

Has the narrative changed?



#StartTheConversation

**If you are affected by any of the content in
this webinar, please see the chat for
information about where you can get
support.**



Beyond Consultation: How Lived Experience Shapes Suicide Prevention



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Member of the Suicide Prevention
Lived Experience Advisory Group
(SP LEAG)



Drew Taylor (he/him)

Lived Experience and
Stay Alive App Manager

Background of the SP LEAG

Co-developed with Possability People and launched in 2024.

Group members have lived experience of suicidal thoughts and/or attempting suicide.

Members were recruited against at-risk groups as outlined in the National Strategy on Suicide Prevention.

Feedback on Grassroots Suicide Prevention's work, in addition to helping to inform policy and practice at local and national levels.

Suicide Prevention Conference 2024

- Lived experience can sometimes feel like an optional add-on at events. We wanted to change the narrative and centre lived experience voices.
- The Sussex Suicide Prevention Conference was co-produced and co-delivered with our SP LEAG.
- Their involvement reminded us of the human impact behind the statistics.



Suicide Prevention Conference 2024

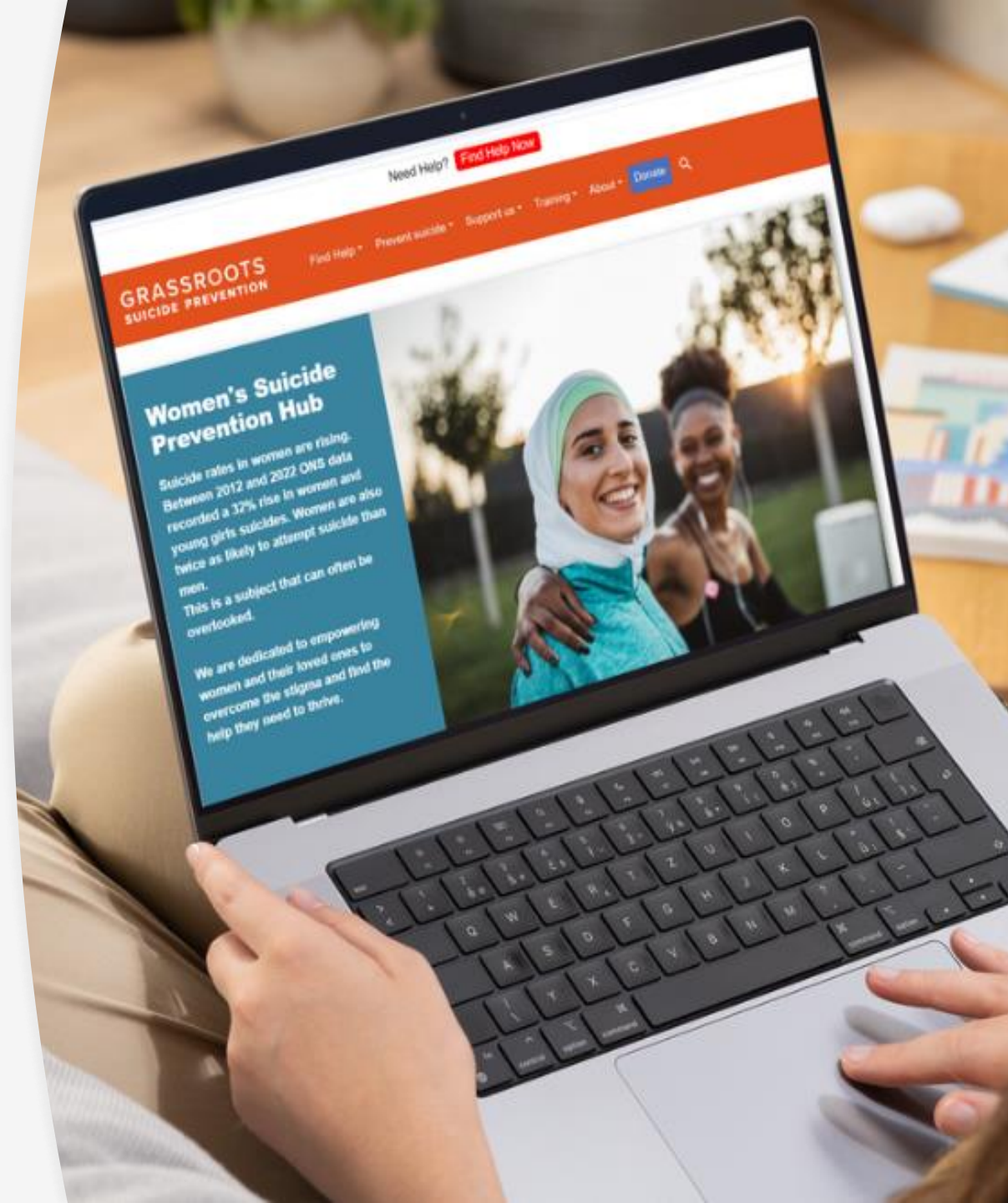
I co-presented a session covering Neurodivergence and Suicide.

- Covered topics on:
 - Autism
 - Masking
 - Addiction
 - Safety Planning



Women's Suicide Prevention Hub

- Between 2012 and 2022 ONS data recorded a 32% rise in the number of suicides for women and young girls.
- Women are also twice as likely to attempt suicide than men.



Women's Suicide Prevention Hub

- It was important for me to get involved and share my lived experience
- I contributed a message of hope and recovery, linking to my experience of eating disorders:

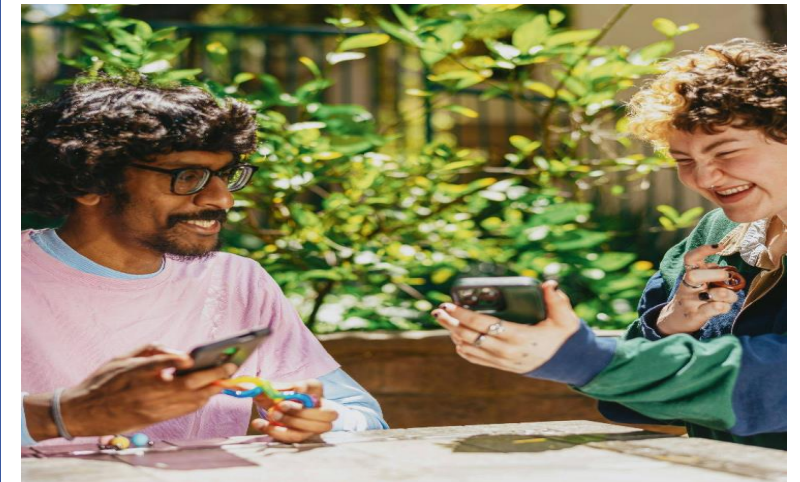


“I am so proud of myself. Life now has its challenges, but it is beautiful. I’m living without anorexia’s grip on me. The best step I ever took was to fight it and keep living, because life does get better with the right understanding, compassion, help and support.

There’s a song from a musical that sums it up for me: ‘Even when the dark comes crashing through, when you need a friend to carry you, when you’re broken on the ground: you will be found. So let the sun come streaming in, ’cause you’ll reach up and you’ll rise again, if you only look around: you will be found’. The bravest thing I ever did was continue to live when I wanted to die.”

Neurodiversity Suicide Prevention Hub

- Neurodiversity describes cognitive differences in how people think, learn, and behave
- Neurodivergent conditions may overlap and include autism, ADHD, dyslexia, dyspraxia, Tourette's syndrome, and other cognitive differences
- Lack of understanding and social stigma surrounding neurodivergent experiences
- 11% of suicides involve autistic people, even though they make up roughly 1% of the population



[Neurodiversity and suicide](#)

[Neurotypes](#)

[Neurodiversity language](#)

[Asking about suicide](#)

[Podcasts](#)

[Myths and facts](#)

[Neurodiverse workplaces](#)

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Neurodiversity Suicide Prevention Hub

- I joined the webinar for Neurodiversity Celebration Week - by being different, we succeed together.
- I shared messages of hope and recovery for the hub and social media
- I recorded a podcast episode discussing neurodiversity, mental health, and suicide
 - I shared my lived experiences of autism, masking, coping, and tips for others who may be struggling.



Training – Breaking the Silence

- Rates among 15-19-year-olds in England at their highest in 30 years.
- Each year, around 200 schoolchildren across the UK die by suicide.

Breaking the Silence

A UK-first, evidence-informed and quality-assured suite of teaching resources, for teachers to deliver workshops to young people (aged 14+) in schools and colleges on suicide prevention.



Training – Sussex General Practice

Suicide Awareness and Prevention in Sussex General Practice

[Continue](#)



A modular course to equip you to identify and support distressed patients and colleagues with suicidality, whatever your role in general practice.

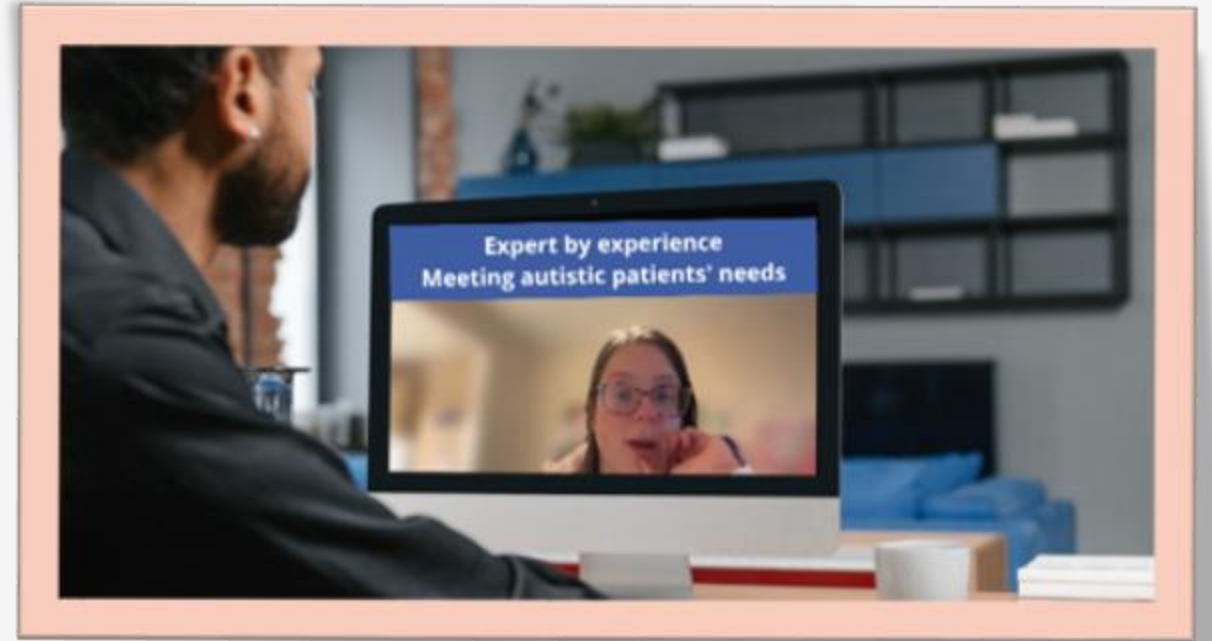


Modules to pick and choose

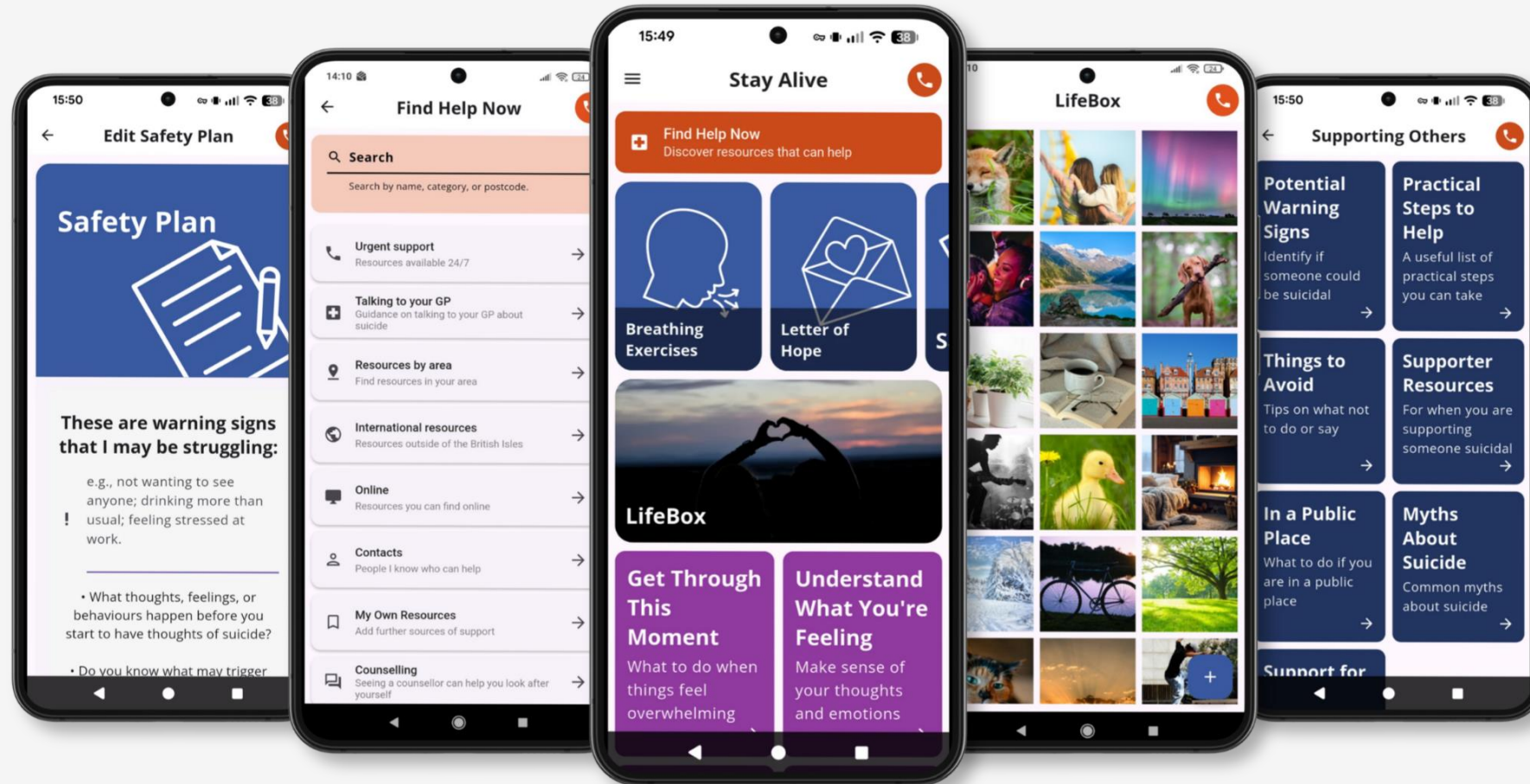
This flexible training empowers anyone working in general practice to build confidence in recognising distress, initiating compassionate conversations, creating suicide safety plans, and effectively signposting those who may be thinking about suicide. Choose the modules most relevant to your role to enhance your skills.

Training

- I recorded videos for the GP e-learning course to help improve how doctors interact with people thinking about suicide, from an autism perspective.
- I reviewed the Breaking the Silence materials from the perspective of neurodiversity and inclusion to make sure the lesson plans were accessible and inclusive.
- It is important that young people are supported from an early age to have safe, honest conversations.



Stay Alive app



stayalive.app

Closing Thoughts

“Changing the narrative can be big things, but also how we think and talk about ourselves.

If we struggle but treat ourselves with kindness and support, like we would a friend, we can change the narrative in our head.

We then feel deserving of support, and it can help us stay alive”

- Emily



Lourdes Colclough and Wendy Robinson

Rethink Mental Illness

Safety Planning and the challenge with
changing the narrative



Changing the Narrative at Rethink Mental Illness

Lourdes Colclough

Head of Suicide
Prevention

Wendy Robinson

Service Manager (SOS
UOK) & Bereaved by
Suicide (ICB)

A strategic
approach

**Rethink
Mental
Illness**



Government Guidelines: Staying Safe from Suicide

Every Day 17 people die by suicide in the UK.

5 in contact with mental health services

4 assessed as low/ no risk

Evidence:

Coroners & Health Safety Investigations Body

concerns about regarding risk prediction and stratification

How to change the narrative?

- Included Staying Safe from Suicide E Modules as mandatory training
- Set up a Working Group – buy in
- Reviewed current risk assessments
- Co-produced a safety plan and guidance with staff and Experts by Experience, including Brighton Service Advisory Group
- CRM Team took out risk stratification
- Safety plan, guidance and 5Ps as documents to be attached



Rethink's
Approach



Challenges

Culture shift – slow burn – ongoing workshops

New language – “safety buffers” removed

Different settings, different approaches
(prisons, advocacy, accommodation, crisis,
community, etc.)

Change is scary and difficult

Co-produced with Experts
by Experience

My Safety Plan

This plan is here to support me through difficult moments. I can use my own words, change the language, skip sections, or come back to it later. There is no right or wrong way to complete this. This plan is owned by me. I can share it, change it, or put it away whenever I need to.

What is happening for me right now

My thoughts and feelings

Early warning signs that I am starting to struggle. These may relate to self-harm, thoughts of suicide, feeling overwhelmed or everything is just too much.



When feeling better what are your interests?

This may be people, animals, places, commitments, future plans, special moments, or hopes.



What gives me hope...



What I am grateful for...



What has helped before

When I have felt really low in the past, what has made even a small difference?

Co-produced with Experts by Experience

What I can do to cope and to get through one minute at a time

This might include distraction techniques, things that help to calm or ground me (such as using my senses), or helping someone else/ doing kind things for others.

Making my situation safer

What helps me feel safer, like being with others, changing location, or creating distance from things I may use to harm myself or take my own life.

My preferences for support

Helpful things people can do:

Things that are unhelpful for me:

My go-to people

Safe and trusted people I can talk to, including about thoughts of suicide.

Professional support

Any professional services or supports, I can reach out to.

If I need urgent support

Samaritans – 116 123

NHS 111 – ask for the mental health crisis line

Text SHOUT to 85258

If I am in immediate danger: go to A&E or call 999

Local support (add any local urgent support services here):

Findings:

Holistic, community based,
Neighbourhood based, social value,
connectedness a VCSE strength

**Has the narrative
around suicide
changed?**

**Panel
Discussion**

Daniel Hall - The Listening Place

Rhian Gower - Brighton Women's Centre

Kudzai Sitima - Body & Soul



If you need support

You can also call Samaritans free on **116 123**,
at any time of the day or night

If your life, or someone else's life, is in immediate
danger, call **999** or go to A&E

For urgent mental health support,
call **NHS 111** and select the mental health option



What to do if you are worried about someone thinking about suicide (**please scan below**)



For help finding local support, contact **UOK** on
0808 196 1768

Monday-Friday, 9am–5pm, or visit **uok.org.uk**

