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Co-designing resources for family and friends supporting someone experiencing suicidal distress: Outcomes from a workshop in Australia

Family and friends play a crucial role in supporting someone experiencing suicidal distress. While rewarding, this role can also be emotionally, psychologically, physically and financially challenging, highlighting the need for additional support for those who provide care and support to someone else.

This report summarises the key outcomes from a workshop held at the Roses in the Ocean Lived Experience of Suicide Summit 2023 in Hobart, Tasmania. The focus of the workshop was the co-design of resources for family and friends supporting someone experiencing suicidal distress.

The first half of the workshop focused on language, image and multimedia use in support programs. Participants then discussed the role of online and in-person peer support for people in distress and those who support them.

This report has been prepared by Everymind with input from the 52 participants involved, who shared their insights through the workshop and reviewed this summary before dissemination.

Key messages: For family and friends from other family and friends

- Communication/emotional support: "Understand and validate the intensity of emotions."
- General advice: "They are not broken, don't panic."
- Self-care: "You deserve support too."
- Stay in the present: "Focus on the pain, not the potential consequences."
- You're not alone: "It's a tough thing to do, but you're not alone."

Key messages: From people receiving support to family and friends

- Communication/emotional support: "Don't be scared to ask about suicide – you're not going to give someone the idea."
- Empowerment: "Nothing about me without me, don't take away my power."
- Stay in the present: "Sit in space with me, don't jump to solutions."
- General advice: "Don't be afraid of my big feelings or reactions."
- Be present: "I just need someone to be here."

Language

Workshop participants noted that language needs to be inclusive of all cultures, genders and experiences. In communicating with families and friends, we also need to consider the preferences of those with direct experience of suicidal distress and those who have been bereaved by suicide.

Terminology used to describe someone in a caregiving role:

- **Most preferred terms** were 'family and friends', 'support person/people' and 'supporter.'
- **Least preferred terms** were 'carer', 'caregiver', and 'significant other.'

Terminology used to describe someone with lived or living experience of suicidal distress who is receiving support from a family member or friend:

- **Most preferred terms** were 'person needing support', 'being supported' and 'person in distress.'
- **Least preferred terms** were 'consumer', 'patient', and 'client.'

Multimedia

Participants provided guidance on the use of multimedia in programs for family and friends supporting someone experiencing suicidal distress.

Advice for multimedia use:

- Provide a variety of options to deliver the same message across different mediums
- Ensure messages that are user-friendly and effective, using simple and safe language and with the inclusion of closed captions and other languages
- Talk to the person using the service, not at them, and utilise people with lived experience rather than 'actors'
- People providing support are often time poor, so accessibility should be considered.

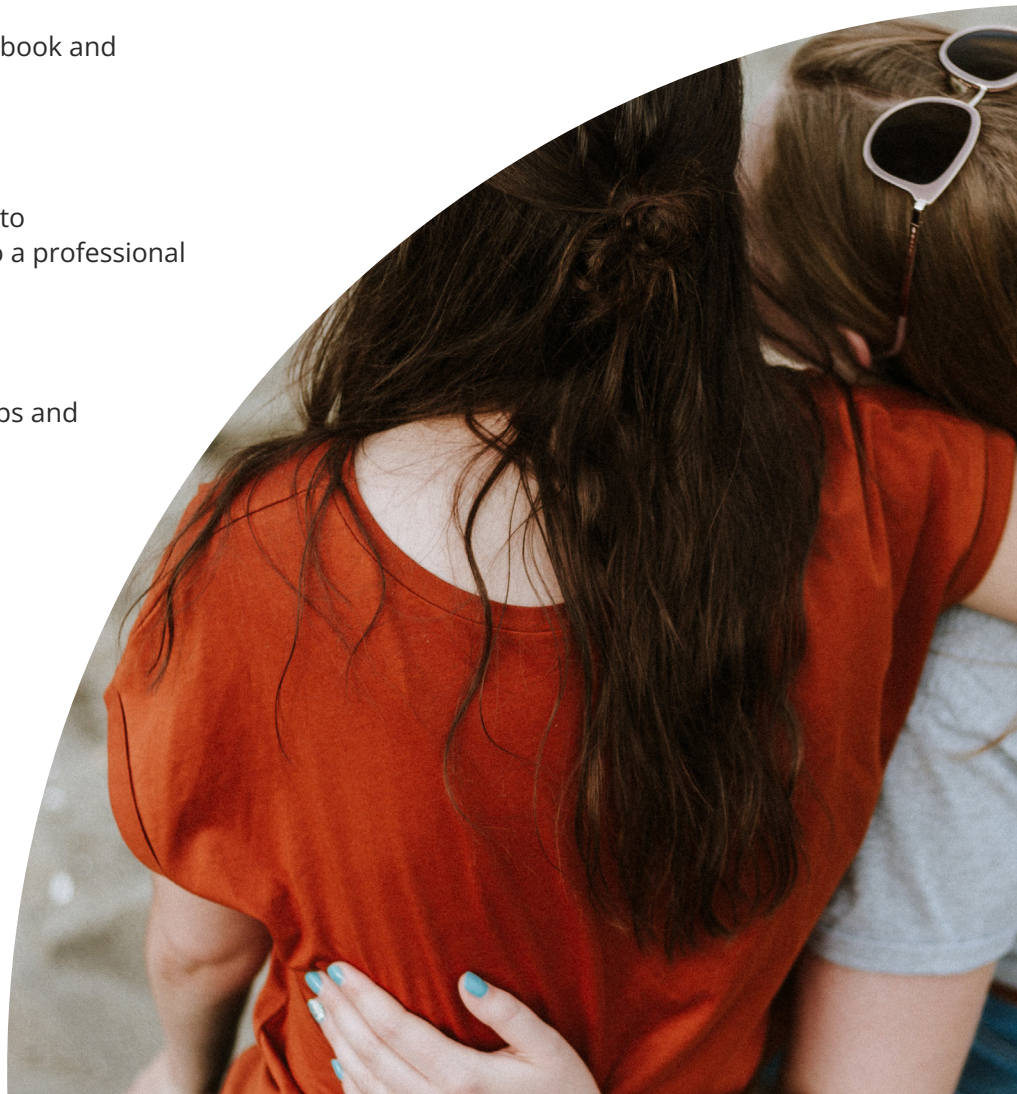
Types of multimedia:

- Mobile apps, avatars and short videos
- Apps pertinent to young people including SnapChat, Discord and Tiktok
- Media pertinent to older people including newspapers, magazines and direct mail
- Video podcasts with lived and living experience
- Interactive websites and posters
- Social media such as Instagram, Facebook and LinkedIn
- Radio and TV
- Musical and cultural events
- Self-paced online modules with links to resources and options to be linked to a professional
- Cartoons and CDs
- Face-to-face presentations and meetings including community members and leaders, sporting groups and celebrity/influencers.

Images

Participants provided guidance about the preferred and not preferred use of images. Themes of preferred imagery included connection and diversity in the way support is represented.

- **Examples of preferred imagery** included representation of diverse abilities, culture/ethnicity, gender, sexuality, size, shapes, families, environments and landscapes. Images and graphics used should represent connection and non-power differentials (e.g. not one standing over another, or inclusion of broad interactions between people, not just doctor/patient).
- **Imagery to avoid** included images that depict a power imbalance, role plays that looked fake, and images that were dark, foreboding or downtrodden.



Peer support from the perspective of family and friends

Family and friends brainstormed ways in which they may engage with peer support and what peer supporters need to know to help support them.

Ideas shared:

- The role of the peer worker needs to be clearly defined
- Peer workers need to understand the complexities of a journey (before a crisis, during a crisis, and in the period following a suicide attempt or when people are bereaved by suicide)
- Peer support should be free and not time limited
- Services need to be available when people need it
- Different types of support may be required (e.g. telephone, face-to-face, groups, online)
- Peer support will most likely to be accessed in crisis, but family and friends would also find it helpful outside those periods.
- Family and friends need to know what options and resources are available, who to ask and how to find out
- Develop a network of support with a "menu of offers" (suggested service title: "CARETASKER").

Overall, the human interaction with someone who understands what they are going through was seen as important, with a service that has options.

Suggestions around training for peer workers:

- Peer workers being trained by other peer workers
- Courses could be designed to use lived and living experience in more effective ways
- Peer workers should be non-clinical and have lived and living experience
- Level of training concerns around the Certificate IV in Mental Health course.

Thoughts shared around barriers:

- Families in remote areas or those with lower income may not have access to a telephone or technology
- Lack of service provider visits to rural or small communities
- Confidentiality problems within small communities
- Visitable access points for telehealth were suggested as a solution.

Family and friends mentioned that young people also provide support. Thus, age-appropriate resources should be available. Cultural factors and the diverse abilities of the support person should also be considered.

It was noted that having peer support options sitting within a suite of other supports may not work, and peer support should be standalone. Family and friends also shared that online social forums can sometimes be unhelpful. For example, they "...cut you off", "... being told your time is up", or "Is this your first time? If not, we can't help you". One of the major support lines was under-resourced, "...we don't handle that. You'll have to ring someone else".

Peer support from the perspective of people with lived or living experience of suicidal distress

Those with lived and living experience of suicidal distress brainstormed how family and friends may engage with peers and discussed what information they would like peer supporters to know about someone with lived and living experience of suicide.

Ideas shared:

- Peer workers could support them with information on what recovery might look like and how to get through the present crisis
- Peer workers could validate their experience and provide more specialised support if matched appropriately to the supporter demographics, knowledge and experiences
- Peer workers could provide psychosocial education and check in to ensure that support people have the skills to care for themselves.

> "I appreciate you but I may not be able to voice that right now."
>
> Workshop participant

Peer support from the perspective of people bereaved by suicide

Those bereaved by suicide talked about the transition from a supporter to someone bereaved by suicide and their recommendations for support and resourcing when moving between these roles. It was clear that the impact of bereavement changes the requirements for support. For example, in the "early moments" post-bereavement, the support required might be more practical, like making sure the person bereaved by suicide eats and drinks.

Those bereaved by suicide wanted to speak the name of the person they had lost and wanted peer workers to respect their space by being a subtle presence and checking in thoughtfully without assuming their needs. Peer workers need to understand the culture and context of different ways of grieving, the re-emergence of grief over time, and feelings of blame and anger that may arise. There also may be times when the person bereaved by suicide may not want to communicate.

> "Husbands, wives, partners, other children, will grieve at different paces – be there for them, don't try to fix them."
>
> Workshop participant

As people move through grief, peer workers should not assume that the person bereaved has healed and allow the person to acknowledge special occasions and talk about things when needed. This group noted that people bereaved by suicide may never be able to return to life as it was and that change can result in relationships ending (friends, marriages, etc.).

Hypervigilance from peer support was not considered useful – "I'll come to you". However, if the person bereaved was in crisis, it was seen as necessary that 24/7 was available. Participants wanted the ability to "choose their own adventure, move as needed through systems and pick them up as needed...new losses may happen".

This group also noted that there were longer-term concerns about remembering and forgetting and that there could be "early support for creating a memory box to address this".

Everymind is a leading institute dedicated to the prevention of mental ill-health and suicide. Everymind has a strategic priority to transform the support available to families and friends.

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