

**GUESTS EXPERIENCES OF MAYTREE
DURING AND AFTER THEIR STAY**

Final Report

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1 Summary

The project aimed to assess how guests experienced their stay at Maytree, and how guests believed Maytree impacted on their experiences after the stay. There was a key focus on whether guests experience a reduction in their levels of suicidality during and after the stay. The project employed qualitative methods, studying casenotes of a sample of 50 consecutive guests and undertaking semi-structured interviews with 12 ex-guests. The small sample size is recognised as a limitation of this study, and the in-depth detailed data and rigorous qualitative analysis are noted as strengths.

The study found that a large majority of guests reported reduced suicidal levels during the stay, and the sample interviewed 4-9 months after the stay reported similarly, that they were less suicidal. For a small proportion of guests no reduction in suicidal levels was reported. The clearest finding was that for a significant number of guests the stay was felt to be transformational. This is understood to mean that Maytree had a significant and powerful impact which led to the guests reappraising their lives. Maytree is thus felt to be a special place for many guests, and the factors that contribute to this are, firstly, the sense of Maytree looking after the guest physically and emotionally, and, secondly, the extent to which Maytree's staff and volunteers provide an environment in which the guest feels listened and attended to.

2. Aims

The aim of the project was to explore and assess how guests experienced their stay at Maytree, and how the guests felt and believed Maytree impacted on their experiences after the stay. Of key interest is whether guests experience a reduction in their levels of suicidality after the stay. The longer term objective for this and future studies is to generate greater knowledge about which kinds of guest benefit from Maytree, and in which ways, in order to understand the role of Maytree as preventing or reducing suicide and suicidal risks within health and social care.

In order to reach these aims, the project focussed on assessing:

- key characteristics of guests at the point of their stay at Maytree, and the quality and extent of the psycho-social difficulties they presented on beginning their stay.
- levels of suicide risk on beginning their stay and at the end of the stay
- how guests were functioning at follow-up between 4 and 9 months after their stay, and their suicide risks at this point in time
- which guests appeared to do well from a stay in Maytree, and which not so well, and what criteria appeared most relevant to this distinction

3. Methods

The project was designed primarily as a pilot study to explore what data and findings could be generated by a short-term study, and how the methods designed for this study could be applied in larger scale studies. The project therefore aimed to use qualitative methods to explore in depth the experiences of a sample of Maytree guests, during and after their stay. Qualitative methods were chosen in order to allow access the subjective experiences of guests, and the nuances of their relational and emotional aspects of these. The project was limited in timescale and, unlike the previous evaluative study (Briggs et al 2006, 2007) there was not the opportunity to gather standardised baseline data. Nevertheless it was thought that through the application of systematic qualitative methods, despite the pilot nature of the study, robust findings would be achievable.

To meet the timescales, the project consisted of two methods; analysing routine casenotes and semi-structured interviews. Both of these were applied in a way which permitted a practice-near approach to the data (Froggett and Briggs 2009), that is, aiming to get as close as possible to the experience-level of participants, guests and Maytree staff and volunteers, to generate accounts of subjectivity.

Casenotes: Routine case notes for 50 consecutive guests between December 2011 and May 2012 were read and analysed. Each casenote includes standardised proforma, non-standardised narrative accounts of meetings, interviews and assessments with the guests written by staff and comments and feedback written by guests. These included befriending reports, leaving reports, follow-up call (2 weeks after the stay) and the leaving letter. Using casenotes of research purposes means recognising that they form constructions of the guest's experiences, filtered through hearing, recall and selection of information for inclusion in the notes. For this study we treated the casenotes as constructions through the lens of routine practices in Maytree, and consider that there is an interpretive aspect; judgements must be made about variables identified in the data (Scourfield et al 2012).

Categories were generated from the reading of the standardised and non-standardised elements of each casenote analysed, to form a table, and these categories were then used as a basis of comparison across the sample of 50 guests. A coding frame was developed to assess interpretations of changes in the level of suicide risks, before and after the stay.

Interviews: Of the sample of 50 guests, those guests that had agreed during their Maytree stay to be contacted for research purposes were contacted and invited to take part in an interview about their experiences of Maytree. Guests were offered a face-to-face interview but if this was not practical (e.g for reasons of geographic location) a telephone interview was offered instead.

An interview schedule was developed with key questions and prompts, and, as this adapted the interview schedule from the earlier study (Briggs et al 2006) piloting was not deemed necessary. The functioning of the schedule was assessed after each of the first three interviews. The schedule consisted of 6 questions: How are things now? What was it like before going to Maytree? How did you choose Maytree/ come to go to Maytree? What was Maytree like? What was it like on leaving Maytree? How do you see the future?

4. Data analysis

Data analysis was undertaken separately with the case-note data of the whole sample and with the in-depth interview data.

4.1 Case-note analysis

Applying the interpretive method for casenotes, as discussed above, key data was entered into a table consisting of the following columns: personal information (age, sex, ethnicity, relationship status etc); psychosocial factors at the beginning of the stay, suicidality at the beginning and end of the stay. The table was then populated with information from the file for each guest. Coding frames were developed for levels of suicidality before/after the stay and three researchers, blind to each others ratings, rated each guest on a scale 1-3 (much reduced, somewhat reduced, no change). Agreements and disagreements were noted and disagreements were discussed and reconciled through discussion and re-immersion in the data.

The key psychosocial factors, including information about guests' key preoccupations, concerns and challenges, were selected on the basis of the coherence of the discussion of each guest from the casenotes and preference was given to the presence of more than one kind of data entry in the casenotes when selecting which factors to include in the table. These factors were then codified by simple counting and tabulating.

A further level of analysis was undertaken applying grounded theory to the data in the tables to identify key themes when comparing guests' characteristics and experiences. Though a number of themes were identifiable, for this study the focus was placed on two of these – the category of transformational experiences and, secondly, the small number of guests who did not feel helped by Maytree.

4.2 Interview analysis: Interviews were audio-recorded and transcribed. Interviews were analysed through application of grounded theory (GT) to generate themes for comparison, and these were developed using constant comparison until saturation. Themes were coded and then grouped together to produce over-arching categories. Themes are illustrated by a key example or extract from the interviews.

5. Findings

5.1 Findings from the case-note analysis

Age and gender

64% of the sample was female, and 36% were male. 52% of the sample was aged between 31-50 years old. (Table 1)

Table 1: Age and gender of guests in the sample

64% of the sample was female, and 36% were male. 52% of the sample was aged between 31-50 years old. Guests were mainly in the age groups 31-40 and 41-50.

Gender	Number	%
Male	18	36
Female	32	64

Age Range	Number	%
18-25	8	16
26-30	7	14
31-40	14	28
41-50	12	24
51-60	5	10
60+	1	2

Suicidal behaviour of guests before their stay

Maytree's routine case-notes included identifiable details of the guests' levels and history of suicidality. These were assessed through dividing the information into four categories: recent attempts, lifetime attempts (i.e. not recent), both recent and lifetime attempts, and no attempts. 62% (31) of the sample had made actual attempts at suicide, 38% (19) were in a suicidal crisis with no current or previous attempt. 16% had made a recent attempt, and 26% had made recent and past attempts (Table 2). Thus most of Maytree's guests, in this sample,

had not made a recent suicide attempt but they did have significant histories of suicidal behaviour and they did have a significant suicidal crisis at the point of their stay.

Table 2: suicidal behaviour of guests in the sample

Suicide Attempts/ suicidal behaviour and thoughts (Categories)	Number	%
Recent	8	16
Lifetime	10	20
Recent and Lifetime	13	26
Total guests with actual attempts	31	62
Current suicidal threats/crises	19	38
Total	50	

Psychosocial difficulties

The range of concerns, preoccupations, and challenges for the guests at the start of the stay were consolidated into 8 most recurring themes. Of these, 50% of the sample had suffered bereavement, 40% expressed or were thought to be suffering from depression and 32% had experienced a relationship break-up. Suicide of a significant other is relevant to 28% of guests (Table 3). Where more than one category of difficulty was recorded for a guest (as in all cases) all the difficulties were included in the analysis.

Table 3: psychosocial themes

Factor	No	%
Bereavement	25	50
Depression	20	40
Relationship break up	16	32
Suicide of sig other	14	28
Isolation/lack of support	12	24
Sexual abuse in childhood	11	22
Enduring mental illness	11	22

Reported risk of suicide at end of stay

It was possible to identify from the case-notes information about the perceived levels of suicide risks of guests at the end of their stay. Assessment of suicidality levels at the end of the stay is interpretive. There is the need to take into account (a) level of suicidality at end of stay/follow up as reported by the guest and staff in the case-notes, (b) changes made by guests during the stay and regarding their social worlds after the stay, and any identifiable impact of these on suicidality, (c) factors that mitigate the impact of suicidality (protective factors) – e.g. feeling able to ‘manage’ suicidal feelings, being less frightened of these feelings, being able to turn away from impulses, etc.

We generated and applied three categories to assess levels of suicidality:

- No and very low suicidality (code = 1)
- Reduced suicidality (including increased capacity to manage feelings/impulses) (code = 2)
- Remaining high level of suicidality or no change (including lack of evidence of capacity to ‘manage’ feelings (code =3)

86% (43) of the sample, showed a reduction in the level of risks by the end of their stay, and 32% (16) showed very reduced/no suicidality at the end of the stay. A small number of 7 (14%) showed no change (Table 4). To explore these findings in more detail, we focussed on both extremes – the ‘no or low’ group and the ‘no change’ group.

Table 4: Reported suicide risks at the end of the stay

Reported suicidality	number	%
No longer suicidal /low levels of suicidal feelings	16	32
Reduced suicidality	27	54
Still suicidal/no change	7	14

Transformational experiences

Exploration of guests who showed very reduced levels of suicidality at the end of the stay led to the identification of reports of the experience that were categorised as ‘transformational’. The working definition of ‘transformational experiences’ identified in this data consisted of guests

- speaking in effusive and positive tones about the stay,
- having a sense of a restoration of faith (in people who are felt to care and understand), and
- encountering in Maytree something different and unique, which makes a major difference to their lives.

However, it also became clear that having a transformational experience was not limited to the group who had much reduced suicidal risk at the end of the stay. We applied the same methods as for assessing the suicide levels, namely 3 researchers, blind to each other’s ratings, applied the definition of transformational to each guest. 28% (14) of the sample was judged to have experienced Maytree as ‘transformational’ and a further 6 guests (12%) were classified as bordering on transformational. Simple one-line examples of transformational experiences included:

‘Maytree changed my life in 4 days’

'I felt more understood than at any time in my life'

'Maytree definitely saved my life'

'I loved Maytree and I want to come back and be a volunteer'

'I feel reborn, feel like a different person'

'I am feeling surprisingly good – Maytree wouldn't recognise me' (at Maytree follow up call)

The evidence in this data for 'transformational' experiences is most striking, and not only does it indicate that some guests are helped significantly by their stay, but also the quality of these experiences is likely to have an enduring impression for the guests as they go forward in their lives. Thus it could be expected that these 'transformational' experiences would impact in important ways for guests after leaving Maytree. This finding was further explored in the analysis of the interview data.

Guests who did not feel helped

At the other end of the spectrum, 14% (7) guests appeared to not benefit from their stay, in the sense that their level of suicidality was not reported as decreasing at the end of the stay and/or at the Maytree follow up call. As a counter-balance to the positive experiences of the 'transformational' guests, we looked closely at the data for this group of guests. However, it was not possible to identify a clear pattern of factors for these guests that would explain their not reducing levels of suicidality during the stay. For example, although for 4 /7 of these guests there was evidence of extensive relatedness to suicidality over time, lifetime and recent, this was not true for the remaining 3/7 cases. Some of these guests seemed unable to make use of the talking-focussed approach in Maytree (4 out of 7), but the other 3 were able to, and one guest expressed having a very significant and powerful experience at Maytree (on the border of transformational). One factor that this group did share was the depth and overwhelming nature of traumatic experiences in the past and present, but, equally, some guests who benefitted from their stay, in the sense of recording reduced levels of suicidality at the end of the stay, also shared this characteristic.

5.2 Findings from the Interviews

36 ex-guests had indicated on their Maytree data sheet at the end of their stay that they would agree to participate in follow-up research.

Of these, 19 guests were randomly chosen and contacted; 12 (24%) were interviewed, 1 refused and it was not possible to arrange an interview time for the remaining 6 guests. In terms of the sample as a whole, the interview cohort is 24% (and 33% of those agreeing to take part. The 12 guests interviewed from the sample were contacted between 4 and 9 months after their stay.

The grounded theory method of analysis, as described above, generated 6 categories. These were;

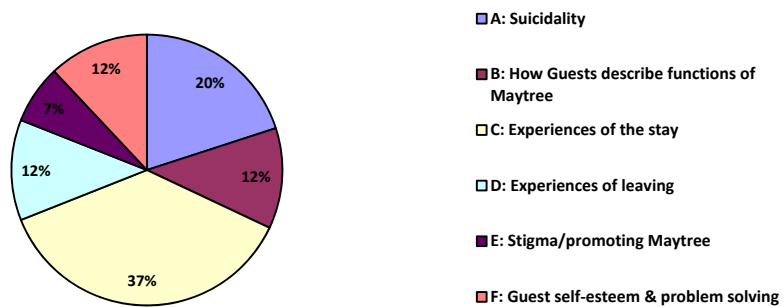
- involvement with suicidality
- describing how Maytree works
- experiences of staying at Maytree
- experiences of leaving Maytree
- overcoming stigma
- self-esteem and problem solving styles.

The frequency was assessed of references to each category by the guests in the interview sample, and these were then calculated as a percentage. Table 5 shows that from analysing a total of 189 extracts, 37% comments were about the experiences of the stay at Maytree and 2% related to the ex-guest's reflections on their suicidality. The proportion of comments for each theme is also shown in Figure 1.

Table 5: References to each of the 6 categories as a percentage

Category	% of extracts/comments made by guests which relate to each category
A: Suicidality	20%
B: How guests describe functions of Maytree	12%
C: Experiences of the stay at Maytree	37%
D: Experiences of leaving Maytree	12%
E: Overcoming stigma/promotion of Maytree	7%
F: Guest's self-esteem/problem-solving style	12%
TOTAL	100% (189 extracts)

Figure 1: Comments in each category as percentage



Category A: Suicidality

None of the guests interviewed reported any further suicide attempts after their stay at Maytree. All interviewed ex-guests reported actively thinking about their stay and making use of it to help with their suicidal conflicts or struggles since leaving Maytree and making changes in their lives.

Guests' suicidality rating at the end of stay (taken from case-note data) was compared with reports of current state of mind or suicidal thoughts at the follow-up interview. All these guests reported similar or reduced suicidal thoughts or impulses at follow up interview, compared with the end of stay case-note data.

38 extracts were related to suicidality and this was divided between 13 extracts concerning the state of mind of the participant at the time of interview, and 25 extracts concerning their suicidality before staying at Maytree.

Table 6: suicidality category

Category A = 38	Themes	Sub-themes	Selection of quotes *participant
	State of mind at interview = 13	Up and down = 3	Up and down. I have a diagnosis of bipolar and post natal. There are normal periods. It's a struggle. (6*)
		Still difficult = 4	I still find it difficult to, still haven't, I am still grieving, although it is a lot easier to manage (14)
		Not so bad = 1	It is weird that you rung today, I am confronting something today, it has been the hardest day to confront, but things are better (35)
		Awareness = 1	Sometimes even now I might have a fleeting thought, but I will realise that is what I am doing. (22)
		Getting better = 3	Getting better actually. I'm making a lot of progress since being at the Maytree. I'm not as suicidal as I was then (35)
		Better = 1	vastly better...I mean things are an awful lot better now than they were (9)

	Suicidality before stay = 25	Acute (actively suicidal/mentions wanting to die/attempts) = 14	erm I wanted to die. That was all that was on my mind and I was preparing for that. Yeah I was preparing so I didn't leave anything behind for anybody (3)
		Desperate/struggle/needling or looking for something/ less explicit about suicide = 11	desperate and something needed to change and so I was looking online for a kind of retreat (4)

Category B: How guests describe how Maytree works

This category includes guests' narratives of the processes and particular functions of Maytree. For example guests mentioned the emphasis on relationships with staff and volunteers, including attitudes to risk. Some guests reported feeling less restricted than they had in traditional health settings. Maytree's standard two week follow-up call also featured within this category. A strong feature in this category is the emphasis on the way Maytree focuses on talking about issues – a 'Talk-through policy' as one guest put it. 9/23 extracts within this category made reference to 'talking' at Maytree.

Table 7: category of 'how Maytree works'

Category	Sub-themes	Selection of quotes
B = 23	relationship with staff and volunteers = 5	Yeah one guy that I thought was an amazing was a journalist for the Guardian and he told me about his stories, about travelling around the world and his wife was like an actress and actually she did the same (left) to him (26)
	staff attitudes to risk = 5	they listen and they don't say 'no you can't kill yourself, no you can't do this, you can't do that'. You're just given the time and if it doesn't work after the 5 days then you can carry on what you plan to do (3)
	follow up call = 3	I was touched, it was a nice thing to do, someone asking hey, how are you, I was touched by that,

		especially when you have said you are going to kill yourself (17)
	Letter = 1	I got the letter afterwards, I am not good at reading and writing, I did make an effort though, to send them a letter (17)
	'talk through policy' = 9	The time I spent in the Maytree allowed me to get a lot of verbalisation to what was rattling around in my head. It gave me the time and the space to get things out of my head, so all my thoughts were not running around in my head anymore. (18)

Category C: Experiences of staying at Maytree

This category includes 70 extracts related to the experience of staying at Maytree. A key theme was the way that these ex-guests described the role of staff and volunteers. There were positive comments about the way that this created an interesting setting of interested people-people from 'all walks of life' who work and volunteer at Maytree. This appeared to have an engaging and normalising effect for the guests. Frequently (22 extracts) guests made references to the positive aspects of staying at Maytree (it is a 'great' place). The routine experiences of mealtimes, and food also were commented on. Some guests commented on either sharing with other guests or having the house to themselves. The 'goodbye' letter was commented on, sometimes positively, sometimes negatively and a possible meaning of this is discussed in the next section on leaving Maytree.

The theme of transformations, highlighted in the case note analysis reappeared in the interviews (16 extracts). It was striking that the ex-guests continued, between 4 and 9 months after their stay to describe their experiences of Maytree in terms of the transformational effect it had on them. Not only those guests identified from the case-notes as talking about their stay in transformational terms, but also other guests, who seemed perhaps more circumspect during their stay, or evoked this in Maytree staff, also introduced a sense of the transformational impact after the stay. Some key examples of comments that were classed as transformational are:-

- yeah it's just it was like a light switch had just been flicked you know it was amazing: it's hard to say a bad word about my experience there just because I've had such a transformation effect for me (4)
- I have been thinking about it (Maytree) quite a lot in the last couple of weeks, it saved my life, let's not beat about the bush, it did save me (17)
- it helped me, yeah, cause afterwards I didn't try to kill myself again. I tried 4 times and afterwards it sort of gave me a glimmer of hope and when I received their letter they sent me it just, I dunno it juts touched my heart and I really I will just never forget R. {a staff member} (26)
- it made me believe that there are good people in the world (26)

Table 8: experiences of staying at Maytree

Category	Sub-themes	Selection of quotes
C = 70	variety of people (staff and volunteers: all walks of life) = 14	I liked the fact that there were people from all walks of life. ... what I liked was I met an air hostess, I met a journalist, I met a woman in recruitment (26)
	'great place' = 22	just it's a fantastic place and I don't know if they know how special they are. I don't think it's until you actually stay there and that you feel so bad, that you truly appreciate what they offer (3)
	Transformations = 16	it's just it was like a light switch had just been flicked you know it was amazing (4)
	Food= 7	we did a lot of talking in the kitchen, either one or two people over a meal, either Roz or Rupal would do the cooking..... the food is healthy, there are lots of salads and things,

		that's another really good thing about it (22)
	having place to self/sharing with guests = 5	I was in there on my own. It (office receiving phone calls) changed things and made me realise it wasn't just for me...It changed the experience, from being the only one, I didn't have the 100% attention of the volunteers (14)
	letter (positive aspects) = 3	A final letter, yes, it is something I will keep forever. It acknowledged a lot of things. (35)
	Letter (negative aspects) = 3	When I left, I was told I would get it (the letter) in the next few days, but I waited 2 weeks for that, I had to ring up and was told the volunteer who was writing it, hadn't been in. She had the letter on her desk. When I received it, again, it was disappointing, what was written in the letter. There were different volunteers, they were dealing not just with me but with other guests. I thought some of the things, yes, but I didn't feel I was totally understood (11)

Category D: Experiences of leaving

This category includes themes relating to the guests' experiences of leaving after their stay. 10/23 extracts within this category mentioned the fact that Maytree is a 'once-only stay', for which they had a range of different emotions. The experience of leaving Maytree was a key theme in the earlier evaluation (Briggs et al 2006) and the comments by guests in this category are consistent with the previous findings. Guests do not like to leave Maytree – realistically so as it means the loss of somewhere they feel positively about. So the reactions to the loss of Maytree include sadness and anxiety, complaint, reflection and acceptance. As one guest put it has to be hard 'because you could quite happily stay there for the rest of your life'.

Table 9: Experiences of leaving

Category D = 23	Sub-themes	Selection of quotes
	Sadness and anxiety = 5	I remember being fairly apprehensive when I was leavingit felt like a wrench to leave (9)
	Complaints = 1	The place was fantastic, it was just the after care. They should have provided more direction, they do give you some idea of the support groups you can contact afterwards, but to contact them yourself, you have to be in the right mind set, to carry out the suggestions (11)
	time-limit issues = 4	Perhaps also the number of days, it would have been good to have that a bit more flexible if you could stay one or two extra nights, just one even. It was less friendly, more rigid. The stay could have been a little bit longer (14)
	once only stay issues = 10	That was difficult, immensely. There was quite a cutting off process. I can understand the need for it. But it is difficult. I don't know if it can be any other way (35)
	dependency issues = 2	I think any longer I think you'd just be more drained and you'd start to depend upon them and think you need to sort of stand on your own two feet and decide what you're gonna do cause you could quite happily stay there for the rest of your life, you know (3)
	keeping links with another guest = 1	I'll still keep in touch with somebody else that stayed there the same time as me and she's doing really well too. (3)

Category E: Overcoming stigma/promoting Maytree

A few guests commented on their increased interest in mental health issues, in general, or suicide prevention, in particular and this formed a distinct category. Guests expressed the wish to speak out against the stigma of suicidal behaviour and feelings and also found avenues for putting this into practice. Alongside this there was expressed a debt of gratitude to Maytree and a wish to give something back in return.

Table 10: overcoming stigma

Category E = 13	Sub-themes	Selection of quotes
	Speaking out/Stigma = 5	I have got a blogI agreed to do a talk and it was sort a week after I came out of Maytree..... I decided I was going to do a talk about depression.....but it's kind of weird in a way cause id spent so long trying to hide that I wasn't ok and then I went from that to kind of being like almost full disclosure and nobody really treats me any differently (4)
	Promoting Maytree/Giving back = 7	In terms of improving things. I would certainly support them, in the future, financially. I would like to donate a regular contribution to Maytree (11)

Category F: Guest self-esteem and problem solving styles

This category includes extracts that are related to the guests' reflections on how they experience themselves changing and/or their awakened or greater insight into themselves. 13 extracts were grouped around the theme of their problem solving style, comparing themselves before, during and after the stay, and also how they made sense of their situation. Alongside this there were reflections on self-esteem and self-doubt.

Table 11: self-esteem and problem solving

Category E =22	Sub-themes	Selection of quotes
	Guest problem solving styles = 13	I was very controlled around not wanting to kind of fall apart and things so I'd spent so long holding it together so that's what I carried on doing (4)
	self esteem/self doubt = 9	I wasn't sure whether I'd kind of get there and then feel like I was wasting their resources or something (4)

6. Discussion of findings

The findings from this study must above all be related consistently with the kind of study that was undertaken in order to recognise any limitations. As has been described above, the study was restricted to the study of casenotes of 50 guests and interviews of a sample of 12 ex-guests. The aim was to generate in-depth accounts by guests and of the process taking place during the stay at Maytree. The numbers are relatively small, and the study was thought of as having some pilot qualities, testing how far these methods may be used on a larger scale. The guests agreeing to be interviewed are likely to be self-selecting and it is likely that some of the more positively minded guests were interviewed.

On the other hand, these limitations of the method are also strengths. The method enabled a deep immersion in the data relating to a relatively small number of participants, and this favours developing in-depth study of subjectivity and experiences. Systematic application of the methods outlined here led to the identification of some robust findings. These are particularly strong when the themes and patterns are repeated across guests and methods. Two key findings are highlighted:

1. Transformational experiences: A striking, repeated and important themes is that a number of guests have reported what we have designated 'transformational experiences'. The capacity of Maytree to impact so powerfully on these people is evidenced in different dimensions of the data and occurs both in the case-notes and the interviews. It is also interesting and important that these experiences are recorded by guests who have a range of background experiences, and current preoccupations with

suicide. That is to say, the transformational experiences were not restricted to one 'type' of guest. The data suggests strongly that this powerful impact of staying at Maytree arises from the experience of Maytree as an unusual setting, with staff and volunteers who create an atmosphere of interest in the guest, a benign and 'normalising' group setting, and a place for talking through issues and difficulties in order to discover meaning, promote self-reflection and strengthen the capacity to contend with adversities. There are suggestions here that the focus for volunteers' work should be on bringing themselves and their own experiences to the task of relating to and talking with guests.

2. Suicidal feelings, thoughts and behaviour are felt to reduce by a stay at Maytree. Most guests, during the stay, in the Maytree follow up and in our follow-up interviews were described and assessed by Maytree and themselves as having reduced levels of suicidal feelings at the end of the stay, and – albeit for a small group of interviewees – as in the earlier evaluation, these improvements continue after the stay. This is understood to be linked closely with the powerful impact of Maytree, in which the confrontation with benign relatedness, provided by the mix of staff and volunteers; the encounter with 'ordinariness' shocks and comforts the anguished, and despairing world of the suicidal person, and provides/restores hope/faith in goodness in others and the world.

7. Conclusions

This study set out to explore how Maytree guests reflect on their stay, and how they assess themselves at a follow-up point 4-9 months after the stay. The key focus was placed on the guests' levels of suicidality and how changes to these were reported by staff and guests during the stay, and by guests at follow-up. The study applied qualitative methods and gathered data from two sources, namely, Maytree's routine casenotes and individual semi-structured interviews. The study was limited in terms of the size and self-selecting aspect of the sample.

Notwithstanding these limitations, the findings are striking, especially in that levels of suicidality were reported to reduce for the majority of guests after the stay, and that a substantial proportion of guests experienced a 'transformational' stay. For these guests Maytree marks not simply a chance to reduce levels of suicidal feeling, intent and threat but also a significant moment of change in their lives.

8. Recommendations

In terms of recommendations to Maytree for its future practice and development, the following arise from this study;

1. The overall recommendation is that this study strongly supports the Maytree approach to working with suicidal people
2. Maytree should aim to monitor guests who have lifetime suicidal behaviour in order to develop more understanding of which guests do not appear to reduce their levels of suicidality during the stay.
3. The follow-up call after two weeks should be maintained, as at present; that is as a rounding off or review of the stay. It is important to offer this to all guests, whether or not they complete their stay, and it is important to persist to ensure that all guests are contacted, if at all possible. Staff making the follow up calls should be aware of the likelihood that, often, guests indirectly express their feelings about leaving Maytree in this call.
4. It would be beneficial to build in follow up after the stay for monitoring purposes to Maytree practices. We recommend that follow up by 6 months and at 12 months after the stay is undertaken with guests who have given their agreement.
5. It is one of the inevitable limitations of this kind of study that self-selecting samples are obtained and we recommend that Maytree seeks agreement of guests and GPs to obtain GP feedback 3 months after the stay for all guests. This should run on a trial basis initially and all necessary consents and explanations need to be in place.
6. Maytree should consider how training and support for volunteers should include encouraging volunteers to bring themselves and their own experiences to the task of relating to and talking with guests, for example, through talking appropriately about their own experiences in the social world, of past and current careers or interests but in ways that do not take the focus away from the guest.
7. Further research could be commissioned in two areas:

- a. the model trialled in this study could be replicated on a larger sample of guests and with a longer follow up period to further develop the knowledge of the impact of Maytree for ex-guests
- b. study of the characteristics of Maytree's guests and comparisons with other organisations working with suicidal people could be undertaken in order to increase knowledge and understanding of Maytree's contribution in the wider system.

9. References:

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