

The Samaritans: 40 years of listening

Mike Slade

The Samaritans celebrated their 40th anniversary in 1993. Their statistics are impressive – 22,900 volunteers; 184 branches; 40 million hours of listening since their inception; links with 131 UK prisons; outreach programmes to at-risk groups, such as rural communities and young people. At their 33rd annual conference* 1,200 delegates considered various issues related to befriending the despairing and suicidal. Anna Raeburn in the opening plenary suggested that it is harder than ever for people to talk about their problems, a difficulty she attributed to loss of 'formalities' between people (e.g. eating together as a family) and fear of open communication. This requires hearing rather than listening, in particular 'hearing the gaps'.

Speakers from various backgrounds presented work from their field. Dr André Tylee described the Defeat Depression Campaign, which aims to increase public awareness and GPs' knowledge of symptoms of depression, as well as reducing the associated stigma. Highlighting the public perception that GPs don't have time to listen, he suggested that educational material and expertise from within the Samaritans could be used in GP training programmes.

A common theme through several talks was the need for volunteers to be aware of syndromes, so as to aid identification of problems and appropriate referrals. This was an interesting clash of paradigms, since Samaritans perceive their principal role to be listening and befriending. When appropriate, they do invite the caller to consider self-referral to other agencies

(e.g. GPs), but they are concerned that the caller does not feel 'referred on', and thus implicitly rejected. Questions after each presentation focused on very practical questions: is it worthwhile talking to an inebriated caller (yes); can confronting a fantasy caller cause harm (yes); should a volunteer help the caller to move on (no).

Chad Varah, the founder of The Samaritans, gave a wide-ranging address. He believed that there is a potential within almost everybody to give emotional support to another person in distress. Some callers are particularly draining to this 'Samaritan' part of the volunteer. The ability of the organisation to respond to this type of call lies in its part-time, volunteer workforce.

The out-going chairman, Sheila Coggrave, described the professionalisation over the last three years of a staunchly amateur organisation. There is now a five-year plan for The Samaritans, which includes an intention to form groups of volunteers to communicate their experience to Government departments and the medical profession. She saw it as important to focus the organisation on befriending, rather than trying to right all social ills.

The Samaritans are very good at what they do – 24 hour availability, confidentiality, non-judgmental listening. What was clear from the conference is that volunteers want to retain their amateur status, while forging better links with professionals. The challenge for psychiatry, with *Health of the Nation* suicide targets in mind, is to make the best use of this resource, and perhaps to learn from it as well.

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*Held at York, 16–19 September 1993.