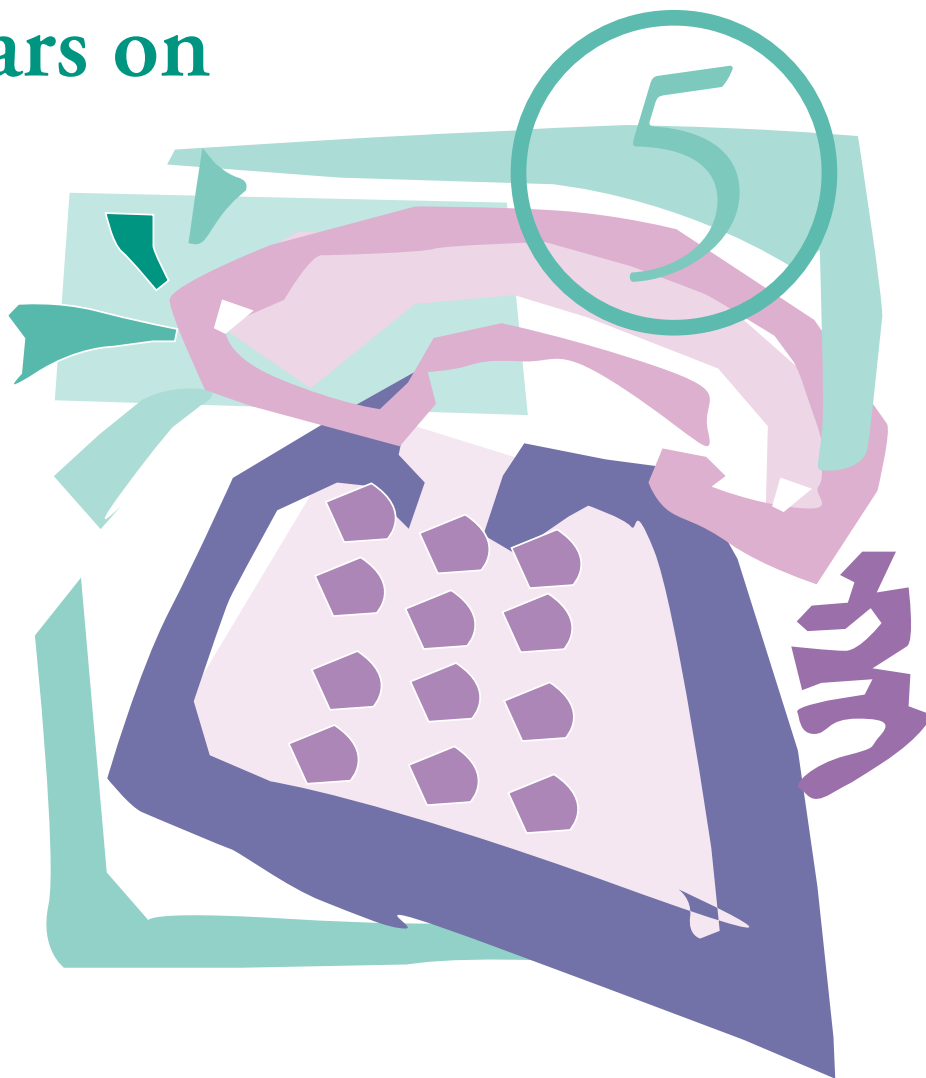


# Borderline

five years on



Achievements of a telephone support service



# About Borderline

Borderline is a voluntary organisation which is located in Scottish Borders. It provides a telephone support service to people who are experiencing emotional distress – this includes people who have a mental health problem, people who are in crisis, people who are socially isolated and people who are looking for emotional support during a time of distress.

Borderline was established as an independent voluntary organisation on 1st September 2001. The organisation commissioned this review in mid 2006 to mark its fifth anniversary.

Borderline began in 1999, as a project within ASSIST. ASSIST was a voluntary organisation which provided a range of a mental health services in various locations in the south of Scotland.

The service is a telephone support line. People initiate the contact by phoning in and the service is anonymous. The people

who take the calls are trained volunteers and supervisors. There is a supervisor for each session, and these workers provide advice and on-the-job training to the volunteers as well as taking calls themselves.

At mid 2006, the service is available from 7-10pm each evening Monday-Friday and from 6-10pm on Saturdays and Sundays – 365 days a year. Since August 2005, Borderline has been piloting a small daytime service on weekday afternoons, particularly for people who cannot access the evening service because of their domestic circumstances.

There is a part-time coordinator who manages the service, 2 part-time volunteer development workers who provide supervision and support and some administrative support.

The organisation is led by a Management Committee. The funding for Borderline comes from Scottish Borders Council Social Work Department and NHS Borders.

## About Scottish Borders and the people who live here

Scottish Borders is a mostly rural area.

It has a population of 106,800 people and covers a large geographic area.

At 2001, the largest town – Hawick – had a population of just under 15,000 people and another 4 towns had populations of over 5,000. Over half the people in Borders live in small communities or in more isolated situations.

Transport is often difficult for anyone who does not have a car. In 2005, at a conference to celebrate World Mental Health Day, people identified transport as one of the issues which had a significant bearing on their mental health and well-being.

The main sources of employment in the area were traditionally farming and the textiles industry. Now there is a

wider range of employment and more people commute to Edinburgh. The area has lower income levels than the Scottish average and includes some of the poorest rural areas. Borders has also has a relatively low take up of welfare benefits.

Mental health services are mostly located in or near Galashiels. There are services which provide outreach support, including the Community Mental Health Team and voluntary sector services.

### Sources:

There is more information at the Scottish Borders Council website: [www.scotborders.gov.uk](http://www.scotborders.gov.uk).

The conference report, Living well and staying well in the Scottish Borders, is at [www.otbds.org](http://www.otbds.org).

# About the review and this report

The purposes of the review were to:

- chart the progress that had been made during the past 5 years
- to identify to impact of the service for the people who use it, and
- help it plan for the future.

The review was carried out by Anne Connor of Outside the Box Development Support. Anne had carried out an earlier evaluation of Borderline when it was still part of ASSIST. That earlier evaluation had confirmed that there was a need for the service. It had also identified issues around the focus of the service and how it was delivered. This review looks at what has changed and the achievements of the past 5 years.


The main sources of information for this review are

- the records kept by the project
- feedback from callers and from other people who could observe the impact for callers
- feedback from people associated with Borderline.

Like other telephone services which are anonymous, the service keeps records based around the information which is provided by callers and on the scale of calls.

Borderline is an anonymous, user-initiated service, so there are no lists of callers who can be contacted. We sent out information about the review through various routes, including the sources of information about the service to potential callers. Some people telephone Borderline very frequently and we knew that some of these people had few contacts with other services and so might not hear about the review. It was agreed that the volunteers would tell people about the review and how they could take part. There were copies of a short questionnaire and reply-paid envelopes. People could also phone or write with their comments.





Although people are not referred to Borderline in the conventional way, staff in mental health and other services do sometimes suggest to the people they know that they might find it helpful to call Borderline. Invitations to take part were also sent to mental health services, asking about any feedback staff had from people they suggested use Borderline, and for their own assessments. The volunteers, staff and committee members at Borderline were invited to contribute in similar ways.

We also looked at information from other telephone-based services. This showed how Borderline's organisation and procedures compares with the recognised good practice. It also gave some comparisons with the impact and effectiveness of other services.

The rest of this report looks at:

- what Borderline does
- the impact for the people who Borderline supports
- how Borderline achieves these activities and impacts
- suggestions for the future.

*“I ring them every week or so. Just knowing they are there makes it easier. It’s good to hear a friendly voice. When I really do need them it’s easy to pick up the phone.”*

# What Borderline does

## Scale

Over the past 5 years, the number of calls to Borderline has increased, with a substantial increase in the past year. The table shows the pattern. The length of time the service is available was extended in response to the demand from callers.

Year	Hours service was available	Number of calls
2000-01 (pilot stage)	Friday, Saturday and Sunday evenings	315 in 6 months (equivalent to 630 calls in 12 months)
2001-02	7-10 pm, Wednesday and Friday; 5-11pm Saturday and Sunday	491 in 4 months (equivalent to 1473 in 12 months)
2002-03	As for 2001-02	1250
2003-04	As for 2001-02	1243
2004-05	Initially as for 2001-02, extended to 7 nights a week in November	1428
2005-06	7-10pm, Monday – Friday; 6-10 Saturday and Sunday	2410

Borderline can receive 2 calls at a time. The service is able to monitor the number of calls which don't get through because the available phone lines are busy, and this has been useful in planning for expansions of the service. The feedback directly to the volunteers and to this review suggests that many of the people who call and do not get through keep calling until they are successful.

During 2005-06 there were 2410 calls.

- Calls are received every day
- The average is 7 calls each night
- 92% of calls are by regular callers
- 4% are by occasional callers
- 4% are by new callers.

The service has kept detailed records to a high standard, and these have been in a consistent form since the organisation was established. These show how the pattern of calls has changed and what has stayed constant over the years.

- The people who call range in age from about 18 to people in their mid-late 70s.
- New callers have found information about Borderline from staff in the mental health services, friends who use Borderline and the information and publicity in places like notice boards in Health Centres or the local newspaper.
- In previous years, a large proportion of new callers (75%) were people who had recently been discharged from the in-patient unit at Huntlyburn.
- People still contact the team soon after they leave Huntlyburn but most referrals in the past year have come through the new crisis teams.
- The increase in calls when the service was expanded has largely come from people who are regular callers, while the level of occasional and new callers has stayed broadly steady.

The focus on the service in the pilot stage, back in 2000, was to provide crisis support. The pattern of people making frequent calls to Borderline for a wide range of reasons, including support outside of times of crisis, emerged very early on. The service knew that many callers were looking for a source of regular support, and the decision was made to provide that form of support. This was linked to the decision to support people experiencing emotional distress, rather than only support people with a mental health problem.

In 2005, Borderline received a grant from Choose Life (the national programme to reduce the levels of suicides in Scotland) to pilot a small day time service for people who may not be able to access the evening service because of their domestic circumstances. The service was promoted mainly through Health Visitors, GPs and the Health Centres, post natal depression groups and Women's Aid.

The initial information about the daytime service suggests that this is also valued and is reaching the target group.

- There were 186 calls in the first 7 months.
- 81% of calls are people who have become regular callers.

- 17% were new calls or silent calls: silent calls are a usual pattern for people who are building up trust in a service of this sort.
- The level of calls to the daytime service is 60% of the level of calls to the evening service during the first pilot 6 years ago.

People who contributed to the review commented on changes that had happened over the last 5 years. The main points were the increased availability of the service and more volunteers.

*“There are more people at Borderline now and they have more time to listen and care for you.”*

### **Reasons for calls**

Borderline sets out to provide a different type of service from most other telephone-based services. Most call-lines are focussed on crisis support, and some, such as Breathing Space, focus on the response to people who have a particular type of emotional need or type of mental health problem.

Borderline provides support for people in the Borders communities who are experiencing emotional distress. It also seeks to promote mental well-being, for the callers and for the volunteers who provide the service. The service is available at weekends and evenings – the times when other support services are not available. As intended, the range of ways people can use the service is wide.

- It supports people who have a long-standing mental health problem.
- It supports people who are going through a difficult time, such as bereavement or unemployment, or when someone is worrying about something.
- It supports people who are lonely and isolated, who need someone to talk to.
- It supports people in a crisis.
- There are people who use it for day-to-day support.
- Some people use it as a long-term source of support.
- Some people use it for a short period, or on just one occasion.

Borderline's monitoring figures show that around 75% of callers during the main evening sessions have a severe and enduring mental health problem. In 80 of the 2410 calls received in 2005-06, the caller discussed suicide or suicidal thoughts during the call. In 38 calls, the volunteer was seriously concerned about the welfare of the caller, mostly around the possibility of suicide or self-harm.

The monitoring figures also show that the range of issues raised by other callers is increasing.

The most frequent focus of the calls to the main service in the past year is:

- social support – 28% of calls
- physical health – 25% of calls.

Other frequent reasons are:

- friends and family
- mental health issues
- particular mental health problems such as depression or anxiety
- social issues such as housing and crime.

The records over the past 5 years show that the range of reasons why people call has stayed broadly the same. There have been periods when an event in Borders caused stress for a large number of people and Borderline received calls from people who did not usually contact them. Two examples are the Foot and Mouth epidemic in 2001 and the financial crises in the textiles industry and other threats to jobs.

The presenting reasons recorded for calls to the daytime service are different from the calls to evening service:

- 45% were about social support
- 30% were about depression
- 15% were about anxiety
- other presenting issues included stress, family relationships, abuse and isolation.

The people who contributed to this review explained how many people use the service in different ways at different times, depending on their needs. For example, almost everyone who responded said that they used the service more often when they were having a bad time.

*“I ring them every week or so. Just knowing they are there makes it easier. It’s good to hear a friendly voice. When I really do need them it’s easy to pick up the phone.”*

*“There are times when I call every day. They are my lifeline. When I feel better it’s maybe every few days, and in good spells maybe every few weeks. That’s been my way of coping for a few years now.”*

*“They have been very supportive when I need to talk to someone about how good or bad a day I’ve had.”*

*“I call every night.”*

*“There was a spell a while back when I called them quite a lot. I expect that might happen again at some time, and it is good to know that they will be there.”*

*“I began phoning occasionally. Now I am in a flat on my own I phone every night. They provide my support.”*

*“A lot of the people we support use Borderline. From what they tell me, some people use it very frequently while for others it is just when they are having a crisis. But each person seems to get the type of response they need and sees this as the ‘natural’ pattern.”*

*“I believe a colleague phoned when she was having a difficult time in her personal life. I don’t think there is another service where people who work in mental health services can get that kind of support for our emotional needs.”*

*“I know that some of the carers also use Borderline for themselves. One person told me she had called them. What struck her was that it was someone who was asking how she was and about her emotional support needs.”*

*“We sometimes get calls from BGH (Borders General Hospital) when someone has had bad news or is waiting while someone they love is ill. They see the card that is there with our number.”*

Borderline is a free service to people calling from most phones, and people valued this aspect. People also described how Borderline will call them back, if that is what they want.

*“Borderline calls you back if you ask them to. They are good at calling back just before they close to check if I’m ok, particularly if I’m having a very bad time.”*

*“They call you back if you are on a mobile.”*

*“I asked them to call me back and they did.”*

# The impact of Borderline

## What is the impact of Borderline for the people who use the service?

- It helps them stay well – for example by providing on-going support and providing continuity and reliability.
- The people at Borderline listen and encourage people to talk. They provide a valued form of therapeutic support.
- Borderline give people support in a crisis.

## On-going support

The strong picture that emerges from people's descriptions of how Borderline responded to their needs is of a service that is able to respond as well to all the varying stages and forms of people's illness or emotional distress, and so can be relied upon by people who have long-term mental health problems. Examples included being there when someone was depressed and in a manic phase; being interested in people when they are doing quite well as well as when they are unwell; and helping deal with the problems of day-to-day life as well as with their experience of their illness.

*"They help me when I am down and when I am stressed and living life to the max."*

*"They have been very supportive when I need to talk to someone about how good or bad a day I've had."*

*"They don't say, 'that's not what we deal with'. They understand how being not well and worrying about the bills and the house gets all mixed up together."*

*"I live on my own so do not have anyone to talk to except Borderline, and I look forward to speaking to them and sharing my problems."*

*"Sometimes we get calls when someone knows that a difficult time is coming for them – especially from the regular callers. For example, if someone close to them is very ill. It's about setting the pattern of support so it is there when the crisis comes."*

*"I know that somebody is there to talk to if I am distressed."*

*"They lift me up and cheer me up."*

*"It has been a lifeline to me over the past 5 years and still is."*

*“They support me through good and bad times.”*

*“It has made a big difference to my life. I don’t feel so lonely.”*

*“I know they are always there for me. Over the past 5 years, they have helped me when my mum (who was my carer) died and then moving house and living on my own.”*

*“I had to move house. I had financial and neighbour problems. They were there for me.”*

*“The next night I asked them again to ring back and they asked my number again. I got het up because I’d told them the night before, but he just explained that everything is confidential and they don’t keep those sort of records so they have to ask every time, and he was calm and made it sound a good thing. And later, when I was calmer and I thought about it, I saw what he meant. So I just give them the number each time.”*

## Encouraging people to talk

People also described how Borderline helped them talk through what was distressing them. Sometimes, they used this form of support to help them get the type of support they needed from other services – for example, by working out what they wanted to say to another service.

Aspects of Borderline that people highlighted as important in this impact are:

- being anonymous
- not feeling anonymous – for example, using names when that is what people want
- enough continuity - conversations with a pool of volunteers
- the form of contact that comes when people are not face-to-face
- having long enough to explore the issues
- encouragement to reflect and to open up an issue
- not being judgemental
- the sense of being in control
- being able to have a series of conversations over several days or weeks.

*“I can talk about how I feel. Sometimes they manage to make me feel relaxed and coax things from me because I’m not good at talking or saying about how I feel.”*

*“The people I talk to give good advice and are sympathetic and not judgemental.”*

*“They help me solve many problems I have and solve them with me.”*

*“I can talk to them about what I am feeling.”*

*“There is always someone at the end of the phone that you can open up to and talk about how you feel.”*

*“It’s like radio instead of television. I’m a radio person.”*

*“Borderline helps me to think for myself.”*

*“Helpliners all have very nice manners. You always feel at ease with them.”*

The volunteers and supervisors also commented on the nature of a telephone support line.

*“People pick up on a voice, and on the way in which someone is concentrating so much on listening to them.”*

*“I think it helps that we are there to listen. We are not pushed into coming up with a solution.”*

*“I can talk about how I feel. Sometimes they manage to make me feel relaxed and coax things from me because I’m not good at talking or saying about how I feel.”*

## Support in a crisis

People described how Borderline has helped them through difficult times, which sometimes lasted for many months. Sometimes there was a particular crisis, including situations when Borderline has arranged for the person to get access to another service, including emergency responses from the NHS or social work services. This has always been with the person's agreement.

*“I wouldn't have made it through the bad times if I hadn't had Borderline.”*

*“They helped to keep me alive – phoned when I had taken an overdose.”*

*“Without them I may well have not been here now filling out this form.”*

*“I wouldn't have made it through the bad times if I hadn't had Borderline.”*

*“For me, it was like a crisis that just went on and on for ever. I phoned them every night. Each night they listened and helped me, so I could get through that night. And then next day I knew I could ring them again. And that got me through it. And then it began to be not so bad and I found I was being ok inside myself and I wasn't phoning them as often. Looking back, I should have phoned and said thank you. Can you say that from me now?”*

*“One night I was in a bad state and I told them that I'd cut myself. I phoned them, not the ambulance. But they asked me if they could get an ambulance for me. Someone kept talking to me, stayed with me all the time the ambulance was coming. What I remember was that there was someone in this world who wanted me to stay in it, people who thought that I mattered. That's why I trusted them and told them.”*

# How Borderline is organised

## Structure

At the time of this review in September 2006, there were 21 people working at Borderline:

- the coordinator
- 2 volunteer development workers
- 17 volunteers
- 1 administrative support worker.

None of the people work there full-time.

The number of volunteers has increased over the past 5 years.

*“There were times over the years when it has been hard, especially in the early days when we didn’t have enough people.”*

*“I think the volunteer mix does help make the quality of our response – enough people so we can take time out for training and have a break, be fresh. People bring their own experiences. There are different types of people in our group and that helps make it such a good working environment.”*

## Quality of training and support for volunteers

Borderline has invested a lot of time and effort into training for the people who provide the service. Formal and on-the-job training is available for both new volunteers and for the existing volunteers. There are also regular team meetings.

*“I like the support we get from each other.”*

*“It’s Meg [coordinator] who makes Borderline what it is – the values and the attention to the quality of what we do and caring for each other as well as for the people who call.”*

*“The training is very good. It keeps us up to date and reminds us that we are all always learning.”*

*“Having the development workers makes a big difference. When I started it didn’t feel scary because there is always someone there. You can talk over something and get advice right away, you don’t have to worry at home afterwards or wait till the next training session.”*

*“I have used mental health services myself for many years. One of the things I like about being a volunteer with Borderline is that your experience is respected. We talk about ways to handle situations, and the experience of those of us who have been there becomes part of what we all do.”*

*“The training we got about the new Mental Health Act was great.”*

*“I like the way the training is about the factual things you need to know, like the new Mental Health Act, and about the factors that contribute to people’s distress such as domestic abuse. We also have opportunities to extend our own skills, like the training on counselling. I hope it shows in the quality of the support we can give to the people who call.”*

*“The training is very good. It keeps us up to date and reminds us that we are all always learning.”*

## Practical arrangements with callers

### **What do people like about the way Borderline is organised?**

- Borderline will phone people back if they need this.
- They will send people information and help them access other services, if they want this.
- Callers feel they have a relationship with the volunteers.

The review identified several aspects of the arrangements with callers that people find especially valuable. Almost all the people who responded said they also contacted other telephone lines such as Samaritans and Breathing Space. People described some of the aspects of Borderline which they valued. Some of these aspects were in contrast to the features of the other services.

One is Borderline’s practice of calling people back, which was contrasted with the practice of other call lines.

Another was asking people for their agreement to contact another service, or to have their details to send out information.

(Most other call lines will also do this.) Some people had agreed to have Borderline contact an ambulance or the emergency social work service in a crisis. Some people were confident this had saved their life. Afterwards, the future contacts were back on the same anonymous basis and people did not feel that the relationship with Borderline had changed.

A third feature of Borderline that is valued highly is that, although it is anonymous, people can and do have a personal relationship with the volunteers. (Some other call services also try to develop this type of trust, but can find that the practicalities of a national call line with larger numbers of volunteers make it difficult.) Some people commented on how it seemed very natural to talk to a small group of people who you got to know well, but would still not recognise if you passed each other in the street. Part of this relationship was due to the small chats about ordinary things: both the callers and the volunteers noted this.

*“I like the way they’ll ask what I’m going to be doing that evening and when I say watching the telly we chat about telly programmes for a wee bit. And the volunteer will say what she thinks about something in Eastenders or something like that. The people at Borderline are real people, just like me. That’s why I trust them.”*

*“Sometimes at the end of a call we’ll have a chat about the telly. I’ve found myself mentioning I forgot to set the video and the person offers to ring back and tell me what is happening. So it is more of a mutual relationship and it gives the person a reason to ring if they want to talk again. It’s not that talking about Coronation Street saves someone’s life, but it is all part of the whole.”*

*“It isn’t always the same person of course. Which is good, as the volunteers need to get some nights off. But you get to know the voices.”*

*“I don’t feel like I’m talking to strangers who don’t know anything about me. They are my lifeline.”*

## Focus on keeping people well

Borderline sets out to keep people well.

“We... look at the risk factors that are determinants of mental health and then at what are the protective factors.

Risk factors include:

- isolation and alienation
- lack of education, transport and housing
- peer rejection
- poor social circumstances
- poor nutrition
- social disadvantage
- work stress
- unemployment.

Protective factors, i.e. those things that mitigate against people’s circumstances and help to keep them well, include:

- empowerment
- positive interpersonal interactions
- social responsibility and tolerance
- social support and a community network.”

Borderline Annual Report, 2005-2006

Borderline sets out to achieve this aim in several ways.

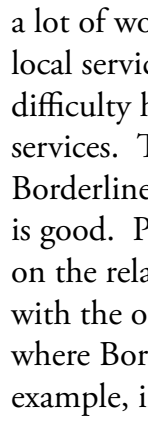
- The response given to the people who call – for example, helping them work out solutions to problems and focussing on long-term well-being beyond a current crisis.
- There is an intentional focus on the factors that will keep people well.
- The content of the training for supervisors and volunteers – for example, the sessions on nutrition and domestic abuse, as well as sessions on the mental health policies and legislation.
- The support to the people who are part of the Borderline team – being concerned for their mental health and well-being.

# Comparison with other telephone support lines



We looked at the feedback about other telephone support services. These included services in various parts of the world and providing support to people who are in a range of circumstances. There were not many evaluations or reviews of this type of support. The comparisons that are possible suggest that Borderline is an example of good practice.

- The feedback from the people who regularly call the services is mostly very positive. It seems that this form of support works well for some people, and for them it is not easily replaced by other types of support.
- A significant difficulty in other services is when they are not available every day/evening. Borderline's move some years ago to 7 evenings a week is consistent with good practice.
- The pattern of a growing number of calls and build-up over several years is typical of the telephone support services.
- People are positive when the people answering the phone and providing the service are people with whom they can identify. Some of the telephone support services are provided by peers – for example, parents supporting other parents. The feedback from people who use Borderline is that they find the people at Borderline approachable and they do identify with them.
- Callers tend to be positive about services that give reliable information about other resources and services, and more critical of those which they feel do not have good information, including information about local services. This is another matter put into most telephone support services put



a lot of work and effort. Borderline is a local service, so does not face as much difficulty here as do some of the national services. The feedback suggests that Borderline's knowledge of local services is good. People have also commented on the relationships that Borderline has with the other services. This is an area where Borderline has worked hard – for example, in the training for volunteers including joint training with people from other services, and participation by the coordinator in the Mental Health Forum and other Borders-wide networks.

- Some of the services have put a strong emphasis on training, support and supervision of the people receiving the calls. Borderline is consistent with good practice in these aspects.

One possible comparison for the volume of calls is between Borderline and Breathing Space, which is a telephone advice line for people in Scotland experiencing low mood and depression.

- Borderline has been longer-established than Breathing Space.
- Calls to both services are free to callers.
- Borderline is available from 6 or 7 pm until 10 pm, 7 days a week.
- Breathing Space is available from 6pm to 2 am, 7 days a week.

The rate of calls to Borderline is about twice that of calls to Breathing Space. The recent Breathing Space evaluation showed that the average rate of calls is 1.3 per 10,000 population. The calls to Breathing Space from people in Borders is estimated at 1.1 per 10,000 people. Borderline is receiving 2.3 calls for every 10,000 population.

# Changes over the past years and future changes

People who contributed to the review commented on the changes over the past 5 years and on anything they would like to see change. The suggestions were for ways to expand on a valued service, rather than criticisms of the current one. People also noted that these suggestions might not be possible for Borderline to do, and that this was a description of their ideal world.

*“It has changed for the better over the past five years.”*

*“This is a good service. We just need more of it.”*

The main changes that people wanted to see were:

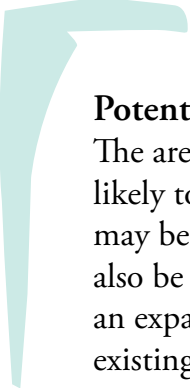
- be available at other times of the day – this was the point raised most frequently
- longer hours for the phone line
- it becoming easier to get through
- some way to reduce the cost of calls from mobile phones
- be able to talk face-to-face.

*“It would be good to always get through straight away. But I’ve usually got through eventually.”*

*“They will ring back. But sometimes I don’t have credit on my phone to make the first call.”*

*“These are the people I trust most. It would be great to be able to talk with them face-to-face – like having a centre where you could drop in.”*

*“It would be good if sometime in the future Borderline could open longer.”*

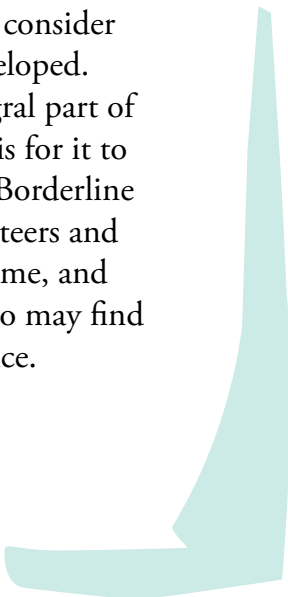


## Potential growth of the daytime service

The area where demand for Borderline is likely to grow fastest over the next few years may be the daytime service. This may well also be the part of Borderline's activity where an expansion will bring benefits to both the existing core of people whom Borderline supports and to people who need this type of response but may not be able to access this form of help from other sources.

Based on the experience of Borderline in its early stages, and of other telephone support services, this daytime service could double over the next year or so, and continue to grow in future years.

Borderline and its funders should consider how this part of the service is developed. One option is for it to be an integral part of a single service. Another option is for it to become a distinct activity within Borderline – for example, with its own volunteers and supervisors who work in the daytime, and advertising targeted on people who may find it difficult to use the evening service.



*“This is a good service.  
We just need more of it.”*

*“If we didn’t have Borderline I wouldn’t be here now. They help and support so many people and that’s what we need.”*





**For more information about Borderline  
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