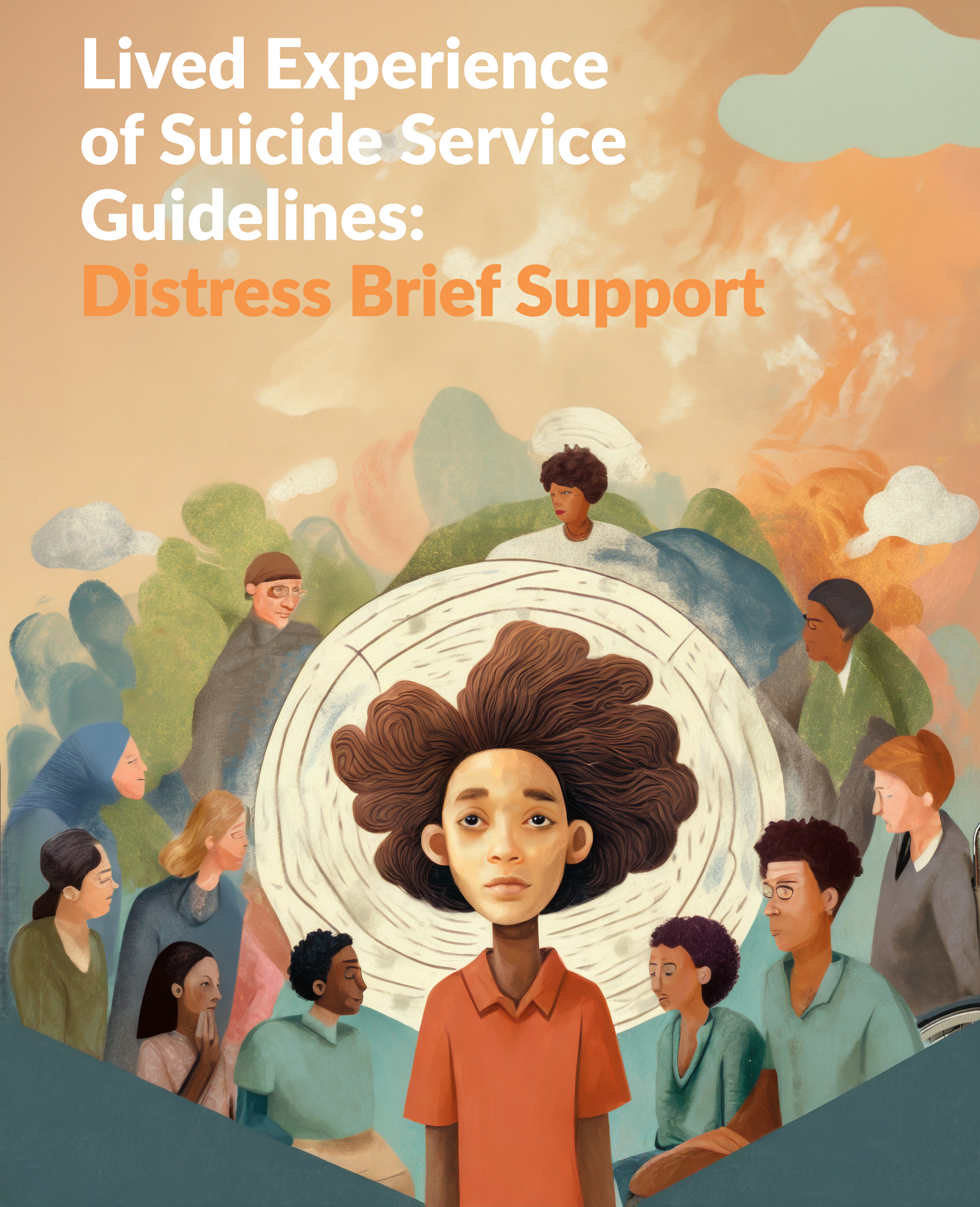


Folk

Roses in the Ocean
stemming the tide of suicide

Collaboratively prepared by Folk and
Roses in the Ocean

Lived Experience of Suicide Service Guidelines: Distress Brief Support



■ Distress Brief Support Service Guidelines

GUIDANCE FROM PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

These guidelines have been designed by 69 people across Australia who have lived experience of a suicidal crisis or emotional distress, through 9 face-to-face and online sessions, and a further 30 participating through surveys.

- Consultations were also held with a range of community organisations and services that represent and work with priority groups for suicide prevention.
- All of the content of the guidelines has been derived from participants in the co-design sessions or consultations with community organisations and services.
- They are intended to be used by services, communities and governments in the design, commissioning, delivery, monitoring and evaluation of Distress Brief Support services.

- We are **enormously grateful** to all the people with lived experience of suicide throughout Australia who contributed to this project.



Support

SUPPORT SHOULD BE INDIVIDUALLY RESPONSIVE AND HOLISTIC

Distress Brief Support services should provide individually responsive and holistic support. This means the support is decided with the person and is customised for their specific circumstances, taking account of the whole range of needs a person may have. Distress Brief Support services should not leave critical needs a person may have – such as their personal safety (if they are experiencing domestic and family violence for example), housing or financial stability – without further support. This will help to ensure that the circumstances that have given rise to the person's distress are effectively addressed and will contribute to them being less likely to experience a resurgence of their distress.

Distress Brief Support services should be delivered with compassion and a focus on building human connection with the person being supported. It is important that service staff are able to provide a sense of sufficient time and space for the person being supported. People being supported should have the capacity to change their support worker without any issues or negative consequences.

ANYONE IN DISTRESS IS ELIGIBLE

It is important that any form of situational or emotional distress makes the person eligible for Distress Brief Support. People with complex needs and mental health conditions should not be excluded. However, there should be prioritisation based on the severity of the person's suicidal thoughts or actions. No one should be excluded from the service on the grounds they are too distressed or too complex. Once referred, contact with the distressed person should be rapid, ideally in no more than 24 hours. When a person's referral to Distress Brief Support is received, a confirmation message, such as by text, should be sent to the person to let them know that the service will contact them within that period. This will, in itself, help to reduce the person's distress.

REFERRAL INTO THE SERVICE SHOULD BE WIDELY AVAILABLE

Access to Distress Brief Support needs to be easy. This requires widespread awareness across local services and government agencies that referral to the service is available for people in distress irrespective of the cause of their distress. Focus should include sites where people in distress are particularly likely to present, such as through police, general practice, legal aid, family law courts and Centrelink. Self-referral is essential for people not in contact with other services that can refer them. Self-referral promotes individual agency and helps to enable people to articulate what they need from a service.

PEER WORKERS HAVE A PRIMARY ROLE

People accessing Distress Brief Support may be experiencing suicidal thinking. Therefore, the person being supported should have their first contact with a peer worker who has lived experience of suicidal thinking. This is so the person's first interaction with the service is with a worker who relates to the person's distress, desperation, and isolation. Peer workers provide empathy and a sense of hope for people in distress. The peer worker should remain a key point of contact for that person. It is crucial for the sustainability and retention of peer workers that services value and understand their roles and that their managers, who may themselves have lived experience of suicide, undergo specific training to provide the most effective managerial support. Peer workers also require access to external lived experience supervision, professional development and networking opportunities with other peer workers.

SUPPORT SHOULD BE PRACTICAL NOT JUST EMOTIONAL

The support provided by Distress Brief Support should include emotional regulation, distress tolerance skills, effective communication and self-advocacy skills, and system navigation.

It is paramount, however, that Distress Brief Support be described as, and deliver, practical support and other solutions-based non-clinical problem solving. Although the service will inevitably provide emotional support and help in developing new personal skills to manage distress, some people, especially men, will find more appeal in a service with the potential to help the person address the immediate causes of their distress, rather than merely cope with the emotional effects of that distress.

FLEXIBLE ACCESS IS REQUIRED

Distress Brief Support services should be easily accessible through a range of methods, including phone, text, video-call, email and in-person. People should be asked what form of contact with the service will work best for them. Physical locations of Distress Brief Support services should be away from hospitals and provide a warm, homely environment that does not feel like a medical setting. Outreach to people's homes is essential to increase access to support and not require people to travel in order to be supported. Outreach may also occur in other locations near the person's home, such as a café or park.

COMMUNICATE THE BRIEFNESS OF SUPPORT EARLY

Upon commencement of Distress Brief Support, the person is to be immediately prepared for their transition from support. This is to ensure the forthcoming end of the support period is made very clear from the start of their engagement with the service and the cessation of support is not experienced as further distress by the person.

NO ONE LEAVES TO NOTHING OR TO A WAITING LIST

It is crucial that no one is transitioned to no ongoing support at all or onto a waiting list for further support, unless the person decides for themselves that this is what they want.

Although Distress Brief Support will be short in duration, it is critical that support not be ceased arbitrarily if the person continues to need support and longer-term support is not yet available or has not been successfully sourced.

PROVISION FOR 24-HOUR SUPPORT IS REQUIRED

Distress and suicidal crises can occur outside of business hours and can be at their most acute overnight. It is vital that Distress Brief Support services provide a form of support that can be available outside of hours and on weekends, even if this is limited until more comprehensive support can be provided. This can be through online chat or phone support, for example.

FOLLOW UP IS AN ESSENTIAL COMPONENT OF THE SERVICE

Distress Brief Support services should follow up with people who have been transitioned from the service to ensure that their distress is contained and any longer-term support that has been arranged has been effective and accessible. If the person's distress has increased or longer-term support is unavailable or unsuitable, they should immediately be invited to return to Distress Brief Support so that new strategies to support the person can be developed.

■ Oversight



COMMISSIONING NEEDS TO INVOLVE LIVED EXPERIENCE

Commissioning of Distress Brief Support services should have specific roles for people with lived experience of a suicidal crisis or emotional distress. This includes a place on assessment panels or in assessment processes for Distress Brief Support service proposals. Appropriate preparation and pre-briefing provided to people with lived experience involved in commissioning activities will ensure they understand the process and are fully aware of what is required of them.

LOCAL CO-DESIGN OF DISTRESS BRIEF SUPPORT IS ESSENTIAL

Distress Brief Support services should undergo local co-design processes that include people with lived experience of suicide. Co-design can ensure that the local characteristics of the community and the needs of local people are properly taken into account in the delivery of the service. This is especially important due to Distress Brief Support's reliance on the local service system for referrals in and referrals onward to ongoing support. Meaningful and genuine co-design involves people with lived experience at the beginning of service design.

GOVERNANCE SHOULD INCLUDE LIVED EXPERIENCE

It is critical that Distress Brief Support services have people with lived experience of a suicidal crisis or emotional distress integrated into local governance structures. There should be more than one person with lived experience included in governance structures (such as steering committees or advisory groups) to avoid isolation and provide collegial support. Due pre-briefing and transparency of governance processes will ensure people with lived experience can meaningfully participate in decision making. The boards of organisations that deliver Distress Brief Support services should include representative positions for people with lived experience of suicide.

People with lived experience of suicide can encounter power imbalances in governance structures. This can be remedied by proactively educating other participants in governance structures on the value that people with lived experience of suicide bring to governance, and the policy-based rationale for their participation.

EVALUATION IS IMPROVED BY LIVED EXPERIENCE INVOLVEMENT

Suicide prevention research is always strengthened by incorporating insights from lived experience and there are innovative roles for people with lived experience in evaluation of Distress Brief Support services. These roles can include peer researchers and analysts and advisors considering data and formulating recommendations. Evaluation of Distress Brief Support services should be transparent and results made public and easily accessible. This is critically important as Distress Brief Support is a new type of service in Australia.



■ Access

SERVICES ARE TO BE INCLUSIVE OF NEURODIVERGENCE

Distress Brief Support services should anticipate that they will support people who are neurodivergent and have differing developmental histories and individual communication styles. In many cases, people may not yet have received a diagnosis of autism, ADHD or other neurodivergent conditions. Distress Brief Support services should therefore not rely on disclosure of neurodivergence but instead approach all interactions with people being supported using a range of communication methods. These can include the use of diagrams, drawing, photos, miniature models, and other visual aids to better enable the person to represent their feelings and needs. Sensory tools, such as stress balls and fidget toys, can help a person to reduce tension and remain calm.

SERVICE STAFF SHOULD REFLECT THE DIVERSITY OF LOCAL COMMUNITIES

The staff who work at Distress Brief Support services need to reflect the cultural and linguistic features of their local communities. This is necessary for services to be culturally safe, accessible and relevant to the people who need them. Services with staff that are broadly representative of their local communities are more likely to be approached, and more likely to effectively link people with other services they may require. This should be a key consideration in recruitment processes. A gender mix in staffing is also important.

DIVERSE COMMUNITIES NEED CULTURALLY CAPABLE SERVICES

There are a range of groups that services should anticipate they will support, and services need to be ready for these communities. Staff should understand that family and support structures will be distinctive and more collectively based in particular communities, including Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse communities, and LGBTIQ+ communities. Signals of safety, such as the Aboriginal and Torres Strait Islander flags or the pride flags for LGBTIQ+ communities, should be matched with staff training and a thorough understanding within the service of the needs of those communities. This is especially important for groups with very high suicide rates, such as trans and gender diverse people who require affirming service delivery and are easily excluded by the use of inappropriate language about sex and gender when collecting information.

Many people are more likely to access a service if they are aware it has been designed with people who have lived experience of suicide. Where this is the case, this should be a key point made in communications and promotion of the service.

VETERANS

Staff should be aware of entitlements for veterans and ensure the service is able to proactively identify veterans (through a routine question, for example) so these entitlements can be accessed. Veterans may, at times, feel undeserving of support and that they are taking the place of others in greater need, which can lead to withdrawing from support even when their need is very high.

It should be recognised that some veterans do not trust services associated with government agencies due to previous traumatic experiences, and so may prefer to only access non-government services.

DEAF COMMUNITIES

Deaf communities have unique access considerations related to their specific culture and language but require Distress Brief Support services to focus on their distress and not only their deafness. Although this may be challenging for many services, it is the responsibility of services to provide support, not the deaf person's responsibility to educate the service in how to support them. Services should have readily applicable strategies to provide equitable access for deaf people.

The preferred approach is for deaf people to engage directly with the service in Auslan. This means they can more clearly communicate with the provider, avoid supply issues and privacy concerns with interpreters, and that their culture is understood and shared with the provider.

PERINATAL PARENTS

Parents experiencing suicidal thoughts during the perinatal period can face severe stigma, judgement and a fear of disclosure. Anonymity is a key safety measure for services supporting perinatal parents, while care for their child without the fear of child removal as they receive support is essential. Workforce training and links with expert organisations for assistance when needed is vital.

SERVICES REQUIRE A CONSIDERED APPROACH TO CULTURALLY & LINGUISTICALLY DIVERSE COMMUNITIES

Distress Brief Support services need to carefully consider how they will support people from Culturally and Linguistically Diverse communities in their area. Employing staff from the major local Culturally and Linguistically Diverse communities, while desirable, is not a comprehensive strategy. Developing connections with community leaders is essential, especially in areas where there are many different Culturally and Linguistically Diverse communities, and where there are emerging communities and refugee settlement.

Promotional material can identify a Culturally and Linguistically Diverse community contact for the service, whether or not this person is an employee of the service. Indicating that the person is trained and has an official affiliation to the service lends added credibility. Services should not assume that a person from a Culturally and Linguistically Diverse background will always want to be supported by a Culturally and Linguistically Diverse worker. It is best to ask the person what they prefer and offer them a choice. Some people may also prefer to be supported by a worker of the same gender as well as the same community.

In some Culturally and Linguistically Diverse communities, families will approach religious leaders for advice and support on mental health or suicide-related matters, making these leaders an important focus for outreach and education about what the service can provide.

It is important not to make generalisations about the prominence of religion in all Culturally and Linguistically Diverse communities. Some Culturally and Linguistically Diverse communities may not be strongly faith-based but may nonetheless have cultural norms regarding fear of asking for, and offering, help that will have implications for how services best support these communities outside of religious faith.

People being supported may be concerned about the privacy of local interpreter services. Using an interstate interpreter can help to reduce these concerns.

When working with school-aged young people, it is critical to work both within school communities and with the parents and families. This is because these young people are crossing between their family's culture and the school environment's culture, which may be very different.

RURAL & REMOTE ACCESS REQUIRES A SPECIFIC AND LOCAL APPROACH

People who live in rural and remote areas need to be considered specifically and services delivered to reach them. Although online and phone-based approaches are needed, limited or poor access in rural and remote areas makes outreach strategies necessary as well.

Nonetheless, it is preferred that local people who live in rural and remote areas deliver Distress Brief Support services to their own communities. This requires innovation, appropriate resourcing and a decentralised but well supported workforce. Distinctive needs regarding privacy in small communities, isolation and transport challenges also have to be met to ensure that Distress Brief Support services are relevant and accessible for people in rural and remote areas.