

Building a lived experience informed and inclusive culture A practical guide for organisations



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THE COMPLEXITY AND INDISCRIMINATORY NATURE OF SUICIDE DEMANDS WE DO BETTER. BUILDING A LIVED EXPERIENCE OF SUICIDE INFORMED AND INCLUSIVE CULTURE WILL UNDOUBTEDLY CONTRIBUTE TO SAVING LIVES"

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HOW TO USE THIS GUIDE

This guide provides practical advice to organisations seeking to establish, embed and sustain a lived experience informed and inclusive culture by building an internal lived experience workforce, and overlaying a lived experience of suicide lens over all your internal and external activity and relationships.

It will help to identify your organisation's existing strengths, as well as opportunities for further development, so that the uniquely valuable expertise of people with lived experience of suicide is effectively integrated and positioned to innovate, drive and deliver outcomes that contribute to suicide prevention. There are also resources linked within this guide to support the implementation of the practices and processes outlined in it.

The guide has been designed to be used in conjunction with a suite of Roses in the Ocean's resources which collectively support lived experience informed and inclusive culture change:

- Lived Experience of Suicide Engagement, Principles (LESEP) Guidance Document
- Lived Experience of Suicide Engagement, Participation & Integration (LESEPI) Framework
- Lived Experience of Suicide Engagement, Participation & Integration (LESEPI): Implementation Toolkit
- Lived Experience of Suicide Engagement, Participation & Integration (LESEPI) Decision & Evaluation Tools
- Co-designing with people with a lived experience of suicide: Planning Guide
- Lived Experience of Suicide Language and Imagery Guide

THE VALUE OF INTEGRATING LIVED EXPERIENCE OF SUICIDE



WHAT IS LIVED EXPERIENCE OF SUICIDE?

Suicide impacts all of us. It is not unique to any particular person, age-group, background or role. While some people with a mental illness may experience suicidality, many people who are suicidal or die by suicide do not have a mental health diagnosis. So, to be better able to support each other in our workplaces, it is essential we understand more about the complexities of suicide - how it affects us, our colleagues, and our communities.

Roses in the Ocean defines lived experience of suicide as . . . 'having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide'. This definition has been adopted by the International Association of Suicide Prevention.

For Aboriginal and Torres Strait Islander people, this definition extends further:

'A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander people's ways of understanding social and emotional wellbeing."

WHY IS INTEGRATING LIVED EXPERIENCE SO CRITICAL?

Integrating lived experience of suicide into the fabric of an organisation has the potential to influence the way it understands its purpose, role and responsibilities. By understanding where an organisation's work intersects with external stakeholders (other organisations, service users and the broader community) people with lived experience of suicide can identify and highlight potential improvements to ensure all activities and outputs are sensitive to their potential impact on people and that they are not exacerbating underlying factors to suicidal distress.

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Integrating people with a lived experience of suicide into an organisational structure is equally important for deeply entrenched attitudes and stigma about suicide are to be challenged and changed. Organisations that are suicide literate encourage open and meaningful conversations, respect and value diverse experience, and provide

People who have experienced suicidal distress, or made an attempt on their life, those who have cared for a loved one through suicidal crisis, and those bereaved by the loss of a loved one through suicide, are acutely aware of, and sensitive to, the complex feelings of fear, hopelessness and despair associated with suicide. They know what helped them and what didn't, and their experiences of services and support at their time of greatest need contribute a further rich layer of expertise by experience.

While no organisation intends to cause harm, all can improve their operations by genuinely and meaningfully integrating people with a lived experience of suicide who can offer uniquely valuable insights in how to create a genuine 'no wrong door' when anyone in need comes opportunity for everyone to learn and grow together, to create safer and more supportive workplace cultures for everyone.

The skill sets of people with a lived experience of suicide are needed for:

- Cultural transformation Lived experience stories are powerful catalysts for change in attitudes and calls to action.
- Education and awareness Key to developing deeper understanding, compassion and acceptance.
- Policy and process reform Staff with a lived experience of suicide provide unique insight into how to enhance and improve program and service delivery, communications and resources, and working conditions.
- Strategic planning and implementation.
- Bridging the gap between the organisation and its external stakeholders.
- Supporting the organisation to play an active role in suicide prevention.
- Ongoing support of a Lived Experience of Suicide Informed & Inclusive culture.

Additionally, the presence of people with a lived experience of suicide in the workplace enhances employee capacity to respond to suicide by building the confidence in staff to identify subtle invitations for help, and to respond to suicide. This outcome is a positive by-product of an organisational lived experience informed and inclusive culture, recognising that all staff members are part of the broader community who may well influence others through their skills gained in the workplace.



ORGANISATIONAL READINESS

KEY CATALYSTS FOR CULTURE CHANGE

There are a number of key catalysts for creating cultural change which, when strategically engaged and embedded within an organisation, prepare the soil for a lived experience informed and inclusive culture to take root and flourish.

Creating a safe and supportive environment begins with a leadership team committed to creating a safe and supportive workplace for people with a lived experience of suicide by embedding the Lived Experience of Suicide Engagement Principles. These will support existing staff to feel comfortable and confident in disclosing their lived experience and bringing their valuable insights to their work. This can be achieved through inviting external lived experience of suicide experts into the organisation to open up the conversation and address issues of fear, stigma, discrimination and prejudice.

Consulting broadly with employees to understand their readiness for, and level of literacy about, lived experience of suicide will inform a strategy to support the culture change, and also help identify key influencers/champions within the organisation.

Improving suicide literacy across the organisation by providing training delivered by people with lived experience of suicide can break down barriers and develop a deeper understanding and appreciation of the value of lived experience and how it can be integrated throughout an organisations operations.

Supporting internal staff who identify with their own lived experience of suicide to speak openly about their own experiences and champion the value of lived experience.

Establishing designated lived experience of suicide roles.

Appointing people with a lived experience of suicide throughout the organisation's governance structures.

Engaging internal and external people with lived experience of suicide in the planning, implementation and review of an organisation's strategic direction.

CHALLENGING ASSUMPTIONS: ADDRESSING STIGMA

While there has been increased awareness of suicide in recent years, stigma and discrimination remain. A person with lived experience of suicide is likely to have encountered social stigma around suicide such as:

- suicide is selfish, morally wrong, or a form of attention • seekina.
- suicide is a sign of weakness or cognitive impairment.
- suicide is taboo and should not be spoken about.

These stigmatised beliefs can be reflected in staff attitudes, even within suicide prevention services and organisations, and can make people with a lived experience of suicide feel alienated, uncomfortable, undervalued, misunderstood

including:

These assumptions need to be challenged and addressed through lived experience informed and led education. Facilitated discussions, Lunch & Learns, engaging lived experience of suicide guest speakers, and formal lived experience of suicide training are all powerful ways to increase understanding and bust harmful and limiting myths and misconceptions.

and reluctant to voice their lived experience. Such beliefs can also lead to assumptions about people with a lived experience of suicide that need to be challenged,

 People with a lived experience of suicide will become suicidal themselves if exposed to distressed people.

 People with a lived experience of suicidal crisis can only perform their role safely and be a good role model to the people they support if they take medication and are connected to mental health services.

• Team members have a constant duty of care to people with a lived experience of suicide, to always be on alert to signs of suicidality.

• People who experience thoughts of suicide should not be at work, or be employed.

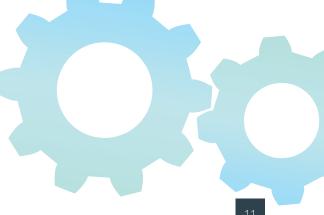
 Clinical and medical expertise is the only legitimate form of expertise in relation to how to understand and respond to suicide.

CLARIFYING THE LIVED EXPERIENCE OF SUICIDE ROLE

One of the key challenges for organisations is being able to clearly communicate the role of people with lived experience of suicide to staff who don't have a lived experience. It is also equally important to be able to communicate the difference between staff who identify as having a lived experience of suicide and those who are employed in Lived Experience of Suicide designated roles.

All staff are required to appreciate that people in designated lived experience roles are engaged or employed for the combination of workplace skills they bring to the organisation in addition to their lived expertise that, combined, will help to inform and guide an organisation's suicide prevention strategy.

Other staff members who identify as having lived experience need to be given the opportunity to enhance their own work and contribute to the organisation's work as a whole through overlaying their lived experience insights, but it is not the sole focus of their role.



DEVELOPING LIVED EXPERIENCE INFORMED SUICIDE LITERACY

To support a lived experience informed and inclusive culture, a high level of suicide literacy is required. This must extend far beyond simply educating staff of suicide statistics and providing them with basic training on how to ask someone if they are suicidal.

Key steps to implement a lived experience of suicide literacy program include:

- Adopt and embed the Lived Experience of Suicide Language and Imagery Guidelines throughout the organisation.
- Deliver an organisation-wide consultation process to ascertain current suicide awareness and literacy, create an appetite for the integration of people with lived experience of suicide and their insights into frameworks and clarify any perceived enablers, opportunities and barriers.
- Engage other people with a lived experience in the organisation to design and deliver an approach for increasing awareness and lived experience informed suicide literacy across the organisation.
- Provide lived experience informed suicide literacy training throughout organisation.
- Provide a human resource for interdepartmental consultations.
- Evaluate the climate of the organisation on a regular basis to gauge progress, and offer suggestions for improvement.
- Actively engage with the suicide prevention sector to attend and participate in national and international conferences showcasing best practice in workplace lived experience informed and inclusive culture change and reform.

Lived experience informed suicide literacy training developed and delivered by lived experience experts is also available. This training covers the following content:

- Explores the multi-faceted complexities of suicide including the diverse and varied drivers of suicidality.
- Demonstrates the importance of using appropriate and safe language and imagery, and the impact of not doing so.
- Shares what people with a lived experience of suicide say is the best way to support people through suicidal crisis, their carers and those who are bereaved.
- Busts myths and misconceptions about suicide.
- Explains the value of lived experience of suicide roles within an organisation.



BUILDING LIVED EXPERIENCE OF SUICIDE CAPACITY WITHIN AN ORGANISATION

Within every organisation it is inevitable that some staff will have a lived experience of suicide. Some of these people will not wish to disclose their experience, while others will appreciate the opportunity to utilise their experience to enrich their own work and contribute to the organisation's suicide prevention strategy as a whole. Others may wish to provide their lived experience voice through being an internal representative on Lived Experience Advisory Groups/ Working Groups or participate in co-design/coproduction processes.

An organisation can support staff to contribute through their lived experience by providing opportunities for them to build their capacity to meaningfully and impactfully share their lived experience insights.

Capacity building opportunities may include:

- Lived experience designed and delivered capacity building workshops for people with lived experience of suicide
- Lived Experience in the Media training
- Applying a 'Critical Lens' to communications

- Communities of Practice
- Access to Lived Experience Resources
- Attendance at national conferences

- Access to Lived Experience of suicide mentoring
- Intervention Skills training

COMMUNICATING THE MEANING AND VALUE OF LIVED EXPERIENCE OF SUICIDE TO STAFF

It is vital that the meaning and value of lived experience is clearly communicated to internal staff and external stakeholders by senior managers through a range of methods that should be tailored to the audience. Key points to consider:

- Many people will have reasonably low suicide literacy levels and will require basic education first before being able to appreciate the prevalence of suicide in our communities and workplaces and understand the value of lived experience of suicide.
- People connect through authentic story telling far more than statistics and dry facts - draw on the expertise of people with lived experience of suicide who have expertise in facilitating discussions and delivering training.
- Highlight the ways in which lived experience of suicide can enhance current and future projects.
- Explain the difference between staff who identify as having a lived experience of suicide and the impact that a designated lived experience role with a sole focus could have in the organisation.
- Promote conversations among your staff, have senior decision-makers lead them, and provide time and space to allow these conversations to breathe.
- Provide information about the evidence for co-design/ co-production methodology and how programs and services can be improved when people are centrally involved in designing them.

ADAPTING WORKPLACE GOVERNANCE STRUCTURES

A vital part of embedding the Lived Experience of Suicide Engagement, Participation and Integration (LESEPI) Framework is adapting organisational governance structures and policies to align with the Lived Experience of Suicide Engagement Principles that underpin the Framework.

The practical steps that need to be taken include:

- Integrating existing lived experience of mental health, alcohol and other drugs (MHAOD) policies and structures with the LESEPI Framework.
- Adapting relevant workplace guidelines and ways of working in line with the Lived Experience of Suicide Engagement Principles to create a safe and supportive environment for people with lived experience of suicide employed or engaged by your organisation.
- Identifying opportunities to embed adequate levels of lived experience of suicide representation across governance structures to ensure diversity of perspective and to address power imbalances.
- Establishing a Lived Experience of Suicide Advisory Group that is embedded into the governance structure.

- Identifying gaps between current workplace practices and lived experience of suicide best practice standards and undertaking a co-design process to re-design practices.
- Reviewing Human Resource policies and procedures to ensure flexibility to support the integration of people with lived experience of suicide who are employed or engaged by the organisation.
- Educate the organisation regarding the person with a lived experience of suicide role/s, and on that role's impact on decision-making processes.
- Implement an organisational Suicide Response Plan.



ORGANISATIONAL HEALTH CHECK: ORGANISATIONAL READINESS

To gauge the current climate of your organisation and to constantly evaluate the progress of your organisation's suicide prevention culture, conduct regular assessment activities, including; internal surveys, external independent surveys, implement 360-degree feedback mechanisms, create feedback loops, and conduct structured face to face interviews. Review your exit surveys, and monitor the attrition and retention rates of your staff, particularly those colleagues and line managers.

future possibilities.

ASK YOURSELF

What catalysts to culture change are we able to leverage in our organisation?

How can we increase the suicide literacy across our organisation?

What can we do to articulate the value of lived experience of suicide for our organisation?

How are we building the capacity of people with a lived experience of suicide that we engage or employ?

How many people with an identified lived experience of suicide work in our organisation?

How many designated Lived Experience of suicide roles do we have?

Where do we have lived experience of suicide represented in our governance structures?





CREATING AND MAINTAINING AN INCLUSIVE WORKING ENVIRONMENT

RECRUITING TO DESIGNATED LIVED EXPERIENCE OF SUICIDE ROI FS

Recruitment is a critical component of an organisation's overall strategy to develop an effective and sustainable lived experience workforce. It's important that recruitment teams have lived experience representation, with specific expertise in the recruitment of lived experience identified roles.

Recruiters need to be able to evaluate the capacity of candidates to identify and draw on relevant aspects of their lived experience, explore how to utilise the insights gained from this person's lived experience, and the perspectives of others to inform across the organisation; and how to look more laterally at other skills and experiences these people will bring to their roles.

A candidate's experience during the recruitment process has been shown to be a key determinant of them accepting a role, so it is important to clearly demonstrate the organisation's commitment to developing/maintaining a lived experience of suicide informed culture.

Increasingly, designated Lived Experience of suicide roles are being created within organisations. First and foremost, position advertisements and position descriptions must state 'lived experience of suicide' is a key requirement of the selection criteria.

Key considerations when recruiting for these roles include ensuring that the candidates also have the right lived experience expertise and skills mix:

- Lived experience expertise, is not just lived experience. That is, the person has developed and demonstrated skills and experience to translate their insights and perspectives around suicide into useful information that improves the knowledge content of the work/ project or generates a greater understanding around suicide for the positive influence of the work role/ project/workplace.
- Developed skills and experience in utilising their lived experience insights and wisdom for different purposes.
- Demonstrated ability and experience in honouring and giving voice to the perspectives of others with lived experience of suicide, not just their own.
- Experience and demonstrated skills in consultation with a wide range of stakeholders, chairing meetings, leading discussions with other stakeholders.
- Awareness of and skills to manage power imbalances within organisation and external stakeholders.
- Compassionate curiosity with the ability to generously educate and guide others in the organisation while also seeking to learn from others.
- Understanding of suicide prevention at a system level and expertise to collaborate for system change.
- Learning mindset.
- Demonstrate robust self-care practices.

one conversation.

Interview Panels – Provide an opportunity to ensure there is a person with lived experience expertise involved in the selection process. This will assist in the candidate feeling more comfortable at the interview, while also ensuring the decision process is lived experience informed by someone who is experienced at working from a position of a lived experience of suicide designated role. It is often helpful to engage the services of an independent lived experience expert to assist with recruitment.

Application Process - A lot of information can be gleaned through asking candidates to submit an accompanying letter with their CV, explaining why they are drawn to the role and what the key areas of focus would be in a lived experience of suicide designated role. The review of this letter by all interview panelists, needs to look for a depth of insight regarding a range of issues including but not limited to - their own lived experience, language, the importance of perspectives, and appreciation of power imbalances. When low literacy levels are a barrier to this and are not required as part of the actual role, then alternative avenues to providing this information could be through recording an audio message, or simply a one-on-



INTEGRATING LIVED EXPERIENCE OF SUICIDE ROLES WITHIN AN ORGANISATION

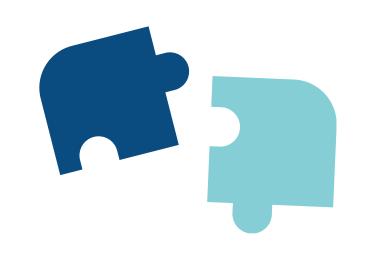
Integrating designated lived experience of suicide roles within an organisation requires focused attention on several aspects of the employee base - staff who do not have lived experience of suicide, existing staff with lived experience of suicide (that may or may not be disclosed) and the newly recruited designated lived experience staff member/s. Successful integration of external lived experience of suicide roles offers the opportunity across the organisation to create an environment which encourages others with lived experience to feel more comfortable drawing on their insights in their daily work

Team leaders need to actively encourage those with a lived experience of suicide to offer any insights relevant to the project topic when in meetings, by inviting them to share and allowing them the time to 'dig deep' in a respectful space to share a part of their story. It is also best practice to check in on the person after the meeting to just ask how they are, as for them, remembering and sharing information around a traumatic event can be retraumatising.

Having generous representation of people with lived experience of suicide on Advisory Groups, or on a project, is ideal as this prevents feelings of alienation, isolation and tokenism which are counterproductive to their role of influencing positive change and generating deeper understanding.

A range of initiatives that will support moving toward a lived experience informed culture and successfully integrating and supporting lived experience of suicide roles, include:

- Develop an understanding, within your organisation, of the value lived experience of suicide will bring to the work of the organisation, the workplace culture, and ultimately to the people served by the organisation.
- Provide internal and external (independent) support for people with lived experience and other staff who are exposed to the sharing of lived experience insights.
- Create a variety of avenues through which lived experience of suicide can be shared.
- Embed lived experience of suicide designated roles in governance structures with decision making responsibilities.



TEAM

Building trust and respect within a team is important for optimal collaborative relationships and outputs.

- conversations.

- motivation.

A genuinely inclusive workplace culture is one where a diversity of people and experiences are respected and valued, where everyone feels equally able to contribute their ideas and opinions, and utilise their unique forms of lived experience expertise. By actively investing the time and energy to create a safe, supportive and inclusive environment, you will increase the likelihood of attracting a greater breadth and diversity of lived experience of suicide expertise.

DEVELOPING A COHESIVE

Consideration into how this can evolve can include:

Team building activities - having regular time together for fun/team activities develops group cohesion and increases each other's understanding of the strengths of other participants within the team.

• Ask people with a lived experience of suicide for suggestions and contributions.

• Provide opportunities to encourage meaningful

• Be flexible with work requirements where possible.

• Place importance on all team members taking regular tea and lunch breaks, and annual leave.

• Be alert to signs of compassion fatigue in the team, such as conflict, frustration, inflexibility, or loss of

• In an inclusive and cohesive team, people with a lived experience of suicide and other team members should:

* Learn from each other and develop as workers.

* Feel respected and valued for what they contribute.

* Coordinate and collaborate in providing effective suicide prevention.

* Support each other in times of stress.

* Are happy and confident in the workplace, with reduced staff turnover.

EQUITY. DIVERSITY AND INCLUSION

It's important for all organisations to create and sustain a diverse and inclusive workplace culture. Organisations will already have policies relating to equity, diversity and inclusion, however, it's important to consider what these concepts mean in the context of employing people with a lived experience of suicide.

Traditional organisations may have practices, procedures, attitudes, and expectations that create barriers for people with a lived experience of suicide to willingly contribute their valuable insights. When there isn't an appreciation for the diversity of skills, insights, and life experiences that people with a lived experience of suicide bring, it can stifle a person's confidence and enthusiasm. If people with a lived experience of suicide are required to adapt to these environments in order to 'fit in', they will lose essential features of what makes them uniquely valuable.

It's also important to consider the sometimes complex ways in which a person's lived experience of suicide intersects with other aspects of their identity, including socio-economic and cultural factors (for example, gender, physical abilities, access to education).

Staff should also consider how they are enabling Aboriginal self-determination, including supporting the prioritisation of culture, addressing trauma, supporting healing and promoting cultural safety at an individual, team and organisational level.

ADJUSTMENTS TO ROLES AND WORKING ENVIRONMENT

As organisations integrate more people with a lived experience of suicide it is important to consider and plan for possible adjustments that may be necessary for these people, as well their colleagues who do not have a lived experience. Organisations are always required to address barriers that may prevent people from accessing equal opportunities in employment and reasonably adjust the working environment and policies to accommodate specific needs.

Even organisations within the suicide prevention sector can struggle with supporting the emotional health and wellbeing of staff. This can be particularly challenging when staff members are working in lived experience of suicide identified roles.

It's therefore vital for managers to have the skills and resources needed to foster a workplace culture in which everyone's wellbeing can flourish, inside and outside the workplace. This includes maintaining respectful communication standards, the capacity to compassionately resolve conflict, and regular monitoring of staff workload with a sensitivity to its potential impact on mental health and wellbeing.

There are a number of actions that can be taken in an organisation to accommodate the integration of people with a lived experience of suicide:

- Engage people with a lived experience of suicide to inform what they need to be supported in their role.
- Provide a range of working environments to accommodate the variety of roles a designated lived experience role will undertake, eg: having an accessible private office that can be used by staff to have sensitive conversations relating to lived experience of suicide.
- Educate teams and managers on the value of lived experience of suicide.
- Create a warm and welcoming environment.
- Offer flexible working arrangements at the time of an anniversary of a suicide attempt or bereavement.
- Provide additional mentoring/support during and following difficult aspects of work related to lived experience.
- Provide support for staff who are exposed to open discussions about suicide if requested.
- Adapt communication methods, if necessary, to ensure the provision of information is adjusted to the person's preferences or physical needs (eg adjust meeting lengths for people who have been cognitively impaired by a suicide attempt).

It is important organisations actively seek to undertake activities that include ongoing iterative monitoring and evaluation of their progress toward building a lived experience of suicide informed and inclusive culture.

Given the emergent nature of development of the lived experience workforce, organisations are also strongly encouraged to proactively collaborate with external evaluators who will be conducting the lived experience of suicide program wide outcomes evaluations. These externally conducted evaluations will be important mechanisms for contributing to growing the evidence base for lived experience workforces and allow for iterative improvements and knowledge translation to maximise effectiveness and longer-term impact of a lived experience workforce.

CONTINUOUS IMPROVEMENT

This should include, at the very minimum, conducting internal process evaluations to uncover opportunities for continuous improvement, such as anonymous surveys or focus groups to seek feedback directly from the people with a lived experience of suicide, team leaders, managers and other staff working within the respective teams.



ORGANISATIONAL HEALTH CHECK: CREATING AND MAINTAINING AN INCLUSIVE WORKING ENVIRONMENT

constantly evaluate the progress of your organisation's colleagues and line managers.

future possibilities.

ASK YOURSELF

Do we have an appropriate recruitment process for designated lived experience roles?

How are we supporting the integration of people with lived experience of suicide?

How do we encourage diversity of lived experience of suicide perspectives in our internal and external projects?

What steps have we taken to adjust our working environment and policies to support lived experience of suicide integration?





PROVIDING ONGOING SUPPORT TO ENSURE SUSTAINABILITY

MENTORING AND CO-REFLECTION

In order to support a sustainable lived experience of suicide workforce, it's important that all people with a lived experience of suicide have opportunities to grow, develop, and voice their ideas and opinions. Creating a culture where people with a lived experience of suicide feel valued and appreciated will reduce turnover and maintain positive professional relationships. So too will offering the necessary support structures.

Regular mentoring and group reflection can be incredibly helpful for people who are engaged in roles that require them to draw on their lived experience of suicide on a regular basis, as well as for people engaged for a short period of time for a specific project/task. Mentoring provides an opportunity to discuss specific aspects of a role or project that may be requiring focused attention on a particularly sensitive part of a person's lived experience. This can be difficult for managers to appreciate if they do not have a lived experience of suicide. Creating a supportive space for people with a lived experience of suicide to speak openly and confidentially about these challenges with a lived experience of suicide mentor who can offer empathy and has the expertise to guide them will ensure people in lived experience identified roles can do their work safely and effectively.

Group reflection provides another important mechanism for people with lived experience to critically reflect on their role and how it impacts them, as well as to learn from others about how to navigate lived experience work. Lived experience staff should be given the time to participate in these sessions during work hours and should ideally be led by an experienced independent facilitator/mentor with their own lived experience of suicide. It is advisable

to have an agreed format for group co-reflection sessions focusing on sharing learnings, challenges and successes, with time for general connection and relationship building.

SUPPORTING SOMEONE TO RETURN TO WORK AFTER A SUICIDE CRISIS. ATTEMPT OR BEREAVEMENT

Returning to the workplace environment after a recent experience of suicide can be overwhelming, anxiety provoking, alienating and isolating. There are some key considerations that can support the person's return to work. This can be led by a key person, such as an HR Manager or their line manager, by having a respectful sensitive conversation with the person who has had a recent experience of suicide, about what they would like to happen. Firstly, ask them who they would like to have this difficult conversation with.

Points for consideration in this sensitive discussion:

- Do they wish you to advise anyone at work, or in their team, of what they have recently experienced?
- * If yes, would they like to share this information themselves, or would they rather have someone else advise the person/s of their choice?
- Do they wish to speak openly about their experience in the workplace, or only share this with a trusted few?
- * If no, consider what private support can be put in place to support their return to work.

- - isolated.

* Ask them what they would prefer to happen, and who they would like to keep this information in confidence.

• Do they wish to negotiate a gradual return to work?

* A structured stepped approach back into the workplace has greater success than a person returning into their previous fully functioning hours of work straight away. Even though the person may feel up to a full workload, they have been through a major emotional, and perhaps medical, event that needs to be acknowledged, as the workplace would for any employee suffering with health conditions.

* This may look like two short days a week building to four short days then back into full-time load. Review and agree on the approach, investigating payments they can access if their sick leave and compassionate leave has been used. For example, utilise hours from annual leave, or long service leave, that can help pay for the shortfalls as they progress back into the workplace at a more achievable rate. Check their superannuation insurance for coverage also.

• How can people best support them once they return? This information could be shared with people prior to their return, with their permission. For those returning after a recent attempt, or who are the support person of a loved one, and those bereaved by suicide:

* Try not to avoid the person - walking the other way when you see them makes them feel more

- * If you don't know what to say, say nothing, but still walk up to them to acknowledge you know they are suffering. If appropriate, offer a hug, or a cup of tea. Just sit with them. Your body language lets them know you care. If you feel sad, let them see the tears in your eyes; they will know your heart is with theirs.
- * If they do want to talk about their loss, let them. Listen gently with respect. They may want to tell the story many times, and that's okay.
- * Don't try to fix it. This isn't fixable. Just sit in silence. You being there shows you care.
- * Remember the anniversary, they never forget their loved one and appreciate that you haven't either.

PROFESSIONAL DEVELOPMENT

It's important for organisations to provide equitable access to professional development opportunities for people with a lived experience of suicide, as they would other staff. Opportunities for development include:

- * Conference and Lived Experience SUMMIT attendance
- Community of practice meetings.
- Training programmes internal and external
- * Formal Lived Experience of Suicide Professional Development Mentoring
- * Attendance at suicide prevention sector professional development webinars and seminars

EDUCATING EXTERNAL STAKEHOLDERS

As we move to a whole of government approach, whole of society approach to suicide prevention, organisations that are integrating people with a lived experience of suicide have an opportunity to share the benefits of adopting a lived experience informed and inclusive culture with their external stakeholders and educate others on how to follow their lead.

Key ways to achieve this are:

- * Embed Lived Experience of Suicide Engagement Principles into all formal partnership agreements and commissioning contracts.
- * Take responsibility to provide and educate third parties on LESEP through information sessions facilitated by lived experience experts and ensure external stakeholders receive lived experience of suicide engagement best practice resources.
- * Involve external stakeholders in co-design/coproduction processes with people with lived experience of suicide.
- * Actively involve designated lived experience of suicide staff in developing external stakeholder relationships.
- * Embed lived experience roles into shared project governance structures where possible.
- * Share evaluation outcomes related to lived experience of suicide engagement.
- * Invite external stakeholders to information sessions related to the integration of lived experience roles.

THE ROLE OF LIVED EXPERIENCE OF SUICIDE ALLIES OR CHAMPIONS WITHIN AN ORGANISATION

True leadership takes courage. Lived experience of suicide allies and champions can play an important role in enabling a lived experience informed and inclusive culture by:

- * Identifying discriminatory language and policies and taking action to reform these practices.
- * Overtly supporting the lived experience workforce and their contributions to the workplace.
- * Proactively work collaboratively and respectfully with identified lived experience of suicide employees in authentic partnerships.
- * Promoting and engaging in co-production.
- * Taking the initiative to engage senior leadership in lived experience of suicide related activities.



CHECK: PROVIDING ONGOING SUPPORT TO ENSURE SUSTAINABILITY

ASK YOURSELF

What mechanisms are in place to allow people in lived experience roles to safely reflect on the unique challenges their roles present them?

Are we confident we have robust policies and procedures in place to support staff in the event of a suicide attempt or death?

Are these well understood and consistently applied throughout our organisation?

How are we actively building a sense of shared purpose with our external stakeholders?

What do we have in place to maintain focus and energy around integrating people with lived experience across our organisation?

How do we identify emerging lived experience allies and support them to champion the value of lived experience?





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