Roses in the Ocean
stemming the tide of suicide

LE SUMMIT 2021

SP Peer Worker (Carers) Co-design Adaptation of Content

Collated Outputs

Introduction

Why Suicide Prevention Peer Workers?

The value of support from a person with lived experience of suicide:

- People feel more connected, understood and are more likely to open up in conversations with peers who have been through a similar experience.
- A person with LE of suicide is able to remove the stigma and judgment that acts as a barrier to help seeking for people impacted by suicide.
- Personal stories about what helped have more credibility than advice given by people without LE.
- People who have LE of suicide are powerful examples of recovery and capacity to build meaningful lives (HOPE).
- A mental illness is not the same as a suicidal crisis and peer matching strengthens the benefits of peer support.

What is the purpose of this workshop?

This workshop is an opportunity for people with a lived experience of caring for a person who is in suicidal crisis to contribute to a co-design process. We are co-designing professional development training for carer peer workers who support people who care for someone in suicidal crisis. This training will be called the SP Peer Worker Program (Carer Support) and will be part of a series of training developed by Roses in the Ocean, which includes SP Peer Worker Program (Crisis Support) and SP Peer Worker Program (Bereavement Support).

The workshop will explore lived experience perspectives on the needs of carers during this difficult time and the best way to meet these needs. Participants will be invited to share examples of challenges they have faced when caring for a person in suicidal crisis so that the training can prepare carer peer workers to respond. We will also identify important qualities that carers seek in a peer worker and carer priorities for the training.

Expected workshop outcomes

- Carers have the opportunity to share their experiences in a supportive environment with other carers and be heard.
- Satisfaction of using lived experience to make a difference for other carers.
- Carer perspectives will influence and inform support services for carers.
- The workshop will help with the development of the first specialised training for carer peer workers who work in suicide prevention.

Discussion 1

What are some of the challenges faced when caring for a person in suicidal crisis?

Proper care	Self-care	Conflicting opinions	Health professionals / service providers
Key identifiers/signs. Lack of care plan - where to get this information, who teaches us, finding suitable support when in crisis, how to have the right conversations. Challengers around privacy and boundaries, especially adult children/teenagers. Communication styles - cultural and gender.	Compassion fatigue – own health deteriorates. Balancing your time between supporting someone and your own life. Guilt around seeking support for yourself.	Different family members share different opinions. When carer is not family member, and they must navigate the family – tough when family members don't always agree.	Wanting to be an advocate but medical staff not listening. They have expectations and judgement of carers, saying carers are overstepping or too controlling. Having them understand the person's needs. Not allowing carers to be involved - with treatment etc.

Discussion 2

What are things that make a carer feel misunderstood or disrespected? E.g., what do service providers or other people do/say/assume?

	Health professionals/service providers	Others	Person you are caring for
Do	Complete dismissal of the involvement of family members, loved ones or other carers. General lack of interest in suicide. Not answering phone or returning calls, acting without advising carer. Closed for Christmas and holidays when people need help. System under resourced and under time pressure, meeting KPI's, dismissive nature, box ticking. Language barrier with health professionals – No interpreter to understand, assumption made that you are culturally competent in Australia.	The misunderstanding from employers when you may be caring for someone in distress or crisis. From other people in my networks - a lack of understanding of the difficulty accessing the right kind of care. Misunderstanding more with friends than with services. Not understanding the time/resources/emotional capacity it takes to care. Not seen as a carer when caring for family. No awareness in community of carers roles. Not being allowed in your loved one's room without having to explain yourself. There is no financial support as it's not a paid role, there is an expectation that you just "fit it in". Stigma around suicide, and pathologizing grief and trauma. In different cultures caring comes in different forms...academia represents the ultimate, rather than experiential knowledge.	The disrespect can come from the person you are caring for. Not wanting anything to do with health care system when they were called as safety was at risk.
Say	'No, you can't be involved because you don't have the right training'.	'You're not the official carer'. 'What qualifications you have to care for someone?'	
Assume	Clinical qualifications regarded more highly than lived experience – They don't see the carer in a professional capacity.	Assumptions made in families about suicide which makes it hard to care or be open about what is going on. People often assume that people have mental illness and are convinced that they can never recover.	

Discussion 3

Given the discussion so far, what are the key unmet needs of a carer?

Recognition	Support, care plans & self-care plans	Financial support
To be seen and recognised as a distinct role. That carers are an important part of the caring/service system - difficult for carers to be supportive when they are not recognised as an important piece of the puzzle. Recognition that the caring role may change over time depending on the health space of the person in suicidal crisis – more support or less support may be needed over a period. Ability to advocate as an expert of the person in suicidal crisis and their situation.	Knowing that support is available and how to get that support. Not just in the room but in the hallways too – outside of designated support areas. Toolbox - engaging with carers about care plans, so there is a clear structure. Support for both short-term and long-term carers as needs may be different. Training and educating family members for them to provide additional support. Mentoring – It is a healing journey for a carer, not a recovery journey – This can affect perspective. Self-care for carers – There's no respite – balancing being a carer for someone vs oneself.	Money to cover bills and help with managing finances. No Medicare support available for carers, within the medical system.

Discussion 4

What are the qualities that a carer would look for in a Carer SP Peer Worker that would potentially meet these needs?

Empathy and connection	Training and knowledge
Peer matching – talking to people with a similar experience, similar views. Listen with presence, no agenda, no judgement, remove any preconceived ideas. Openness about the peers lived experience – connect with the carer. Sharing the message of hope and recovery, that you will get through this, even if the peer is bereaved.	Having networks and connections for supports – External, practical. Prepared to share their own knowledge of experience. Training on how to be a carer and training on how to navigate the system. Diverse knowledge – knowing that it's not one size fits all, has the capacity to tailor an approach to carer. Recognise that the carer's role may change over time, and that the peer can adapt to those needs of the people they are supporting. To identify when and where they are needed. Culturally competent care models.