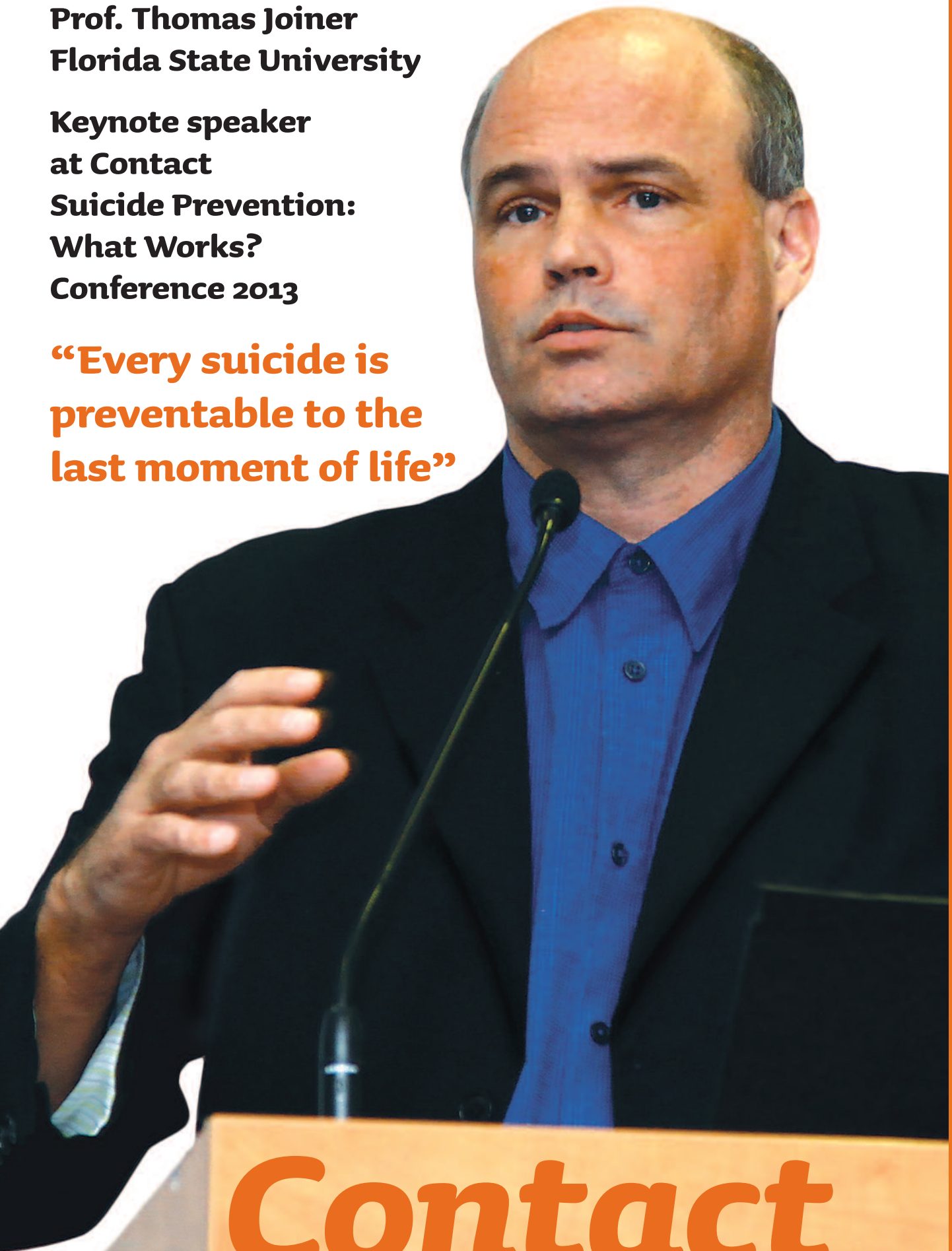


**Prof. Thomas Joiner  
Florida State University**

**Keynote speaker  
at Contact  
Suicide Prevention:  
What Works?  
Conference 2013**

**“Every suicide is  
preventable to the  
last moment of life”**



**Contact**

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**Annual Report April 2013-March 2014**

Restoring  
wellbeing  
through  
**Contact**

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# Tony Macaulay, Chair's Remarks for Annual Report

I'm delighted to introduce the Contact Annual Report to you for the first time in my role as Chair of the Board of voluntary Trustees.

I first became involved with Contact when I was invited to become a Board member a few years ago. Having experienced suicide bereavement in my family and having worked in the strategic development and management of community/voluntary sector organisations for many years, I felt the time was right to commit some of my voluntary time to a charity with a focus on suicide prevention. Following careful consideration I eventually accepted a nomination to the Board and then last year I agreed to take on the role of Chair, a position I do not consider lightly.

Contact Board of Trustees are fully committed to ensure we practice the best possible governance standards including Nolan's Seven Principles of Public Life of selflessness, integrity, objectivity, accountability, openness, honesty and leadership. I would like to pay tribute to my predecessor, Alan Houston, who chaired Contact Board steadily for six years through a period of vitally important growth, change and development. I would also like to acknowledge the flexibility, dedication and hard work of our staff team over the past year.

Since joining the Board of Contact I have been impressed and inspired by the organisation's commitment to continuous improvement and excellence in both governance and service delivery. The completion of an extensive corporate governance review in the past year has considerably strengthened the Company as we look forward to the next exciting stages of development.

The concepts and practice of near perfect care at times of crisis and driving suicide to zero within health care systems are both ambitious and inspiring. I feel privileged to play a part in leading an organisation which at its heart applies values of courage, kindness and integrity in support of people at their most vulnerable moments towards safety and recovery.

As we look forward to the next year we will be developing our new strategy for the future. I am excited by the innovative possibilities that lie ahead contributing to driving down the suicide rate in Northern Ireland as well as speaking out and influencing the need for greater cohesion within our health care systems. I am confident that all we say and do will continue to seek the end result of the best possible care for people in crisis.

# Fergus Cumiskey, Managing Director's Report

## Contact Board Chair Transition

I could hardly be more pleased to welcome Tony Macaulay to the Chair of Contact Board. Tony brings a track record of leadership in community relations, community development and most recently as a bestselling author.

I must also pay tribute to the steady hand of Alan Houston as Chair of the Board these past six years, seeing Contact through some turbulent times of rapid project expansion. Alan's tenure saw Contact win public sector counselling and trauma recovery contracts totalling £30m in revenues, employing more than 200 counsellors providing confidential professional support to more than 50,000 people at times of greatest need, free at the point of contact.

On behalf of our entire workforce, clients and stakeholders I wish Tony every success as incoming Chair of Contact Board and extend warm appreciation for Alan's exceptional fairness, wisdom and steadfast support.

## Lifeline Re-Profiling Demand Management Strategy

The accounting year 2013-14 saw Contact staff respond to excess Lifeline demand pressures which brought the service perilously over-budget by 20%, following several annual successful promotion campaigns. Regional awareness raising resulted in exceptional service demand from June 2013 through to financial year end March 2014. This period of excess demand triggered extraordinary control measures to ensure unbroken equitable regional Lifeline service continuity, working hard to contain service provision within strict budget limits. Management measures designed to alleviate excess Lifeline demand required cautious negotiation with the Lifeline commissioner, the NI Public Health Agency, re-profiling Lifeline eligibility criteria while protecting public confidence, a demanding balance.

We can now report excellent progress moving from excess Lifeline demand to a much clearer understanding across the health and social care sector of the dedicated crisis access role Lifeline provides.

Lifeline re-profiling required a clear communication strategy informing all statutory and voluntary sector colleagues of revised service access messages, affirming Lifeline's primary crisis intervention role, reducing expectations for routine recovery support referral. This was a difficult message to convey as from inception Lifeline adopted a catch-all for direct self-referral and third party referral, regarded by many health and social care professionals as a more generic rather than strictly crisis access counselling service. Of course, the experience of readily accessible routine wraparound face to face counselling had a number of unintended consequences, one of which was Lifeline's reputation as the easy access route to counselling of first resort as opposed to its appropriate role as the regional crisis access line, with strictly time limited wraparound counselling support. The success measures adopted to ensure effective service revision included carefully moderated engagement with referrers, maintaining respectful working relationships while communicating the critical distinction between Lifeline's urgent care role and routine community based recovery services.

A further important aspect of Lifeline reform included clarification with statutory services that while Lifeline will of course continue to intervene with robust clinical risk assessment at crisis point, Lifeline is no substitute to emergency first responder services. However Lifeline does provide swift, reasoned access to emergency service engagement often assisting family and individual referrals to navigate access to the optimal support and safety



service package at times of exceptional vulnerability and confusion.

Lifeline continues to instil a clear message of hope and recovery from the first moment of contact never losing sight of the goal of client safety through to stabilisation when moving on from life threatening crisis.

### **Independent Clinical Review**

This period of Lifeline reform coincided with the welcome arrival of the PHA sponsored Independent Clinical Review team to evaluate Lifeline provision efficacy against contract objectives. The final Clinical Review report provides corroborating evidence for many of the concerns raised by Contact leadership team with the Lifeline commissioner in recent years. However some residual concerns highlighted by the Clinical Review process persist, reflecting concerns regarding transparency and mutual accountability in the commissioner provider working relationship. This theme remains a critical concern for remedy as the Lifeline commissioner / provider working climate must be characterised by mutual trust achieved by regular fulsome contact to address the inevitability of occasional contentious issues. This theme is often characterised by the distinct culture tensions between the commissioner commitment to strict contract accountability and control and the Lifeline provider need to responsively innovate to engage everyday workforce / service user engagement pressures with consistent professional, can-do kindness and optimism. Challenges guaranteed by Lifeline crisis provision require a mutual commissioner / provider commitment to innovative leadership vision and recovery championship, to which Contact leadership team assure our part.

### **Historical Institutional Abuse Inquiry**

Contact was awarded a minor but important contract by competitive tender to provide the support service to the Historical Institutional Abuse (HIA) Inquiry. The public inquiry is well underway commencing in January 2014, with individual witness testimony and the more low-key HIA Acknowledgement Forum. HIA survivors have accessed Contact counselling in partnership with Advice NI providing essential parallel support and guidance to help navigate through the benefits system, and on occasion smoothing access to public records.

As the HIA Inquiry is likely to extend beyond its original timescale, given the numbers of victims and survivors who have come forward to provide witness testimony, Contact in partnership with Advice NI, will continue to provide HIA support services until the Inquiry is complete.

We will also commission an independent evaluation to inform the statutory funder, the Office of the First and Deputy First Minister (OFMDFM) should longer term HIA victim/survivor support needs arise.

Already it is evident that policy development would benefit from a systematic survey to evaluate the extent of sexual violence prevalence in NI following the closure of the HIA Inquiry. Confidential HIA survivor testimonies have spoken poignantly of the experience of enforced silence prevailing throughout the decades of the Northern Ireland political conflict as a compounding factor further oppressing survivors of institutional childhood sexual abuse and violence. Contact will campaign for extension of the Sexual Abuse and Violence in Ireland study (2000) to include Northern Ireland. Without a robust sexual violence in childhood prevalence study for the entire Northern

Ireland population it will be impossible to adequately plan for survivor support services and as critically plan for a comprehensive sexual violence prevention strategy.

### **International Benchmark and Exchange Opportunities**

Contact Board continues to resource clinical staff exchange and benchmarking opportunities ensuring all Contact projects continuously benefit from hands-on benchmarking against international examples of pioneering suicide prevention and trauma recovery providers. Of particular importance this year was our deepening connection with Georgia Crisis Access Line, Atlanta, and the Veterans Administration Crisis-Line, based at Canandaigua, upstate New York.

### **Suicide Prevention, What Works? 4th Annual International Conference**

Contact suicide prevention conference for 2013, in collaboration with the Irish Association for Suicidology (IAS), was held in Derry (November 2013) hosting excellent conference presentations all of which are available through Contact website online archive. This year's conference was preceded by a one day learning event for all four main NI Churches hosted by the Irish Churches' Peace Project, launching the PHA funded Flourish! initiative. The Flourish! project provides suicide prevention gatekeeper awareness training and resource guidance for faith communities and church groups.

### **Professor Thomas Joiner Speaks at Belfast & Derry Conference Events**

Professor Thomas Joiner presented to the Churches seminar and the IAS/Contact conference, relating his Interpersonal Theory of Suicide which has shaped Contact suicide and self-harm risk assessment and suicide prevention practice. Joiner identifies the critical importance of assessment for burdensomeness, isolation and acquired capacity for suicide as the three paramount suicide risk factors. His work has greatly influenced suicide risk assessment, underpinning all Contact suicide prevention practice.

### **Online Suicide Prevention Clinician Preparedness CPD Training**

Contact is an investment partner with several US health-care providers working towards creation of innovative online pilot suicide prevention risk assessment and intervention initiatives aimed at clinicians.

### **Enjoy our 2013-14 Annual Report – and let us know what you think!**

I commend our annual report for 2013-14 to you extending a warm invitation for your evaluative commentary, welcoming your engagement in any way to support our efforts to build a suicide prevention and trauma recovery movement based upon a commitment to inclusive, applied values of courage, kindness, perseverance and integrity.

# Carrie Montgomery, Director Operations & Implementation's Report

## Staffing Restructure

Contact undertook a substantial staffing restructure throughout 2013/14 beginning in spring 2013 transforming our strategic leadership team by establishing two distinct directorates - Operations/Implementation and Clinical Governance. This was followed in autumn 2013 with a review of Contact middle-management structure, establishing a team dedicated to quality assurance and client safety. Spring 2014 commenced the restructure of frontline staffing with a view to phasing out all locum contracts encouraging locum counsellors with internal trawl opportunities to compete for staff positions, strengthening clinical governance and increasing crisis-line staffing.

## Contact Client Information Management System – Phase Two

Following the April 2012 launch of Contact Client Information Management System (CIMS) for Lifeline only, phase-two went live November 2013 extending the system to include all Contact projects (Aggression Related Trauma Project, Historical Institutional Abuse Support Service, Impact of Alcohol Project and Child & Adolescent Northern HSC Trust Project). Phase two was developed cost effectively with the flexibility to include future Contact projects.

CIMS includes 24/7 access to seamless case management from point of contact through to counselling provision. Most importantly for Contact CIMS provides enhanced client risk management facility with daily real-time case progress update reporting capacity.

## CORE Implementation

Following a full year of advance preparation including awareness raising buy-in workshops for all staff and Clinical Placements, Contact implemented Clinical Outcomes and Routine Evaluation (CORE) evidence based practice which was fully operational across all Contact projects by September 2013. CORE engages both client and counsellor in every session evaluation. CORE IMS (Information Management System) undertook a mid-year independent data quality and case mix analysis.

The key findings outlined in the CORE report were:

- Excellent data quality for closed cases with at least 90% accuracy on every practitioner-recorded variable, an exemplary result when compared with published benchmarks.
- In total 85% client sessions have a CORE outcome measure completed. Again, excellent results when compared with published benchmarks.
- Excellent data quality offers confidence for interpretation of case mix data clearly illustrating a distressed client population.
  - 92% of clients are above cut-off on the CORE measures of which 75% were categorised as moderate to severe presentation.
  - In terms of risk 53% were above cut-off according to their CORE-OM (Outcome Measure) responses, of which around one-third could be considered to be at high risk of suicide or self-harm.
  - In parallel with client self-report risk ratings, practitioners rated 56% of clients to be at risk of suicide and 29% at risk of self-harm.



- Anxiety and depression featured as the two most common presenting concerns with more than 70% rates for each; interpersonal relationship problems were a concern for around half respondents.

- Data for the first 3,000 clients completing counselling suggest around three-quarters show clinical and/or reliable change. When these figures are substantiated by more refined analysis after 12 months data collection they will benchmark amongst the best published for CORE data and English IAPT (Improving Access to Psychological Therapies) data.

### **Innovative Contact Smaller Projects and Inter-Agency Collaboration**

Following the early 2013 funding awards from the Big Lottery Impact of Alcohol and Aggression Related Trauma projects, Contact was also awarded the OFMDFM funded Historical Institutional Abuse Support Service contract, summer 2013. All three Contact Projects have been operational since September 2013.

Big Lottery funded **Aggression Related Trauma (ART)** – Recovery for Youth, project engages children and young people, aged 8 – 20 living in Northern HSC Trust area who are at risk as a result of trauma. This can include young people who are disengaged from education and/or leaving the care system, or at risk of or engaging in risk taking behaviours e.g. offending behaviours, drug/alcohol misuse, as a direct consequence of the childhood experience of aggression related trauma. This partnership project emerged from Contact commissioned research carried out by Dr John Devaney, and Dr Anne Lazenbatt, Queen's University Belfast and Teresa Geraghty, National Children's Bureau, Belfast.

Big Lottery funded **Impact of Alcohol** Portfolio, managed by the Northern HSC Trust is made up of four components including, Believe in Youth, Relationships and Alcohol Misuse, Older Focus and Healthy Body, Healthy Mind. Each component is delivered in partnership with nine agencies. Contact is the lead provider for the Healthy Body Healthy Mind component working in partnership with Action Mental Health and Forum for Action on Substance Abuse (FASA).

The Northern Ireland Executive established an **Independent Inquiry into Historical Institutional Abuse (HIAI)** to hear from adults who as children living in children's homes, borstals, training schools, juvenile justice centres, hospitals and orphanages in Northern Ireland between 1922 and 1995 (The Historical Institutional Abuse Acknowledgement Forum) and to investigate whether children suffered abuse in the same institutions between 1922 and 1995 (The Statutory Institutional Abuse Inquiry). The Statutory Inquiry commenced public hearings in January 2014. The Office of the First Minister and Deputy First Minister (OFMDFM) awarded Contact the **Historical Institutional Abuse Support Service** contract following competitive tender. In partnership with Advice NI, Contact provides counselling support and advice for victims and survivors of historical institutional abuse.

### **Lifeline Re-profiling**

Lifeline re-profiling heralded our renewed focus on increasing applied safety values to quality crisis counselling service provision driving towards near-perfect care for people in crisis. Contact commenced Lifeline re-profiling early 2014 with a target of 100% calls answered by autumn 2014.

This initiative built upon the work of the cross-sector Lifeline Memorandum of Understanding (MoU) working group, affirming clear distinctions between emergency statutory service interventions, urgent crisis counselling interventions via Lifeline and routine longer term community based recovery care provision.

### **International Study Visits and Benchmarking**

For the third consecutive year Contact funded a small delegation to attend the American Association of Suicidology (AAS) conference, this year Austin, Texas. AAS mission is to understand and prevent suicide by advancing Suicidology as a science, encouraging the development and application of strategies that reduce the incidence and prevalence of suicidal behaviours, promoting research and training. The annual AAS conference provides an important learning opportunity to develop and consolidate international collaborative suicide prevention networks. This year's Contact delegation was accompanied by John McGeown, just retired Belfast HSC Trust Co-director of Mental Health Services.

En route to AAS a Contact senior staff delegation benchmarked Lifeline with US crisis line best practice inaugurating Contact's first international exchange visit to Atlanta, Georgia informing the implementation of silent monitoring while researching mobile crisis response as an alternative to police or ambulance callout. Due to the immense benefits of this visit in March 2014 Contact Director Operations & Implementation also visited the US Veterans Crisis-Line in Canandaigua, New York researching crisis-line staffing protocols and innovative online crisis chat and text services.

### **Contact International Conference – Suicide Prevention, What Works?**

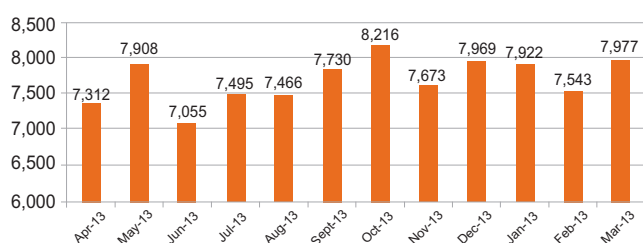
In October 2013, Contact collaborated with the Irish Association of Suicidology (IAS) to host our third international Suicide Prevention, What Works? Conference, prefaced by a one day seminar with the Irish Churches' Peace Project in Derry. The collaborative churches event hosted delegates from all four main churches and included the launch of the Churches Flourish Suicide Prevention Initiative. Contact collaboration with IAS the following day was aimed at cross-sector policy makers, political leaders, activists and clinicians in health care and the emergency services, journalists, those working in justice and policing, education, community development, faith communities and people bereaved and affected by suicide.

Keynote speakers were Professor Thomas Joiner, Florida State University - one of the world's leading suicide researchers and theorists known for the interpersonal theory of suicide, who has published widely on suicide prevention, most notably, 'Why People Die by Suicide' (2009) and 'Myths About Suicide' (2011). Also presenting was Derry native, Professor Rory O'Connor, University of Glasgow, President Elect of International Academy of Suicide Research who proposed the integrated motivational-volitional model of suicidal behaviour.

# Lifeline - Regional 24/7 Crisis Helpline for Northern Ireland

April 2013 to March 2014 Lifeline crisis counsellors answered 92,266 calls as illustrated in the graph below:

**Lifeline Calls Answered by Month  
April 2013 - March 2014**

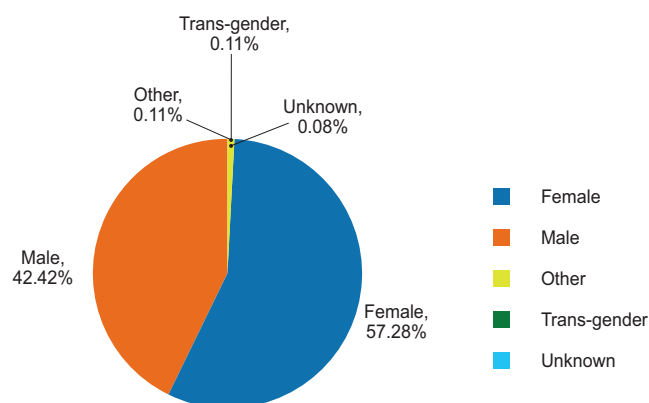


Lifeline counsellors offer immediate clinical assessment within 24 hours of initial contact, usually on first call, followed by referral onwards, when appropriate, to support services. The Lifeline contract was subject to competitive re-tender in October 2011 and awarded to Contact for the three year term, April 2012 – March 2015, under license from the NI Public Health Agency. Lifeline remains Northern Ireland's 24/7 crisis helpline for people in distress or despair. All calls are answered by qualified crisis counsellors.

## More than 7,500 New Callers

During 2013/14, 7,886 people sought support from Lifeline for the first time, a significant increase on 6,453 first time callers from the previous year. The graph below shows a gender breakdown of new callers to Lifeline consistent with 2012/13, with 42% of the new callers reported as male and 57% female.

**Gender Breakdown of New Callers to Lifeline  
April 2013-March 2014**



Contact works closely with the Public Health Agency and other partners to encourage male caller access to Lifeline, using public awareness campaigns, public relations and promotion.

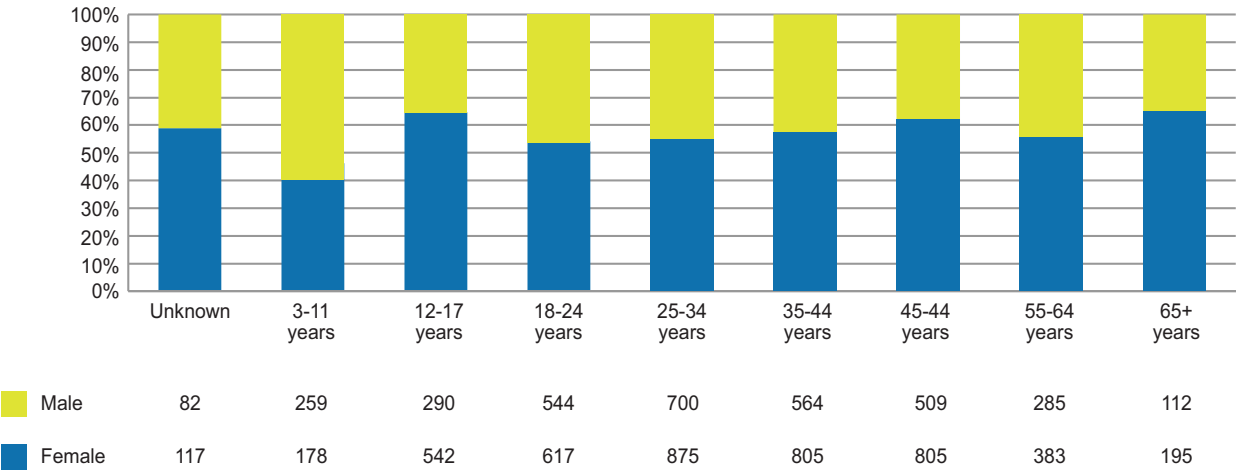
With the exception of children under 11, female referrals surpass male requests for Lifeline support, as shown in the table overleaf on page 10. This differential is particularly prominent in adolescents and over 65s, with females representing two thirds of demand in each of these age groups. In comparison to 2012/13 – adolescent and 55-64 age range females were particularly prominent. The gap is narrower within the working age population (where

demand across both genders is highest) with an average proportion of 53% female and 47% male. Males particularly in the 25-54 age range are continuously most at risk from suicide by a multiple of four times.

Lifeline continues to develop innovative ways to engage men with Lifeline support at times of crisis. Lifeline communications strategy includes TV, radio

and press advertising campaigns as well as online advertising and social media activity, public relations and promotional work. Lifeline promotional work also includes attendance at health service and community awareness raising events, proactively arranging events targeting men throughout the HSC Trust areas where Lifeline referral rates are lower, including Western and Southern HSC Trusts.

**New Callers to Lifeline by Gender & Age**  
**April 2013 - March 2014**

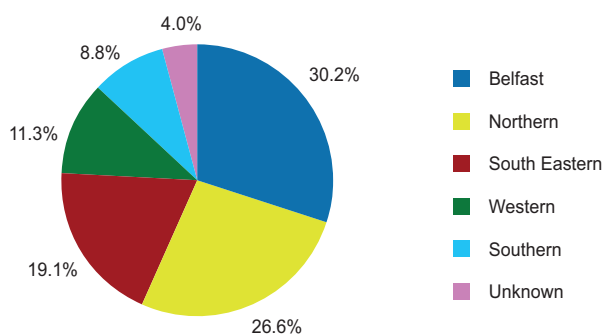


## Disproportionate Lifeline Referral Rates for Western & Southern HSC Trusts

As shown in the chart below, new callers to Lifeline during 2013/14 from both Western and Southern HSC Trust areas remains low year-on-year, compared to other Trust areas.

This year we registered 890 new callers from the Western HSC Trust area and 697 from the Southern Trust, almost half the demand from South Eastern Trust (1,504 new callers). A quarter of regional new Lifeline callers continue to come from the Northern Trust HSC area (2,095) and almost a third from Belfast Trust HSC area (2,383).

**Lifeline New Callers by HSC Trust**  
**April 2013 - March 2014**

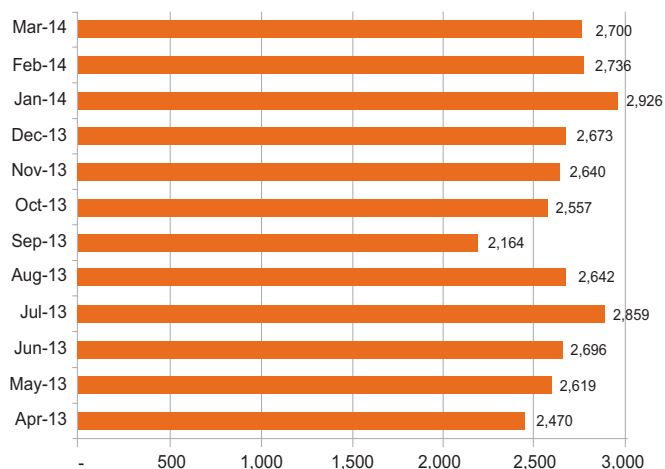


## Lifeline Risk Management & Care Planning

Contact works very closely with the PSNI, NI Ambulance Service, social services and out of hours GP services to ensure effective liaison at crisis point for Lifeline callers, protecting the most vulnerable as our primary aim, engaging a wide range of key services to ensure caller safety and comprehensive care planning. In order to manage complex case presentations, effective inter-agency communication is essential and Lifeline must make a substantial volume of outgoing risk management and care planning calls.

Lifeline counsellors made 31,682 outbound calls this year representing 25.5% of all Lifeline call activity, a slight reduction on the previous year's 27% outgoing call rate. (See graph below).

**Lifeline Outbound Calls**  
**April 2013-March 2014**





## Lifeline Wraparound Crisis Counselling Support

Lifeline provided 37,988 crisis counselling wraparound support sessions for 2013/2014. In comparison, during 2012/2013, Lifeline provided 26,350 sessions representing a one year wraparound provision increase of 31% (11,638 sessions). Of the 37,988 sessions attended during 2013/2014, Lifeline had a 81.0% attendance rate.

	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
<b>Total Sessions Provided</b>	2,749	3,167	2,796	2,708	2,910	3,116	3,643	3,688	2,786	3,629	3,501	3,295	<b>37,988</b>
<b>Total Sessions Attended</b>	2,238	2,596	2,312	2,194	2,337	2,506	2,949	3,016	2,196	2,905	2,851	2,686	<b>30,786</b>
<b>Total Sessions DNA</b>	511	571	484	514	573	610	694	672	590	724	650	609	<b>7,202</b>
<b>% Attended Rate</b>	<b>81.41%</b>	<b>81.97%</b>	<b>82.69%</b>	<b>81.02%</b>	<b>80.31%</b>	<b>80.42%</b>	<b>80.95%</b>	<b>81.78%</b>	<b>78.82%</b>	<b>80.05%</b>	<b>81.43%</b>	<b>81.52%</b>	<b>81.03%</b>

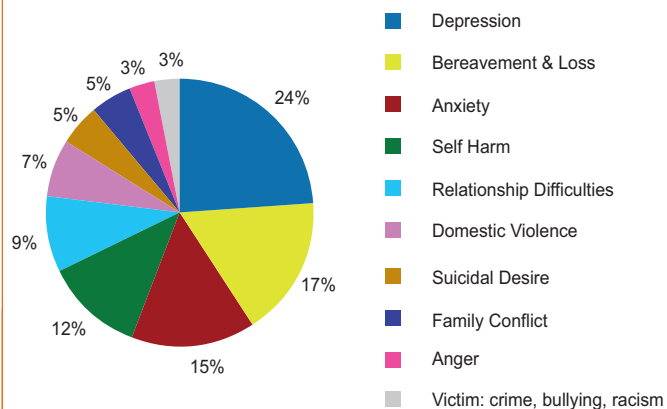
## Lifeline Clients - Main Concerns for Wraparound Crisis Counselling

During 2013/2014 over a quarter of Lifeline clients (27.4%), were offered wraparound crisis counselling, identifying depression as their dominant concern.

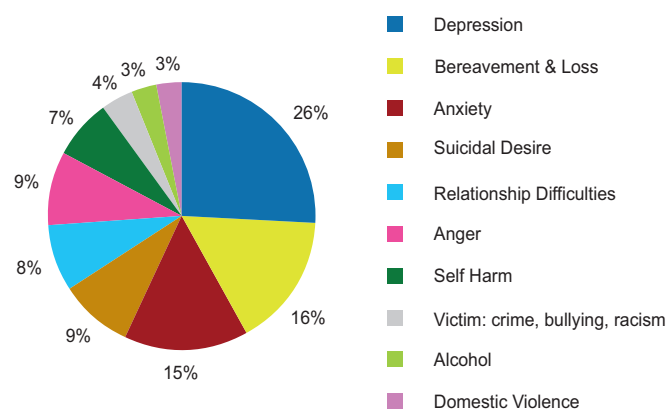
As demonstrated by the charts below when comparing the ten most prevalent client concerns by gender, males were almost twice as likely than females to report suicidal desire as a key reason for seeking support – 9% and 5% respectively and three times as likely to report anger – 9% and 3%. Whereas females were almost twice as likely than males to report self-harm as the key reason for seeking support – 12% and 7% respectively and twice as likely to report domestic violence – 7% and 3%.

While depression, bereavement and loss, anxiety, relationship difficulties were represented by both genders at relatively similar rates. Alcohol represented exclusively among males as a top ten concern, while family conflict was exclusively a female top ten concern.

### Females - Client Concerns April 2013 - March 2014



### Males - Client Concerns April 2013 - March 2014



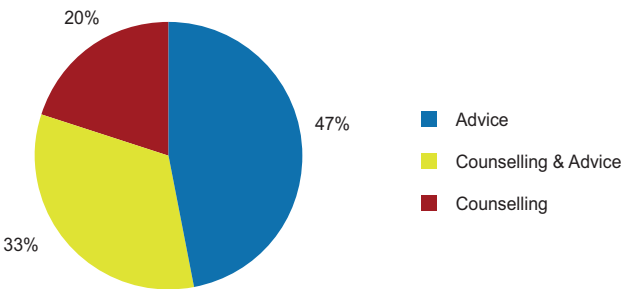
# Other Contact Projects

## Historical Institutional Abuse Support Service

Northern Ireland Office of the First Minister and Deputy First Minister (OFMDFM) awarded the HIA Support Service contract to Contact following competitive tender. In partnership with Advice NI, Contact provides counselling support and advice for victims and survivors of historical institutional abuse. The project has been in operation since 1<sup>st</sup> August 2013, receiving 78 referrals from August 2013 to March 2014.

Those seeking support from HIA Support Service have ranged in age from 25-64 with males particularly prominent representing two thirds of demand - 64%. HIA Support service victims and survivors attended 89 counselling and 84 advice sessions between August 2013 and March 2014 with 25 victims and survivors offered both counselling support and advice, a further 36 offered advice only and 15 counselling only as illustrated on the chart below.

Breakdown of Support Provided  
August 2013 - March 2014



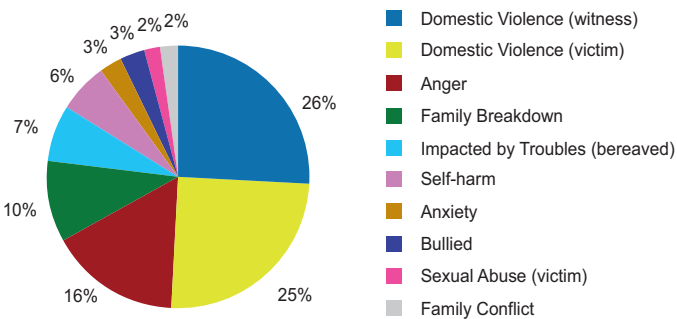
## Aggression Related Trauma Project

Big Lottery funded Aggression Related Trauma (ART) – Recovery for Youth, project engages children and young people, aged 8 – 20 living in Northern HSC Trust area at risk as a result of trauma experience. This can include young people who are disengaged from education and/or leaving the care system, or are at risk of or engaging in risk taking behaviours e.g. criminal activity, drug/alcohol misuse etc., as a direct consequence of their experience of aggression related trauma.

The project was launched in November 2013 with thirty-seven referrals received by the end March 2014 – twenty-three offered follow on counselling support. Females present in greater numbers with an average proportion of 58% female and 42% male.

The ART project provided 102 counselling sessions between December 2013 and March 2014 with 20 offered creative arts psychotherapy support and a further 3 offered cognitive behavioural therapy. During 2013/14, over half of ART project clients offering counselling support identified the impact of domestic violence as the predominant concern as demonstrated by the chart below.

Client Concerns  
November 2013 - March 2014



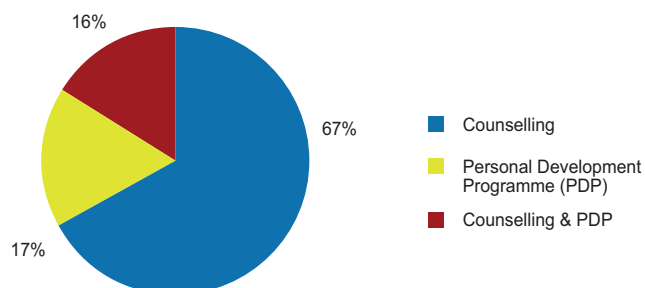
## Impact of Alcohol Project

Big Lottery funded Impact of Alcohol Portfolio is managed by the Northern HSC Trust made up of four components, Believe in Youth, Relationships and Alcohol Misuse, Older Focus and Healthy Body Healthy Mind. Contact is the lead provider for the Healthy Body Healthy Mind component working in partnership with Action Mental Health and Forum for Action on Substance Abuse (FASA) offering counselling, mentoring and personal development programmes to adults in Northern HSC Trust area.

The project was launched in December 2013 with eighteen people seeking support until end March 2014. Males are represented in greater numbers with an average proportion of 58% male and 42% female.

Our Impact of Alcohol project provided 26 counselling sessions between December 2013 and March 2014 with 3 people offered both counselling support and availing of the personal development programme, a further 12 offered counselling support and 3 the personal development programme as illustrated on the chart below. There were no referrals to mentoring support for this period.

**Breakdown of Support Provided  
December 2013 - March 2014**



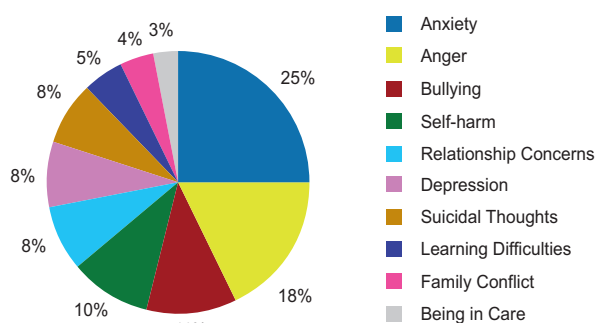
## Contact Child and Adolescent Northern Trust Project

Contact has supported children and their families living in Northern HSC Trust area for more than 10 years under license from the Northern Health and Social Care Trust Child and Adolescent Mental Health Services (CAMHS) by providing counselling / creative arts psychotherapy support for under 18s requiring Tier 2 support for those experiencing mild to moderate mental health difficulties with the focus on early intervention.

During 2013/14, 240 children were provided with 1,525 counselling sessions. The gender breakdown shows 54% females and 46% males received support with the major demand from 9-16 age range representing 79%.

As demonstrated by the chart below anxiety was identified as the dominant concern (25%) following by anger (18%), bullying (11%) and self-harm (10%).

**Client Concerns  
April 2013 - March 2014**



# Contact Clinical Governance Report

## Quality Assurance Monitoring

In November 2013 Contact recruited a Quality Assurance Monitor team by internal trawl, responsible for introducing and implementing silent crisis-line monitoring, clinical documentation audit and case management oversight, from point of referral through to case closure across all Contact counselling and crisis line projects.

Three of our most experienced and respected colleagues were appointed to the Quality Assurance roles by internal competition. Two commenced the role in November 2013 and the third joined the team 1<sup>st</sup> February 2014.

In November 2013 the Quality Assurance Monitoring (QA) Team provided three workshops to introduce and develop understanding of the silent monitoring auditing procedure, available to all Contact staff. The QA team has continued to liaise closely with line managers to ensure the entire Contact workforce are clear about the role, working with crisis counsellors to improve standards where training and/or developmental needs have been identified.

With the full QA team now in post our aim is to silent monitor each counsellor at least twice per month. Those staff identified with capability development issues will be monitored as often as required. Feedback on quality of call content will be evaluated against pre-distributed criteria.

The silent monitoring tool has a set of clear skill and attitude test criteria focusing on: Empathy, voice warmth, active listening/communication skills, management of the process and collaboration. The tool was designed by Behavioural Health Link (BHL), Crisis Call Centre, Atlanta, part of the National Suicide Prevention Lifeline (NSPL) network. Permission was sought and kindly granted for Contact to implement. The silent monitoring matrix allows for a maximum rating of 5 for excellence.

Although Quality Assurance Monitoring is still in early stage development, learning gained to date has informed Contact priority training needs schedule for the year ahead.

### Contact Counsellor Accreditation Strategy

Contact has devised an accreditation strategy to support all counsellors to achieve accreditation by December 2014. Since January 2013 Contact Clinical Supervision team have facilitated weekly accreditation clinics at our Belfast and Derry hubs, providing counsellor opportunities to receive additional guidance and support in a group context working through the accreditation application process. Contact accept accrediting professional bodies who maintain a voluntary register for counsellors and psychotherapists accredited by the Professional Standards Authority.

In June 2013 representatives from The British Association for Counselling and Psychotherapy (BACP) travelled from England to Contact Belfast headquarters and held the Certificate of Proficiency under exam conditions for all our eligible counsellors, as a route to BACP accredited registration. The day was a great success and Contact staff had 88% first time pass rate. It is vital that all counsellors are on the new register to be eligible to apply for accreditation.

Contact will apply for organisational accreditation with BACP by 2015.



## Evaluation of Clinical Supervision

In October 2013 we invited all Contact crisis counsellors and therapists to complete an online evaluation of clinical supervision. We received a total of 86 responses out of a possible 188 to the Evaluation of Clinical Supervision from our staff, locums and clinical placements. Findings from the evaluation exhibit counsellors overall experience of clinical supervision as:

Excellent	Good	Average	Below Average
56%	40%	3%	1%

Contact invested considerable resources in postgraduate training for our team of in-house Clinical Supervisors. The course 'Advanced Diploma in Reflexive Supervision' is accredited by the International College for Personal and Professional Development (ICPPD), Athlone and Middlesex University. The training is due for completion in June 2014.

# Contact Complaints Investigations, January 2013-March 2014

## Core Findings, Learning Outcomes and Learning Implementation Planning

In May 2014 a thorough analysis of complaints raised in relation to the Lifeline crisis response service between April 2013 and March 2014 was carried out to ascertain the main cause for concern raised by service users and third parties. The aim of the analysis was to identify key practice areas requiring redress and to assist development of a more efficient, better informed and streamlined complaints investigation process.

It is fair to note that pre September 2013, although complaint investigations were carried out adhering to a broadly agreed process, recording and follow up on learning outcomes was at times patchy. This resulted mainly from a lack of continuity both in relation to the staff carrying out investigations and managers overseeing the process and the absence of an overall complaints evaluation process and complaints learning implementation strategy at that time.

From September 2013 the complaints investigation process was revised broadly around key problem areas with the following modifications intended to address gaps in continuity across all aspects and to better support the accountability process and service improvements:

- Two designated Senior Leadership Team Assistant Directors representing both Operations and Governance responsibilities were assigned to oversee and lead investigations for the majority of complaints received.

- A designated Assistant Director from Operations was assigned to communicate investigation decisions and learning recommendations to the complainant, counsellor and relevant line manager.
- A designated Assistant Director from Contact Clinical Governance Directorate was appointed to take the lead role in collating and communicating organisational learning recommendations at both management and practice level.

A total of 11 complaints were either fully or partially upheld over the period April 2013-March 2014 and the main practice issues common across all were identified as follows:

- Incomplete case recording
- Management of noteworthy callers (50+ calls per month)
- Insufficient communication between Lifeline counsellors and shift leaders at times
- The need for refresher training in the areas of risk assessment, de-escalation and clinical assessment and clinical practice with clients at risk of sexual abuse or assault offending behaviours

As a result of this analysis by May 2014 it was clear that complaints learning outcomes had to be included when planning for staff development. A full curriculum was devised including refresher training and specialist targeted training for all key complaint learning implementation elements, parallel to increasing performance management as an integral part of Contact core business.

# Contact Service User Advocacy Group Appointments

Following months of careful deliberation, planning, advice and consultation with key agencies including the Patient Client Council, the Public Health Agency, Public Participation department and UK Mental Health Foundation Contact proceeded to public recruitment for Service User Advocate Group (SUAG) in September 2013. Through a combination of newspaper and online advertising, promotion through key mental health partner agencies and active encouragement from Contact crisis counsellors working on the Lifeline service current and past Contact service users were invited to come forward and register interest.

All callers to the Lifeline crisis response service or any other Contact service user over the past two years was encouraged to attend an open information session either in Belfast on 3<sup>rd</sup> October 2013 or in Derry 10<sup>th</sup> October 2013 to find out more about joining Contact's SUA group to assist continuously improve service provision and strategic direction.

Following the public advertisement a total of 26 service users attended across both information evenings receiving presentations from key Contact staff with a detailed contribution from Martin Daly, Belfast HSC Trust, engaged in discussion on ways in which Contact SUA group could cooperate to:

- Directly influence Contact service delivery
- Directly influence Contact project and policy development
- Directly influence Contact working relationships with Health and Social Care, Education, Justice and Voluntary/Community partners

Through presentations from Public Health Agency (PHA) staff, service users also received information on how Contact SUAG could become involved in governance oversight for Lifeline by group

membership of the Lifeline Clinical and Social Care Governance Group chaired by the PHA.

Interviews for Contact SUA group took place on 25<sup>th</sup> November 2013 where four SUAs were appointed by open competition applying fair employment principles. The group met initially in December commencing the induction and familiarisation process, developing innovative ideas, building a sense of structure and planning a full induction process. Three Contact SUA group members elected for group membership of the Lifeline Clinical and Social Care Governance Group, and received additional briefings during January and February 2014 with Public Health Agency staff. The Contact SUA group were also supported by Contact and PHA staff on review of Lifeline papers in advance of the 13<sup>th</sup> February Lifeline Governance Group meeting which all three SUA group members attended.

Throughout the period January to March 2014 Contact SUA group had three group meetings getting to know one another, agreeing group ground rules, reviewing their job role, signing up to Contact Charter, commencing full induction to Contact with presentations and engagement with senior staff/managers and working on a detailed SUA group action plan.

This period has been both exciting and challenging for Contact staff and Contact SUA group in many ways. However there is no doubt the invaluable contribution of Contact service users who have first-hand expertise by lived experience of psychological distress makes a vital contribution to dynamic service improvement and informed strategic direction. We are committed the SUA group will remain core to our business development at all levels of policy, planning and clinical practice.

# Financial Reports/Accounts

## Statement of financial activities For the year ended 31 March 2014

	Unrestricted funds £	Restricted Revenue £	Restricted Capital £	Designated funds £	2014 £	2013 £
<b>Incoming resources</b>						
Incoming resources from generated funds						
Voluntary Income	17,825	-	-	-	17,825	18,364
Investment income	7,894	-	-	-	7,894	22,255
Incoming resources from Charitable Activities	79,893	4,655,461	-	-	4,735,354	3,525,883
<b>Total incoming resources</b>	<u>105,612</u>	<u>4,655,461</u>	<u>-</u>	<u>-</u>	<u>4,761,073</u>	<u>3,566,502</u>
<b>Resources expended</b>						
Cost of generating voluntary income			-	-	-	-
Charitable activities	230,775	4,015,216	44,121	-	4,290,112	3,769,867
Governance costs	12,044	53,285	-	-	65,329	53,112
<b>Total resources expended</b>	<u>242,819</u>	<u>4,068,501</u>	<u>44,121</u>	<u>-</u>	<u>4,355,441</u>	<u>3,822,979</u>
<b>Net movement in funds</b>	137,207	586,960	(44,121)	-	(405,632)	(256,477)
Total funds brought forward	269,187	18,717	348,421	704,685	1,341,010	1,597,487
<b>Total funds carried</b>	<u><u>131,980</u></u>	<u><u>605,677</u></u>	<u><u>304,300</u></u>	<u><u>704,685</u></u>	<u><u>1,746,642</u></u>	<u><u>1,341,010</u></u>





▲ Belfast Lord Mayor Mairtin O'Muilleoir, keen Lifeline supporter, joined Contact staff during the 2013 Gay Pride Parade through Belfast.



◀ Lifeline organised a Men's Health and Mental Wellbeing Tune-Up event in Enniskillen to raise awareness of the crisis helpline and to encourage men to reach out for support. Mental health advocate John Mallon spoke publicly of his own experience of recovery after a suicide attempt and how he manages his depression, through pursuing his passion for photography.

**L-R** Raymond Farrell, UUP, Fermanagh District Council, John Mallon and Andrew Lipczynski Lifeline counsellor and event presenter.





Prof. Thomas Joiner made a presentation at the Flourish! Seminar to members of the four main Churches, which preceded Contact Suicide Prevention Conference. The Flourish! Initiative provides suicide prevention gatekeeper awareness training and resource guidance for faith communities. The event was hosted by the Irish Churches' Peace Project (ICPP).

**L-R** Junior Minister, Jennifer McCann, Contact MD, Fergus Cumiskey, Nicola Brady Council for Justice and Peace of the Irish Episcopal Conference, Thomas Joiner, Florida State University and Keynote speaker, Deputy First Minister Martin McGuinness, Emily Brough ICPP Good Relations Officer, Keith Hamilton ICPP Director, Bishop Donal McKeown, Chair, ICPP and Fr. Michael Canny, Communications Director for the Diocese of Derry







▲ Prof. Thomas Joiner keynote speaker Contact/IAS Suicide Prevention Conference 2013. Prof. Joiner presented on his Interpersonal Theory of Suicide which has shaped Contact suicide and self-harm risk assessment for burdensomeness, isolation and acquired capacity for suicide - the three paramount risk factors.



▲ Staff and customers from Square One Bar Dromara raised £2,500 for Contact by organising various events and raffles to raise awareness of suicide prevention in their area. Stevie McGirr Contact PR Assistant went along to accept the generous donation.



▲ Contact 2013 Winter Staff Conference Lyric Theatre. Attending the day were **(L-R)** John O'Doherty Director, The Rainbow Project, who presented at the event and Contact Service User Advocacy Group, Caitriona Cassidy.



▲ Contact Suicide Prevention Conference 2013 hosted an impressive panel discussion on suicide prevention in Ireland.

Prof. Rory O'Connor, Suicide Research Lab Glasgow University, Claire Wyllie, Head of Policy and Research Samaritans, Dr Justin Brophy, Chair, IAS, Siobhan O'Neill, Professor of Mental Health Sciences and Health Psychologist, Ulster University, Prof. Thomas Joiner, Florida State University.

The Pensioners Parliament allows older people from across Northern Ireland to have their say on the issues that matter to them. Organised by Age Sector Platform, Contact staff take part annually to raise awareness of the Lifeline service among older people.

Stevie McGirr informs a delegate about the Lifeline service during a break in presentations.







▲ Staff and customers from The Central Bar Garvagh raised £1,707 for Contact using raffles and events in the lead-up to Christmas 2013. Derry staff member, Sinead O'Neill, accepted the cheque on behalf of Contact.



▲ Minister for Health, Edwin Poots opened Contact/ IAS Suicide Prevention Conference 2013.



◀ Young people work with Contact Art Therapist, as part of the Aggression Related Trauma Project.

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