

Working with severe self-harm

I would say that it has helped me be a truer version of myself because it has helped me to get in touch with myself. I think it's better, it seems less pressure of him to... there wasn't as much focus on one to one, it's more informal and you don't get that. And being in the group. And being able to talk about stuff. I would definitely recommend it. Because I think it actually helped.

questions difficult, you self-harm, because it's a thing to talk about. I read about it, what they're not going to do, they're just going to accept me as I am. Yes I am a squarer, that's fine.



Women's Counselling and Therapy Service

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Executive summary



Introduction

This report outlines the findings of the evaluation of the WomenSpace project, part of the Women's Counselling and Therapy Service (WCTS) in Leeds. The findings are drawn from 12 qualitative interviews, undertaken in March and April 2015 by three independent researchers. The interviews were analysed using a thematic approach and specifically looking for themes which were relevant to service development. This summary will pull out the key findings and the recommendations of the evaluation.

Background

WomenSpace was commissioned in response to ongoing work in Leeds to address the needs of those who repeatedly self-harm. WomenSpace provides longer-term (up to one year) one to one and group psychotherapy plus psycho-educational group work to women who have used self-harm. Routine monitoring suggests that of those who substantially engage with the service half are self-referrals. The remainder come from NHS and other providers. The service ascertains the 'referral route' through identifying who completed the referral form. The project has employed four part-time workers over its lifetime to work directly with women so this evaluation is referring to work undertaken by up to four individuals. The staffing for the project was initially 1.4 whole time equivalent posts (WTE) and is currently 1.1 WTE.

The WomenSpace project is now seeking to investigate its impact on the lives of women who have self-harmed. The goals of the evaluation were:

-  To gain insight into the views and experiences of women who have received therapy at WomenSpace
-  To inform future decisions for Women's Counselling and Therapy Service in terms of their provision in this area.

Methods

The project was qualitative in nature and recruited participants from the 28 women who had engaged with WomenSpace for individual or group therapy. Participants were recruited through information packs posted out on the evaluation team's behalf. Participants responded to the evaluation team directly via a stamped addressed envelope meaning that the WCTS was unaware of who had come forward to be interviewed and the evaluation team remained unaware of the identities of WCTS clients who did not opt-in to the project. This process protected confidentiality. Participants were interviewed face to face using a semi-structured format. All interviews were digitally recorded and transcribed verbatim. Transcripts were anonymised and analysed using a thematic approach. The summary of the findings are presented here.

Results

Sample

The response rate for this project was high at 42% and included women aged between 18 and 60 years of age. All were White British apart from one individual who was from a Black and Minority Ethnic background.

Service received

Three participants had received group therapy, eight received individual therapy and one had engaged in group therapy and then had individual therapy. All appeared to have been in contact with WomenSpace for at least six months.

Hearing about the service and first contact

Five individuals had heard about the service via secondary care mental health services, two found the service themselves, two heard via primary care, two were signposted to the service from Leeds Survivor Led Crisis Service. One had heard about the service via University.

One third of participants looked the service up online, four individuals telephoned the service. Of those who looked the service website, two were confused about whether there was a cost attached to therapy at WomenSpace (as some other services at WCTS request a financial contribution from clients).

Some found the referral form difficult or upsetting, others stated it was as they expected. Of those that struggled it tended to be issues related to explaining their difficulties that were most problematic.

Assessment

Most people were assessed by two therapists. Most reported the process to be a little daunting but comments were made about how the service tried to make it less stressful: offering a hot drink in one instance. The process was described as 'sensitive' and 'thorough'.

People liked to be given a choice at assessment about the intervention: group or individual therapy. The service appeared to offer this choice routinely.







Women only service

A third of the women interviewed felt that the women only aspect of the service was of particular importance to them. This was felt to be especially important for women who had been abused or who had struggled in relationships with men. One woman requested that clients be informed if a man was on the WomenSpace premises so she was not taken by surprise.




Therapy experiences

Eight participants had received therapy before WomenSpace. Three had received therapy in secondary care, one in CAMHS (child and adolescent mental health services) and four had been seen in primary care. For some women previous therapy had been too short term and ineffective as a result. One woman had previously been turned down for therapy by the NHS as she was considered 'not well enough' at the time and three women had never had therapy before.

Positive aspects of the service

-  **For mothers** Two new mothers who were previously seen in the perinatal service found it helpful to have an intervention that focussed on them as a woman rather than on their relationship with their child and their role as mother.
-  **Pace** The pace of therapy was seen as very important by almost half of participants. Women did not feel 'pushed' by the therapist – they could go at their own speed. This included not forcing women to talk about self-harm but rather taking a holistic approach and following the women where they wished to focus.
-  **Respectful and accepting** Women described the quality of the therapy as accepting of them as a person and respectful. Several women said that others spoke to them 'like an idiot' or dismissed them. They did not experience this at WomenSpace.
-  **The relationship** Women described feeling valued in the therapy relationship, experiencing 'kindness' and feeling that the service was responsive to their needs.
-  **Developing resources** Women described developing new resources through the therapy for dealing with difficulties.
-  **Peer relationships** Those who had attended groups spoke about the importance of realising that they were not alone and finding strength through being with peers. Some women felt this was an area that the service could develop.

Difficulties

-  Some women found silences in the therapy very difficult
-  Two women would have liked longer or more time with the service, a further one spoke of the end of therapy coming as 'a surprise' and that she would've liked more planning.
-  Use of art in group therapy was seen as good but was preferred in a more structured group environment. One participant commented that they did not like the less

structured art group and at these times felt that she had used the art to 'zone out' (seen as less helpful) rather than to 'tune in' (seen as more productive).

Changes and outcomes

- All participants reported that they had reduced or stopped self-harming
- Dealing with crisis differently not automatically self-harming – perhaps reaching out to others or taking care of themselves differently
- Reduced use of some services: Three had stopped contact with CMHT, two had reduced contact with CMHT. Two reported no change in this area and one was just starting to engage with CMHT. Reduced use of out of hours GP.
- Improved relationships: Improved couple relationships, improved family relationships, better management of friendships (more able to reach out but also to put in boundaries)
- Improved confidence including returning to driving after 20 years
- Improved self-care including managing relationships better, stopping using drugs and alcohol and dealing with medical needs appropriately
- Changes in thoughts and feelings including feeling able to be 'real self'
- Employment: including returning to work after 1 year on sickness (1 participant), or seeking employment (2 participants)
- Going to University or into training (2 participants)

Summary and recommendations

Overall comments were very positive about WomenSpace. There were some striking improvements for women who accessed the service including a reduction in self harm, improved self-care, increased confidence and

better relationships. The recommendations below reflect some of the areas where the service may wish to develop or make changes based on the findings of this evaluation.

Recommendations

- 1 Consider providing more publicity information to GP practices
- 2 Review referral form/ process in the light of the findings of this report
- 3 Include information about other sources of support when referral form is sent out
- 4 Review the website to ensure that it is clear that WomenSpace is a free service.
- 5 Indicate to women using WCTS if there are men in the offices.
- 6 Continue to lobby for women only spaces within mental health contexts and to work to ensure the needs of women are recognised in the provision of mental health services
- 7 Improve links with perinatal services in Leeds and perhaps explore partnership opportunities
- 8 Explore mechanisms for peer support either within WomenSpace or through other agencies.
- 9 For the WomenSpace project to continue to provide therapy for this client group.
- 10 More effective links with Leeds Teaching Hospitals Trust and Liaison Psychiatry/ Self-Harm Team / Mental Health Crisis Team to ensure that those who are seen in ED as a result of self-harm become aware of the service

Introduction

This report will outline the findings of the evaluation of the WomenSpace project, part of the Women's Counselling and Therapy Service (WCTS) in Leeds.



The findings are drawn from 12 qualitative interviews, undertaken in March and April 2015 by three independent researchers. The interviews were analysed using a thematic approach and specifically looking for themes which were relevant to service development. The results are presented and discussed in this report and recommendations for service development are made.

Background

Over recent years Leeds has been undertaking work in the area of self-harm. This work has included monitoring attendances at emergency departments as a result of self-harm, looking at the way in which services are organised to respond to this need and focussing on those who repeatedly attend hospital as a result of self-harm. In 2012 a qualitative evaluation was undertaken collecting interviews from individuals who repeatedly self-harm (Beckett, D'Angelo, Pattison, Walker 2012). Following on from this projects were commissioned to address some of the identified needs. WomenSpace based in WCTS was one such project.

WomenSpace provides longer-term (up to one year) one to one and group psychotherapy plus psycho-educational group work to women who have used self-harm. Routine monitoring suggests that of those who substantially engage with the service half are self-referrals. The remainder come from NHS and other providers. The service ascertains the 'referral route' through identifying who completed the referral form. The project has employed four part-time workers over its lifetime to work directly with women so this evaluation is referring to work undertaken by up to four individuals. The staffing for the project was initially 1.4 whole time equivalent posts (WTE) and is currently 1.1 WTE.

The WomenSpace project is now seeking to investigate its impact on the lives of women who have self-harmed. The goals of the evaluation were:

-  To gain insight into the views and experiences of women who have received therapy at WomenSpace.
-  To inform future decisions for Women's Counselling and Therapy Service in terms of their provision in this area.

Evaluation team

The evaluation team were three women with significant service evaluation experience: Judy Beckett, Laura Pattison and Charlotte Allen.

Judy worked for the University of Leeds in the Mental Health Services Research Office for six years until 2010. She has worked on several projects which interviewed individuals who have self-harmed as well as leading several larger scale service evaluations in Leeds. She is a registered psychotherapist and has worked across a number of third sector and statutory organisations. Judy is currently employed as a psychotherapist in the NHS.

Laura trained and worked as an interviewer on the Self-Harm Evaluation Project (2012). Additionally, she has been working with Leeds Public Health and has been instrumental in establishing and facilitating a support group (Leeds LAS) for those bereaved by suicide. She has presented at a range of events including the Leeds Bereavement Forum conference in 2014 and she made a 'deputation' to the Leeds City Council in September 2014 to ask them to support the development of support for those bereaved through suicide. Laura is currently undertaking further training in systemic family therapy and has been employed as a specialist support worker for those bereaved through suicide.

Charlotte has worked in the NHS as a counsellor. She set up and ran a staff support

service in Leeds Mental Health Trust as well as a service for carers. Charlotte has undertaken crisis work at Leeds Survivor Led Crisis Service. She has also amassed substantial experience of interviewing different populations including refugees and asylum seekers, people with mental health difficulties and recently older people with dementia in the Dementia in Leeds Evaluation Project (2013).

Methods

At the start of the evaluation 28 women were said to have 'engaged substantially' with the service. This meant that they had undergone a course of therapy (either group therapy or individual therapy) with WomenSpace. This evaluation recruited from this group and so a total of 28 approach packs were sent out by WomenSpace on the evaluation team's behalf. The packs contained a letter introducing the project, an information sheet about the project and a reply-slip with a stamped addressed envelope (SAE). Participants were invited to opt-in to the study by contacting the evaluation team directly via the SAE.

The opt-in process ensured that participant's confidentiality was protected with WCTS staff unaware of who had come forward to be interviewed. Similarly, the evaluation team did not have access to information about those individuals not wishing to be interviewed who did not respond directly to them. All documents from the 'Participant pack' can be found in the Appendix 1.

Data collection and analysis

Qualitative interviews were undertaken using a semi-structured format (see appendix 1 for topic guide). It was designed to elicit women's views on the service they received from WomenSpace. A semi-structured format ensured that the data which were collected were relevant to the evaluation but ensured that individual meaning and ideas could also be captured. Participants were contacted by phone and text to arrange the interview and interviews took place at Oxford Chambers (the same building as WCTS but in another part

of the building). This meant that participants were coming to a familiar location whilst not being interviewed within the therapy service. A taxi was offered to participants although some chose to bring themselves to the interview. Participant interviews were confirmed and a reminder sent by text message.

Interviews lasted approximately one hour and, with explicit consent, were digitally recorded and transcribed verbatim. All participants were asked to sign a consent form and interview data were stored separately from identifying information to protect confidentiality. Confidentiality and the exceptions to this (in the event of significant and immediate risk to self or others) were explained at the start of the interview as well as being part of the information sheet. Participants were offered a £25 payment for their contribution to the study and out of pocket expenses were covered (including taxi fares, travel or bus fares)

Mindful of the risk of distress during the interview, participants were offered a hot drink and a friendly, informal environment for the interview to take place. Thought was given to how distress might be managed including an arrangement that WCTS could be contacted in the event of difficulties. The opportunity to stop, or take a break, from the interview was made explicit and an information sheet for other sources of support was provided to participants.

Consideration was given to making a clear distinction between the therapy environment and the research interview particularly given the difference in purpose and confidentiality between the two. The team did not want participants to disclose things which they would later be uncomfortable being analysed as data. Arguably, this aspect of consent is especially important where the interview may have echoes of the therapy environment to ensure that participants are fully informed about the nature and purpose of the undertaking.

Interviews took place with two interviewers. Having two interviewers enabled space for debrief after the interviews and support, as well as feedback and reflection on the process. It was hoped that this also made the interview feel less like a therapy session.

Results

Sample

Of the 28 approach packs distributed to women who had engaged with WomenSpace, 12 responded. This is an approximate 42% response rate which is high. Usually in this context a response of between 10% and 20% could be expected (partly because it is a dispersed population and most participants would never have met). The team considered what may have contributed to the level of response. It may be that the payment in recognition of peoples' contribution inadvertently acted as an incentive. To balance this significant time was taken at the interview to ensure consent was informed. The response rate may also be indicative of the investment which individuals feel in the service particularly as some of the individuals who were contacted were still in touch with WomenSpace. Finally it may be relevant to consider that women are generally more likely than men to come forward for this sort of exercise. Given that the project was only recruiting from a pool of women a higher response rate may have been expected.

All 12 women were interviewed. Their ages ranged between 18 and 60 years. The majority were White-British and with one individual identifying from a Black or Minority Ethnic (BME) background. Two women identified as relatively new mothers having been referred following input from the perinatal service in LYPFT (Leeds and York NHS Partnership Foundation Trust). The participants in this project were intended to be a majority of individuals who had completed therapy. In practice, six had completed therapy, of these two had recently completed group therapy. Three further women were still in therapy. Three women were returning to the service and at various stages with this: one was waiting to be seen, one was in therapy and one was in therapy having had an agreed break for several months.

Many of the women spoke about the role of trauma in their difficulties including difficulties with speaking up, finding it hard to talk about

or feel feelings, feeling fearful and anxious, 'freezing', becoming overwhelmed when talking about traumatic experiences and self-neglect due to mind and body being split. Participants were not asked explicitly about the nature of their trauma history as it would not be appropriate to do so in a service evaluation context. Nonetheless a number of women indicated abuse in childhood and some spoke of domestic violence and abuse in adult life. One participant described her mind as having 'divorced' her body many years before as a result of abuse. The therapy journey had partly been about a 'remarriage' so that she could care for herself properly.

Service received from WomenSpace

Three participants had received group therapy, whilst eight had received individual therapy and one individual had undergone group therapy followed by individual therapy. All appeared to have been in contact with WomenSpace for at least six months, with four individuals reporting more than a year of contact with the service. Of these, one had needed a break during their work with the service of several months and another had attended a group and then subsequently engaged in individual therapy.

Hearing about the service and first contact

A significant group of participants (n=5) had heard about the service via secondary care services (specialist mental health). Two had found out about the service themselves, two via primary care (one from a GP and another from the primary care mental health service – IAPT). Two had been signposted from Leeds Survivor Led Crisis Service (LSLCS) and one final participant had found out about WomenSpace via the University of Leeds. Two women commented that the service might increase

its profile at GP surgeries through providing information leaflets there.

A third of participants reported that they contacted the service via email having looked up the service on-line. Two of these individuals said that they felt concerned initially that they may have to pay for therapy from looking at the website. One person commented that the information on the website reassured them.

“I mean when I read about WomenSpace I thought, what, they’re not going to try and make me do this or make me do that or... they’re just going to accept me as I am, I was like... Yes I don’t have to fit, you know... if I’m a square peg trying to fit in a round hole that’s also fine, you know, it doesn’t matter.”

WS07

For another participant the website information stating it was a women only service was instrumental in her decision to contact the service.

Four participants telephoned the service to find out about self-referral. Two women reported feeling extremely anxious about making the phone call. One individual needed her community mental health nurse to support her with the call by staying in the room, whilst another reported that the person on the other end of the phone “was gentle” much to her relief.

The remaining four participants were either provided with a form by a worker or were not clear about the referral process that they had been through. One of these required significant help with completing the form from their community mental health nurse.

The project gathered feedback about the referral form which clients are asked to complete. One person, who had contacted the service via email, reflected that the form was difficult to fill in but easier than speaking face to face, whilst others felt that it was difficult to condense their experience and that they would have preferred a face to face conversation.

“I don’t really like the self-referral forms, I always find them a bit cold, and I don’t... I’m always really, really brief. I don’t have anything against like writing about my life or anything like that on one of those things, but I’d just so much rather talk to someone in person.”

WS06

Some found the process of writing about their experiences upsetting.

“I think some of the questions were a bit difficult, you know about self-harm, because it’s a hard thing to talk about, you know.”

WS08

“...having to write everything that’s going wrong in my life now, it’s a bit daunting. Because it was a self-referral and it wasn’t my CPN doing it for me, I had to list, you know, everything and it took its toll.... I found it really difficult and upsetting having to, you know, you’re having to think of everything that’s going wrong and list it all.”

WS03

One person commented that they found it hard to say what they wanted ‘out’ of therapy before they had engaged with the service. Having said that others described the form as “very basic” or “just standard”. In these instances it was not seen as problematic or any kind of barrier to accessing the service. Participants offered a couple of suggestions for improving this part of the process with one person wondering about whether the form could be filled in at the assessment jointly with the therapist and another suggesting that the service supply information about crisis services and other sources of support when they send out the referral form.

Coming to WomenSpace and assessment

Women were asked about the process of assessment for the service. Some reported that they had been seen by two therapists at the assessment stage. Some people commented that this had been difficult for them. One individual described this arrangement as “intimidating” and feeling “outnumbered” whilst others suggested it was “weird”. Only one individual positively highlighted being assessed by two people. For this woman it felt less intense and daunting.

“No I think two was better, it seemed kind of less pressure of having to... there wasn’t as much focus on one to one, it was... It was more like a bit of a chat.”

WS12

Several people spoke of high levels of anxiety at the assessment. One individual expressed concern about the level of distress which could be triggered by the assessment conversation. For another they described themselves as “scared” and she described being initially apprehensive about the therapy.

“She [the therapist] asked if I wanted a drink because she said to me, you’re very on edge. I was, I was like, oh... and I think it’s because I’d had three different lots of counselling, you’re thinking, oh here we again, it’s not going to work, and probably me no doubt. And as I say... and it got to the stage then where I want to go every week.”

WS09

One participant said that they did not feel anxious because they had previously had therapy within the wider WCTS. Others described the assessment process as “sensitive” and “very thorough” where the person said they felt “listened to”. This was in contrast to previous experiences.

“It was quite sensitive actually. It was done in a way that yes they did have certain questions to answer that are really almost sort of you roll your eyes at and like yes, no kind of thing, but they did it in a very acknowledging of that way and never patronising.”

WS05

Some commented on discussions regarding the choice of therapy (group or individual), the importance of being able to be involved in this decision. Assessors were said to be “understanding” of one participant’s reluctance to work in a group.

Practical issues

The location of the service in Leeds city centre divided opinions: for some it was ideal and accessible via public transport, for others it was deemed a stressful place to get to. In terms of rooms, some commented on the building in which the service is based. One commented on the windowless room in which she had her therapy, remarking that she would have preferred a room with a window.

Women only

The ‘women only’ aspect of the service was highly valued by some and it was suggested that it made for a better therapeutic environment.

“It [engaging in therapy] was terrifying because of how I feel about opening up and how I felt about actually for the first time in my life committing to a long-term process of shared work on myself. But the fact that it was a space that only women are in, has been so good.”

WS04

One woman requested that if a man was on the premises (doing maintenance for instance) clients should be notified via a notice on the door so that they could prepare themselves. Two of the participants had fled significant

domestic abuse and so a female focussed service especially important to these women. All in all a third of the women interviewed felt that this was a beneficial aspect of the service.

“The fact that it was women’s only felt important for me because the people who decide to work for a place which is specifically for women must have like women’s rights and that can’t be ignored...so that as well creates for me like a feeling of kind of solidarity and that was important as well.”

WS06

One woman explained that she felt the service was especially important for women who were traumatised.

“Because if women have problem with men like me, I don’t like men, especially Asian men and other men. If they’ve been abused or raped or, you know, children... if a young girl was abused and they didn’t want a man and where are they supposed to go? Their doctors might refer them to a man, but I don’t think they should. They should have somewhere there’s only woman and they can have just one to one, you know, they don’t have to have a group thing, you know. And if she can... you know, this is the best place for these woman.”

WS10

She argued that there should be more services provided specifically for women.

The therapy experience

Of those interviewed eight reported previous experiences of therapy. Of these three spoke about therapy in secondary care, one in CAMHS (Child and Adolescent Mental Health Service) and four in IAPT (primary care therapy). One participant reported that they had been ‘turned down’ for therapy in the NHS due to the nature of her difficulties but had subsequently

benefited from group work at WomenSpace. One participant reflected that they were unaware how positive the WomenSpace experience was until they had therapy elsewhere.

“I feel really bad because I used to say to the woman, I’d say, oh this is... I think this is helping but when I get some proper therapy I think I’ll feel much better... And then of course afterwards the other therapy was absolutely awful [laughs]... She [therapist] was very sympathetic and very kind...I’ve met people afterwards that aren’t like that at all...”

WS12

Some participants spoke of previous therapy being too short term. Speaking of primary care therapy one participant said...

“I actually found that they were like eight weeks, and it wasn’t enough. I actually felt abandoned, I’ll be honest...”

WS09

She went on to say about WomenSpace...

“I didn’t feel like they were getting rid of me. I felt I could get to the end of my journey and feel happy with myself. Before I felt like I was getting there and then I was going, I have to leave. And it’s scary. It’s so scary when you think, oh god I want to go back again. And I could feel these old feelings coming back. Every time I left I could feel... this time I felt sad for leaving but I walked away and I felt confident.”

WS09

For another participant shorter term counselling at University, in primary care and in another third sector organisation had led her to not attend her final sessions in those settings as she couldn’t face the ending.

“I saw a counsellor briefly, but I didn’t find her to be very helpful in how she responded to the limited way that I could express myself...I was put with a CBT therapist for ten weeks and she noticed very quickly that CBT wasn’t appropriate for me, so we mainly did talking therapy. But because I was aware it was only 10 weeks and because I have very severe abandonment issues, I found myself unable to go to all of the sessions, most particularly the last one, I couldn’t... and I also saw a counsellor at [third sector organisation] I got on really well with her but we were only allotted six sessions, and she said to me... that she could find out if she could extend our sessions longer than six sessions, and I couldn’t go to the next session to find out if that had happened...I found it really hard to open up properly knowing that it was going to be so brief because I find it really difficult to trust people.”







WS04

In these instances the time which WomenSpace provided to ‘work through’ these issues was highly valued and seemed to be helping these women to deal with the ending when it came.

Finally, in total three participants did not report having therapy prior to coming to WomenSpace.

Positive aspects of the service

Participants were asked about the positive aspects of the therapy experience and their contact with WomenSpace. The responses have been grouped here into six broad areas which were highlighted by interviewees.

-  Mothers
-  Pace of therapy
-  Respectful and accepting
-  The relationship
-  Developing resources
-  Peer relationships

Segments of interviews have been used here to illustrate the point in the women’s own words.

Mothers

The project interviewed two mothers with young children who had been referred via the perinatal service in Leeds. They reported that they found benefit from an intervention that focussed on them as individuals (rather than only as a mother). They reflected that the role of perinatal service had sometimes felt as though it missed their individual needs as women.

“I mean for that first year my problems as it were, were not tackled at all, it was just basically let’s sort you and [child] out, you know, you and [child], you and [child], you and [child]... But this is why it’s sort of... it wasn’t PND, I was eventually diagnosed with borderline personality disorder, so what I was feeling was what I’d been feeling for years previous.”

WS01

The other participant spoke of the need for sensitivity with regards to making links.

“Well I mean like my first experience was... I was going through postnatal depression, and my first experience of therapy was they were trying to tell me to link my childhood abuse to my [CHILD], and it’s just like, I’ve already not got a relationship with my [CHILD], and you’re trying to force an even bigger wedge between us. It wasn’t like that here.... Yes, everything that I’ve done, you know, she might have put input in there when I’ve not even realised how she’s done it, but you know, she’s let me come to terms with everything at my own pace. Nothing was forced.”

WS03

She also valued the opportunity to be with other Mums who were struggling and she felt this peer support might be something that WomenSpace could develop.

Pace of therapy

This was mentioned by almost half of participants. It was seen that WomenSpace was able to respond to the needs of women by taking account of the difficulties they might face with trust or their fears of being overwhelmed. So the therapist was described as 'not pushy' and people spoke of being able to go at their 'own pace'.

"Just I got on so much better with the woman that was dealing with me, you know, she didn't force issues. I went at my own pace and you know, if something upset me, you know, we'd talk through it. Whereas before at the other place it felt like it was forced down your throat. It wasn't like that here, you know, just you got there at your own pace and just went over what you wanted to go over."

WS03

The participant below benefited from the therapist not asking too many questions allowing her to manage the pace.

"I think for me it's the best thing to come here because I was in a wreck when I came, I was in a really bad state. Didn't know where to go, didn't know... explaining myself every five seconds. I felt like an idiot, you know, all the time. She just didn't ask questions she listened, she didn't make me feel that I needed to tell her anything she asked me, you know, take your time and tell me what you've been up to and what's happened, why you're upset. She didn't like demand it out of me, you know. Like I thought you know they're interrogate you and demand it out of you; she's never done that. She's been brilliant with me. She's not pushy."

WS10

Finally one participant highlighted the difference in the way that self-harm was discussed so that it didn't take over all

conversation. This was a marked difference for her.

"And it [self-harm] was only talked about if I wanted to talk about it, it wasn't pushed. I mean she's asked me like if, you know, if I needed hospital treatment, you know, she would mention that, but once she knew that I was alright she'd only talk about it if I wanted to talk about it. It wasn't like this massive thing...Like sometimes when you talk about self-harm it's that's like the most important thing...so you can't actually talk about other things, it's just purely that."

WS11

Respectful and accepting

A number of the women spoke about feeling patronised or 'like an idiot' in relation to self-harming behaviour. Some felt others assumed that they were stupid. The different way in which WomenSpace responded was important.

"To me it was just having somebody to listen that would listen to you, and you don't feel judged... they didn't speak to me like an idiot!"

WS03

One individual described how she found previous psycho-educational work patronising. The work with WomenSpace was a complete contrast to this. Women spoke about the non-pathologising, non-diagnostic stance which the service was able to offer in this area.

"They don't diagnose you, and it's just like chatting rather than someone sitting across from you and asking you loads of questions. Especially like to do with self-harm sometimes in a clinical environment it can be very like when did you do it, how did you do it, how deep did you do it and all those questions."

WS11

When women described feeling accepted by the service this extended across areas from sexuality to self-harm, to angry and sad feelings.

“With [therapist] I can be 100% myself ... Nothing I’d say would be disapproved of or inappropriate to say - I could say absolutely anything. And obviously you know, that’s from [therapist] with her sort of encouraging me to be free. I mean one thing she said to me when I was in tears one day, she said, ‘You can let it out here’. But it’s still hard, you know.”

WS07

These comments were especially pertinent since many of these women had experienced abuse and some had subsequent experiences of struggling to engage with or being dismissed by other services.

The relationship

For some the relationship with the therapist was the best thing about their experience of the service. Participants indicated that WomenSpace therapists were able to respond flexibly to their needs.

“Like, me and my therapist have a really special connection and she is really perceptive and very careful with me. But she also knows when to be firm with me. I feel like there’s been a great mutual respect for boundaries and space given for feelings, and I also really appreciate that she has shared some feelings with me that she has about our therapy ending.”

WS04

“If I was really uncomfortable I would be a statue until I was out of that situation. So I do kind of struggle with it a little bit...but then after a few weeks we talked about it, about the silence and that’s the thing that’s been very different to any other kind of therapeutic environment is that we actually talk about the therapeutic environment, which is really important for me. So yes, yes that’s really helpful.”

WS06

The following quotes suggest that participants felt valued and thought about within the therapy work and this was part of the healing process.

“The fact that somebody actually thinks I’m worth it, you know, I’m worth the time and effort.”

WS07

“...she was very kind and sympathetic ... If you told her something she’d always remember what you’d said or talked about, and she’d always pick up straight away on what had gone on since I last saw her.”

WS12

The responsiveness of the therapists working in the service came through repeatedly in the comments in the interviews both from those who had individual counselling and those who attended group therapy.

Developing resources

A number of women spoke about developing new resources through the course of their therapy. This was particularly noted through the group work, perhaps because it was more task focussed. So items such as a ‘self-care box’ which had been made in the group was

mentioned by more than one interviewee as a useful visual reminder for looking after themselves. Another participant had developed a number of visual images during the time in the group and returned to these images and metaphors as part of maintaining progress.

The use of art was especially valued as it created a different way of engaging and expressing feelings which one person commented on as having also been useful during individual counselling. For some in the group it was easier to engage gradually using art. One person was continuing to use art to maintain wellbeing.

Peer relationships

The group participants (n=4) who were interviewed commented on the importance of peer support. This seemed to help them to feel less alone and to counteract feelings of being different to others. One woman said she quickly felt ...

*“...its not just me,
I’m not a weirdo in the crowd.”*

WS01

...which is what she feared. She also appeared to take comfort from being with those who she felt she related to helping her to feel more able to speak.

“Just seeing other people and like knowing you weren’t the only one with those problems. And even if you felt like... I mean because it’s a big thing sort of talking about problems and that, but if you... when you eventually got the courage up to sort of say what it was there was always somebody there being able to relate to you.”

WS01

Her comments were echoed by another participant.

“It’s also like sort of someone who is in a similar position to you and you can just talk and sort of the whole empathy factor, instead of sympathy sometimes...you don’t feel as alone.”

WS05

Some participants felt that WomenSpace might do more in the area of peer support. One participant, who had individual therapy, said she would like to support others using the service.

“I think a lot of people could really do with like something resembling peer support when approaching therapy because if we were friends and you were saying this to me, what I would say is, do you want me to come with you?... Like if you were doing like an initiative where you were saying like previous service users, do you want to be part of like a buddy system or something, I would jump at that... I would be so interested.”

WS04

It appeared from the findings that the group therapy did offer a forum for some peer support. This area will be considered further in the discussion.

Difficulties

Participants were asked about areas that were more difficult about the therapy experience. For one individual hopelessness got in the way initially as she felt that the therapist would not be able to help her. She described having to ‘stick with it’ and was helped to do this by the encouragement of her mum. She subsequently benefited from the therapy.

Three individuals referred to “silence” during the therapy sessions as one of the most challenging aspects. All three were enabled to engage with the therapy however. One described silence as “horrific” but the therapist adjusted her approach to ask more question to help her. Another participant said that she couldn’t deal with silence.

“...at first I was a bit kind of put off because she didn’t ask a lot of questions and it was... I don’t deal with silences very well, it makes me... I can’t break a silence, but then she didn’t want to direct my thoughts, so it was like a standoff. But then I was really uncomfortable with the silences. Because in the past I’ve been really awful at like being open, and I have... if I was put in a situation like this or anything even if it was an adult asking me if I was okay or something, I just wouldn’t move, I wouldn’t speak.”

WS06

Fortunately in this instance the participant reported that she and the therapist were able to discuss this in order to progress with the therapy. The third individual said that silences remained difficult for her and that she would have preferred more direction or structure in the session.

The length of the therapy came in for comment from a couple of people. One person had six months of therapy and was under the impression that this was the maximum that the service could offer. She felt that she would’ve liked longer. The other person who commented on the time limits of therapy was a participant who had attended the group. She felt that she would’ve liked the groups to last longer per session with a longer break in the middle when they could socialise. Having said that she preferred the group which lasted nine months than the one that lasted three months. She felt on balance that she would rather have a shorter group meeting spread over a longer time

than have a longer meeting over a short time. Nonetheless her ideal situation would’ve been a longer group over a longer time!

One person commented that they felt that the end of the therapy had not been adequately planned and had come as a bit of surprise. She wondered if the therapist had forgotten to mention the ending. She would’ve liked more planning.

Finally some comments were received about the art in the group therapy. Art activities in the group were highly valued by participants. One interviewee commented that she had preferred the art group where the art was used as a discussion point in the therapy (in the first art group). In the second group she attended she felt the art was happening alongside the discussion but was not as integrated into the therapy. She reflected that in the second group she was more likely to use the art work to “zone out” and to avoid engaging and so felt it was not as productive.

On further discussion with WomenSpace it is understood that the service ran two groups. The first was a psycho-educational group with things to ‘take away’ from the group and was more structured. The second group was intended to be an art therapy group stretching over nine months which was less structured. The project found that the participants struggled to manage the less structured approach of the second group and so adapted the group format as it progressed. These findings suggest that this participant was aware of the differences between the two groups and consistent with therapists’ experience found the second group harder to access initially.

Changes and outcomes

Self-harm and coping with crisis

WomenSpace was established for women who use self-harm. As such the evaluation wanted to establish who the project (WomenSpace) had been seeing, any changes in self-harming behaviour, as well as the project's contribution to this. Participants were asked specifically about self-harm. All but one of interviewees spoke of self-injury (mainly cutting themselves or burning themselves) and of these two also spoke about taking overdoses. One participant spoke about taking overdoses only. Two individuals spoke about the role of self-neglect, linking this to self-harming behaviour including neglect of diabetes, sustaining injuries through falling and not seeking treatment, maintaining abusive or exploitative relationships and excessive drinking and/or drug taking.

Three individuals stated that they had attended the Emergency Department as a result of self-harm, whilst some reported not seeking treatment deliberately. Two women said that they went to the out of hours GP and in one case a friend (who was a nurse) was treating the self-harm. One interviewee did not detail whether or not they had been to hospital or sought medical treatment

All participants reported a reduction or stopping self-harming behaviour. Some of these changes were very marked, see table below.

Before WomanSpace	After WomanSpace
Self- injuring daily	No self-injury for 2 months
Overdosing 'every few weeks' over last 7 years	No overdoses for 6 months
Self-injury every two weeks over last 10 years	No self-injury for 6 months
Self-injuring several times per day	Reduced – alternate days
Self-injury and overdoses	Stopped since December 2013.

Some reported attending medical appointments as being evidence of improved self-care or removing themselves from exploitative situations. Two individuals spoke about actively attending to their own needs in contrast to previous times.

“...it has helped me to get in touch with myself and feel less uncomfortable about the fact that I have needs, and it is okay to express those needs and seek for those needs to be met. ”

WS04

“I think it does help you recognise that it's not a sin to put yourself first and to say, I need to do this. ”

WS02

One individual reported that she had reduced the frequency of the self-harm in the six months since leaving WomenSpace but the self-harm was more severe when it occurred. She had since re-referred herself to the service.

Others spoke about some of the mechanisms which WomenSpace had helped them to develop to deal with crisis and avoid self-harm. These strategies were particularly identified by group participants (perhaps because they were made more explicit in groups?) but also came through from those who were seen individually.

“I just used to effectively become very almost actively suicidal, making plans, stuff like that, whereas now it's more passive stuff like I would rather not be here, but that just ends up me usually going home and maybe having a sleep, as opposed to doing stuff like overdosing. ”

WS05 (former group participant)

“...and that’s a big thing that WomenSpace has helped me do is not... like the work we’ve done in the group and what have you has helped me sort of go right, when I’m feeling like that, when I’m starting to feel like that, putting things in place to not get me to that point. ”

WS01 (former group participant)

“I’m a lot calmer now. I think she [therapist] just... taught me not to, you know, to sit and think about it rather than like I was very volatile and my first reaction would be to start attacking myself.... just the way she made me see not to go with my first reaction, not to... try not to be quite so dramatic about everything. ”

WS12 (individual therapy client)

One participant said simply that she was “...not panicking as much”. Others gave examples of stressful life events: being involved in a road traffic accident, illness in their family or the death of a friend. In these events they reported handling things differently reaching out or dealing with emotions differently.

“I definitely deal with that [crisis] differently now. Like in the past I would not really actively do anything about it, I’d just either self-harm, or I would like get in bed... in fact I don’t even think I’d do that... I literally just didn’t have any coping mechanisms at all... Whereas now if I feel... like self-harming now, even though I’m pretty confident that I’m not going to, I will leave the house and I will go for a walk just even though I don’t have anything that I could self-harm with anymore in my house anyway. But I will leave the house to try and like... To like shake myself off of it or something... So it feels more... I don’t think I really have a huge amount of coping mechanisms really, but what I do is more active now than before when it was just kind of passive. ”

WS06

Overall then the results would tend to suggest that WomenSpace has been effective in addressing self-harm in these women as well as helping women find other ways of dealing with crisis. For two of the individuals, however, this had been hard to maintain after therapy finished and both were seeking to re-engage with WomenSpace.

Use of other services

It was notable that a significant number of women who were interviewed had not sought medical attention when they self-harmed. Nonetheless as detailed above a number of women had reduced self-harming or stopped. A total of eight women spoke of contact with secondary mental health care. Three were no longer in contact with the community mental health team. Of these two were discharged (one of these was immediately after assessment and the other was discharged which she appeared upset about). The third individual reported that they had finished with the community mental health team and were happy. Two participants reported reduced contact with secondary care, one reported that they were just beginning to engage with mental health services. A further two reported no change in their use of mental health services.

In terms of crisis services there was some evidence of a reduction in service use for some participants. These numbers were affected by the fact that a significant number of participants were avoiding crisis services such as the Emergency Department (ED). The reports above indicating reduced self-harm and better coping mechanisms suggest a reduced need for crisis services such as the out of hours GP or the ED.

Relationships and isolation

Participants spoke about experiences of loneliness and isolation as well as changes in relationships following their support from WomenSpace.





One participant linked loneliness directly to self-harm.

“That’s when I’ve cut myself because I’ve got nobody”

WS08

Others spoke about difficulties in relationships. One participant reflected that she had ‘cut ties’ with friends during the period of post-natal depression. Some spoke of experiences of being abused or exploited in relationships whilst others described difficulties engaging with anyone.

Participant spoke about four key areas of relationships where there had been changes:

-  Family relationships
-  Intimate/couple relationships
-  Friendships and social contact
-  Asking for help or support

Family relationships

Four women reported changes in family relationships since beginning therapy. These changes were seen as positive. For one participant she stated that she struggled to recognise the changes herself but felt that her husband would have said that there had been changes. This individual felt things had worsened for her since she left WomenSpace and she had re-referred herself to the service. Another woman felt that the service had given her a relationship with her mum:

“...I think what Women Space has given me is my relationship with my mum...some of the things I found difficult with my relationship with my mum I’m able to think more about it and try to understand why she reacts in certain ways and why I react in certain ways, and what that comes from.”

WS11

For some the changes in family relationships were about managing the demands of others or putting in boundaries to interrupt patterns where they felt that they were being exploited.

Intimate/couple relationships

Four women mentioned couple relationships. Two of the women we interviewed said that they had come out from marriages where there was serious domestic abuse and violence. Of these, one was in a new and more supportive relationship.

Another participant said that she had used bad relationships as a form of self-harm. She had consequently taken a significant break from relationships but had recently stepped into a new partnership which was identified as progress. The environment of the relationship was reported to be different: She said that she was taking a more cautious approach than previously. This was seen as a positive step.

One participant spoke of the improved relationship with her husband, feeling that she could talk to him more and reach out to him.

“We work together now and we go to appointments together and we talk and... so a lot has happened in my life, I’ll tell you, but we deal with it. We have bad days ... but we’re talking more; do it together”

WS09

Friendships and social contact

Seven women spoke about issues relating to friendships and social contact and five reported direct improvements in this area. One individual explained how she had re-established friendships since completing work with WomenSpace.

“I’ve actually got in touch with a girl that I went to primary school with who I’ve always kind of kept in touch with on a sort of five or ten yearly basis, and some of my old work colleagues.”

WS02

Another woman spoke of taking steps to establish friendships and maintain them.

“It’s like I feel more comfortable being around people, like social anxiety was something that I struggled with a lot...since making a few more friends and having the confidence to maintain those friendships, you know, like texting people first and like sort of seeking out people to spend time with, I’m actually finding that I’m not as nervous as I thought I would be, that nothing bad has happened and that like actually they want to spend time with me too...”

WS05

One individual reflected on a change in her attitude realising she could ‘choose’ her friends and step-out of exploitative relationships.

“I have had such a tendency to welcome people into my life who have been abusive, and actually while I have been in therapy I have cut out like what I think is the last of them...”

WS04

One group participant felt that the group had provided an environment where she had established friendships from a place of extreme isolation. She also felt it had helped her to understand others better as well as herself.

“Like one of the big things that I’ve done that I’ve found really helpful is like recognising and dealing with emotions, not just yours but like other people’s as well. Because one thing that I have a real problem with, and I mean it’s still there but like I now know how to tackle it, is reading people the wrong way.”

WS01

For another simply mixing with people, going out and about had been a breakthrough.

“I’m going out, literally general things. It was like my husband would say, come for a meal, and I wouldn’t go. I go for a meal once a week [laughs]. I get a bus... I’m not saying I don’t get taxis but I try and get buses so I’m mixing with people.”

WS09

Asking for help or support

Finally five women expressed the view that they were now more likely to seek help or support from within their network to ‘speak up’. This seemed to be linked to changes in levels of confidence, an increased sense that talking might help to prevent self-harm or crisis and increased confidence that others might respond.

“I was scared, but I felt like I had the support of my family. Like before I had nobody... well I felt like I had nobody, I was on my own, so I knew then I had people there that I could turn to if I needed that little bit of help.”

WS09

Another participant reflected that she was more ready to ask for help than before. In the past she would have used alcohol or drugs. The role of increased friendships networks was mentioned by two women.

Other changes

The project picked up a number of other changes in women's lives:

Confidence

- Increased confidence – 'speaking up'.
- Managed to get in a taxi for the first time to come to the interview.
- Returning to driving after 20 years of not driving.
- Getting out and about.

Changes in thoughts/ feelings

- Eating disorder worse but is allowing herself to express emotions more (still in therapy at time of interview).
- Stopped looking for 'an expert' to find answers in others.
- Feeling more like your real self.

"I felt like I'd got a bit of me back, if you know what I mean."

WS09

"I'd say that it has helped me be a truer version of myself because it has helped me to get in touch with myself."

WS04

Employment

- Going back to work after 1 year on sickness
- Starting her first job
- Doing a CV for a job and seeking employment

Education

- Starting at University
- Starting a computer class

Self-care

- Having a proper haircut instead of doing it herself.
- Attending to her physical health appropriately.
- "I'm still alive".
- Attending 'slimming world' and dealing with weight.

Messages to other women

Finally we asked women what message they would send to others contemplating coming to WomenSpace. A frequent piece of advice for others seemed to be to persevere with therapy even if you are uncertain at first. Below are the comments from the women

"Really trying to get every negative thing you've ever had to deal with and just open your mouth and talk. Because the sooner you do it the easier it is. Because both [therapists] are just gorgeous and not once have they ever made... they've never made me feel like I shouldn't have said something or out of place or anything like that. They never made us feel like we're like a patient as it were, and we've all said that in the group. And being able to recognise that it's a big thing and ... not just recognise it but also know that there is that space there to talk."

WS01

"I would say, which is something I said in therapy, which again had an impact on the others, that you shouldn't come to therapy thinking that it's an easy ride. It's not about wearing comfy slippers, it's about going to those places that you're not comfortable with, but you need to go to in order to grow and move on and develop. Sometimes you need your comfy slippers when you're probably triggered and that's when you probably need to take better care of yourself. I think it does help you recognise that it's not a sin to put yourself first and to say, I need to do this."

WS02

“In terms of summing up WomenSpace I think it’s fucking brilliant, I don’t know what else to say about it.”

WS04

“Yes I would say try it, like it might not work for you there but it was really helpful for me. And like to be honest with almost any form of treatment I suggest people give it a try, and it might not work for them because I’d not going to pretend like everything works for everyone, but I’d seriously suggest giving it a go ...I might warn you a little bit about the assessment because sometimes it’s quite... it’s really quite triggering for some people. Like the questions that brings up... but that’s in any assessment for any mental health service I’ve personally found...I think they do it in a way that does almost cushion the impact of it.”

WS05

“She [therapist] just gives me like the time that I need to kind of talk through things that I need to talk through, and I mean I imagine I could probably say the majority of weeks I’ve talked about the same thing, but it doesn’t matter because I can just go over everything however many times I need to.”

WS06

“I would definitely recommend it....Because I think it actually helped me. I think people need help now; I think there’s too much going on in society with people with money problems, everything. And I think people don’t understand unless they’ve been through it. I actually felt I was the only one in the world with all these problems and people do not understand it, until you actually have been there on that lowest part.”

WS09

“I’d say this is the best place to come if you’ve got no one else. You know, if you’ve got a really bad... well I recommend this to every woman, everybody, because I think if we didn’t have this I swear to god I would have had a nervous breakdown. And I would have done something bad.”

WS10

“100% give it a go...You can let it out here. But it’s still hard, you know.”

WS07

“It’s more informal and...you won’t get like diagnosed...and it’s not... yes it’s not a clinical kind of environment. Because if you’ve been in NHS services and you’ve... I mean I haven’t used the crisis thing but I know a lot of people who have and my dad was in a mental health hospital as well, so I kind of know how all that works, and it’s very, very different to how WomenSpace works. And I think it would be good for people to know that because it would make them more relaxed about coming.”

WS11

“It just helped having someone to talk to, someone who was impartial. Because I’d get friends who wanted to talk about stuff and sometimes when you saw them you didn’t want to think about anything or you just don’t want to tell people stuff. You’re going to carry on being friends with them when you stop feeling rotten aren’t you, so you don’t want them to know the awful stuff... So it kind of helps having someone who is not involved who can give you an opinion on it.”

WS12

Summary and recommendations

This section will further consider the emerging themes from the evaluation and make recommendations for service development.

Referral

During this project women commented on the process of referral. Some commented that they felt that the service should be more widely publicised particularly at GP level. Nonetheless WomenSpace report good levels of signposting from the NHS overall from their routine monitoring.

It is clear from the findings that the step to contact the service was daunting for some and that the response which they received (gentle, prompt etc.), was conducive to them engaging. Since the project recruited from those who had 'substantially engaged' with the service it is hard to know if others have been put off by the referral system.

The referral form came in for some comment. Some had clearly found it difficult, particularly detailing difficulties or identifying potential outcomes before beginning therapy. One participant had required someone else to complete the form on her behalf. Some felt the form was too long and too detailed. It is understood that WCTS has a different, more detailed referral form than WomenSpace and so it may be that some participants were referring to the WCTS referral form. In general women who referred by email liked being able to complete and return the form in this way and it afforded them the opportunity to ask clarifying questions. Seeking clarification was less straight forward for those completing hard copies.

Two ideas were put forward during this evaluation to improve the referral system:

- That help might be offered to complete the form or a face to face meeting.

- That the service might provide contact numbers for crisis services and other sources of support along with the referral form.

The latter may also have the benefit of ensuring that women are made aware of other support that is out there even if ultimately they decide not to engage with WomenSpace.

The internet appears to be an important access point for some women to the service. The feedback regarding the website seemed positive although the project revealed that some women had been mildly confused by the different arrangements regarding payment. WomenSpace is a free service in contrast to WCTS in general where not all services are free as clients are expected to make a contribution according to their income.

WomenSpace may wish consider further the number of people contacting the service and the number who go on to refer to check whether certain populations are being disadvantaged by the process. The project may also wish to review their referral form and website in light of the findings here.

Recommendations

- Consider providing more publicity information to GP practices
- Review referral form/ process in the light of the findings of this report
- Include information about other sources of support when referral form is sent out
- Review the website to ensure that it is clear that WomenSpace is a free service.

Therapy experience

Trauma

The impact of trauma was reported by many of the women interviewed for this project. This report appears to indicate that WomenSpace have specialist skills to offer to these women as well as providing a context which is

welcoming. An accepting, non-judgemental and well managed therapy, which included a respectful approach to the pace of disclosure and therapy appears to have been welcomed by these clients. Arguably there are particular risks with women who have been traumatised of re-traumatising them or overwhelming them during the therapy to such an extent that they disengage and may be harmed by the process. So it might be seen that managing the pace, indeed helping the women to manage the pace, is absolutely essential. Women reported a different environment and approach to self-harm when contrasted to emergency services and in some cases to other mental health interventions within the NHS. The context of WomenSpace is able to provide a different environment for these women arguably as a result of being located in the third sector. The requirements of statutory providers in terms of addressing and managing risk, as well as the time pressures means that in practice it may be difficult to replicate the provision in a statutory sector context. The process of self-referral may also mean the women who engage with WomenSpace are perhaps more ready to address some of their difficulties but need the right environment to do so.

Length of therapy

Many women commented on the length of therapy and some contrasted this to other therapy. 'Trust' appeared as a major theme in this evaluation, revealing that for those interviewed it took time to be able to establish a relationship. This may be as a result of trauma or abuse, in some cases, and for some it was about managing relationships. It did not appear that providing longer term therapy created dependence as some might fear but rather it seemed to create a platform for women to find the confidence to face the ending of the therapy. It was striking that several women had received repeated bouts of short term therapy from which they had felt little gain perhaps suggesting that providing consistent longer term therapy in these cases is much more cost effective. This can be argued on the grounds of both economics from the commissioners'

point of view and perhaps as importantly, emotionally for the women involved.

For some women the end of therapy remained an area of considerable difficulty and adequate planning of this, particularly for this client group will remain essential. Of the three women who had come back into the service it appeared that two had struggled to maintain the changes made in therapy. This may indicate a lack external support to help maintain the change or it may indicate more severely entrenched difficulties. This may be an area where further work could be developed in terms of thinking about maintaining wellbeing whether that be through other community support or other support within WomenSpace. It was perhaps encouraging that both women chose to return to WomenSpace when they felt the need and that they felt capable of approaching the service.

Groups

Three participants had attended groups and made comments related to these. It is clear that the group work was highly valued creating a potential platform for peer support as well as providing more explicit coping mechanisms. These appear to have been gleaned from group sessions. Art was a feature of these groups. It appeared that the use of art materials was beneficial for all participants providing a way of beginning to engage in the therapy. The first psycho-educational group which used art received some very positive feedback. It seemed that for those that went on to the next therapy group the role of art and the structure was less clear and this may be something that needs some further thought. In summary some of the things which women particularly valued from group work were tangible outcomes such as having the 'self-care box' and ideas and images which had been developed in the group which they subsequently used to manage difficulties.

Women




The report indicates that the women only aspect of the service was important to some women, creating a safe space to consider

difficulties, often related to abuse by males or difficulties in relationships. One woman requested that the service indicate if men were in the offices (for instance workmen) by putting a sign on the door so she wasn't shocked. This is something WCTS may wish to pursue.

There was a sense of solidarity with female therapists which was very important for some and it confirms the role of these female only spaces as still important and relevant. The service may use this as a vehicle to argue for more women only spaces and better attention to issues related to gender across mental health services.


On a linked note, the role of motherhood was mentioned specifically by two women who had come to the service after being seen in the perinatal service in Leeds. The evaluation team noted that to be seen in their own right, away from their child and their relationship to their child, was an important difference in their experience. Nonetheless they also wished for more opportunity for peer support between mothers and suggested that WomenSpace might develop this. Through this report it may be useful for WomenSpace to strengthen their connection with the perinatal service. Both participants indicated that their difficulties predated the birth of their children so it may even be useful for WomenSpace to be involved at an earlier stage working individually whilst women are still being seen in the perinatal service.

Recommendations

-  Indicate to women using WCTS if there are men in the offices.
-  Continue to lobby for women only spaces within mental health contexts and to work to ensure the needs of women are recognised in the provision of mental health services
-  Improve links with perinatal services in Leeds and perhaps explore partnership opportunities

Peer support

Peer support was mentioned by several women and was a particularly valued aspect of the groups. It was especially important for those who felt isolated or ostracised by the difficulties. It may be that there are opportunities to develop peer support work after individual therapy through the provision of groups or supported transition work towards other peer support forums. This report recommends that WomenSpace explore these opportunities further.

-  Explore mechanisms for peer support either within WomenSpace or through other agencies.



Overall impact

There is some evidence to suggest that the service did reduce use of other services and in particular crisis and emergency services. Nonetheless increased use of appropriate services can be a positive outcome for instance, receiving treatment for self-harm or attending to physical health issues such as diabetes. In addition, accessing appropriate mental health services might be seen as a step forward for some. What is striking from the findings is the reduction in the levels of self-harm. It would appear from the findings that in this area the service has been highly effective. There was evidence of increased levels of confidence, better 'coping' and improved relationships all of which suggest that the service is effective and each of which should help to improve resilience, wellbeing and reduce service use. The report supports the effectiveness of WomenSpace in this area and suggests it has an important place in the provision in Leeds.

It was notable that many women had not used the Emergency Department suggesting that the project may be reaching women who have been more reluctant to seek help for self-harm. The service appears to have been effective (judging by those who came forward) at reaching some of those in contact with secondary mental health care. Nonetheless women regularly using the ED were less visible in this project and none of the participants in this project had

heard about WomenSpace via ED or associated interventions. It maybe that these women are being seen at WomenSpace but are less likely to come forward to participate in the evaluation or that these women are proving harder to reach for the project, perhaps due to the self-referral process meaning that individuals have to at least be prepared to consider a talking therapy. It may also be that the profile of WomenSpace is not as visible in these services. In the first instance it may be useful to track any referrals coming through this route. Should it be the case that the numbers coming from this direction are low, then WomenSpace may wish to develop through linking up more with Leeds Teaching Hospitals Trust and Liaison Psychiatry/ Self-harm Team / Mental Health Crisis Team to ensure that those who are seen in ED as a result of self-harm become aware of the service at an early stage. In addition it may be useful for WomenSpace leaflets to be available through ED if they are not already.

Recommendations

-  For the WomenSpace project to continue to provide therapy for this client group.
-  More effective links with Leeds Teaching Hospitals Trust and Liaison Psychiatry/ Self-harm Team / Mental Health Crisis Team to ensure that those who are seen in ED as a result of self-harm become aware of the service

Conclusion

Overall WomenSpace is a highly valued service with some striking outcomes as identified in this report including significant reductions in self-harming behaviour and reduced service use as well improved relationships. The service provides a 'safe' 'women only' space in Leeds which is valued by women. The report has sought to bring to life the comments of the women who kindly shared their experience of the service with us and has identified some areas where the service might develop and improve.

Limitations of this evaluation

It should be noted that this project is a service evaluation (not research). As such it has sought to feedback on the experience of women using one service in Leeds which employed four part-time workers over its lifetime. The feedback therefore reflects the work of four individuals in particular and the organisational context within which they were sitting.

The project recruited from a pool of women who had 'substantially engaged' with WomenSpace. It is known from routine monitoring that whilst around a third of overall referrals are self-referrals, monitoring appears to indicate that these individuals are more likely to engage. The rates of engagement are apparently lower for those who were referred by another agency. This evaluation project spoke to those who engaged. This means that a project such as this would be more likely to speak to those who self-referred overall and less likely to identify barriers to access since those interviewed had managed to overcome any barriers. Additionally it might be argued that those who had substantially engaged would tend to be more satisfied with the service overall. Women who have self-referred to a counselling and therapy service are also more likely to be open to the idea of talking as a way of addressing difficulties.

The response rate for the evaluation was excellent which means we can be reasonably confident that the comments of the participants paint a useful picture of the experience of substantially engaging with the service. Nonetheless the method of recruitment, through opt-in via an SAE, may have acted as a barrier to those individuals who struggle to engage with things more generally.

All participant materials were compiled in English meaning it is possible that those for whom English is not a first language may be less likely to come forward to participate.

The project is a qualitative study which can provide some rich and useful feedback to WomenSpace. Nonetheless it does not claim to represent the experience of each and every individual woman accessing WomenSpace.

APPENDIX 1

Participant pack

Invitation to take part letter

Judy Beckett
WomenSpace Evaluation Project Team
Leader
c/o Womens Counselling and Therapy Service
3rd Floor
Oxford chambers
Oxford Place
Leeds
LS1 3AX
11th March 2015

Invitation to take part

The WomenSpace project, part of the Womens Counselling and Therapy Service (WCTS) have asked an independent evaluation team to talk to people about the service they received from WCTS. I am contacting you on behalf of that team.

We would like to speak to people who saw a therapist or took part in a group at WomenSpace. The evaluation team can offer you £25 as a 'thank you' if you take part in a short face-to-face interview with us. We will also cover travel expenses (including taxis). We will be asking you about your experience of the service. You will not be asked to share personal information unless you wish to.

More details about this evaluation are included with this letter. If you are interested in taking part in this evaluation, please return the reply slip attached to this letter in the envelope provided (it does not need a stamp). If you respond you will then be contacted by a member of our team to arrange a mutually convenient time when we can speak. We are only able to talk to a limited number of people, so people will be contacted on a 'first come, first served' basis.

Copies of this letter are being sent to people who were seen in the WomenSpace project at WCTS. The staff at WCTS are sending out these letters on the evaluation team's behalf. **The evaluation team have not had any access to your personal details.** If you choose to take part the staff at WCTS will not know that you have made contact with us.

If you do not want to take part in the evaluation please ignore this letter.

Many thanks

Judy Beckett (WomenSpace Evaluation Project Team Leader)

Reply slip

Please use this reply slip to tell us that you would be happy to be interviewed.

Name: _____

Address: _____

Your contact telephone number: _____

(Remember we do not have access to your personal details so if you do not include your number here we will not be able to contact you)

What is the best time of day to contact you? _____

Information sheet (Information for you to keep)

You are being invited to take part in an independent evaluation of the WomenSpace project based at The Women's Counselling and Therapy Service (WCTS). The information below may help you decide whether or not you wish to take part.

What is the evaluation about?

Judy Beckett and a small team of independent researchers have been asked to undertake an evaluation of the WomenSpace project which was set up for women who self-harm. We've been asked to find out people's views on the service they received. We're interested in hearing about your experience of therapy and support from WomenSpace. We would like to be able to produce a report to provide feedback to WCTS.

Who has asked for this evaluation, and who is paying for it?

The charity, Women's Counselling and Therapy Service have asked for the evaluation, and they are paying for it.

Why have I been contacted?

Everyone who has engaged with the WomenSpace project substantially is being invited to take part in this evaluation. Letters are being sent out by WCTS on the evaluation team's behalf – so we have not had any access to your personal details. If you choose to take part in this process, we do not need to know about the reasons why you contacted WomenSpace. We would like to ask you about your experiences at WomenSpace, what you found helpful and any ideas you may have about how this service might be improved. The staff at WomenSpace will not know you have made contact with the evaluation team and taking part will not affect any current or future service that might be offered to you by Women's Counselling and Therapy Service.

Do I have to take part in the evaluation?

No, it is completely up to you. If you do not want to take part you can ignore this letter and you will not be contacted again. You can agree to talk to us face-to-face now but you can change your mind at any time before the 10th April 2015 and withdraw from the evaluation.

What will happen if I say I want to take part?

If you decide you would like to talk to us face-to-face, in an interview, a member of our team will contact you to arrange a time convenient to you when you could speak with us. The interviews will take place at Oxford Chambers in a different office area to WomenSpace but in the same building. A taxi will be provided for you to transport you to and from the interview, or you can make your own way there and we will pay travel expenses. You will be given £25 as a 'thank you' for taking part. We would like to make an audio recording of your interview so that we can accurately record your views and experiences but we will ask your permission to do this. If more people come forward than we are able to interview, then we may not be able to speak to everyone. If we cannot interview you we will write to let you know.

Will the personal information I share be kept confidential/ private?

Yes. Your name will not be included in any recording or any final report and the evaluation team will remove all information which may identify you. Staff at WomenSpace and WCTS will not know that you have spoken to us unless you tell them. The only time we might not be able to keep things confidential is if there is a risk to you or someone else, but we will always try to discuss this with you first before speaking to anyone else.

What are the possible good things about taking part?

You get to have your say about the services you received and it may help to improve services for others who have experience of self-harm. You will receive £25, as a 'thank you' in recognition of your time and travel expenses (including taxis) if you are interviewed face to face. Some people like talking about their experiences and you may be helping others by helping to improve services.

What are the possible bad things about taking part?

Occasionally, people find talking about their experiences upsetting. Sometimes the results

of this sort of process can take time to have an effect on services, so you may not see an immediate change and this can be frustrating. Talking to us is likely to take a bit of time (probably about an hour) so make sure you are happy to do this.

What will happen to the results of the evaluation?

We will bring together the things that people tell us about the WomenSpace service. A report will be written about the how this service is currently working, which may include ideas and recommendations for how things could be improved. This will be sent to WomenSpace at the Women's Counselling and Therapy Service and will also be made available to funders. We will also send you a copy of the report.

What if I am unhappy with the process?

If you have a concern about the evaluation process then you can contact Tessa Denham, Service Manager at WCTS at the address / phone number at the end of this information sheet.

What should I do now?

If you wish to take part, please send back the reply slip (attached to our letter) in the envelope we've provided (it does not need a stamp) to express your interest in being interviewed face-to-face. We look forward to hearing from you.

Many thanks
Judy Beckett and the Evaluation Team.

If you have further questions please contact Judy Beckett and the evaluation team:

Tel: 07513 951 843

WomenSpace Evaluation Project
Womens Counselling and Therapy Service
3rd Floor
Oxford Chambers
Oxford Place
Leeds
LS1 3AX

0113 245 5725

APPENDIX 2

Interview resources

Consent form

Interview code _____

I agree to being interviewed for the evaluation of the WomenSpace project. I have received a copy of the information sheet. I understand that the information I give will be used to develop a written report but that no information will be included which could identify me (for instance my name)

I agree to the use of anonymous 'word for word' quotes from my interview

I understand I can stop the interview at any point or withdraw from the evaluation and it will not affect any service I might receive from Womens Counselling and Therapy either now or in the future

I agree to an audio recording being made of my interview.

Signed: _____

Date: _____

Interviewer Initials: _____

Date: _____

WomenSpace Evaluation Project
Womens Counselling and Therapy Service
3rd Floor
Oxford Chambers
Oxford Place
Leeds
LS1 3AX
0113 245 5725

Interview schedule

Topic guide

- 1 Welcome and introductions.
- 2 Re-explain terms of confidentiality.
- 3 Remind participant that they don't have to answer questions and just to let us know if they would prefer not to answer something and we can take a break at any point.
- 4 Explain that it should feel more like an informal chat.
- 5 Sign Consent form and organise money.
- 6 Switch on digital recorder – record date, time, interview code and name of interviewers.

Reminders of purpose:

- 1 Changes in use of services.
- 2 Changes in clients' relationship with themselves and others, ie how well they understand themselves and do things differently in relation to themselves and other people (and what has specifically helped them to implement the changes).
- 3 Changes in experience of life wellbeing, employment / training etc.
- 4 For the project and its development we'd like to know what aspects of support women feel are most useful and if there are any other suggestions for types of support that we don't currently offer.

Opening Questions and first contact with WomenSpace

- 1 When did you first contact WomenSpace?
- 2 How long were you coming to WomenSpace for (approx. months, weeks)?
- 3 What sort of support did you receive from WomenSpace:
 - Group work?
 - Individual therapy?
 - Other support?
- 4 Can you tell us a little about your situation before you came to WomenSpace?
PROMPT: Which services were you receiving support from:
 - Mental health services?
 - Crisis services?
 - Did you have hospital attendances?
 - A&E?
 - O/N stays?
- 5 How did you hear about the service?
- 6 What happened when you first got in touch with WomenSpace?
 - What was helpful about that?
 - What could have been improved?
- 7 Can you tell me what it was like coming to WomenSpace?
 - What was good?
 - From your own experience what might be improved/ how could they make the service better?

Outcomes

We have been asked to find out about the impact of WomenSpace on women's lives. We would like to ask you about this.

8. Have there been changes in your life following the support from WomenSpace?

- Ask about isolation/ loneliness
- Other changes? Relationships? Ways of coping? Dealing with feelings? Understanding yourself?
- Did/ how did WomenSpace contribute to that?

- 9 WomenSpace was set up for women who had harmed themselves. Can you tell us how WomenSpace helped with that?
- How was that helpful to you?
 - Were there any ways in which it was not/ less helpful?

- How has the amount of support you need from other services you use changed? - A&E visits, in patient stays? Dial House attendances? CMHT etc?
- Has how much you hurt yourself changed over time?

- 10 Can you tell us about any changes in the ways that you handle a crisis now? (coping strategies)

- 11 The service was asked to help women develop more confidence and ability to manage crisis - can you comment on the impact the service may have had on your confidence in this area? (Confidence in those strategies)
- What signs have there been of any in changes in your levels of confidence overall?

Overall reflection

- 12 If you were recommending this service to a friend what would you say to them?

PROMPT: What would be important for them to know?

- 13 Can you think of any ways in which the service could be improved/ or which might

have made your experience of the service [even] better?

- 14 Is there anything else from your own experience that you think it is important for us to know about the WomenSpace service or the impact it has had?

End recording


Thank the person and explain what will happen now.


APPENDIX 3


Other sources of support

The participant was given the following information at the interview.


Crisis numbers


 **Dial House** – Leeds Survivor Led Crisis Service.
Open Friday, Saturday, Sunday and Monday,
6pm–2am
Tel: 0113 260 9328

 **Dial House@Touchstone** – Crisis Service for people from Black and Minority Ethnic (BME) groups.
Open 6pm–11pm Tuesday and Thursday
Tel: 0113 249 4675, or text 07763 581 853


 **Connect Helpline** – Leeds Survivor Led Crisis Service.
Open 6pm–10.30pm, 7 days per week.
Tel: 0808 800 1212


 **NHS Direct** – Open 24/7
Tel: 111

 **Leeds Women's Aid** – for women experiencing domestic violence and abuse.
24 hours a day phone number:
0113 246 04 01


 **Samaritans (Leeds)** – Open 24/7
Tel: 0113 2456789


Further information

 **Information for mental health directory**
Website: www.leedsmhdirectory.co.uk/

 **FRANK** – friendly, confidential drugs advice.
Tel: 0300 123 6600 – Open 24/7
Website: www.talktofrank.com

Organisations specific for self harm

 **National Self Harm Network** – Provides support and information and campaigns on issues related to self harm.
Website: www.nshn.co.uk

 **Bristol Crisis Service for Women** – Women's Self-injury Helpline 0808 800 8088 supporting girls and women in emotional distress, particularly those who self harm.
Website: www.selfinjurysupport.org.uk



Women's Counselling and Therapy Service

Women's Counselling and Therapy Service Ltd, Oxford Chambers, Oxford Place, Leeds, LS1 3AX

Website: womenstherapyleeds.org.uk Email: info@womenstherapyleeds.org.uk Tel: 0113 245 5725

Company no. 7804583 Charity no. 1145377