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SUMMARY

Background

People who have attempted suicide are at particularly high risk for subsequent suicide attempts and death by suicide. After an attempt, people commonly describe feelings of great shame, isolation and hopelessness; and both individuals who have attempted and close family and friends describe feeling overwhelmed and ill-equipped to navigate through the initial crisis, let alone know if and how things could get better in the longer term.

To respond to this need for information and support, *beyondblue* partnered with Everymind to develop information resources for people who had attempted suicide and their family members and friends.

The development of these resources were informed by a range of strategies including a scan of the research evidence, a review of existing written resources and consultations with stakeholders in suicide prevention, emergency medicine and mental health more broadly.

An integral part of the consultation process was obtaining the views of people 'with lived experience' of suicide attempt(s), including those who had previously attempted suicide as well as people who had supported a family member or a friend following a suicide attempt.

This report provides an overview of the key themes that emerged from this consultation process. The outcomes were used to inform the development of *The way back* information resources, but can also be used to inform broader strategies to support people who have attempted suicide nationally.

Methodology

A total of 37 people with lived experience of a suicide attempt, including 22 individuals who had attempted suicide, nine family members or friends and six people who fell into both categories, participated in the consultation. The average age of participants was 40 years (range 18-79 years) and the majority were female.

Participants were recruited through *beyondblue's* blueVoices and Suicide Prevention Australia and were aged over 18 years, not currently experiencing symptoms of mental distress and identified that the suicide attempt had occurred more than 12 months prior.

Phone interviews were conducted by staff with social work or psychology experience at **Everymind** and followed a semi-structured interview script that covered the importance of talking about suicide and suicide attempts, the types of conversations currently occurring, the barriers and enablers to talking about suicide and suicide attempts and the sort of information that would be most helpful for people after a suicide attempt. The research was approved by the Hunter New England Health Human Research Ethics Committee.

Interviews were recorded, transcribed and analysed for key themes.

Conclusions

Consultations were conducted with people who had lived experience of suicide attempt(s) to inform the development of *The way back* information resources, however broader conclusions can also be drawn from the findings.

- It is possible to systematically investigate the needs and views of people with lived experience of suicide attempt(s) in a safe and supportive way and partner with them in the design and delivery of suicide prevention initiatives.
- People with lived experience identified a range of barriers to talking about what had happened and seeking support. These were generally related to stigmatised or poorly informed views about suicide that exist in the community and a lack of understanding about what people may be going through when they are suicidal.
- People with lived experience could benefit from data about the number of people affected by suicide attempts, information that assists friends, family members and the community to understand why a person may contemplate suicide and practical information that helps people navigate issues that come up following a suicide attempt.
- People with lived experience suggested that hearing the personal stories of others who had attempted suicide may have important benefits. For individuals, it may help them to understand what has happened, see that they are not alone and have hope for the future. They also felt that it may help the broader community understand what individuals experience before and after an attempt.
- People with lived experience of suicide attempt(s) are important partners in suicide prevention.

CHAPTER 2: CONSULTATION METHOD

2.1 Recruitment

In July 2013, **Everymind** approached *beyondblue*'s blueVoices and Suicide Prevention Australia to invite their networks of community members to participate in the consultation. The invitation to participate was disseminated electronically by the member organisations.

People who were interested in participating registered their interest by email or telephone with **Everymind** and an initial information and screening interview was conducted. The screening process involved:

- Confirming that the person was aged over 18 years;
- Confirming that the person was comfortable talking about suicide and suicide attempts;
- Confirming that the most recent suicide attempt occurred over twelve months ago;
- With permission, undertaking an assessment of the person's level of psychological distress using the Kessler Psychological Distress Scale (K10).

A total of 55 people registered interest in taking part. Of these, 48 completed a screening interview. A total of 11 people were excluded because they reported a high level of psychological distress (K10 score >20, n=7 [Kessler et al., 2002]) or because the suicide attempt had occurred less than 12 months ago (n=4).

2.2 Participants

A total of 37 people completed the consultation interview. Twenty-two people were individuals who had attempted suicide, nine were family members or friends of a person who had attempted suicide and six people fell into both categories.

The majority (76%) of participants were female with an average age of 40 years (range= 18-79 years). Two participants identified as Aboriginal or Torres Strait Islander and a small minority (5%) indicated that they had not been born in Australia.

Over four fifths (84%) of participants indicated that they had a diagnosis of mental illness and nearly half identified that they were currently seeing a mental health professional.

2.3 Interview protocol

Interviews were conducted by tertiary qualified staff at **Everymind** who had either a social work or psychology background. All interviews were conducted by telephone and followed a five question semi-structured interview script that included:

1. How important do you think it is to talk about suicide and attempted suicide in the community?
2. What types of conversations or information about suicide or attempted suicide are occurring or available in the community?

CHAPTER 3: RESULTS

Driven by a strong desire to tell their story, participants shared intensely personal aspects of their lives that included descriptions of past feelings of absolute hopelessness, despair and experiences of their world being "turned upside down".

In addition to themes that emerged in response to specific questions, there were major themes that emerged across all of the questions. All themes are summarised below.

3.1 Major themes

- **Suicide and suicide attempts are highly stigmatised in the community.**

Participants spoke about the stigma as stemming from societal institutions such as religions (suicide as a sin), the law (suicide as a crime), medicine (suicide as a mental illness) as well as general cultural beliefs that value 'toughness' when people are facing adversity.

> *"People don't know how to react … They don't know whether or not to talk about it … There's definitely still a stigma."* (Female, who has attempted suicide)
>
> *"The biggest and the oldest problem is the stigma attached to it, which then becomes associated with the fear of embarrassment, humiliation, guilt and feelings of failure."* (Male, family member)

- **People who are suicidal can be reluctant to seek help.**

Participants stated that people who are suicidal can be reluctant to disclose their feelings and seek help because of expectations that others will respond with stigmatised and poorly informed views, or because of expectations that others will not understand or would be unable to assist. An exception to this was people's experience in having contact (via the internet or in real life) with other people who had attempted suicide.

> *"I was desperate to speak to someone, anyone, about how I was feeling. And I felt I couldn't and this made it really hard."* (Female, who has attempted suicide)
>
> *"I was just so hurt after my relationship ended that I couldn't trust anyone… I also couldn't risk the possibility of embarrassment or ridicule if I said anything."* (Male, who has attempted suicide)

- **Family and friends reported difficulty in identifying warning signs prior to the attempt.**

Prior to a suicide attempt, family member or friends expressed difficulty in identifying warning signs or appreciating that changes in the person's behaviour and thinking were associated with suicidal intent. When they were worried, they identified often feeling unsure about what to say and there was a preference for not saying anything rather than risk saying the wrong thing. After

3.2 Themes from specific questions

3.2.1 Why it is important to talk about suicide

Participants identified that talking about suicide and suicide attempts was critical in supporting people both before and after an attempt. They stated that if general conversations about suicide were occurring in the community before an attempt, people would feel more familiar and comfortable talking about it.

> *"I think it's essential that we talk about it … It's one of those unspoken subjects that needs to be brought to the fore in the community, to be understood ... [in order that people can] provide compassion and support to those who both attempt suicide and those who have family members and friends who may be impacted."* (Male, family member)

Participants suggested that talking about suicide would encourage individuals to identify themselves if they were personally experiencing difficulties and needed assistance, and that it would also enable close individuals in a person's network to be sensitive to warning signs as well as feel more comfortable about asking if someone was suicidal and offering support.

> *"I was desperate to be able to speak to someone, anyone, about how I was feeling. And I felt that I couldn't and this made it really hard."* (Female, had attempted suicide)

> *"I think it is extremely important [to talk about suicide]. If people were more open to discussion about it and to know about signs to look out for, you may not be dealing with the size of the problem you currently are."* (Female, had attempted suicide)

Participants also considered that if there were constructive conversations occurring in the community, individuals who had attempted suicide might feel less guilt and shame and less of a sense that they had done something wrong. Participants believed this guilt and shame could be alleviated by knowing that it is not uncommon for people to attempt suicide and by hearing the personal stories of others – especially those who can provide hope for the future.

> *"Emphasising that it's so common- and it doesn't seem that common because it's not talked about very much. But it's something that so many people go through and yeah- that you're not alone is a huge thing."* (Female, had attempted suicide)

Similarly, participants identified if family and friends had more information, they may be better able to understand why the situation had occurred, their own reactions and how they could get through the challenges involved.

> *"It's very scary for everyone in that it's such an unknown … After the suicide attempt, you sort of felt insulted … that they would want to do this with their life and*

CHAPTER 4: CONCLUSIONS

4.1 Implications for *The way back* Information Resources Project

This consultation with people who had lived experience of suicide attempt(s) and family members and friends of people who had attempted suicide emphasised the critical need for people to be able to talk openly about their feelings and thoughts before and after a suicide attempt. It was clear, however, that positive experiences where others had listened and responded in helpful ways, in both professional services and the broader community, had been the exception rather than the rule.

Participants spoke of a range of barriers and highlighted the need for more accurate and practical information to be made available. The key message was that the most important suicide prevention work that could be done was that which combats stigma about suicide and builds the capacity of individuals, families, health services and communities to have open and supportive, non-judgemental and personal discussions about suicide.

The main vehicle identified by participants which they felt would help promote understanding for both individuals dealing with the aftermath of a suicide attempt, as well as the broader community (including health professionals), was hearing the personal stories of others who had been through the experience. Participants suggested that hearing other people's stories could alleviate the considerable sense of isolation that can be associated with suicidality. They also identified that these stories can also provide hope and belief that things can get better. Participants considered that these stories were also another way for other people in the community to understand why some people in extreme distress are unable to see any other options.

Information gathered through this consultation was specifically used to inform the development of *The way back* information resources and participants' views and opinions had a determining effect on many aspects. For example, the importance of personal stories informed the decision to use quotes throughout each resource from people with lived experience. This consultation finding was also consistent with previous research by Ghio and others (2011) who found that personal stories play an important role in the recovery of people after a suicide attempt. Similarly, in this consultation, participants identified that very practical information should be provided to individuals and their families after a suicide attempt including how to provide support and what actions to take if the suicidal behaviour recurs. This consultation finding was also consistent with previous research such as the study by Leggatt and Cavill (2010), and the desire for practical information informed the type and style of content covered in the resources.

CHAPTER 5: RECOMMENDATIONS

5.1 Recommendations for resource development

It is recommended that:

1. The development of suicide prevention resources for people who have attempted suicide should be informed by the perspective of people with lived experience of suicide attempt(s) (including family members and friends).

2. Information resources for people who have attempted suicide and their family members and friends should:

    a. Provide a clear message that attempting suicide is not uncommon and that people are not alone in their experiences of suicidality or supporting a person after a suicide attempt.

    b. Include personal stories of others' experiences and especially how people have rebuilt their lives in positive ways after a suicide attempt.

    c. Provide information that helps people understand why a person may contemplate suicide, as a way of combatting stigma and stereotypes.

    d. Provide practical information about what to do after a suicide attempt, how to talk about what has happened and what supports are available for people after a suicide attempt.

    e. Where possible, be provided in the context of a supportive professional relationship that offers further opportunities to talk about what has happened and what can be done to (re) build a positive future.

3. Opportunities to support online communities and develop other online resources (such as videos) should be investigated for feasibility and potential benefits.

5.2 Recommendations for suicide prevention more broadly

It is recommended that:

1. People with lived experience of suicide attempt(s) be invited to partner with organisations in the development and design of suicide prevention strategies.

2. Consideration is given to both the value of participating and the risk of exclusion from participating when research involves people with lived experience of suicide attempt.

3. A broad and multi-faceted approach to addressing stigma about suicide and help-seeking is taken, including community and health workforce strategies.

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