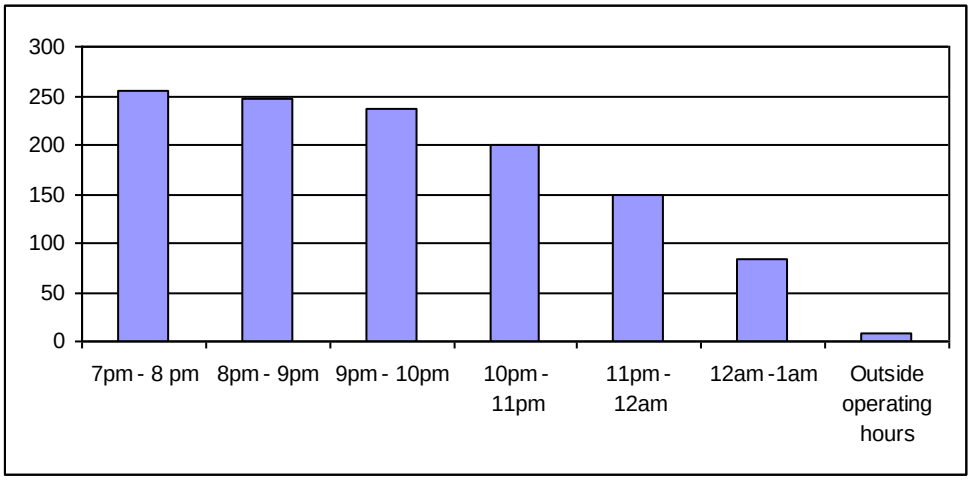



Sunday and Monday nights were the times of greatest activity followed by Saturday night and then Wednesday night. This may have implications for rostering staff and having supervision available.

### 3.1.2 Time of Warmline calls

Figure 3.1.2 outlines the number of calls made over each hour of the night.

**Figure 3.1.2: Time of Warmline calls**




The most common time for callers to ring was between 7-8pm or the first hour and then from 8-9pm and from there the demand seems to trail off. This may have implications for training and for peer supporters being ready for calls as soon as their shift starts and perhaps for shifts starting earlier.

### 3.1.3 Location of callers

It is quite difficult to ascertain where telephone calls were coming from and so this information is taken from the telephone accounts. Table 3.1.3 highlights the location of calls (where known) made to Warmline.

**Table 3.1.3 Calls to Warmline by Location for Dec 07 - August 08**

| | |
|---|---|
| Unknown location | **40%** |
| Christchurch | **37%** |
| Mobile or cell phones | **14%** |
| Ashburton | **6%** |
| Governors Bay | **1%** |
| Rangiora | **0.6%** |
| Culverden, Amberley | **0.2%** |

Most of the calls were from unlisted numbers or caller not identified and 14% of calls were from cell phones. 6% of calls came from Ashburton and only 0.8% from North Canterbury. The location of the unlisted numbers was unknown. Peer supporters think some unlisted numbers may be coming from respite or inpatient services.

### 3.1.4 Call codes or content

The Warmline call codes include general terms such as mood (including intense anxiety, depression, elation etc), general mental health, isolation or relationship. However these call codes do not gather information on the intensity or length of the calls or the level of distress for the caller.

The call codes are not based on anything systematic or from another service. They are designed to be as general as possible and to ensure that the peer supporters continue to focus on the callers' stories and understanding of their experiences and not on suicidal thought statistics or other related categories. The categories are left to individual interpretation from the peer supporter, so there is no consistent categorising.

According to Hastings (2008) about 2/3 of callers mention self harm or suicidal thinking during calls. A fuller description of the call codes is outlined in Appendix 5. Table 3.1.4 outlines the call codes for the first 12 months of operating.

**Table 3.1.4: Call codes from Sept 07 – August 2008**

| | |
|---|---|
| Mood | **23%** |
| General Mental Health | **18%** |
| Isolation | **16%** |
| Relationships | **12%** |
| Phys Health/Medication/Clinical | **9%** |
| Thoughts | **6%** |
| Alcohol & Drugs / Abuse | **4%** |
| Suicide / Crisis / Self Harm | **4%** |
| Sleep | **3%** |
| Information | **3%** |
| Grief | **2%** |

The most common code for callers is mood. The caller's general mood or state of being is the most common reason for calling for almost 1:4 callers. General mental health, which can be linked with mood, is the second most common category. The peer supporters are identifying isolation as the third and relationships as the fourth most common reasons to call. The isolation and relationships categories, if put together, would be the largest grouping.

### 3.1.5 Qualitative feedback from actual callers

A log book kept at the Warmline office records unsolicited feedback or suggestions made by callers. There were over 100 comments made in this log book to August 2008 and these comments have been themed and briefly outlined in Table 3.1.5.

**Table 3.1.5 Feedback from callers x categories (to August 08)**

| | |
|---|---|
| Thanks and appreciation | **18%** |
| General comments | **16%** |
| Had a positive outcome after the call | **15%** |
| Great support | **8%** |
| Crisis prevention | **6%** |
| Feeling lonely | **6%** |
| Technology problems | **6%** |
| Didn't like Lifeline | **5%** |
| Just chatting | **5%** |
| Liked operators having personal experience | **3%** |
| Didn't like PES | **2%** |
| Other | **10%** |

Quotes from callers are outlined below. However since they are the words of the actual callers, a fuller but not exhaustive list of their quotes is included in Appendix 8. Callers have said:

***"Warmline was the best thing that was ever invented"***

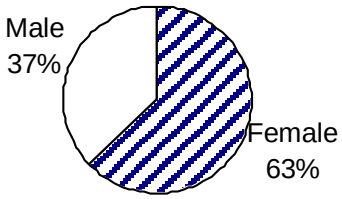
***"Warmline is better than Lifeline because Warmline have more understanding of mental illness."***

## 3.2 Mental health consumer feedback

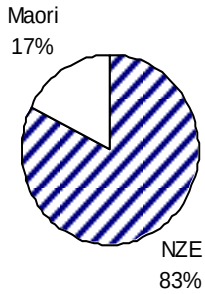
### 3.2.1 Profile of consumer respondents

Seventy five surveys were completed and returned. As there were over 300 surveys in circulation, this is a response rate of 25%. Some demographic detail on the consumers is outlined below:

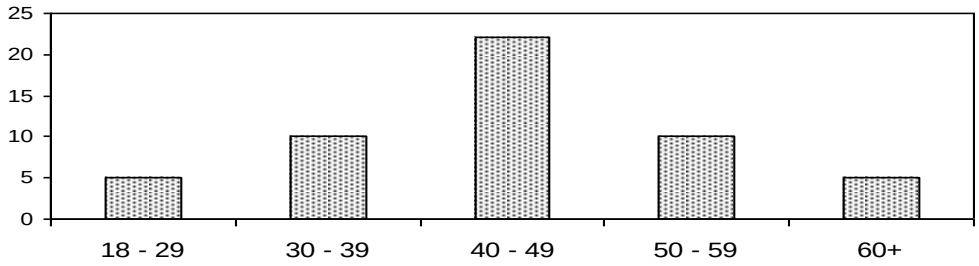
**Gender of Consumer Respondents**




**Ethnicity of Consumer Respondents**




**Consumer Respondents by Age Group**




Less than 5% of the total survey responses were from people under the age of 30 years with. 17% of the survey respondents were Maori. It is interesting to note that the mental health workers and consumers were similar ages. Perhaps the survey methodology and the sites chosen for distribution suited this group most. It was valuable to get feedback from non NZ Europeans.

The mental health consumers had picked up their surveys from MHERC (29%), Step Ahead (16%), Comcare mental health worker (13%), Te Awa o Te Ora Trust (**12**%), Richmond Fellowship (5%) and other (word of mouth, Latnam House, Hillmorton, St Lukes) (9%), unidentified (15%). It was really helpful that Te Awa o te Ora Trust were supportive of the survey as this is where the majority of responses from Maori people came from.

### 3.2.2 Knowledge and use of Warmline

Not all of the consumers had heard of Warmline. Just over half or 57% of the consumers in the survey knew of this service. They had found out about Warmline from:

| | |
|---|---|
| Mental health worker | **36%** |
| Advertising | **27%** |
| Word of mouth / friend | **18%** |
| Psych Emergency Service (PES) | **6%** |
| Other – MHERC (2), while completing MH certificate, Lifeline, St Luke's Centre, Shery Mead Course | |

Mental health workers were the greatest information source for Warmline and this is useful information for future promotions. This may also indicate that a large number of people who know about Warmline are already in the mental health system. As well as the 43% of respondents reached by the survey who were unaware of Warmline, there are potentially many more users

outside these networks. This finding also indicates that **more promotion is needed of the Warmline service to consumers of greater Canterbury**.

Not all consumers who knew about the service had used Warmline. The main reason they hadn't used it was that they didn't have a current need to or hadn't thought of Warmline when they did have a need. There were 21/75 people who had used Warmline which as a percentage of those who both knew and used the service in this survey becomes 28%.

### 3.2.3 Satisfaction with Warmline

There is a high level of satisfaction from the consumer respondents as shown in the following results.

(1 being not at all satisfied and 5 being very satisfied)

| | **Average** |
|---|---|
| Privacy, respect and dignity | 4.5 |
| Access and ease getting to talk to volunteers | 4 |
| Making connection and settling down to talk | 4 |
| Heard and understood by a peer or person who Has an experience of mental illness | 4 |
| Ending the conversation in a timely way | 4 |

43% of the consumers had used other telephone support lines in the past. Consumers found Warmline compared favourably with other telephone support services and cited the following reasons:

- I was more able to talk on Warmline
- they were more easier to talk to and relate with
- voices more clear

The aspects that the consumers liked best about Warmline were:

- unbiased help
- that they were talking to peers
- that someone was there to listen and understood what they might be going through
- having someone who cares and listens
- that the service is available in the evenings.

Some of the things they said they liked best included:

***"it is a life line. As someone who used to self harm, I feel the line provides another outlet for when my emotions overwhelm. I have not self harmed in the past 6 months which is a miracle"***

***"someone who understands my illness and has lived it, not just read about it"***

***"I am from Lifeline and always tell clients about Warmline as I believe it has an important place in the community"***

***"love your magnets, great way to get info out into community & onto the fridge."***

### 3.2.4 Helpfulness and value of Warmline

The factors that contribute to Warmline being helpful include:

- the openness of the operator
- great opportunity to talk to someone who understands without having to share personal information with friends
- that someone listened
- that someone cares about how you feel
- getting information on how to make contact with people
- being told to call back if I need to.

Difference Warmline had made for consumers

For one respondent the difference Warmline made was as significant as **"*the difference between life and death*".** Others referred to the comfort of knowing there is a friendly ear; that the service exists; that there is someone available to talk to in the evenings; that the caller was able to express their feelings to someone who cared; and that the caller was able to contribute on how to move forward.

***"it makes us feel safe. We know we can call someone to just talk to. When I was out of hospital before, I used to ring Life line. I felt I had to say I was feeling suicidal so that I could talk to them but now I know I can talk to someone without saying that"***

***"I feel very strongly about the benefit of having support from someone who is not assessing, who knows what he's talking about because of shared experience without having to go into minute detail."***

The other services identified to use instead of Warmline were Lifeline and the Emergency Psychiatric Services, with one respondent indicating they would have "*gone to bed with meds on board*".

### 3.2.5 Promotion of Warmline and improvements from consumers

Consumers in the survey made the following suggestions for promoting Warmline:

- increased advertising e.g. radio advertising
- advertise more / more publicity, e.g. posters on walls
- go to places and educate people about Warmline
- greater hours of availability
- be available in afternoons, e.g. 1 -3pm
- more operators, prepared to share their problems
- wouldn't change anything
- "*please fix reception issues as I would use all the time then*".

*difference Warmline made was*
***"the difference between life and death"***
(consumer, December 2008)

***"relief from everyday stress and it***
***can ultimately stop potential suicide"***
(Warmline trained peer supporter, December 2008)

***"its just great,***
***a couple of rural clients have found it lifesaving"***
(mental health worker, November 2008)

## 3.3 Trained peer supporter feedback

### 3.3.1 Profile of trained peer supporters

The results are taken from 14/16 (88%) responses from the trained, volunteer peer supporters. This information is particularly valuable as the peer supporters operating the telephone support line are the ones who are closest to the telephone callers and their needs.

Most of the peer supporters are female with 66% and most are over the age of 40 years (80%). Different ethnicities are represented with 1 Maori person and 1 from the USA and the average length of time operating the telephones is 11 months.

The operators are recruited from mental health services both DHB and NGO, community noticeboards, newspapers, community organisations and other general public locations. They are trained over a 13 week period in the Intentaional Peer Support (IPS) approach and are supervised and monitored regularly while operating the telephones.

### 3.3.2 Helpfulness of Warmline

The peer supporters' perceptions of Warmline's helpfulness were themed around general support, peer support, critical support, non medical support and non judgmental support. A full list of quotes on the helpfulness of Warmline for consumers from the peer supporters is included in Appendix 9. Some of their quotes include:

***"most people know what they need …we are supporting them to go and get their own resource of help and to use their own strengths...it is not a chat line ….its real purpose is intentional peer support"***

***"99% of the time people have calmed down or less distressed or less likely to harm themselves"***

***"relief from everyday stress and it can ultimately stop potential suicide"***

***"filling a need for people to connect with others and feel supported with what might otherwise be a crisis"***

***"lack of judgment because volunteers have had experience of mental illness."***

Their perceptions indicate a very supportive telephone helpline service with over 33 comments or 2.4 comments each worker.

## Difference Warmline has made

The peer supporters' perceptions of the difference Warmline has made, are similar to the helpfulness responses, and are outlined here in full. Warmline makes a difference through offering:

General support and connections (n=5)

- ***"availability of Warmline 7 days has taken away a lot of anxiety for people and provided a peer service"***
- ***"they need to unburden themselves especially women"***
- ***"they are not alone and can talk to someone"***
- ***"someone is there and someone cares"***
- ***"helps me learn more about myself and possibly cope better."***

Critical support (n= 4)

- ***"throughout the night it is valuable as people don't want to ring psych emergency and other lines with time limits. Warmline will just get you through and it is not a crisis line but when you are in crisis, it is there. Most people know what they need and so supporting them to get their own resource of help…they can use their own strengths"***
- ***"it would mean disaster for many callers if Warmline wasn't there"***
- ***"would commit suicide if it wasn't there"***
- ***"supplying a need. One caller said they had been in Hillmorton 46 times as they were lonely and the counsellors cant spend time with them and no-one visits."***

Peer support (n=4)

- ***"fills a gap and enables them to connect on a peer level, non threatening, supportive, no pressure and provides anonymity"***
- ***"they feel they are talking to a peer – like minded person"***
- ***"because in whatever way, we have all experienced different crazyness, so we are more able to understand callers"***
- ***"peer support."***

Night time support (n=2)

- ***" people feel isolated at night which tends to be the worst time"***
- ***"some call just before they go to bed so they feel connected with the world."***

Other (n=2)

- ***"I always feel compassion helps"***
- ***"variable as some calm down and some are satisfied and some are not getting what they need."***

Peer supporters believe that Warmline makes a difference to callers in terms of general support, critical support even though it is not a crisis service, and offers peer support.

Warmline is offered at night time when no other mental health services are operating, it is easily accessible and mostly, it calms people sufficiently so that they don't need other specialist mental health services.

According to the peer supporters, if Warmline wasn't there, the following would happen to callers:

- ***"90% would be stuck or they would try PES, and Lifeline is too busy…"***
- ***"ring Lifeline for 5-10 minutes and ring PES which is too busy and not interested unless it is a real emergency"***
- ***"commit suicide"***
- ***"threaten to suicide so that Lifeline would listen"***
- ***"call other crisis lines, maybe be in crisis more, maybe feel isolated"***
- ***"do whatever they did before…feel lack of connection I guess."***

Other services they would use if Warmline wasn't there, include Lifeline (57%) and PES (57%), Citizens Advice, friends, Alcohol and Drug helpline, healthline, psychiatric ward and then the public mental health service or they would stay in crisis. Two peer supporters said:

- ***"nowhere else people can ring up and chat and find we are prepared to just listen"***
- ***people "have tried these services (PES, Lifeline) including myself, and have said they've been no help, if anything these services have made them worse."***

When the peer supporters were asked "Would they call their GP or other mental health services less?" their perceptions and responses were that:

- ***"we are a listening ear with some advice and we know what they are going through so they immediately catch on and see that we are fellow travellers"***
- ***"they are able to talk through their problems in a more relaxed and anonymous way and have more time"***
- ***"more would go to Psychiatric Consumers Trust (PCT)"***
- ***"definitely do because people ring and say they are not using PES any more."***

Finally when the peer supporters or Warmliners were asked if Canterbury mental health service delivery had changed as a result of Warmline, they replied:

- ***"the availability of Warmline 7 days a week has taken away a lot of anxiety for people and provided a peer service"***
- ***"they often refer to us e.g. PES, Richmond NZ"***
- ***"Warmline makes a difference….we need a peer run respite centre next"***
- ***"Warmline provides a listening ear and that is missing in the community."***

### 3.3.3 Peer supporters and what they enjoy most and least

When the peer supporters were asked about what they enjoy most about operating the telephones their responses included:

| | |
|---|---|
| Helping others | **36%** |
| Supporting others | **21%** |
| Love talking to people | **14%** |
| Using knowledge gained in training | **14%** |
| Using my skills | **7%** |
| Using my own experience of mental illness | |
| Connecting with peers who experience mental illness | |
| Feeling valued | |

One person said: "***I really enjoy a peer intentional support way of working***" and another said "***people invite you in their house and inner self and I feel quite privileged***". The themes of helping, supporting, talking, using their knowledge and skills and experience, connection with peers and feeling valued; were what the volunteer peer supporters enjoyed most about being on the telephones.

When the peer supporters or Warmliners were asked about what they enjoy least about operating the telephones their responses included:

- being online until 1am / last hour 29%

Other responses related to the lack of calls, people being in great distress, the callers and their own situations.

Three people liked least the lack of calls, waiting for calls and missed calls as that person worried that *"people were in need of help in a hurry."* Two people were worried about the suicide calls and the "*people in great distress and simply can't help so refer to PES*".

One person said she liked least the angry clients as they were angry at the world and quite abusive. Another liked least the not knowing if they had been helpful while another disliked the disruption to her family life. One person remarked that the phoneline work ***"made me more aware of the acute loneliness of many people and when they had no choices."***

### 3.3.4 Peer supporters and their personal value and gains

Not all the peer supporters answered the questions on what value they get from working on the phoneline support, with a 71% response rate for this question. All of the people who did complete these questions, felt valued as a Warmline telephone peer supporter.

Some felt valued by the organisation with "***staff look after us well and lots of thank yous***" and "***good to get expenses paid"***. Some felt valued by the callers "***callers feel so much better afterwards***" and "***valued by people with mental illness"*** but not valued any more highly by the general public. One felt valued because of the pride in the service saying ***"I'm supporting a good service."***

When they were asked about what they have gained working on the telephones, they replied that they had more confidence (21%), were learning to manage and live more with their own mental illness, were feeling more able to express their opinions, had learnt a lot about how to be helpful, could laugh at themselves more and now had a network of friends.

Gains in understanding others was another theme from peer supporters with comments such as "***gained more insight into people's lives***" and ***"heard and communicated with many new people"*** and "***connection with others and using my skills***." One person said "***the peer support philosophy was so different and it is a whole new approach."***

When asked how the Warmline peer supporter experience helps them in their own journey to recovery or rediscovery, the responses related to themselves, to Warmline and to some positive outcomes. Warmline work has helped peer supporters to:

- be more realistic
- come to terms with their own mental illness / less involved with their own issues
- feel more empowered
- take my pills, take it easy and meet lovely warm people.

The Warmline experience has helped through: the Intentional Peer Support (IPS) way of thinking about things, the training, the training as it reminded this person to remain open, the mentor who has helped through rough patches and group supervision which is good. Two people have gained employment elsewhere as a direct result of Warmline peer support work.

### 3.3.5 Suggestions for improvements and promotion

One peer supporter said ***"it is really great that Comcare have the insight to do something that is moving with the times…and not hiding behind a cloud"*** and another said ***"they have done a wonderful job getting it running and valuing us volunteers."***

The peer supporters had the following suggestions for improvements. 28% wanted more publicity to let the public know about Warmline. The other suggestions internal to Warmline included:

- more client feedback
- maybe start on air at 6pm and go to midnight
- a buddy system and mentor new staff more
- more Intentional Peer Support focus in supervision sessions
- need to have rests because it is a very demanding job e.g. some in vulnerable places
- at the end of calls, we could do a couple of follow up questions like –scale 1-10 how useful was that call and 'would you like to say where you are calling from?'
- improved building access and improved phones for reception would be good and if we had more than one Warmliner on at a one time so we don't miss calls….being able to email in the caller sheet results would be great
- like to expand so it is like Wellpark (sic) (Welllink) in Wellington
- maybe a drop in centre would help in the future for those who feel isolated and neglected by the mental health services.

Promotion suggestions included:

- work with Simon Chan in Asian mental health and ethnic press and Pacific Trust and Te Awa o te Ora and not so pakeha
- an article in the Press – consumers stories….but this might be hard as people don't want others to know
- more promotion in rural Canterbury

Feedback from the peer supporters on the training, supervision and mentoring as well as tips for new Warmline operators is included in Appendix 10.

*"I feel very strongly about the benefit of*
*having support from someone who is not assessing,*
*who knows what he's talking about*
*because of shared experience*
*without having to go into minute detail"*
(consumer, December 2008)

*(one caller) "used to go to PES regularly – once a week or more*
*and take regular overdoses.*
*Nowadays rings us regularly and doesn't do it.*
*Says Warmline is a damn good phone line and*
*operators are marvellous"*
(Warmline trained peer support worker, December 2008)

*"seems to diffuse stuff,*
*rather than escalate,*
*real life practical response so reduces drama"*
(mental health worker, December 2008)

## 3.4 Mental health worker feedback

Brief feedback from PES and Duty Managers' services

Three people from the CDHB Specialist Mental Health Services Duty Managers and from Psychiatric Emergency Service (PES) were interviewed separately in February 2009.

They all believe that Warmline is well known amongst mental health workers in Christchurch ***"well embedded"*** and ***"well known in the community..people who need it, know about it."*** They also said the fridge magnets were recognisable and useful. When Warmline first started in September 2007 they had to tell their callers about it. Now they mention Warmline and do not need to explain it or the number.

One interviewee claims it is ***"working as it keeps people from being admitted and duty managers can offer them something….obviously we do a quick assessment and then we refer to Warmline."***

Another interviewee confirmed this view by saying we sort out ***"the emergency stuff from the talking stuff and the talking stuff gets referred to Warmline"*** where they can ***"discuss their problems and issues and talk their way through that….and leave the suicidal work to PES and Duty Managers."***

The PES person did not see the direct impact of Warmline as they have callers from the much more severe end of the needs spectrum and they would advise people to call Warmline a ***"couple of times a week".***

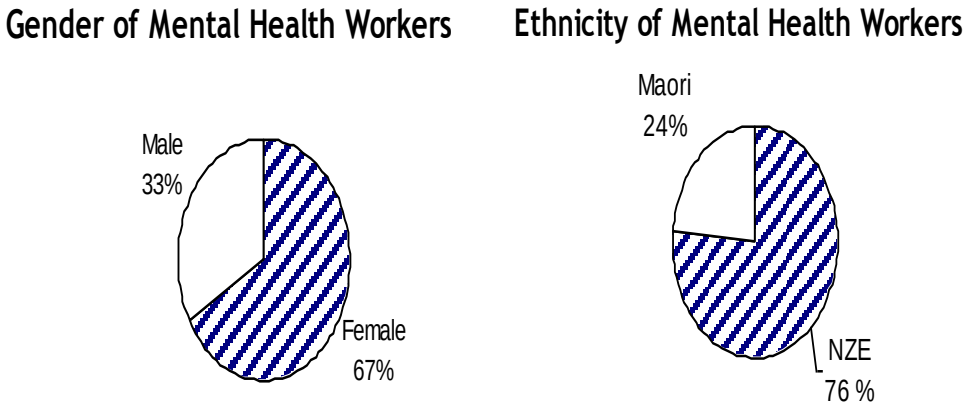
They consider that Warmline's value lies in providing a contact and a point for people not in crisis or at a ***"sub threshold crisis point"*** which means that the person's problem isn't big enough or urgent enough for PES….and they can ***"help de-escalate problems before they need to go to PES so often people can filter and choose Warmline first."***

One interviewee considered that some people really get and value the phoneline anonymity, and some don't and need the face to face and familiar contact. Another interviewee thought that ***"it gives people another option that is outside PES and Lifeline"*** and that ***"night time is extremely difficult for many and a lot of calls are from people who want a listening ear".*** If Warmline wasn't there, one person says "*they would have needed to go to PES."*

One suggestion was that Warmline needs to be ***"part of pre crisis planning"*** and we need to get it into ***"people's thinking that it is part of their wellness and recovery"*** and not just something consumers might need in a crisis.

### 3.4.1 Profile of mental health worker respondents

In total we had 26 Mental Health workers respond to the survey.





66% of mental health worker respondents were female and 24% were Maori. It was interesting to note that 44% of the mental health workers were in the 40 – 49 year age group.

**Location of Respondents**

| | |
|---|---|
| Christchurch | **65%** |
| Ashburton | **4%** |
| Unidentified | **31%** |

**Exactly half or 50% of the workers surveyed were CDHB mental health workers,** 35% were unidentified and 15% were community support workers. There were responses from the CDHB East and West sector base teams.

The lack of mental health workers from North Canterbury may be a direct reflection of the lack of actual workers in that area.

The mental health workers had picked up their surveys from other mental health workers (32%), emails (28%), Richmond Fellowship (10%), MHERC (10%), Comcare (10%) and other (manager, work) (10%).

### 3.4.2 Knowledge and use of Warmline

- 96% of the Mental Health workers in this survey knew about Warmline.
- Nearly 2/3rds (64%) of the mental health workers knew of clients who had used the service. In all their feedback, all but one of their clients was happy with the service they received.
- Other than the service not being applicable to their particular client's situation, Mental Health workers did not identify any other specific reason for not using Warmline.
- A theme that emerged was the need for greater promotion of the service. They are aware that even though workers might have heard of the service; they felt that refresher knowledge and increased advertising would be useful.

### 3.4.3 Satisfaction with Warmline

The mental health workers indicate a high level of satisfaction with Warmline as shown in the following results.

(1 being not at all satisfied and 5 being very satisfied)

| | **Average** |
|---|---|
| Privacy, respect and dignity | 4.5 |
| Heard and understood by a peer or person who experienced mental illness | 4.5 |
| Access and ease getting on the phone | 4 |

Some of the reasons why <u>all</u> the mental health workers indicated they would recommend Warmline to clients include the following quotes:

- ***"its just great, a couple of rural clients have found it lifesaving"***
- ***"lack of support in rural sector. Warmline makes my job so much easier and the results show in my clients"***
- ***"seems to diffuse stuff, rather than escalate, real life practical response so reduces drama"***
- ***"gives clients opportunity to share with peers, and offers reassurance"***
- ***"it is a great idea and is probably under utilised"***
- ***"the late availability, anonymity and that it is run by peers."***

### 3.4.4 Helpfulness and value of Warmline

The helpfulness and value of Warmline identified by the mental health workers included:

- easy access
- just knowing it's there to use in times of low mood
- peer support workers man the phones
- someone who understands, has experienced mental illness
- non judgmental support from people with same life experience
- sympathetic ear from someone who has been there
- knowing the operator is a consumer
- talking with people with shared experience, helping them get a grip and sort out problems not relying on staff for answers - self responsibility
- consumers feel listened to and supported, coping with loneliness
- the hours, like the late hours because it's then the more vexing considerations become apparent
- the Warmline magnet on the fridge
- supportive non-threatening.

Difference Warmline has made for their clients

- comforting / reassurance x 2 respondents
- ***"seems to offer different sort of support than workers or family - more practical"***
- ***"getting support to find solutions to issues, take self responsibility"***
- ***"huge - very supportive, confronts procrastinators, can handle distress well"***
- accessible support after hours / after hour contact
- support out of hours when clients feel most vulnerable & lonely
- eased anxiety, less stressed
- knowing there is someone there to talk to
- never feeling alone
- provided a distraction.

It is clear from these comments that mental health workers perceive Warmline has made a difference for their clients.

### 3.4.5 Promotion of Warmline and improvements

Mental health workers had the following suggestions for improvements. Most of the comments related to ongoing promotion. Their comments included:

- **remind and refresh us of services available**
- community mental health teams x 3 respondents
- community work staff x 3 respondents
- GP practices x 3 respondents
- SMHS (Specialist Mental Health Service) teams need to recognise it better, remember it's there
- specialist advice on discharge – part of crisis and pre crisis planning via GPs or clinicians when doing care plans
- Posters in inpatient units
- Crown public health / health promotion
- consumer networks, MHERC
- many consumers possibly not aware of service. Needs promoting. A name, even a fictional one, from the Warmline operator would add a more personal level (this already happens)
- community centres, NGOs, Information centre, library
- Women's expo, radio
- local papers, tv, flyers, posters
- usual advertising
- universities/ hospitals/lampposts (large posters)
- radio plains fm
- **remind and refresh us of services available**

One mental health worker said we need to "***encourage clients to call before crisis sets in***". Another said we need to "***point out the benefits of this (Warmline) in long term recovery***".

**A full outline of all suggestions for promoting Warmline are collated and included in Appendix 11.**

# 4.0 Conclusions

## 4.1 The Warmline service

The times of greatest activity on the helpline is on Sunday and Monday nights, followed by Saturday nights and between the hours of 7-9pm. Most calls come from unlisted numbers or from Christchurch with a small percentage from Ashburton and very few from North Canterbury.

The most common call codes are for mood and general mental health followed by isolation and relationships. However if relationships and isolation were put together, then this would be the most major theme of all the actual calls. Mood, including intense anxiety depression and elation, can mean many things and is a very general code as is general mental health. Grief and abuse and alcohol and drug issues were not a major issue for callers. For more accurate records, a review of the general codes may be timely. The codes may be reviewed to match the core principles of the intentional peer support model, so that the peer supporter stays focused on the principles and the person's story and not on other possible codes. It may be that there are two codes with one code for how the caller starts out and one code for how they end up at the end of the call.

In a study of suicide calls to telephone help lines, they found that men under 35 years were likely to talk about relationship breakdown and material hardships and women were more likely to talk about abuse, interpersonal or family problems (Barber, Blackman, Talbot & Saebel, 2004). In another study in China (Jianlin, 1995), callers with mental health problems were likely to talk about their psychoses (3.5%), sleep disturbances (3.2%), and suicidal ideation (2.2%). Hirsch (1981) found only a small percentage of callers had a significant suicidal drive.

Data from actual callers on the helpline indicate that they really appreciate the support as many say thanks and ring back to tell operators about their positive outcomes. Some callers use it for crisis prevention and say they ring Warmline instead of taking overdoses. Some callers highlighted the differences with Lifeline and indicated that the Warmline operators understand mental illness and they don't have to exaggerate any symptoms or stories to be heard.

## 4.2 Mental Health consumers

There were very few young Canterbury people with mental health problems in this survey and their views and needs are therefore not represented in this survey. It may be that Warmline needs to promote itself more at Totara House and services for younger people with mental illness as well as recruiting some younger volunteers.

There was a significant number of consumers or almost half or our sample who did not know about Warmline. The greatest source of knowledge for consumers to know about Warmline was from mental health workers with more than 1/3 hearing about Warmline from them. It was really helpful that Te Awa o te Ora Trust were supportive of the survey as some of this group of consumers had not known about Warmline.

Those who use Warmline, value it and appreciate it. There were some technology issues for some people making contact with Warmline. There were a large number of unanswered calls. Night time can be a difficult time for many consumers. For those who hadn't used it, it was because they didn't have a current need to use Warmline.

The consumers who participated in this survey are satisfied with the service, find it very valuable and are relieved to "know it is there". The difference of having Warmline available for some consumer respondents was significant with anecdotal comments like it was "***the difference between life and death***". 43% of those who had used Warmline had also used other telephone lines and found the service and these operators easier to talk to, the voices were clear and there was "***someone who had lived it***".

Sources of dissatisfaction found in another study (Patel, Dale & Crouch, 1997), were advice issues (80%), process and interpersonal skills (69%), lack of acknowledgement of their physical or emotional needs (51%) and 24% due to access problems or inability to get through to the line. The only issue for Warmline were the access issues or difficulties.

The consumers value that peer supporters are unbiased, friendly and understanding who listen to what they are saying, are not judgmental and don't try to offer advice. They know they are not alone and can ring someone. They are on equal footing with the operators and there is no one trying to assess them or in a professional capacity.

As part of the recovery journey, consumers gain confidence and skills to take more self responsibility and to **manage their own wellness**. Having Warmline available can help consumers to manage the early stages of a crisis and to keep issues from escalating and can be part of a powerful arsenal of support to keep consumers well.

More needs to be done to promote Warmline to consumers. Consumers suggestions for promotion included: increased advertising especially on the radio and more publicity with posters on walls in places where consumers go such as GP surgeries, mental health services. They also suggested that Warmliners go to places and educate people about Warmline. Some wanted greater hours of availability and to be available in afternoons, e.g.1 -3pm as well as more operators.

## 4.3 Trained peer supporters

The peer supporters profile matches the profile of the consumers and the mental health workers, predominantly female and an older or over 40 years of age group. This has implications for service delivery to younger callers, particularly in their 20s. This age group was hard to find and include in our survey and they are not represented in the demographic of Warmline peer supporters either. Most operators or 2/3 are women and this would match the mental health workers profile as well. This may have implications for the number of men who might call.

The peer supporters have a clear perception that Warmline is helpful and offers general support, peer support, critical support, non medical support and non judgmental support. The difference it has made is general day to day support to keep people well and understand their experiences and self manage. Even though it is not a crisis service, it offers support in times of crisis. The difference it makes is that it is offered at night time when no other mental health services are operating, it is easily accessible and mostly, it calms people sufficiently so that they don't need other specialist mental health services.

If Warmline wasn't there, callers would feel isolated and unconnected and would probably have to threaten to suicide for people to take them seriously on Lifeline or in PES. They might also call Citizens Advice, Alcohol and Drug helpline, psychiatric ward or stay in crisis. They perceive that Warmline has taken a lot of anxiety from people and that it is a listening ear for many people who are pre-crisis and trying to stay well in the community.

They have the intentional peer support framework, have developed core skills and cope well with calls. One study found that volunteers coped extremely well with disturbed callers even though their responses were different from professionals (Hirsch, 1981). Empathy, respect, supportive approach, good contact and collaborative problem solving skills were the most helpful characteristics in another study (Mishara *et al*, 2007). The Warmline operators are well mentored and supervised to carry on the role.

They enjoy helping and supporting others, love talking to people and using the knowledge and skills they have developed as well as their own experiences of mental illness and connecting with their peers as well as feeling valued. The intentional peer support approach and thinking is a useful framework.

They like least when there are insufficient calls or when people are in great distress and they feel unable to support them and some don't like working until 1am. Since the busiest time is from 7pm onwards, it might be timely to consider starting at 6pm. One person liked least when callers were very angry with the world.

Peer supporters gain much from being trained in the Intentional Peer Support framework and operating Warmline. They feel valued by the organisation and by the callers. They have gained more confidence and skills to manage and live with their own mental illness and more understanding of others and find the intentional peer support philosophy and approach very useful. Warmline has helped them in their own journeys of rediscovery, as it helps them be more

realistic, to come to terms with their own mental illness, feel more empowered and less involved in their own issues.

Warmline can be seen as an empowering experience for the peer supporters as they volunteer, learn new skills and cope better which are all elements of learned hopefulness (Zimmerman, 1990).

Their suggestions for improvements centred around more publicity so that there are more calls. Their suggestions also included more client feedback, maybe to start the session earlier at 6pm, a buddy system for new Warmliners and more skills in supervision sessions and more IPS focus and some possible new services in the future.

## 4.4 Mental Health workers

Mental health workers know about Warmline and refer consumers to it.

The mental health workers from PES and the Duty Managers team who were interviewed have a high level of satisfaction with Warmline and are pleased to be able to offer it as a valuable complement to their services.

One interviewee suggested that Warmline needs to be "*part of pre crisis planning*" and we need to get it into "*people's thinking that it is part of their wellness and recovery*" and not just something consumers might need in a crisis. This is new thinking around how Warmline can best be used for consumers in Canterbury and offers a useful way forward for promotion.

The demographic of mental health worker respondents included 2/3 women and ¼ Maori and almost half were in the 40-49 age group. It was most useful that 50% of these respondents were from within the CDHB. After much effort to try and make contact with workers from greater Canterbury, we had 4% of respondents from Ashburton and no surveys from other areas in Canterbury.

Mental health workers see Warmline working as it is a time and space for consumers to talk with a peer to try and de-escalate or defuse problems early on. One mental health worker said we need to "*encourage clients to call before crisis sets in*". Mental health workers consider that Warmline is probably being under utilised in Canterbury.

They consider it is important to encourage consumers to use Warmline in times of pre-crisis and can also be promoted as part of the discharge support post admission from CDHB inpatient services and as part of care plans with GPs and clinicians. Another respondent said we need to "*point out the benefits of this (Warmline) in long term recovery*".

They see Warmline as a useful service for consumers on their recovery journey as it promotes self responsibility and supports people to manage their own day to day problems. Warmline is part of the **'staying well package of care'**.

Mental health workers wanted a '**remind and refresh us'** message about the Warmline services available.

Warmline promotion ideas from mental health workers were mostly around getting the SMHS (Specialist Mental Health Service) teams to recognise it better and remember it's there. More specifically they mentioned community mental health teams and community support work staff, GP practices, posters in inpatient units, Crown public health and health promotion. They were also mindful that consumer networks and MHERC needed to be contacted and that many consumers were possibly not aware of the Warmline service. They also suggested community centres, NGOs, Info centre, library, Women's expo, radio and especially plains fm, local papers, universities/ hospitals/lampposts.

One mental health worker wanted Warmline staff to have a name, even a fictional one as this would add a more personal level and allow consumers to open up more. This system already exists but is perhaps not known about by mental health workers.

## 4.5 Limitations of the evaluation

Although the survey results are encouraging, some **limitations** may apply. There may have been some bias in the data collection in favour of:

- those people who were already knew about Warmline (both workers and consumers)
- those who are already attached to or part of existing mental health services
- distributing surveys to mostly mental health services and not including City Mission and other general services
- those who have access to computers and emails.
- more educated consumers as the survey was quite lengthy and this may have precluded people with less education and less interest in writing down their feedback
- those who were motivated by a supermarket voucher.

It may be that some callers to Warmline are from quite an anonymous or a socially isolated group and not part of mainstream mental health services. An anonymous group in another study of telephone crisis centres, tended to be more lonely and more likely to withhold information that the non anonymous group (Nelson, McKenna, Koperno, Chatterson & Brown, 1975).

## Final conclusions and comment

In conclusion, what do consumers and mental health workers know about Warmline?

- it exists on an 0800 number
- there are fridge magnets
- odd anecdotal story from consumers or callers

This is quite scant information about a substantial service. It is perhaps time to promote more widely and more often the quality aspects of the Warmline service such as:

- the in depth 13 week training in the Intentional Peer Support way of working for volunteers
- the regular supervision and mentoring of peer supporters
- the stories and quotes from callers about how helpful the service is
- the need to think about using it at pre crisis and post discharge from inpatient services
- the need to think about using it as part of consumers 'staying well' package of care.

The Warmline service may well be a place or bubble of international excellence working with this innovative IPS approach but the Canterbury mental health and health community is unaware of how it operates and the fact that there are two internationally qualified IPS trainers at Warmline.

# 5.0 Recommendations

This report recommends:

## 5.1 The Warmline service continue to provide telephone support for people experiencing mental health problems.

5.1.1 That Comcare be **commended** for initiating and providing the Warmline service in Canterbury and that it **continue to be funded** and operate.

5.1.2 That the Warmline service review its core business, and be promoted accordingly. It needs to be seen as:

(i) part of the package of keeping consumers in Canterbury well
(ii) the step before consumers move into crisis so that they can manage the situation themselves
(iii) part of post crisis debriefing and support
(iv) a support service after people are discharged from inpatient services.
(v) not a crisis service and not just a 'goodnight kiwi' service for consumers to call every night.

5.1.3 That the Warmline service continue its cycle of **publicising and promoting** itself, training volunteers, supervising and mentoring peer supporters and then publicising again.

5.1.4 That the Warmline service review their **call codes** so that more meaningful data can be collected on the content and key issues in the Warmline calls. The call codes may need to be reviewed so that they reflect the core principles of the Intentional Peer Support model (refer Appendix 2).

5.1.5 That the Warmline service look at their technology and telephone reception problems so that consumers can access it more easily.

## 5.2 The Warmline service be promoted to Canterbury mental health workers and PHOs, particularly in the rural areas in a 'remind and refresh' campaign with specific messages about Warmline.

5.2.1 That the Warmline service target their promotion and publicity activity in the North Canterbury area, in Ashburton and other **rural areas**, in the first instance.

5.2.2 That Warmline be promoted to mental health workers and PHOs in greater Canterbury with the key messages that it:

- is part of people's recovery and 'staying well' package (needs to be seen as an ongoing solid recovery support like housing and community support workers that keeps consumers well and not needing to present in crisis)
- is part of pre-crisis planning for consumers
- is part of post crisis debriefing and care
- is part of the CDHB inpatient unit discharge pack and planning
- is part of the spectrum of mental health care provision in Canterbury and as a complementary service to PES and the Specialist Mental Health services Duty Managers.

5.2.3 That the Warmline service promote its use of the **Intentional Peer Support** (IPS) philosophy and approach and way of operating. This approach has a focus on what the caller is experiencing and what is behind the experience, so that the Canterbury mental health community and GPs have more appreciation of the quality service it provides, the skills of the Warmline peer supporters and they can appreciate its quality and impact for callers and become more active referrors to Warmline.

5.2.4 That Warmline be promoted to **Primary Health Organisations (PHOs**) especially GPs, practice nurses and counsellors with information around the training, experience and supervision of the peer supporters so that they can appreciate its quality and impact for callers and become more active referrors to Warmline.

5.2.5 That mental health workers and PHO staff be actively encouraged to **pass on Warmline information** to their clients and what it is and <u>when</u> it is useful to call.

5.2.6 That the Warmline service develop **business cards** and use their **posters** and flyers to promote itself on a cheaper and more widespread basis and not rely on the fridge magnets. These business cards and posters be given to a wider range of services and community agencies with the goal of reaching most consumers in greater Canterbury. Articles also need to be written for PHO and other newsletters.

5.2.7 That Warmline staff give presentations and training sessions on the Intentional Peer Support approach and way of working. This training could be for mental health workers, consumers, GPs and also City Mission staff and people working with youth and elderly consumers, could also be invited to attend.

## 5.3 That Mental Health consumers of Canterbury be informed about Warmline more especially around when to use it.

5.3.1 That extensive promotion be carried out with Canterbury consumers and consumer groups to get the Warmline message out. The Warmline service needs to be promoted to consumers so that they think of using it:

(i) as part of their 'staying well' package of care,
(ii) as part of preventing a crisis
(iii) as part of post crisis care
(iv) after discharge from inpatient services and returning home support
(v) as part of their recovery journey support and as part of the spectrum of mental health care in Canterbury.

5.3.2 That Warmline look at promoting itself to **younger people** with mental health problems, particularly through Totara House and other services for this age group. They may also look at recruiting peer supporters in this age group. That they investigate the www.lowdown website for ideas for working with youth.

5.3.3 That the Warmline **philosophy and approach** be promoted. It is a service that supports consumers to "manage most things most of the time", it recognises that lots of problems can be normal life events and not always medical crises and that callers have strengths, resilience and capacity to **solve their own problems** and they are their own experts.

5.3.4 That the Warmline service promote itself on local radio and newspapers as well as putting posters in key health and mental health services so as to reach as many consumers as possible.

## 5.4 That the trained peer supporters and staff continue to develop their Intentional Peer Support (IPS) approach.

5.4.1 That the Warmline paid staff be commended for their dedication to the Intentional Peer Support way of working. That the trained peer supporters be commended for their dedication and commitment to providing the Warmline service on a voluntary basis.

5.4.2 That the Warmline service continue recruiting and training volunteers as there is a constant turnover on helplines. Strategies such as "sabbaticals" continue so that peer supporters have the option of a planned timeout rather than losing them completely.

5.4.3 That the Warmline service continue to offer ongoing **'refresh and remind'** IPS sessions with peer supporters during each training for new volunteers so that the philosophy and approach is constantly reinforced.

5.4.4 That the supervision sessions be opportunities to keep the peer supporters focused and reinforced in the IPS way of operating.

## 5.5 That any future evaluation work include increase scope of audience and identify ways to access more consumers.

5.5.1 That any future similar evaluation look carefully at how it might reach actual callers on a confidential telephone line. That it seeks consumer respondents from a wider audience and goes to community drop-ins etc beyond the mental health sector and try to reach consumers who are more socially isolated.

# References


ABC Premium News. (2007). Mental health helpline inundated with calls from rural areas.

Ahmed, M. (2008). Helpline will only be available in England. *Community Care*, 1728, 9.

Anderson, L. (Feb 21, 2008). Pregnancy helpline calls cost $428 each. *The Adelaide Advertiser*.

Anonymous. (2005a). Dept of Health pulls plug on mental health helpline funding. *Nursing Standard*, 19 (19), 6.

Anonymous. (2005b). Sane to sue over helpline cash delay. *Community Care*, 1666, 11.

Anonymous. (2000). C.A.L.M. helpline in the north west. *Mental Health Nursing*, 20 (3), 6-8.

Barber, JG., Blackman, EK., Talbot, C. & Saebel, J. (2004). The themes expressed in suicide calls to a telephone help line. *Social Psychiatry Epidemiology*, 39 (2), 121-15.

Bentley, K.J. (2000). Empowering our own: Peer leadership training for a drop-in centre. *Psychiatric Rehabilitation Journal*, 24 (2), 174-179.

Boyd, S. (15 May, 2006). Helpline provider cries for help. *The Timaru Herald*.

Chidwick, P. (Feb, 2007). the bigger picture. *Mental Health Today*. 22.

Collett, A., Kent. W., & Swain, S. (2006). The role of a telephone helpline in provision of patient information. *Nursing Standard*, 20, (32), 41-44.

Canterbury District Health Board. (2003/04). Specialist Mental Health Services. *Clinical Report*.

Davidson, L., Shahar, G., Stayner, D.A et al. (2005). Supported socialization for people with psychiatric disabilities: lessons from a randomized controlled trial. *Journal of Community Psychology*, 32, 453-477.

Faulkner, A. (Oct, 2007). Outside the box. *Mental Health Today*, 26.

Gould, MS., Kalafat, J. Harrismunfakh, JL. & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide Life Threat Behaviour*, 37 (3), 338-52.

Hall, B. & Schlosar, H. (1995). Repeat callers and the Samaritan telephone crisis lines. A Canadian experience. *Crisis*, 16 (2), 66-71.

Hastings, D. (2008). Warmline Canterbury Contract Report 2: 1 March 2008- 31 August 2008. Christchurch: Comcare Trust.

Hirsch, S. (1981). A critique of volunteer-staffed suicide prevention centres. *Canadian Journal of Psychiatry*, 26 (6), 406-410.

Jianlin, J. (1995). Hotline for mental health in Shanghai, China. *Crisis,* 16 (3), 116-120.

Kalafat, J., Gould, MS., Munfakh, J.L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 1: Nonsuicidal crisis callers. *Suicide Life Threat Behaviour*, 37 (3), 322-37.

King, R., Nurcombe, B., Bickman, L. Hides, L. & Reid, W. (2003). Telephone counselling for adolescent suicide prevention: changes in suicidality and mental state from beginning to end of a counseling session. *Suicide Life Threat Behaviour*, 33 (4), 400-11.

Kinzel, A & Nanson, J. (2000). Education and debriefing: strategies for prevention crises in crisis-line volunteers. *Crisis*, 21 (3) 126-34.

Lyngstad, G. (1994). Mental health's hot line. A report from the first year of the service. *Tidsskr Nor Laegeforen*, 114 (8), 2117-9.

MacKinnon, C. (1998). Empowered consumers and telephone hotlines. *Crisis,* 19 (1), 21-3.

Mead, S. (2005). Intentional Peer Support: An alternative approach Training Manual. Northampton, USA: Mentalhealthpeers. Information also retrieved on March 30, 2009 from www.mentalhealthpeers.com.

Mead, S., Hilton, D. & Curtis, M. (2003). Peer Support: A Theoretical Perspective. Retrieved February 24, 2009 from www.mentalhealthpeers.com

Mishara, BL., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., Bardon. C., Campbell, JK., & Berman, A. (2007). Which helper behaviours and intervention styles are related to better short-term outcomes in telephone crisis intervention? Results from the Silent Monitoring Study of Calls to the US. 1-800 SUICIDE Network. *Suicide Life Threat Behaviour*, 37 (3), 308-21.

Nelson, G., McKenna, J., Koperno, M., Chatterson, J. & Brown, J. (1975). The role of anonymity in suicidal contacts with a crisis intervention centre. *Canadian Psychiatric Association Journal*, 20 (6), 455-9.

O'Donnell, JM. & George, K. (1977). The use of volunteers in a community mental health center emergency and reception service: a comparative study of professional and lay telephone counseling. *Community Mental Health Journal*, 13(1), 3-12.

Patel, A., Dale, J. & Crouch, R. (1997). Satisfaction with telephone advice from an accident and emergency department: identifying areas for service improvement. *Quality Health Care*, 6 (3), 140-5.

Pudlinksi, C. (2001). Contrary themes on three peer-run warm lines. *Psychiatric Rehabilitation Journal*, 24 (4), 397-401.

Rivera, J., Sullivan, A. & Stavros Valenti, S. (2007). Adding consumer-providers to intensive case management: does it improve outcome? *Psychiatric Services*, 58, 6, 802-810.

Solomon, P. (2005). Peer support / peer provided services and underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*, 27:392-401.

The Hobart Mercury. (March 05, 2007). Mental health helpline flooded with calls.

The Times. (March 25, 2008). Hotline use draws no stigma.

Zimmerman, M. (1990). Toward a theory of learned hopefulness. A structural model analysis of participation and empowerment. *Journal of Research in Personality*, 24, 71-86.

# Appendices

**Appendix 1:** Warmline Information Sheet

**Appendix 2:** Core principles of Intentional Peer Support (IPS)

**Appendix 3:** Copy of the flyer for the Warmline surveys

**Appendix 4:** Copy of the Warmline survey for consumers

**Appendix 5:** Warmline Call Codes

**Appendix 6:** Training Schedule for Warmline new volunteers in 2009

**Appendix 7:** Copy of Warmline policy and procedure

**Appendix 8:** Key quotes in Warmline office logbook from callers (summarised)

**Appendix 9:** Feedback from peer supporters on helpfulness of Warmline

**Appendix 10:** Feedback from peer support workers on tips for new Warmliners, training and supervision

**Appendix 11:** Warmline promotion suggestions from consumers, peer support workers and mental health workers

# Appendix 1: Warmline Information Sheet

## Warmline Information Sheet

**What is Warmline Canterbury?**
A telephone peer support service for people experiencing mental illness in the Canterbury region, operated by people who have had personal, experience of mental illness. It is not a crisis line, but a “non crisis listening service”.

**How can Warmline help?**

- Provide a listening ear
- Help the caller to clarify the situation and/or their responses/feelings
- Validate feelings and experiences
- Assist the caller to identify effective coping strategies
- Provide information about other services where appropriate
- Provide hope that recovery is possible.

**Hours of Operation**
The Warmline operates 7 nights a week from 7pm – 1am. During these hours people do not have the same access to mental health services as they do during the day, however for many service users these times can be the most isolating and anxiety provoking periods.

**Operators**
Warmline operators are volunteer peer supporters who have had personal, experience of mental illness. They receive comprehensive training, supervision and support. Warmline calls are diverted to the on call operator who takes the calls on a mobile phone in their own home. The volunteer’s expenses are reimbursed, including travel and monthly landline rental and equipment like a mobile phone is supplied. Volunteers need an appropriately quiet and private place to take calls.

**On Call Support**
An operator always has the back-up of a peer buddy when on call. This person can be contacted to provide peer support to the operator, or to take over the shift for the Operator. As well as the volunteers on-call, an On- call Mentor is available during the operating hours to provide the volunteer with an opportunity to debrief when necessary.

**Warmliner Peer Support and Supervision**
Supervision for Peer Supporters is essential and is in a group format once a fortnight. Individual support and mentoring is also available for volunteers if required. Based on the principle that to understand peer support you first experience peer support, a culture of peer support is essential within the service and is modeled and developed during initial training, on-going training and supervision groups.

## Peer Support Training

Potential volunteers are invited to attend a 13 week initial training programme. This training involves 2 and a half hours per week of workshops. Depending on numbers and availability, the training programme sometimes operates during the day and other times in the evening. The programme is educational, fun and self exploratory with an emphasis on peer support and recovery. It has a core recovery focus, with workshops to help volunteers examine their past and current experiences, their potential strengths and vulnerabilities as well as their motivation and readiness to become a Warmline volunteer. Training also includes: Ethics, Psychosis, Self Harm, Crisis Calls, Healthy Relationships, Cultural Awareness, Self-Care, Legislation, and Recovery.

There is also regular ongoing training for volunteer peer supporters, which occurs in conjunction with group supervision.

**For more information contact the Warmline office**
**Ph: (03) 379 8412**
**Email: warmline@comcare.org.nz**

# Appendix 2: Core principles of Intentional Peer Support (IPS)

Intentional peer support (IPS) has the following core principles:

**Core values**

- respect, shared responsibility
- people who have had like experiences can better relate and offer more authentic empathy and validation
- empowerment – finding hope and believing that recovery /rediscovery is possible
- personal responsibility – taking responsibility for making things happen

**Partnership, relationship and mutual exchange**

- mutual agreement of what is helpful and reciprocity and an equal relationship
- mutual responsibility across peer relationships
- uses the relationship to create new ways of seeing, thinking, and doing
- activities and conversations are about mutual learning
- being helpful is also self healing

**Experiences**

- focuses not on illness, symptoms or assessment of crisis but on what the caller is experiencing and what is behind the experience
- listens for how and why each of us has learned to make sense of our experiences
- promotes critical learning and the renaming of experiences

**No problem focus**

- doesn't start with the assumption of "a problem"

**Community**

- provides a sense of community as callers may have had disconnecting
- experiences
- provides a safe place to be yourself

**Other**

- has great flexibility in the kinds of support provided by peers
- is about being clear and setting limits
- can offer a different worldview

**WARMLINE CALL CODES COULD BE DEVELOPED AROUND**

- **core values followed**
- **mutual exchange and relationship built**
- **focus on callers' experiences and what is behind the experience**
- **building a sense of community and a safe place**
- **work with caller to create a different worldview.**
- **clear about limits (more work needed but may be useful?)**

# Appendix 3: Copy of the flyer for the Warmline surveys


surveys (November 2008)
for Canterbury Mental Health Consumers

**Warmline seeking feedback and excellence - an invitation to participate in our survey.**

*Comcare Trust's warmline telephone support line has now been operating for just over a year and is interested in your **feedback**. Warmline provides confidential telephone support for people with mental health issues who are in need and is staffed by trained peer support volunteers who have had experiences of mental illness themselves. It operates 7pm to 1am 7 days on 0800 89 WARM*

---

Comcare Trust are engaging the services of an independent evaluator over the month of November 2008 to get feedback.

**As it is a confidential telephone service, Warmline are unable to contact any of their clients directly, so we need your help and input.**

**Mental Health service consumers**
We need consumers who know about Warmline to reply anonymously to the survey. We are keen to get feedback from people who have used Warmline and also those who haven't used this service.
***Please complete it yourself or** pass this information on to anyone who is interested in giving feedback and who may have used the Warmline service.*

**Warmline's peer support volunteers**
We will run focus groups with the volunteers who operate the phone lines.

**Mental Health workers**
We ask for your feedback also. If you know of anyone who has used Warmline, can you please pass this information on to them? Can you also please fill out the survey for mental health workers?

**To request a questionnaire (with pre-paid envelopes) to be posted out or request a face to face interview or get more information, simply:**

- **email: *gawithL@cpit.ac.nz* or *pam_glover@hotmail.com***
- **call: 027 3142422 or call Renee on 3777020**

# Appendix 4: Copy of the Warmline survey for consumers

## Consumers Survey (November 2008)

*Good day / Kia ora / Talofa / Welcome*
*to the survey of Comcare Trust's Warmline telephone support line*

**Thank you for filling out our survey, as we really want to hear from you.**
**Please be assured that all information you give us will be treated as confidential.**
**Warmline wants as much useful feedback as you want to give us.**

---

**knowledge of Warmline**

1. do you know about Warmline and what service it offers? Yes □ No □

If yes, then go to Q.3. If No, then go to Q.2a.

2a. if you were to use a confidential telephone support service especially for people with mental health issues some time in the future, what would you **want** from it?

_____

2b. what would you **not want** from it?

_____

2c. Do you have any other comments about Warmline?

_____

(***Thank you for your time and input…. please go to Q18. at the end of the survey)***

---

**use of Warmline**

3. how did you find out about Warmline?

☐ word of mouth / Friend ☐ advertising / flyers
☐ Mental health worker ☐ Psych emergency service (PES)
☐ Other, please state _____

4. have you used Warmline in the past 12+ months? Yes ☐ No ☐

If yes, then go to Q.7, If No, then go to Q.5.

4. you know about Warmline, but haven't used it. Are there any reasons you haven't used it?

☐ no access to a telephone ☐ hours it operates don't suit me
☐ no need personally ☐ heard some stories *
☐ no confidence in it / Not sure of it

□ Other, please specify _____

* please elaborate on any reasons and stories……

_____

5. have you tried to use Warmline and not been successful? what happened?

_____

6. if you were to use a confidential telephone support service especially for people with mental health issues some time in the future, what would you **want** from it?

_____

6a. what would you **not want** from it?

_____

6b. do you have any other comments about Warmline?

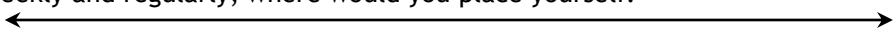
_____

(***Thank you for your time and input - please go toQ.18 at the end of the survey)***

---

**Warmline user**

7. on a scale of 1-5, 1 being you have used Warmline once and 5 being you have used Warmline weekly and regularly, where would you place yourself?



1 once 2 3 sometimes 4 5 regularly

8. did you have any difficulties making contact? (please describe)

_____

8a. what were you expecting when you first used Warmline?

_____

8b. did you get what you expected or needed when you first phoned Warmline?

_____

---

**helpfulness of Warmline**

9. what have you found the most supportive when phoning Warmline?

_____

10. what difference has Warmline made for you ?

_____

10a. what would you have done if Warmline wasn't there?

_____

10b. what other services would you have tried to use instead?

_____

10c. by using Warmline, does it mean that you have used other mental health services or your GP less? Yes ☐ No ☐
if so, in what way?

_____

11. please tell us, only if you want to, what the Warmline peer support person actually said or did to help you in your situation?

_____

## satisfaction with Warmline

12. how satisfied were you with Warmline? Please rate:

| | **1 not at all satisfied and 5 being very very satisfied** | | | | |
|---|---|---|---|---|---|
| access and ease getting on the phone | 1 | 2 | 3 | 4 | 5 |
| making connection and settling in to talk | 1 | 2 | 3 | 4 | 5 |
| privacy, respect and dignity | 1 | 2 | 3 | 4 | 5 |
| heard and understood by a peer or person who has an experience of mental illness | 1 | 2 | 3 | 4 | 5 |
| ending the conversation in a timely way | 1 | 2 | 3 | 4 | 5 |

13. have you used any other telephone support lines in the past? Yes ☐ No ☐

13a. if yes, how did you find them compared with Warmline?

_____

13b. do you phone Warmline as: one of your first options? ☐ or as a last resort? ☐
Comments:

_____

14. would you recommend Warmline to a friend? Yes ☐ No ☐
any reasons?

_____

15. what do you like **best** about Warmline?

_____

15a. what do you like **least** about Warmline?

_____

15b. if you could **change one thing** about Warmline, what would it be?

_____

16. what hours for Warmline would be most helpful for you?

_____

16a. what extra training do you think telephone staff would benefit from?

_____

16b. where and how could Warmline promote itself more?

_____

17. if you were to use a confidential telephone support service, like Warmline, especially for people with mental health issues some time in the future, what would you **want** from it?

_____

17a. what would you **not want** from it?

_____

17b. are there any other comments about Warmline you would like to make?

_____

**18. BACKGROUND INFORMATION**

**Gender**: Male ☐ Female ☐

**Ethnicity**: NZ European ☐ Maori ☐ Pacific Islander ☐

Other (please state) ☐ _____

**Age Groups**: 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐

**Location**: Christchurch ☐ North Canterbury ☐ Ashburton District ☐

Banks Peninsula ☐ Selwyn District ☐ Other (please state) ☐ _____

**Where did you get this survey from**?

MHERC ☐ Step Ahead ☐ Richmond Fellowship ☐

Mental Health worker ☐ Word of mouth ☐

Other (please state) ☐ _____

***Thank you for your time and input completing our questionnaire***

# Appendix 5: Warmline call codes

| | |
|---|---|
| **Thoughts** | Intense, ruminating thoughts |
| **Mood** | Intense anxiety, depression, elation etc |
| **Mental Health** | General Mental Health Concerns |
| **Suicide** | Suicidal Thoughts |
| **Self Harm** | Harm to self |
| **Threat** | Harm to others |
| **Crisis Incident** | Requiring a call to Police or Ambulance |
| **A & D** | Alcohol and Drug |
| **Gambling** | |
| **Sleep** | Difficulties getting to sleep or staying asleep |
| **Grief** | Grief and Bereavement |
| **Isolation** | Loneliness |
| **Abuse** | Physical, sexual or emotional abuse |
| **Physical** | Physical health concerns |
| **Relationships** | Difficulties with relationships |
| **Clinical** | Concerns about clinical or support services |
| **Medication** | Concerns about medication |
| **Information** | Seeking information or advocacy |
| **Family** | The caller is a family / whanau member seeking support |
| **Business** | Warmline business rather than peer support |
| **Feedback** | Offering feedback to service |
| **Hang Ups** | Caller hangs up without identifying issue |
| **Abusive** | Inappropriate calls |
| **Hoax** | Hoax calls or Wrong Number |

# Appendix 6: Training schedule for new Warmline volunteers in 2009

| Week | Date | Description | Reference |
|---|---|---|---|
| 1 | | **Intro and Training Overview**<br>**What is Peer Support?**<br>**4 Tasks Overview** | |
| 2 | | **Connection**<br>**Worldview** | page 15, 19 in IPS manual |
| 3 | | **Listening**<br>**Language** | page 22, 41, 49 in IPS manual |
| 4 | | **Mutuality**<br>**Moving Towards** | page 27 and 35 |
| 5 | | **Recovery Tools**<br>**Recovery Journey** | Recovery section |
| 6 | | **Pushing Buttons / Conflict Power & Relationships** | page 101 / 102 / 69 |
| 7 | | **Trauma Informed**<br>**Risk & Safety 1** | page 63, 79-95 |
| 8 | | **Risk & Safety 2** | pages 79-95 |
| 9 | | **Negotiating Reality** | page 97 |
| 10 | | **Being on Call**<br>**Boundaries** | Red Folder page 75 |
| 11 | | **Being on Call**<br>**Mental Health System**<br>**Rural Awareness** | Red Folder – back section |
| 12 | | **Developing Resilience**<br>**How to use supervision** | Resilience section |
| 13 | | **Celebration / Graduation**<br>**Training Reflection** | Graduation |

Adapted from Mead (2005). Intentional Peer Support: An Alternative Approach.

# Appendix 7: Copy of Warmline policy and procedure

| Comcare Trust – Peer Services | Issue Date: June 2008 |
|---|---|
| Warmline Policies & Procedures | Review Date: June 2009 |
| **13. Significant Calls & Incidents** | Page No: 1 of 2<br>Authorised By: |
| | |

To be read in conjunction with Comcare Trust's Incident Reporting Policy & Procedure

Significant (or serious) calls include but are not limited to:

- Incidents – life threatening calls that require Police or Ambulance backup
- Threatening, obscene or abusive calls
- Calls requiring ethical decisions
- Cell phone system malfunctions
- Calls that have a major impact on the Operator

The On-call Mentor must be immediately informed after a significant (or serious) call and a Significant Call Report form completed as soon as practical.

If the significant call was an incident, the On-Call Mentor is required to:

- Ensure the Peer Supporter is safe and receiving appropriate support.
- Inform the Peer Services Manager on the next working day, (or earlier if necessary)
- Complete an Incident Report form and return to Peer Services Manager.

**Incident Report Forms**

1. The on-call Mentor who was informed of the incident completes the Incident Report and attached the Significant Call Report completed by the Operator. (The details of the incident can be completed as "See attached Significant Call Report")
2. The On-call Mentor gives the Incident Report to the Peer Services Manager along with the attached Significant Call Report.
3. The Manager then completes the relevant section of the form, and will determine any necessary follow-up and then consult with the CEO of Comcare.
4. The original form is sent to the CEO.
5. A copy of the form is filed at Warmline office.
6. The CEO records the incident on a central register.
7. The CEO completes the Incident Review/Action Form, attaches it to the Incident Report and places it on file.
8. All Warmline incidents involving callers will be reported to CDHB Contract Manager.

**Note:** If an incident involves the Peer Services Manager or a staff member, another staff member or the CEO of Comcare will manage any tasks arising from the incident.

## Significant Call Guidelines

These guidelines will assist the On-call Operator and Mentor with what to do if there has been a significant (or serious) call.

| Task | Who |
|---|---|
| Phone On-Call Mentor Immediately. | Operator |
| Discuss situation and decide on appropriate action. (If an incident - refer to Incident Guidelines.) | Mentor & Operator |
| Debrief call and discuss on-going support, including informing the Operator's Mentor. | Mentor |
| Complete Significant Call Report, with as much detail as possible, and return to Peer Services Manager as soon as practical. (Mentor can assist with form) | Operator |
| Inform Peer Services Manager of call as appropriate depending on necessary action required. | Mentor |

### Incidents include:

- Crisis Call where Police or Ambulance have had to be called
- Obscene or abusive calls that require action

| Task | Who |
|---|---|
| Phone On-Call Mentor Immediately. (If Police or Ambulance need to be contacted urgently do this prior to phoning Mentor) | Operator |
| Discuss situation and decide what action is required. | Mentor & Operator |
| If phoning Police use number on Emergency contact sheet. (Phone Mentor back afterwards) | Operator |
| Debrief call and discuss on-going support, including informing the Operator's Mentor | Mentor |
| It is recommended that Operator has remainder of shift off, or a significant break. Mentor takes responsibility for this by organising with On-Call Buddy to take over, finding another Peer Supporter or closing the line. | Mentor |
| Complete Significant Call Report, with as much detail as possible, and return to Mentor or Peer Services Manager as soon as practical. (Mentor can assist with form) | Operator |
| Complete incident form, and return to Peer Services Manager as soon as practical | Mentor |
| Inform Peer Services Manager of call as soon as practical | Mentor |

# Appendix 8: Key quotes in Warmline office logbook from callers (summarised)

**General comments**
*"Warmline was the best thing that was ever invented"*
*"mentioned John Kirwan ad and how much that helped her"*
*"great service. There's never been anything like this before. I'm always encouraged when I call"*

**Had a positive outcome**
*"rang last night, the call provided useful info to deal with problem, helped and calmed him down"*
*"first caller rang back to tell me she was okay…had waited an hour to get through"*

**Feeling lonely**
*"Warmline is a very needed service, especially for people living alone"*
*"its great to have a listening ear, helps me through the night having talked to someone. I live alone"*
*"Warmline helps her stay well. Uses Warmline for company"*

**Didn't like Lifeline**
*"sometimes rings Lifeline but they get angry because she isn't in crisis"*
*"not comfortable with Lifeline. Find them threatening. Ask too many questions"*
*"rang Lifeline and was given our number as it was not a crisis call"*
*"said Lifeline people are straight and don't know what he is talking about"*
*"Finds Warmline better than Lifeline because Warmline have more understanding of mental illness"*

**Great support**
*"I think its wonderful having someone to ring any time I'm feeling down"*
*"its good to know that when I don't believe in myself, that at least there is someone that does"*

**Crisis prevention**
*"needing to talk to unwind. Said if let things escalate he ends up in hospital as has happened lots previously. Thought it worth noting that the service (Warmline) prevents this"*
*"Used to go to PES regularly - once a week or more and takes regular overdoses. Nowadays rings us regularly and doesn't do it either now. Warmline is a damn good phone line. The operators are marvellous"*
*"PES refused to help, when she made a crisis call to them. Then she self harmed and rang us in absolute crisis"*
*"haven't had an overdose since talking to you lovely people"*

# Appendix 9: Feedback from peer supporters on Warmline helpfulness

**General support (n=12 comments)**

*"most people know what they need …we are supporting them to go and get their own resource of help and to use their own strengths...it is not a chat line ….its real purpose is intentional peer support"*
*"able to talk through their problems in a more relaxed and anonymous way and have more time"*
*"many who ring feel someone is taking time to hear their needs and problems"*
*"listening ear and someone to speak to for 20 minutes"*
*"they need to unburden themselves especially women"*
*"they get a connection and tell their story and not an ongoing relationship"*
*"giving them time to find their own direction"*
*"I invite them to call back and ring again that same evening if they need to"*
*"support, understanding, acceptance"*
*"filling a need for people to connect with others and feel supported with what might otherwise be a crisis"*
*"really appreciated and actually helped....PES told them to talk to us…"*
*"able to talk through their problems in a more relaxed and anonymous way and have more time"*

**Critical support (n=6 comments)**

*"99% of the time people have calmed down or less distressed or less likely to harm themselves"*
*"relief from everyday stress and it can ultimately stop potential suicide"*
*"filling a need for people to connect with others and feel supported with what might otherwise be a crisis"*
*"really appreciated and actually helped....PES told them to talk to us…"*
*"not a crisis line but when you are in crisis, it is there"*
*"relief from everyday stress and it can ultimately stop potential suicide"*

**Peer support (n=5 comments)**

*"lack of judgment because volunteers have had experience of mental illness"*
*"someone cares because they have experienced so they have genuine compassion"*
*listening ear with some advice and we can say "I know what you're going through" and they immediately catch on and know I am a fellow traveller*
*"not a chat line…the real purpose is for intentional peer support"*
*"callers talking to people who have been through the mill themselves…sometimes just lacking in confidence"*
*"gives people a chance / opportunity to talk to an understanding person"*

**Non medical support (n=3 comments)**

*"people with mental health problems don't want to go to medical services…but do want support and only want to go to GP..and they hate going….people on Warmline have had their own experience so it takes away the shame and guilt and stigma of visiting a doctor, medical services etc and they feel safe"*
*"enables non medical support in unsociable hours"*

*"good to be talking to non medical people"*

**Non judgmental support (n=3 comments)**

*"we listen non judgmentally"*
*"they get to work through what happening presently without being judged"*
*"lack of judgment because volunteers have had experience of mental illness"*

**Other**

*"helped them through the night"*
*"they thank me mostly and smile and laugh"*
*"encouragement from someone prepared to listen…"*
*"different callers/situations and operators. Most common is that they have someone to listen to them."*

# Appendix 10: Full Feedback from Warmline peer supporters on tips for new Warmliners, training and supervision

**Tips and advice for new telephone operators**

- be confident and calm
- believe in yourself – you can only do your best at any given time – don't beat yourself up
- ask for help from mentors and peer supporters when in doubt
- listen and listen
- stick with it and don't expect too much…..you are someone to chat with
- keep in touch with other peer supporters / mentors and buddy system
- be aware of the frailty of human nature…the bruising…be patient…some people take a long time to have enough courage to talk
- stay peer – don't feel responsible for those on the other end of the phone…just take personal responsibility for what you say and do
- don't take the callers' problems on your shoulders
- give it your best shot
- relax and do it to gain experience
- you are doing an important job and you are important to be doing it

**Training feedback: Did the training equip you for the phone?**

- easy to comprehend and pictures helped a lot
- clarification of lack of judgments to all callers
- followed a philosophy
- other people and world knowledge
- stimulating and provided challenges
- taught in all styles so catered to everyone
- scenarios are real…get to think…better results
- learn to know how to listen to people
- building a community of 'all in it together'….learnt a lot since the training
- peer support model takes a while to sink in….getting a connection is very important
- built confidence and knowledge to share personal experiences
- it developed my strengths and highlighted some weaknesses
- improved my knowledge and experience

**Not covered in training was:**

- more counselling techniques needed
- phone technology was good as nervous answering the phones

**What other training would you like now?**

- good training at supervision groups / good revision in supervision group
- always good to go over things and get updated ideas and info
- day / weekend seminar every 6 months would be good
- IPS training was too early – maybe look at Mind and Body peer support model as well
- 1:1 talk in drop in centre?
- Counseling and general communication skills
- Maintaining our own wellness

**Mentoring and Support**

- When asked if they had enough support from their mentors, the group averaged 8.3/10.
- When asked if they feel mentors meet their needs during the calls, the group averaged 4.6/5.
- When asked if they feel mentors meet their needs after the calls, the group averaged 4.7/5

Comments included:
*"am unsure of mentors function"*
*"definitely required as you could feel isolated"*
*"an efficiently run operation"*
*"very good resource and good communication"*
*"debrief is great and always available"*
*"in times of crisis have had very good support"*
*"always willing, open and supportive"*

**What else would they want from their mentors?**

- friendship without judgment – need to have confidence in themselves
- don't know all mentors (Kathryn is just a voice) and we should know them
- lots of chocolate fish
- connecting 1/week maybe a phone call
- all mentors should have experience as operators

**If they could change one thing about the mentoring and support:**

- more personal connection with the right mentor
- help in my garden!
- All great
- Once a week catch up or quick phone call to keep us connected
- Mentors who are knowledgeable about IPS and are available

**Supervision Group working**

- its ongoing training great x 2
- enjoy the company
- good, well planned and sharing of ideas
- would like conflict that comes up addressed
- attend regularly but not learning anything new…gaining and giving support would be good
- new topic every week is helpful….learning something new all the time…all peers feel equal to everyone
- IPS focus is good
- Dawn is superb…varies with others taking it
- More fellowship needed even by phone
- different learning styles – visual and auditory and kinaesthetic
- lack of money for gas at times is difficult

# Appendix 11: Warmline promotion suggestions from consumers, peer supporters and mental health workers

- More promotion in rural Canterbury

That Warmline be promoted to mental health workers and PHOs in greater Canterbury in a "**remind and refresh**" promotion campaign as the knowledge base about this service already exists, albeit in basic form or that Warmline exists and that there are fridge magnets.

## REMIND and REFRESH CAMPAIGN

### WHAT MESSAGES to PROMOTE

- The Intentional Peer Support (IPS) way of working and how Warmline operates with their callers
- The Warmline philosophy and approach. It is a service that **supports** consumers to "manage most things most of the time", **recognises** that lots of problems can be normal life events and not always medical crises and that callers have **strengths,** resilience and capacity to **solve their own problems** and they are their **own experts**
- The extensive training, experience and supervision of the peer support workers
- Actively encourage Mental health workers and GPs to pass on Warmline information to consumers
- Flyers, posters, business cards

### PROMOTE WHEN TO USE WARMLINE

Warmline:

- needs to be part of people's recovery and 'staying well' package
- needs to be part of pre-crisis planning for consumers
- needs to be part of post crisis debriefing
- needs to be part of the CDHB inpatient unit discharge pack and planning
- needs to be seen as an alternative to PES or CDHB SMHS Duty Managers system
- needs to be seen as an ongoing solid recovery support service like housing and community support workers that keeps people well and from slipping into crisis (so that consumers don't need to present in crisis to get the attention and services they need)
- needs to be seen as part of the spectrum of care provision in Canterbury and as a complementary service to PES.

One mental health worker said we need to "*encourage clients to **call before crisis sets in***".

### WHERE TO GO and WHO TO CONTACT for PROMOTION

**Public Advertising**

- local newspapers, an article in the Press – consumers stories….(but this might be hard as people don't want others to know)
- local television
- radio advertising and radio plains fm
- large posters at universities, in hospitals and on lampposts / walls
- community centres
- Info centre and libraries
- Women's expo

**Presentations**

- all CDHB workshops or as many as possible….
- go to places and educate people about Warmline

**Mental health – different groups**
- work with Simon Chan in Asian mental health and ethnic press
- work with Pacific Trust and Te Awa o te Ora so not so pakeha
- NGOs – mental health – Richmond, Stepping Stone Trust, respite services,
- City Mission
- Youth services – Totara House,

**Specialist Mental Health services**
- specialist advice on discharge – part of crisis and pre crisis planning
- SMHS (Specialist Mental Health Service) teams need to recognise it better
- visit community mental health teams
- visit community support workers
- posters in inpatient units

**GPs and PHOs**
- via GPs or clinicians when doing care plans
- 3 respondents
- Crown public health and health promotion

**Consumer networks**
- consumer networks, MHERC
- many consumers possibly not aware of service. Needs promoting
- Consumer drop ins
- City Mission and other residential places

**Other suggestions**
- A name, even a fictional one, from the Warmline operator would add a more personal level and allow user to open up more
- greater hours of availability
- be available in afternoons, e.g. 1 -3pm
- more operators, prepared to share their problems
- "*please fix reception issues as I would use all the time then*".

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