

Maytree Evaluation

Addendum to Final Report

Follow-Up Report

Scope of study: method and sample.

This report provides a more detailed account of the experiences of guests after leaving Maytree than was possible at the time of writing the final report of the evaluation of Maytree. This report adds to and effectively replaces sections 8.3 and 8.4 in the final evaluation report.

Overall method: The follow up consisted of a semi structured interview (the schedule is appended to the final report) and the ex-guests were asked to complete the CORE. The aims of the study were

- (a) to compare CORE scores for ex-guests with their scores at Maytree. Changes in the scores were analysed and compared using appropriate statistical measures
- (b) to analyse the semi structured interviews qualitatively.

Sample: The study group consisted of guests that stayed at Maytree between 11/10/2005 and 07/03/2006. 48 guests stayed at Maytree in this period and of these 40 (83.3%) gave their permission, whilst at Maytree, to be contacted for a follow up interview. The follow up sample consisted therefore of 40 guests. Each of these was contacted and invited to meet our researcher between 3 and 6 months after leaving Maytree in order to provide an account of how they reflected now on their stay and their experiences since leaving. Of the 40 guests, 25 took part in the study and 15 were not contactable for a range of reasons, namely:

- We were unable to contact 7 guests, either because they did not respond to letters/phone calls or because they had changed address and contact numbers.
- When contacted, 1 guest declined to take part in the study
- 6 guests were contacted but it was not possible to arrange an interview. For example 1 ex-guest agreed to take part but was in hospital for a physical illness and thus preoccupied.
- 1 guest was deceased. We were unable to obtain any further information about the circumstances
- 1 of the 25 interviewed guests had incomplete data from the stay at Maytree and the data from this guest was not analysed.

The response rate was therefore 24/40 (60%) which we consider a reasonably good return for a study of this kind, especially taking into consideration the population involved.

Results

1. Quantitative analysis of the CORE data

The scores from the CORE obtained at follow up were compared with those provided by each guest on entering Maytree (pre-test) and before leaving (post-test). The CORE scores were compared for each of the four CORE dimensions and the total mean score.

Figure 1 shows that the total mean score reduced from the pre-test to the post-test condition, and from the post-test to follow-up condition. To test if the reduction between pre and post test and follow up is significant, paired-sample t-tests were carried out. These analyses showed that, for total scores on CORE, there is a significant decrease in scores between the pre-test and post-test condition, $t(23) = 11.01, p < 0.001$, the pre-test and follow-up condition, $t(23) = 10.75, p < 0.001$, but not between the post-test and follow-up condition, $t(23) = 10.39, p = 0.16$.

To test if the mean differences on each of the four dimensions are significant, paired-sample t-tests were carried out. These analyses show that the differences are significant for all four dimensions between the pre-test and post-test conditions; 'subjective well-being', $t(23) = 7.51, p < 0.001$, 'problems/symptoms', $t(23) = 9.89, p < 0.001$, 'life functioning', $t(23) = 9.60, p < 0.001$, and 'risk/harm', $t(23) = 8.36, p < 0.001$.

The analyses also show that the differences are significant for all four dimensions between the pre-test and follow-up condition; 'subjective well-being', $t(23) = 9.18, p < 0.001$, 'problems/symptoms', $t(23) = 10.91, p < 0.001$, 'life functioning', $t(23) = 8.16, p < 0.001$, and 'risk/harm', $t(23) = 9.84, p < 0.001$.

Between the post-test and follow-up condition the analyses show that the differences are significant for 'subjective well-being', $t(23) = 3.23, p < 0.01$, 'problems/symptoms', $t(23) = 2.63, p < 0.05$, but not for 'life functioning', $t(23) = -0.90, p = 0.38$, or 'risk/harm', $t(23) = 1.53, p = 0.14$.

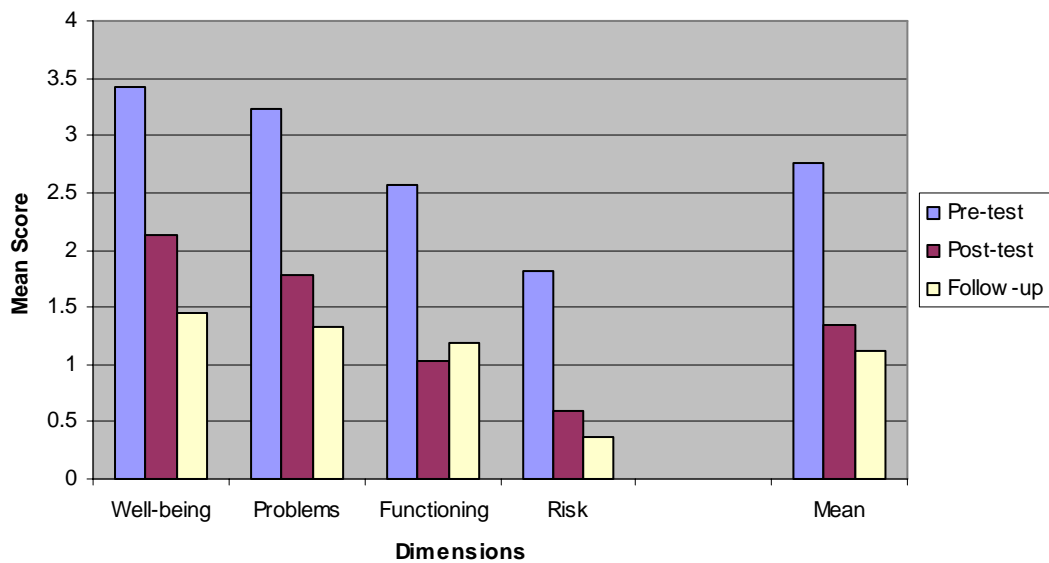


Figure 1: Mean pre-test, post-test and follow-up scores on each of the four dimensions (N = 24)

Clinical cut-offs. A further analysis of the CORE data showed that, though the reduction in some scores between post-test and follow-up was not significant, the reduction in scores at follow up was sufficient to move the sample outside the clinical range on all dimensions, (Table 2).

Table 1: Means (and standard deviations) for each of the four dimensions and the total mean score, obtained at pre-test, post-test and follow-up, along with the corresponding clinical cut-off for men and women (N = 24).

Total (n = 24)				
Dimension	Pre-test (sd)	Post-test (sd)	Follow-up (sd)	Approximate cut-off ¹
Well-being	3.42 (0.79)	2.13 (0.93)	1.45 (1.01)	1.57
Problems	3.23 (0.68)	1.79 (0.74)	1.33 (0.87)	1.53
Functioning	2.56 (0.64)	1.03 (0.50)	1.18 (0.81)	1.30
Risk	1.82 (0.61)	0.59 (0.60)	0.36 (0.51)	0.37
Total	2.77 (0.58)	1.35 (0.57)	1.12 (0.75)	1.24

Benchmarking: The CORE scores for Maytree guests can be compared with other populations. The most relevant comparisons available are CORE

¹ The CORE clinical cut off scores are different for men and women, and these scores have been averaged.

benchmarking scores for primary and secondary care (Barkham et al, 2001²). Table 2 shows that Maytree guests have severe levels of clinical difficulty on entering Maytree compared to secondary-care benchmarks.

Table 2: Means at intake for Maytree and Secondary-Care services.

	Maytree Sample	Benchmark Data
Dimension	Mean (<i>sd</i>)	Mean (<i>sd</i>)
Well-being	3.42 (0.79)	2.40 (0.94)
Problems	3.23 (0.68)	2.34 (0.86)
Functioning	2.56 (0.64)	1.91 (0.82)
Risk	1.82 (0.61)	0.65 (0.77)
Total	2.77 (0.58)	1.90 (0.74)

Table 3 below shows the change that occurred from pre-test to follow-up. The data show that 54% changed reliably *and* clinically, and that 42% changed reliably. The secondary-care benchmark (Barkham et al, 2001) shows at six-month follow-up a drop from 83% patients above cut-off at intake to 40% above cut-off at follow-up. Maytree is achieving a drop from 96% to 42% with only a four night intervention.

Table 3: Severity x Change Category showing Percentage of Completers at Follow-Up Meeting Each Criterion (percentages are approximate). N = 24.

Change Category	<Clinical Cut-Off	Moderate	Severe	Total
Reliable and Clinical	-	0 (0.0%)	13 (54.0%)	13 (54.0%)
Reliable Only	0 (0.0%)	0 (0.0%)	10 (42.0%)	10 (42.0%)
No Reliable Change	1 (4.0%)	0 (0.0%)	0 (0.0%)	1 (4.0%)
Reliable Deterioration	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	1 (4.0%)	0 (0.0%)	23 (96.0%)	24 (100.0%)

Qualitative data analysis of the follow up semi-structured interviews

The analysis of the qualitative interviews aims to understand the CORE results and to explore further the trends for ex-guests after leaving Maytree, their reflections on the impact of their stay and to explore some fine-grained distinctions within the group.

² Barkham, M. et al 2001 Service Profiling and Outcomes Benchmarking Using the CORE-OM: Toward Practice-Based Evidence in the Psychological Therapies. *Journal of Counselling and Clinical Psychology*, 69, 2, 184-206

The data were analysed by the team of researchers by undertaking a content analysis of the semi-structured interviews. Specific questions were asked of the data, namely:

- Reflections on the experience of Maytree
- Evidence of suicidal behaviour and suicide attempts since leaving
- Admissions to inpatient or longer term residential units
- Quality and quantity of contact with supportive others, including family members, friends, and professional agencies
- Employment since Maytree, especially if there was evidence of re-entering work
- Quantity and quality of family and friendship supportive relationships
- Patterns of medication usage

The sample of guests was subdivided into clusters. Characteristics of the clusters were identified and described. Differences between the clusters were assessed through a further analysis of the CORE data.

Findings: The analysis showed that the central themes of the interviews were, firstly, that ex-guests found ways of articulating their positive experiences of Maytree. It was striking how often ex-guests appeared to be describing, for them, a most unusual experience. They commented on the peacefulness of the house and garden, the care that they received and experienced, and provided specific references to the ways that Maytree had – in a way that perhaps surprised them – demonstrated a very positive effect upon them. These ex-guests recalled the experience of Maytree vividly and with precise detail. Their memories included times when they felt particularly thought about, or kept in mind, by the co-directors and volunteers, and these have the effect, as one interviewee put it “when I am low I remember that time”.

The second major theme of the interviews, which contrasted vividly with the positive accounts of being at Maytree, was the experience of leaving. This loomed through the interviews as a difficult and undesirable experience. There were a number of ways this was experienced and expressed, but for all the sense of being included in the unusual and exceptional environment of Maytree and then excluded from it after four nights organised the way they thought about it. It was a common theme that ex-guests wished for further contact with Maytree and, because of this orientation in the data, we focused in our analysis on assessing the different ways that ex-guests attempted to deal with the emotional impact of, firstly, being in Maytree and, secondly, having to leave after four nights.

We were able to identify five distinct groups within the sample, in terms of the patterns of response to the experience of leaving Maytree (Table 4).

Table 4: *Sub groupings of Maytree ex- guests*

Group	Membership
'Dependency articulating'	2 men , 1 woman

'Enmeshed'	4 men, 1 woman
'Avoiding dependency needs'	4 men, 3 women
'Ill but realistic self appraisers'	3 women
'Severely suicidally ill'	5 women, 1 man

In the following section of this report we describe the characteristics of these five sub groups.

1. 'Dependency articulating'.

All three members of this group found staying in Maytree a positive experience and they articulated its qualities as 'supportive and quiet', 'an amazing place', 'brilliant, wonderful', and being a life saving presence: 'I don't know what I would have done if I hadn't found it' . Leaving was described as 'nerve wracking', and felt like 'the loss of the protective walls'. These 3 ex-guests described changes since Maytree as positive. These changes included finding their family members more supportive, having some good counselling, recognising a wish to have psychotherapy and recognising the importance of the environment (One guest described decorating her own room when she returned home).

The defining feature of this group is that they appeared to be able to recognise both a wish to stay longer in Maytree and also an awareness of the potential for dependency through a longer or less clearly boundaried stay. We have named the group 'dependency articulating' because the capacity to put into words awareness of dependency needs marked them out and also gave coherence to the way they accommodated or tolerated the time-limited stay. Members of this were able to think, feel guilty and be concerned about close others in their lives; this seemed to reflect what had been taken from the care offered in Maytree. Additionally this group appeared to be able to act in self-protective ways after leaving Maytree through contact with close and trusted supportive figures.

This sub-group is consistent with the 'acute' group of guests that go to Maytree in a suicidal crisis, without necessarily having serious mental health problems that have afflicted them over many years.

2. 'Enmeshed'

These guests varied in their experience of Maytree. Whilst all clearly valued their stay and had positive feelings about Maytree, for some the intensity of the experience had provoked feelings of discomfort and exposure, whilst others talked about the difficulty in leaving. For example, one guest described Maytree as a 'fantastic environment'; adding 'all praise, one hundred percent for Maytree'. Another, described the experience as 'having a few days off from reality', commenting that there should be more places like Maytree. However,

he had also felt judged by the volunteers and the goodbye letter and thought there were too many volunteers. A third described Maytree as a 'place of safety and understanding... non-judgmental', but added that he felt he had 'embarrassed himself'; his 'emotions had been too raw' and that leaving had been 'terrifying'. Finally, a fourth thought that Maytree was 'outstanding'; he had been 'showered with kindness', it had been 'like a blanket that comforts you'. But he had not been ready to leave; had felt 'cast out' and immediately gone to hospital (where he had been admitted). However, this guest also noted a reduction in suicidal ideation which he attributed to his stay at Maytree.

In this group all had fairly long-standing mental health problems. None have made any suicide attempt since leaving Maytree and only one referred to having had suicidal thoughts. The extent of contact with other agencies varied; whilst all had seen their GPs, only 3 had had contact with other mental health agencies, including one who had been admitted to a psychiatric unit for 2 months. One of these guests was on anti-depressants, another had stopped taking medication shortly before going to Maytree and it was unclear whether/not the others were taking medication. The majority of these guests were unemployed/ on incapacity benefit; however one had returned to work. All had some informal supports from family and/or friends.

3. 'Avoiding dependency needs'

This group of guests was conceptualised as one in which dependency needs were stirred up by Maytree but then defended against, and avoided. Leaving early, before the four nights had been used was a way in which this was expressed – leaving Maytree before being excluded (four of the seven guests left early). Guests reported leaving early and also that the stay was too short. These guests also identified with the volunteers. Returning to Maytree as a volunteer was a way in which the four night limit could be circumvented! One guest had 'conceded' that there needed to be some distance in time between leaving as a guest and returning as a volunteer. Guests also appeared to find it difficult to take from Maytree without giving something back – for example providing the volunteers with work experience. Maytree was described in brief or low key terms as positive, as these guests struggled with their conflicts about taking from Maytree: 'it was peaceful, quiet, calm; they're doing a good job'. Guests felt respected, supported and that staff 'don't enforce their minds'.

In this group there was some evidence of continuing to be engaged with suicidality. One ex-guest had made a suicide attempt since leaving Maytree and three more guests reported having had suicidal thoughts, two of which had made contact with a crisis or emergency home treatment team. At the time of the follow up interview, all were in therapy and three were in regular contact with mental health services. Four guests were on medication, although one of these guests had recently chosen to end her medication. Most of these guests were unemployed or on incapacity benefit; however, one had started her own home business and another had begun a vocational course. The majority had some form of support from a few significant friends and/or family.

4. 'Ill but realistic self appraisers'

Although having extensive mental health needs, this group is characterised by the capacity to be realistic about these needs. In the follow up interview they were positive about their experiences at Maytree, perceived as a safe place ("felt very safe...nothing was going to penetrate the walls") and accepting of the 'four day rule'. Staying longer would have led to 'attachment' and dependency. The experience of Maytree was recalled as sustaining them in their current on-going difficulties: Maytree provided 'a memory for pushing a little better and harder - when I'm low, I remember that time'. Many references were made to statutory services, which were perceived as negative or frustrating, and these were contrasted with Maytree where 'you're never made to feel silly' and which made a pleasant contrast with being in institutional care, in hospital. Thus, 'going to Maytree was a decision that supported my sanity ...rather than being treated like a sick person'.

This group of 3 women all had inpatient or residential admissions prior to coming to Maytree. All remain in extensive contact with mental health services, which included day hospitals, emergency outpatient clinics, therapists, psychiatrists, mental health nurses and community psychiatric nurses. All are on medication. One guest was working and the employment status of the others was unclear. Their network of family or friends appeared to be very narrow but they did seem to have one or two significant people in their lives.

5. 'Severely suicidally ill'

In their follow-up interviews, members of this grouping typically presented with an idealized view of Maytree which, however, concealed other more ambivalent feelings. One talked about a sense of shame and weakness at having been openly distressed whilst at Maytree. Others referred to the contrast between having felt supported and cared for at Maytree and feeling rejected and cut off at the point of departure and afterwards. For one guest, this contrast had proved unbearable; with the experience being turned into something cold and rejecting. She commented: 'Having made an intense attachment you were then pushed away, pushed out of the door'; adding that she thought the staff were intrusive and 'cruel and stern' in refusing any follow-up contact. Whilst others in this group retained a sense of having gained something alongside the sense of loss, the request for follow-up contact proved a repeated theme.

The guests in this group had histories of severe and chronic mental health problems, necessitating contact with multiple health and social care professional and agencies, both before and since leaving Maytree. Two had been in residential/ supportive care since leaving Maytree. They were mostly on medication and all were unemployed. Since leaving Maytree, 2 of these guests had made one or more serious suicide attempts and another 2 admitted to suicidal ideation. It is important to emphasise that though difficulties persisted with this group, they reported feeling helped by Maytree.

CORE scores for these sub groups

To triangulate whether these 5 sub groups represented patterns of self-reported change at Maytree we compared the CORE scores for the members of the groups. This showed that the groups did have distinctive patterns. Table 6 shows the means for the members of the groups at pre and post test post and follow up. This shows that within the overall pattern of improvement from pre to post test and follow up, the 'severely ill' sub group were less able to maintain the gains made whilst at Maytree

Table 6: Means of total CORE scores for each sub group at pre test, post test and follow up

Group	Pre test	Post test	Follow up
Dependency articulating	2.82	1.01	0.33
Enmeshed	2.39	1.51	1.33
Avoidant re dependency needs	2.80	1.46	0.91
Ill, but Realistic Self-Appraisers	2.84	0.97	0.59
Severely ill	2.97	1.45	1.86

Discussion

Based on a sample of 24 ex guests, 60% of those available for study, the scores on the CORE at follow up show that guests maintain and even increase the improvements made during the stay at Maytree. There is statistically significant improvement from entering Maytree to leaving, and from entering Maytree to follow up. The trends towards improvement between leaving and follow up serve to take the guests from the clinical to non clinical areas of the CORE. This analysis offers some evidence towards the view that the experience of Maytree provides change that is sustainable after leaving. From this study it can be generalised that, for a substantial proportion of guests, the short intervention of 4 days enables longer term change to be made and sustained.

Benchmarking the CORE data shows that guests enter Maytree with severe clinical levels of problems and the rate of change is high.

Limitations with regard to these findings are, firstly, that there is no contextualising data with regard to the pre-test CORE scores. We do not have evidence to know whether the results of the pre-test CORE are representative of the individual levels of problems or a heightened level of problems in a crisis. The improvements could indicate regression towards the mean. Secondly, the sample interviewed for follow up could be made up of those that feel positive about Maytree and therefore that is why they engage with the interview.

However, notwithstanding these limitations, the results are impressive, showing that, for at least a substantial core of Maytree guests, there is significant, deep and sustainable improvement after being at Maytree.

The qualitative analysis helps to further understand the CORE results. These guests all articulated a positive experience of Maytree, and comment on how unusual it is to encounter a setting that provides such a positive experience. The ex-guests also comment on the difficulties that were faced in leaving Maytree after 4 nights. The way this fact of leaving was faced and defended against identifies differences in the guests, and these differences can be organised into five distinct groups. The coherence of these groups is supported by the different patterns for CORE scores for group members. It is shown that, when the experience of dependency can be articulated the wrench of leaving Maytree can be bearable and understandable. The 'dependency articulating' group was able to do this. Being better resourced internally, this group was able to achieve a reflective position with regard to dependency on Maytree and to sustain the improvements and change afterwards.

This is the only sub group that fit the 'acute' category of guests. The remaining four groups provide further definitions to the 'anomic' category of guests and show that Maytree takes guest that have, in varying degrees, longstanding and severe mental ill health, long standing suicidal relatedness and severe relational difficulties. The extreme group – the severely ill and suicidal- have particularly longstanding and severe mental ill health and suicidal relatedness. This sub-group do benefit from Maytree but they find it harder to sustain their improvements, continue to have suicidal ideation and behaviour and have continuing need for supportive services.

These sub groups are identified through their differing reactions to leaving Maytree. The severely ill group, and to a lesser extent the 'realistic self appraisers' and 'avoiding dependency needs' groups find it harder to process the meaning of leaving Maytree. It is a strong possibility that these ex-guests would benefit from the availability of a follow up interview or meeting with Maytree in order to assist with the emotional processing of the experience of leaving. There is some evidence that these ex –guests had been able through their stay in Maytree to more realistically assess their needs and limitations and the improvement generated through the Maytree stay can be sustained through being more able to access and make use of continuing professional help in various settings. Maytree provides both an alternative and a complementary service to existing services.

Conclusions

The follow up results show, taking into account the limitations of the scope of the study, that Maytree has a significant impact on the suicidality of the guests and the relational and emotional factors that lead to suicidality. The improvements made by guests are consistent, striking and significant. The follow up data confirms the findings reported in the final evaluation report, and show that the Maytree approach can make a difference. The study also shows

that Maytree has this impact on people that have severe and often long term clinical levels of difficulty. The consistently expressed difficulty about leaving Maytree after four days evidences that, on the one hand, a follow up opportunity should be provided for guests- and this will have resource implications for Maytree – and also that Maytree offers the opportunity for guests to locate and relate to continuing sources of help in mainstream and voluntary sectors.

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