“Promoting community ownership of supporting people”

A process evaluation of Neami’s LifeConnect service

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neami national
Improving Mental Health and Wellbeing

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Acknowledgments

We acknowledge the Traditional custodians of the Wurundjeri lands which sustain our work, play, and lives. We pay respect to Elders past and present. Sovereignty was never ceded.

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We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging. We recognise that their sovereignty was never ceded. Neami celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Contents

Executive Summary

In 2019, the Eastern Melbourne Primary Health Network (EMPHN) commissioned a service to implement a region-wide approach to suicide prevention and postvention in line with national and Victorian strategies. Since May 2019, Neami National (Neami) has been funded by EMPHN to deliver LifeConnect, a whole-of-region community engagement service with a mission to destigmatise suicidality. Originally a prevention and postvention service, funding and theoretical shifts have seen LifeConnect evolve into a suicide awareness service, with a focus on uplifting community understanding and ownership of creating healing connection for people experiencing suicidality.

Over its lifespan, LifeConnect has connected with over 9,300 people across wellbeing activities, suicide awareness workshops, and bereavement counselling and groups. It has gained trust and understanding by embedding in community networks. As they have transitioned to a majority Lived Experience service, the team gently hold the community through a paradigm shift from risk to connection when thinking about suicide.

Approach

The project used a process evaluation approach to tell the story of LifeConnect, describing what the service does, who it is delivered by, what makes it unique, and what key elements are valued by the people they engage with. Elements of ethnography and participatory action research were employed, incorporating observation, reflection, program logic development, participant feedback, and staff/stakeholder experiences.

Key findings

Key elements

LifeConnect is sustained by its mission to destigmatise suicidality. Stigma generates shame and silence, stifling the protective power of connection. LifeConnect gently ushers people into discoveries of how stigma can play out in their understanding and response to suicidality. Community partnerships, a spectrum of activities and formats and humble use of lived experience enables the team to welcome people into conversations rethinking suicide where and how they are ready.

Role in EMPHN

Despite significant investment, death and distress associated with suicide remain widespread in our communities. LifeConnect draws on lived and learned expertise to empower communities to hold compassionate conversations about suicide and resources them to be with people in distress. They draw on emerging evidence to reframe suicide prevention and centre connection rather than risk. They offer free, passive access to psychosocial professionals, in recognition of the situational and mental health drivers of distress.

Success factors and barriers

A clear service model, delivered by passionate staff, who invest in connections with LE community, and are committed to learning enabled the effective delivery of the LifeConnect service. Short-term and uncertain funding compromised the service model and staff morale. Under resourced organisational support structures left the team under supported, especially in the early stages of the service, which compounded pressures from establishment timelines. Navigating tensions between risk to relational paradigms revealed the depth of practice and cultural change required to achieve LifeConnect's mission.

Service evolution

LifeConnect evolved through five phases, with LE practice evolving alongside across three phases. This journey revealed the importance of investment in team support and leadership structures to sustain courageous, vulnerable, relational, work. Understanding organisational readiness, staying the course of change, and partnership between funders and providers are crucial to embed emerging practices effectively and authentically.

Implications and recommendations

This process evaluation shows that future commissioning and practice in responding to suicidality should consider:

- Longer-term investment in service models that centre LE understanding and approaches to suicidality. Funding should be of a duration that enables practice consolidation and growth and include evaluation.
- Humble leadership and regular, varied spaces for staff connection and practice growth are the glue that enables relational ways of working. Funding and practice models must continue to invest in these elements.
- Proactive and ongoing community engagement extends service reach and impact. This slow, longer-term work should be understood as a core component of suicide awareness programs and resourced accordingly.
- Funders should be actively involved in partnering to determine the direction and support of the program. This can support mutual learning and alignment between funding approaches and service models. This is of particular importance in emerging practices which may disrupt familiar ways of working and take time to embed.

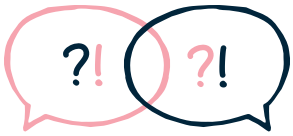
“We want to encourage you to pause. Take a minute to open yourself to the experience that someone has shared with you and really get into that space with them, and offer yourself as someone that’s gonna listen and truly walk side by side with them”

(Staff)

About this report

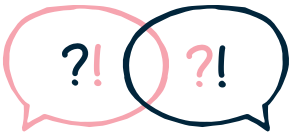
This document is a biography of Neami's LifeConnect service. It describes what LifeConnect is and how it has evolved over time, with a focus on the evolution of the Lived Experience (LE) workforce. It outlines service enablers and barriers, as well as the role LifeConnect plays in responding to suicidality in the Eastern Melbourne Primary Health Network (EMPHN) region.

This process evaluation draws on a range of data sources including:



Semi-structured interviews with 5 Neami staff who are current or former LifeConnect employees.

Two **group workshops** with an additional 5 current LifeConnect staff.



Semi-structured interviews with 4 service providers who had accessed LifeConnect workshops.

Service data, including number and variety of participants, partners, and workshops (where possible, from service inception until February 2024).

Workshop experience surveys.

Researcher observations of workshops and team meetings.

Qualitative data were analysed by the author of this report, with support and guidance from Lived Experience Researcher Mush McLoughlan. We used a thematic analysis approach to break the data into categories, which through discussion were organised into key themes. Quantitative data were analysed by Emily Castagnini using Excel.

The activities and experiences of the Postvention program are underrepresented in this report as it was not possible to engage former staff or consumers. As a result, the diversity of experiences and achievements of this program may be underreported.

Participant numbers are not used to respect the anonymity of participants.

What is Life Connect?

LifeConnect is a community engagement program with a mission to destigmatise suicidality. They provide compassionate support to people who have been impacted by suicide, as well as build capacity and understanding for all to play their part in responding with connection, curiosity, and empathy. Through a suite of wellbeing and suicide awareness workshops, their work focuses on supporting people to be in curious, caring, and present relationship with others across the lifespan of distress.

They host curious, vulnerable conversations about suicide. They centre empathy and encourage conversations that open up space for dialogue, and gently demonstrate how centring fear can close down conversation and connection. Workshops and activities help people explore felt experiences – from sitting with challenging emotions to exploring how these might emerge when supporting someone through suicidality.

"We create a space where people can question, be curious, and dig deep into themselves about their own bias or stigma... create that space for conversation because most people have never had the opportunity to talk about suicide in this way". (Staff)

LifeConnect is delivered by Neami National. Neami is a community mental health organisation that supports people to achieve the wellbeing and mental health outcomes that matter to them. Neami provides services across Australia supporting mental health and wellbeing, housing and homelessness, and suicide prevention.

Funding

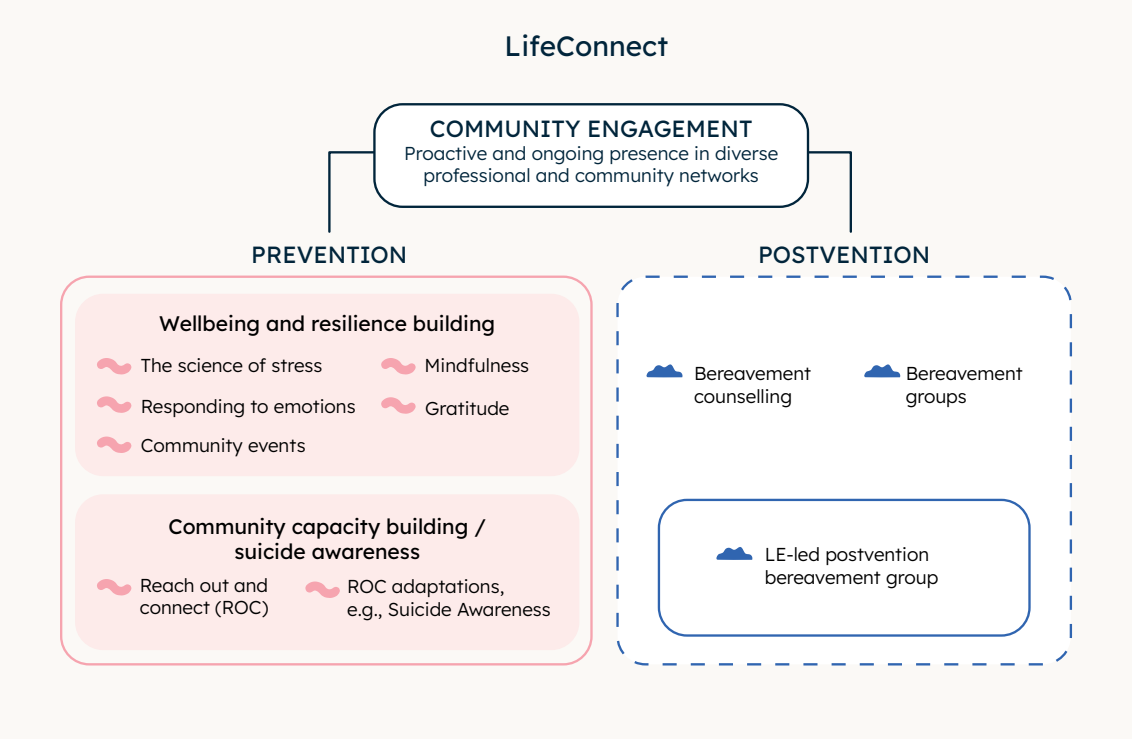
EMPHN has funded Neami to deliver LifeConnect since May 2019. The original funding package consolidated federal funds through the National Suicide Prevention Strategy with Victorian state funding through the Place Based Suicide Prevention trials. The overall funding package encompassed delivery of a region-wide approach to suicide prevention and postvention supports for the EMPHN catchment.

The conclusion of the Place Based Suicide Prevention trial in June 2022 saw the decision to close the postvention arm of the service. Some bereavement support staff remained employed until the end of October 2022 due to underspend, and the lived experience bereavement group continued to operate until 2024.

Staff

LifeConnect originally employed a multidisciplinary team of Lived Experience, psychosocial and clinical staff. From 2019 – 2020, LifeConnect employed approximately 4.5 FTE, which grew to approximately 8 FTE from 2020 – 2022. This included Allied Health Workers, Psychologists, Psychosocial Support Workers, Peer Support Workers, Operational Support, and a full-time Service Manager.

With the closure of the postvention arm, the service shifted to a majority designated Lived Experience (LE) team. From 2022 – 2024, LifeConnect employed 5.2FTE, including 1FTE Service Manager, 0.2FTE Operational Support, and 4FTE across designated LE and non-designated Suicide Prevention Practitioners. The new title reflects a reclassification of Psychosocial and Peer Support roles in recognition of the additional responsibilities of the role.



The above graphic shows how community engagement is the key enabler of LifeConnect activities. After building community connections, LifeConnect offered a suite of prevention and postvention activities.

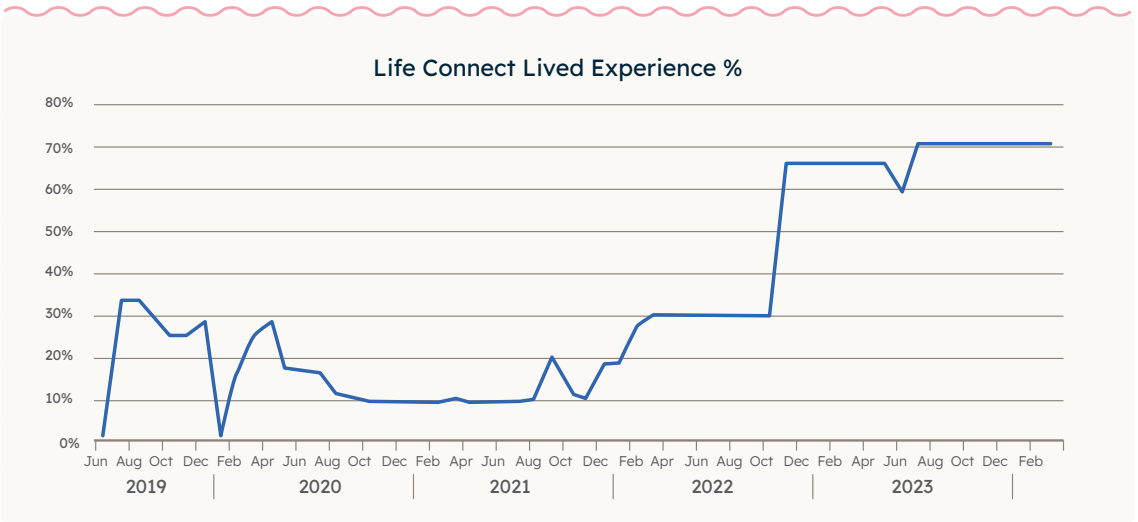


Figure 1: Staffing in designated LE roles fluctuated across LifeConnect's lifespan. After the departure of postvention staff by the end of October 2022, the proportion of LE staff significantly increased, and as of August 2023, all Suicide Prevention Practitioners were employed in designated LE roles.

Theoretical and policy underpinnings

Theoretical models and policy approaches informed the original commissioning documents. These are briefly described below, as well as models that the LifeConnect team introduced.

Integrated response models

- Place Based Suicide Prevention Trials (Department of Health, 2022) explore prevention at the local level. Diverse community members are actively engaged in the development of solutions, and activities are informed by a shared vision and collective commitment. Place-based trials are informed by the frameworks and principles of a place-based approach, community development, an integrated systems approach, and collective impact.
- The LifeSpan Model (Black Dog Institute, 2024) integrates nine strategies into one holistic, community-led approach in responding to suicidality. The aim is to uplift whole of community capacity to prevent suicide, with a specific focus on frontline services and community education. Limited attention is paid to addressing the structural drivers of suicidality.

These models informed LifeConnect's commitment to LE involvement, respect for community expertise, and fostering community ownership. They also inspired the development of a clear, shared vision which sustained the team and underpinned all service activity.

Theories of suicide

- The Integrated Wellbeing-Motivation-Action model (IWMA) (Mendoza, et al., 2018). The IMWA locates suicidality across four phases and encourages tailored interventions across this spectrum. The phases and preferred interventions are:
  - Wellbeing – promoting resilience and social connection
  - Pre-motivational – addressing background or predisposing factors and events
  - Motivational – responding to the emergence of suicidal thinking and behavioural intent
  - Volitional – responding and intervening during the gap between suicidal intention and behaviour
- The Interpersonal Theory of Suicide (Van Orden et al., 2010). This theory proposes that the simultaneous feeling like one doesn't belong (thwarted belongingness) and that one is a burden (perceived burdensomeness) can cause suicidal thoughts. Suicidal desire can become suicidal intent when one has a lowered fear of death and elevated physical pain tolerance (acquired capability).

These models helped shape the form and spectrum of LifeConnect activities. A suite of activities was developed to address each of the IMWA phases, for example mindfulness, bereavement groups, suicide awareness training, and postvention support respectively. The Interpersonal Theory of Suicide was used in suicide awareness workshops to offer a frame for understanding how and why suicidality might emerge and invite reflection on when and how people can respond.

These models were developed from a biomedical paradigm and can lend themselves to diagnostic categorisation of risk and clinical approaches to intervention. Indeed, the original commissioning documents translate the LifeSpan strategy regarding 'identifying and supporting

people in distress' to risk assessment and using a matrix to classify risk used to be a core element of the third Reach Out and Connect session.

Yet, there is scant evidence to prove the usefulness of risk assessments in accurately indicating or predicting suicidal risk. Indeed, a significant number of people who die by suicide seek help from primary care providers – particularly GPs – in the period leading up to their death (Australian Healthcare Associates, 2014). And one meta-analysis found that 60% of people who died by suicide after a hospital admission were categorised as 'low risk' (Large et al., 2017).

The combination of such evidence, some staff lived experiences of adverse interactions with health systems, and workshop participants sharing their own reservations about risk assessment sparked a paradigm shift in how LifeConnect considers responding to suicidality.

Lived Experience approaches

As LifeConnect's LE workforce grew, lived experience ways of understanding and relating to suicidality increasingly shaped workshop content and the service approach.

These include but are not limited to:

- Alternatives to Suicide is an entirely peer-led approach that creates non-coercive spaces for open discussion of experiences of suicidality. Suicide is understood as a valid human experience, often a response to injustice and oppression. Participants are responsible to, not for or over each other; a distinct alternative to risk averse clinical approaches which can assume responsibility over people in ways that can exacerbate distress (Wildflower Alliance, 2020; Jerzmanowska et al., 2022).
- Suicide Narratives (Ball & Ritchie, 2020) prioritises mutual connection during and beyond suicidal crisis. Suicide is understood as a valid response to suffering, and people in suicidal distress are messengers of deep learnings about the experience of and survival through social and emotional woundedness and/or oppression. It is through sharing such knowledge that healing and mutual growth can occur.

Whilst Neami risk management policies preclude the authentic delivery of an Alternatives to Suicide approach, where possible and appropriate, LifeConnect has increasingly incorporated Alternatives to Suicide principles into the service. This includes removal of risk assessment content, a stronger focus on connection and being genuinely present with someone in distress, and overting the risks when engaging emergency services.

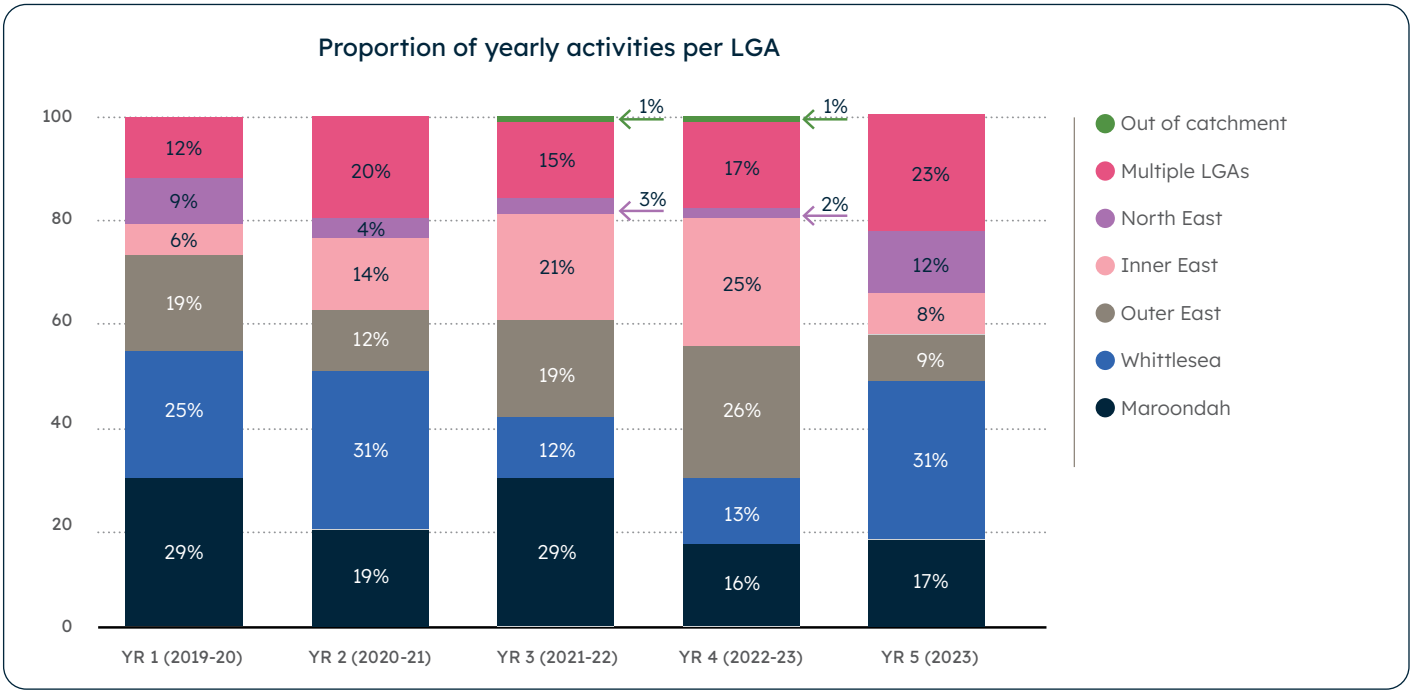


Figure 2 shows LifeConnect's broad reach. As place-based trial sites from 2019-2022, the Maroondah and Whittlesea LGAs generally had more activity than other LGAs. The final column describes activities from July-Dec 2023.

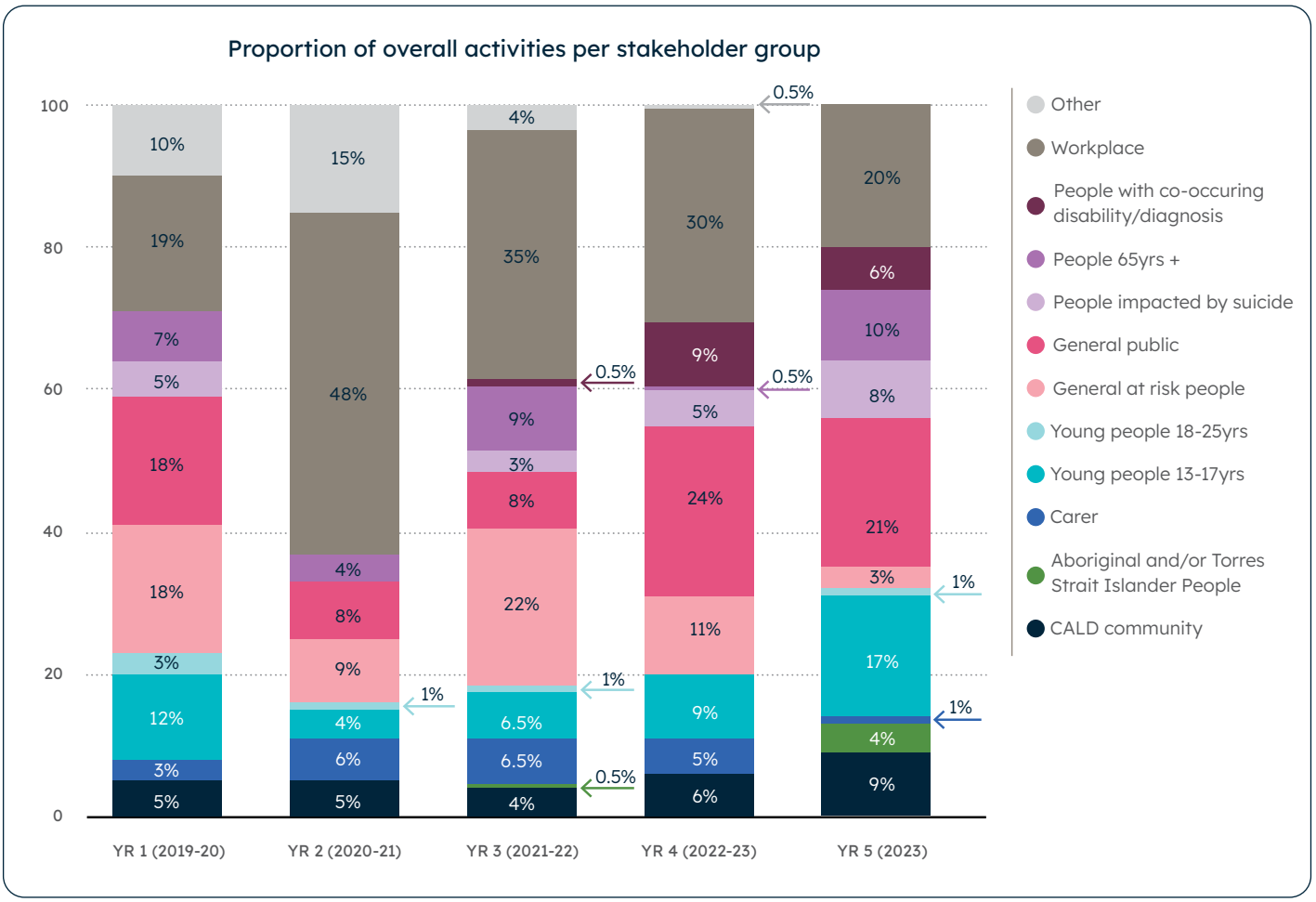


Figure 3 shows workplaces consistently engaged LifeConnect. The general public and general at risk population were also strong users of LifeConnect services. There is a trend of slowly increasing engagement with culturally and linguistically diverse communities and Aboriginal and/or Torres Strait Islander People.

Location and cohorts

The EMPHN region spans the east and north-east of Melbourne and includes 12 local government areas, including Boroondara, Whittlesea, Maroondah, and parts of the Shires of Mitchell, Murrundindi, and the Yarra Ranges. EMPHN's catchment represents 32% of Melbourne's population (1.62 million people). Neami delivers support across the whole catchment.

Commissioning documents identified 'at risk' cohorts for which the service was to engage. This included people exposed to stressors such as relationship breakdown, unemployment, domestic and family violence, alcohol and other drug issues, and legal issues. They also encouraged engagement with men, Aboriginal people, LGBTIQA+ people, refugees, and people bereaved by suicide. Over time, these priority groups were refined to the cohorts outlined in Figure 3. Each staff member held responsibility for staying connected to and informed about one or more priority groups.

Regular attendance at a broad range of networking meetings and events ensured LifeConnect was an accessible and trusted service for the whole community, not just priority cohorts.

Figure 4. LifeConnect sustained connection with community contacts, with the majority of contacts being already established contacts after 2020. New connections were established every year, with some small variation in proportions between the years. N/A refers to activities such as open workshops that people can attend individually. They may or may not be connected to an established contact.

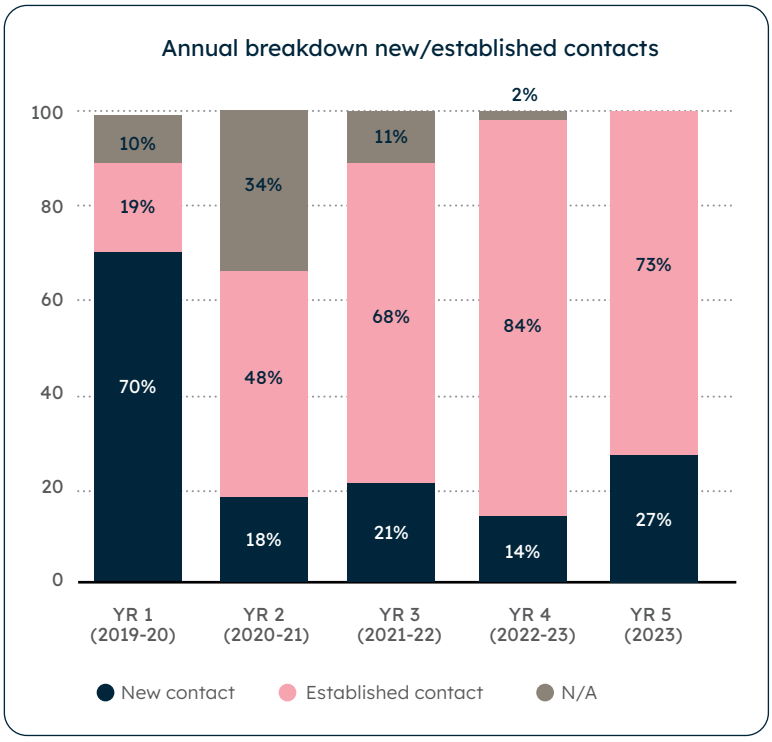
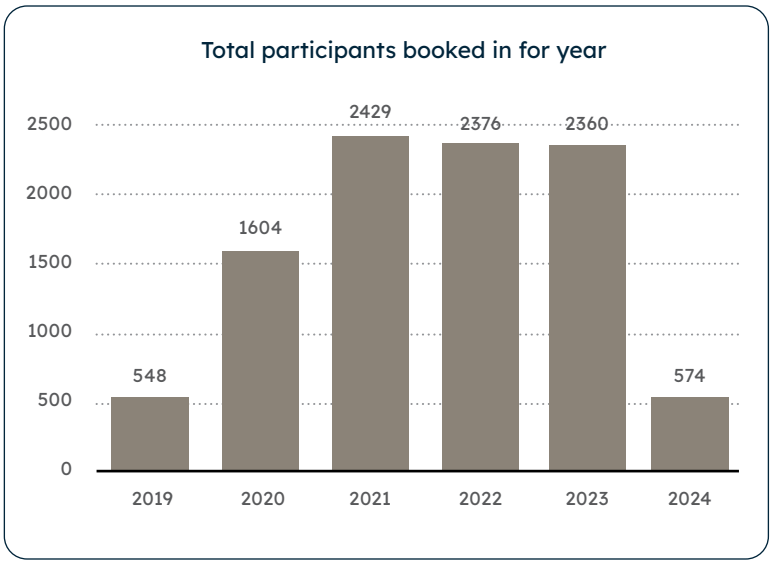


Figure 5. Attendance at LifeConnect workshops increased significantly with the investment into community engagement activities and the consolidation of workshops. Engagement has remained strong across the lifespan of the service. The final column tracks participants until May 2024, and does not include an estimated 200 people who engaged with LifeConnect poster presentations at the 2024 Suicide Prevention Australia Conference.



What are the key elements of LifeConnect?

A mission to destigmatise suicidality

LifeConnect's practice and approach is underpinned by a mission to destigmatise suicidality in the community. Stigma surrounding suicide is pervasive in language ('you're not thinking of doing anything silly are you?') and dismissive attitudes (suicidal people are 'attention seeking'). Even the common use of the verb 'commit' suggests suicide is a crime. Such attitudes serve to other, distance, and demean the lived realities of suicidal people. Lived and learned evidence shows that connection is protective, yet stigma prevents connection, and can fuel a suicidal person's felt sense of being a burden, without hope, in a world that doesn't feel possible to live in. By destigmatising suicide, recognising it as a valid human experience, and centring connection, LifeConnect invites a more humble, curious, and compassionate approach to suicidality.

This mission translates into practice as:

- Reframing intervention as connection and compassion, not risk assessment, checklists, and 'saving people's lives'.
- Exploring what makes connection possible, what gets in the way, and holding space to explore tensions between the two.
- Creating space to explore the emotions that can arise with suicidality – fear, anger, sadness, guilt, grief, beauty, awe – whilst keeping the suicidal person at the centre.
- Offering a spectrum of activities to support people to be in better relationship with themselves so they can be in better relationship with others.
- Desensationalising suicide awareness by showing the power of connection. While they do explore "asking the suicide question", the emphasis is on the relationship that makes asking the question possible - "making yourself a safe person to talk to" (Staff).
- Building community responsibility by helping people understand that they have the skills to connect and respond.
- Working with different communities to understand how stigma might play out differently.
- Using stories of lived experiences to make content relatable.
- Balancing theory with sharing, reflection, and application.
- Modelling and welcoming vulnerability.
- Inviting self-reflection not role plays.
- Flexible workshops whose pacing relies on the trust and safety built in the workshop.

"[workshop participant said] 'I've just been told that I have to wait for the professionals to be there'. We really want people to feel like that isn't the case, that you are a human with another human and you've got all the skills you need right there" (Staff)

"The openness and honesty is what opened the door for other people to say things." (Provider)

The team reads their mission statement at the start of each team meeting. This keeps them connected to their purpose, maintains focus and motivation, and helps sustain the team through the difficult work of facing and addressing stigma.

The shared mission also unites a diverse team with different perspectives around the same goal. Instead of creating fractures, a shared mission welcomes differences as opportunities to deepen understanding:

"We're so happy to disagree because it shows that suicide touches people in different ways... It shows that it's not one thing that leads to suicidality and it's not one thing that's gonna help it either... we've all been touched by suicide and it all sucks. And it's all hard. And there's also been a lot of love and growth from all our situations." (Staff)

"What we understand as a team is that suicide is not a problem in and of itself. The real problem is that we just don't know how to be there for people in these experiences well enough and we don't have the structures and the supports to actually be with someone during that time for as long as it needs and a lot of us are scared to do that. A lot of us are really afraid of that responsibility, the perceived responsibility... But having those conversations [questioning life and death] with care can be the difference. It can be, and it is the difference... I don't think any of us believe that it's the crisis intervention that's the difference. We think that it's everything else that you do beforehand that's the difference and imagine a society that is suicide aware."

(Staff)

Mission Statement

LifeConnect provides compassionate support to those who have been impacted by suicide and to build capacity and understanding for all to play their part in preventing it.

We aim to connect people to a sense of purpose and meaning; and collaborate with communities in strengthening our shared response to suicide.

Services provided: a spectrum of activities and formats

The prevalence of stigma surrounding suicide means that there can be reticence to engage with suicide prevention activities. Organisations and communities may not see it as their responsibility, or culturally safe, or be scared about 'opening' a conversation about suicide which they don't feel equipped to hold. In response to this, LifeConnect has a range of activities which provide a range of entry points into the conversation about suicide. This includes community engagement activities, a newsletter, and a holistic suite of workshops, from wellbeing to response (as can be seen in the graphic on page 9).

"We did not even have permission to put [LifeConnect workshops] in our newsletter… Five years ago, no one wanted to talk about this. At least people now are not afraid to say the word and start talking about that… We've got a long way to go… but I think we're getting on the right path. [And the impact of LifeConnect on that journey] is massive." (Provider)

Drawing on lived and learned knowledge and led by skilled facilitators, LifeConnect's suite of workshops welcomes people into suicide awareness in gentle and affirming ways and resources participants with practical skills.

"Learning to be with all experiences… to recognise our aversion to the painful and our attachment to the pleasurable. To be able to… acknowledge all of those things as human experience, supporting us to be able to, in time, develop a practice where we can hold all of that a bit more spaciously with a bit more kindness to ourselves." (Staff)

"I seek out training that volunteers are interested in. That will improve their own skills and their confidence, which then improves the support for people. This one ticked all the boxes for sure. And we had really good feedback." (Provider)

Workshops open to anyone in the community gave people an opportunity to 'test' the service. This helped where either stigma around suicide or scepticism of mainstream services was strong. As trust developed, so did the possibility of introductions and new relationships.

"Sometimes we'd have to try and run things more for general community and invite people along… they might attend themselves first, see what it was like, and then actually put me in touch with somebody and we'd end up running a group for the refugee communities they were supporting, for instance." (Staff)

Offering online and in person facilitation met different community needs. Online was valued by time poor or geographically dispersed organisations and was particularly beneficial during the Covid-19 lockdowns. The spaces before and after in person workshops were valued as they extend and deepen possibilities for connection. A regular newsletter enabled connection beyond workshop spaces, offering a "life-affirming, hope affirming… friend in your inbox" (Staff).

"People were connecting… We had two guys that had very little social outlet and they came because they wanted to meet other people, not necessarily because they wanted to do mindfulness. And it was just so lovely to see the two of them sitting there chatting together, leaving together to walk to their cars and the social connections I think that people made were invaluable… There's no point doing wellbeing when you're doing it online… the benefits, it's those ad hoc conversations." (Provider)

"After [a workshop] there'll be a cup of tea and biscuits where the real work happens, where people in a more casual way talk about what's going on… I see that as being very significant and in line with the new social prescription movement that's happening." (Staff)

Since 2020, having completed the workshop:

99% of Reach Out and Connect participants (session 1, n=180) agreed or strongly agreed that they have a **greater understanding of the stigma behind suicide**.

81% of Reach Out and Connect participants (session 2, n=272) rated their **confidence in asking someone about suicide as very high or high**

97% of Reach Out and Connect participants (session 3, n = 258) agreed or strongly agreed that they have a **greater understanding of how to use listening skills to promote connection with someone at risk of suicide**

The team worked with stakeholders to adapt workshops to their needs. They don't work from a script so they "never deliver the same workshop twice" and attuned facilitation means "it's very much dependent on the people you're delivering it to" (Staff). Preparatory work with stakeholders enables the team to "tailor it very directly onto their experiences... so when they left... it [was] a workshop they had actions from" (Staff).

"I just loved the flexibility of the program in terms of that willingness to meet different communities where they are and adapt the conversation if we needed to." (Staff)

"Overall, you were always very receptive... always incorporated the context." (Provider)

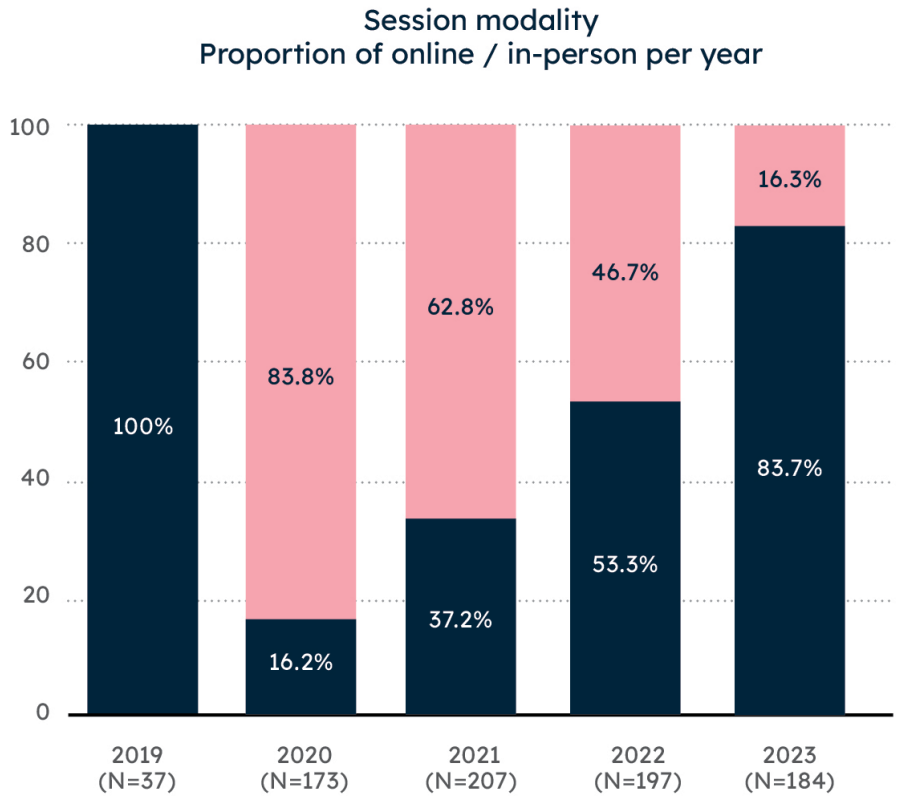


Figure 6. Before Covid-19 lockdowns necessitated a shift to online provision in 2020, LifeConnect originally operated as an in-person service, with 100% of attendance in 2019 in person. Whilst the online option remains valued by community, as lockdowns ended in 2022 there was steady return to in-person facilitation, with the proportion of in-person attendance increasing to 84% in 2023.

Partnering with community

LifeConnect runs primarily on networking and building community connections, as connection creates connection. LifeConnect believes that suicide awareness is for everyone, without dictating how or why. As one staff member said, "We don't ever want to go into a space and say this is suicide prevention". They see their responsibility as humbly and curiously finding ways to connect with community to open up conversations. Proactive, respectful engagement means LifeConnect reaches people who aren't necessarily searching for suicide awareness resources – reaching people before they think they might need it. Alternately, they might connect with people on something safer, like wellbeing, and offer an invitation to go deeper into why it matters.

"So many people out there who were just really, really, legitimately passionate about supporting the wellbeing of their communities. So it's just finding the right people and then helping them understand the alignment there and why this was gonna be trauma informed, why it was gonna feel safe. It wasn't gonna feel too overwhelming for people. And to be honest, I don't think in my experience it ever did." (Staff)

"That to me is the heart of the program. It's an invitation for human connection to say this happens. This is a human issue. This affects all of us in one way or another, and we're here to help you hold each other through this." (Staff)

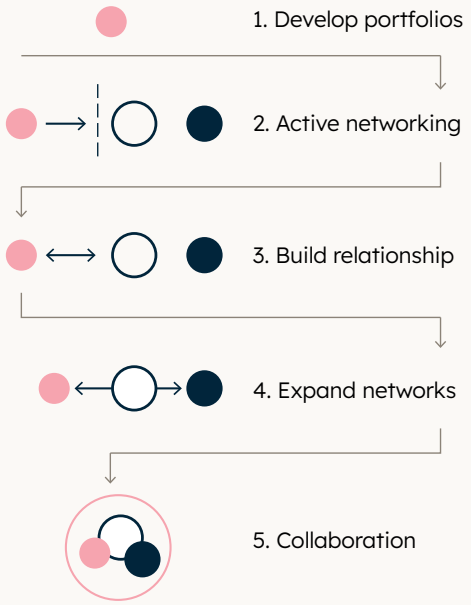
Developing community connections was a core focus in the early stages of the program, involving patient and persistent promotional activities such as cold calls and emails, attending network meetings, and a newsletter. These relationships took time to develop as "to overcome the stigma around the word suicide is no small thing" (Staff).

"We just slowly, one interaction at a time, built some really strong networks... you need to find the way to communicate it so that the relevance feels clear to people when it's something that there's so much resistance around." (Staff)

The team developed portfolios to identify and intentionally connect with diverse communities. Regularly attending professional networks built their profile, understanding of different community needs, and ability to offer something genuinely useful. Once seen as a reliable and trustworthy service, network members could connect the team with other communities. For example, building trust with Maroondah Council in one network led to a partnership with the Migrant Information Centre and collaboration with the Zomi community on workshops .

"You can't do this work without knowing who the people are that you're in involved with and that you're serving... You need to be a part of those conversations and you need to hear their stories." (Staff)

LifeConnect approach to partnering



Staff describe how maintaining this presence in networks "really keeps the program going". They demonstrate that LifeConnect is committed and reliable, and support the team to diversify, sense check, refine, expand, adapt, and rethink content by helping the team understand how different communities approach suicide awareness.

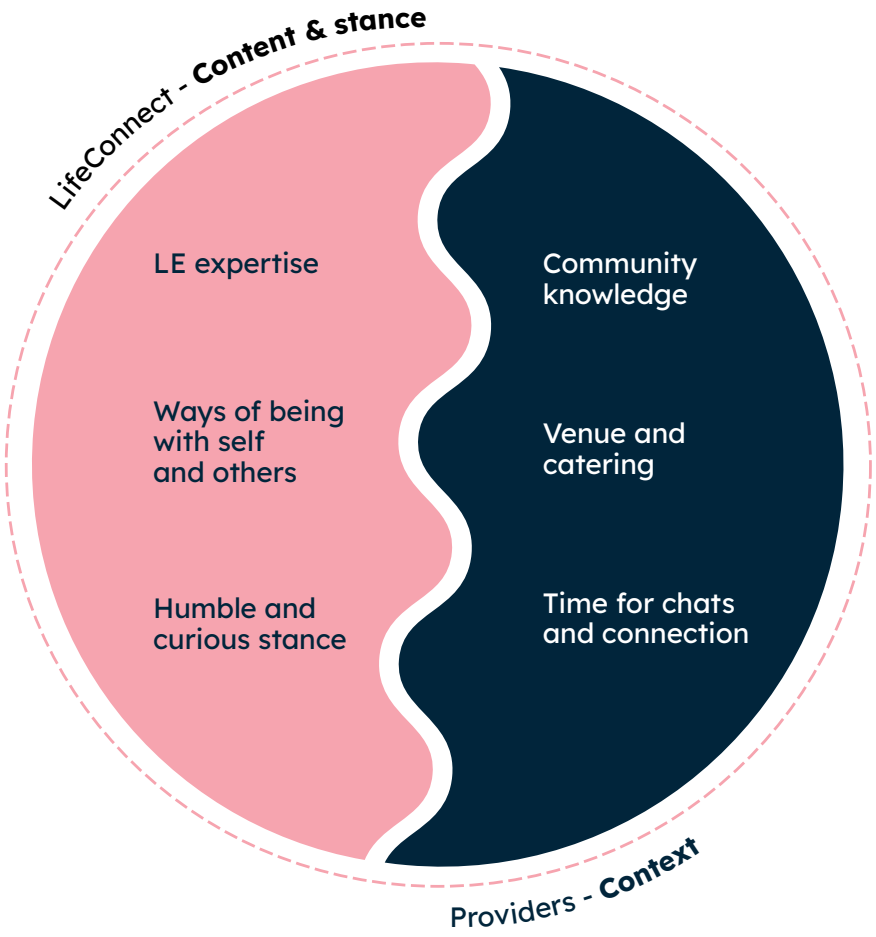
A partnership stance means the team asks people 'how might we work together' rather than telling them 'this is what we can do for you'. This flexible approach helps both parties to achieve their mission, whether that be increasing community wellbeing or upskilling staff to respond to suicidality.

"I can do a range of different things… They're open to new ideas and adjusting their programs to suit the community need… My life would be extremely difficult if LifeConnect weren't there." (Provider)

LifeConnect is free, flexible, and high-quality, which means that partners can do more for their communities within funding limitations.

"The fact that I didn't have to pay does help me a lot because it means I can offer more… But I wouldn't use them if I wasn't getting the results that I was after." (Provider)

"They helped us by doing it after hours… that's why we had a pretty good turnout." (Provider)



Skilled facilitators drawing on lived and learned expertise

LifeConnect pools lived and learned knowledge, drawing on published and experiential expertise to shape their workshop content, format, and approach. Theory is used to offer a frame for understanding suicidality and how it might emerge, Lived Experience practice introduces a human rights and social justice lens, and Lived Experience facilitators use story to bring theory to life. They create connection, trust, and make content real and relatable.

"It always hits closer to home, it's always more relevant and more authentic hearing it from people who have experienced it themselves." (Provider)

"Those facilitators… they know what it's like. They have gone through that, they share a little bit of something really, really personal. I think that's incredibly important… It shows them how authentic they are… much better than someone who is 'trained' into something but doesn't have that personal experience. The personal experience I think when we talk about mental health and wellbeing, they are incredibly important and powerful." (Provider)

Theories, checklists, or acronyms can be abstracted and create distance between people. Lived Experience facilitators diminish that distance by translating theory into relatable actions, empowering anyone to be a helper.

"My colleague shared their lived experience of what [genuine connection during suicidal distress] was like for them. And it was just like this pin dropped in the room and people came up to the screen – we were online – they unmuted themselves and said 'This is changed the way that I'm gonna do practice. This has started a conversation within the team' - because there was a break immediately after that – 'that we've never had… We are changed in the way that we talk about suicide.' And they were wellbeing staff at a school. And they said 'This has absolutely changed the way that we're gonna do this at work.' That moment of being like this story changed you, it wasn't the content, it was somebody's experience of how their real life lived experience, contextualizing this slide, contextualizing this concept, that made you understand the importance of practicing, of walking the talk. That happens time and time again. You see attitudes shift." (Staff)

Facilitators with living experiences directly challenge stigma and myths about what 'suicidality looks like.' They show how assumptions about risk or warning signs can prevent support and embody that there is nothing shameful in experiencing or talking about suicidality.

"I think that normalizes that it's OK to talk about those things in a workplace." (Provider)

"The fact that she has ongoing experiences. She'd say I had a bad week this week, you know? … And even though she knows all this stuff, still has problems." (Provider)

"We tackle stigma so much because we're lived experience workers…sometimes I'll say I'm lived experience worker and then I won't say anything about my lived experience until like 2 hours in… and they're listening. They're like, this girl's got good stuff to say. And then I'm like, I recently have had suicidal thoughts. And then they're like, you could just see them, like, 'not you, though. But it wouldn't be you. You're the one standing up there' and that's my favourite thing because it addresses the stigma so much that you think that only people who can experience suicidality have to be like down in the dumps, or like at the rock bottom or, you know, addicted to drugs or alcohol and that immediately debunks so much stigma in itself… And then being like, I also experience this because you're allowed to have all of it happen because you're a person and everyone's like, whoa, I didn't know that." (Staff)

Stigma can cause shame, and shame loves silence. Recognising this, the team gently, curiously, yet explicitly name the stigma and bias that can occur in workshops. Naming the stigma in the room and how it might be manifesting makes it real and opens the door

for a deeper conversation about the things that get in the way of genuine connection.

"The more you name it (stigma) it allows the transparency in the room and allows people to kind of think about their own thoughts." (Staff)

"Somebody asked the question, 'But what if I don't know that they're gonna be safe when I leave? What do I do then?' And another colleague said, 'What's that about? What's this question about?' And they're like, 'it's more about my discomfort… This is more about me.' You're like 'Great, this is the sort of stuff you need to be thinking about, what is me and what is them when you're a support person', just being able to have that self-awareness is going to make a really big difference… And then we get to demonstrate how beautiful these conversations are. Yeah, they're scary… Also, they're the most meaningful conversations you can possibly have. When you get to share in that with somebody". (Staff)

Whilst LifeConnect's marketing describes their Reach Out and Connect suicide awareness sessions as training, they are more appropriately described as workshops – spaces for rethinking, discovering, experimenting, and adjusting. They offer space for people to engage with the felt experiences that are likely to emerge when responding to suicidality – fear, discomfort, joy, hesitation. By giving people a safe, held opportunity to feel what it's like to be present through a difficult and uncomfortable conversation, they're modelling the very skills they're teaching. The key themes aren't just taught in the workshops, they're lived.

"It's scary for everyone involved, and I think that's the common thread, is the fear and pain that you feel. And it's really confronting. It's all just so confronting when you realise that you wanna be some sort of version of a person and that you're not able to be because of your limits as a person." (Staff)

"What we preach is that the person going through the suicidality has agency and advocacy over their own bodies and sometimes - not always - in that carer perspective they want to take that out of fear and love… We've worked with so many different carer groups where we can really dive into those feelings and the complexity of that." (Staff)

As LifeConnect employed more LE practitioners, the service increasingly drew on LE approaches and theories, such as Alternatives to Suicide and Suicide Narratives. Inviting people into a paradigm shift can be vulnerable and exposing work, however weaving learnings from their own experiences with broader LE perspectives consolidated the team's determination to speak truth to power. Grounding their work in collective LE perspective, the team opened conversations about rethinking risk and assessment, and being with someone rather than doing things to them.

"I think always coming at it with grace and respect and being like for so many, and we never say all, but for so many going to the hospital, or these things have been more devastating and these are the reasons why." (Staff)

The team also take something around which there is so much fear – suicide – and bring it back to something much more bearable and hopeful – connection.

"So often suicide is not so dark and down all the time. It's so much more than that. I think people forget that people who experience suicidality also love, they feel excitement, they feel joy, they have connection. They have all these other wonderful parts of themselves, but we reduce them to this experience." (Staff)

Empathic leadership and spaces to restore, connect, and learn

Courageous and compassionate facilitation is only possible when people are nested in caring support structures. The manager has been a core support for the LifeConnect team. A constant over the lifespan of the service, with significant experience managing psychosocial services, he always valued lived experience, used a coaching stance to celebrate and uplift staff, learned with and from the team, and embodied a deep passion and commitment to supporting positive change in the community. He recognised and celebrated unique staff abilities which helped staff take pride and confidence in those skills, especially important for people undertaking their first LE role.

"[The manager is] really good at asking the right questions that really pull things out of you. So, you have to be honest with yourself, which I love." (Staff)

"I've been spending a lot of my life hiding it… I was very well practiced in not having these parts of myself known… So in the beginning I was really reserved around how I did it because I didn't know how it was gonna feel. Was I going to get the vulnerability hangover that everyone talks about? Was I going to be exposed and regret everything? Was it gonna be attention seeking where people are gonna say what's wrong? How dare you take up space. Is it selfish? I didn't want to be viewed with negative judgment… I questioned was I enough often and I didn't want that to be at other people's hands, because that was already an experience that I had lived with, and to be in that place where you're potentially having other people pass judgment on that was really scary. And so slowly with the team I started unfurling and gaining confidence and finding my voice, finding how it was that I wanted to speak to it. What it was that I had to say in the trainings and that took time. And I practiced being other people and doing it in the ways that they did it in terms of the styles that they delivered… This is something that I remember really, really strongly, when [the manager] was like, 'I didn't hire you to be one of them, I hired you to be you. You have a lot of value here and that's what I wanna see.' That meant a lot to me because… it was really difficult for a long time to value myself. But to have someone saying that you're here because I see something in you and it's worthwhile, was really empowering and really reassuring and it gave me the confidence to step into the role and to make a space for myself, to have a sense of ownership alongside everybody else… That was a real turning point, when I realized that I had something." (Staff)

Beyond stable, quality management, the team invests in a range of spaces and processes to support each other and nurture practice. Daily, ongoing spaces for connection foster trust and relational safety. From this basis, it's possible to be vulnerable, share different opinions, disagree, and ask clarifying questions.

Spaces include:

- Daily 30-minute morning check-ins – informal spaces for sharing how people are feeling that day, showing people are valued as people, not just as workers
- Active Microsoft Teams chat – for debriefing (or reaching out to request a private space to debrief), saying have a great day, sharing resources, memes, silliness, and pet photos
- Having two staff facilitate workshops so vulnerable spaces are jointly held
- Timely and genuine post-workshop check-ins (how did it go? What was challenging?) "so you don't have to carry [the heaviness] for long." (Staff)
- Formal and informal team spaces for reflective practice, to work through ideas and differences in dialogue, consider content against collective LE perspectives, and explore boundaries when stories inevitably change. New experiences and/or healing through old ones can inspire questions like what should I share? Why share? Is it necessary? What can be shared safely?
- Regular practice wisdom sessions to upskill in relevant theories, concepts, and skills including suicide awareness, learning design, facilitation, and cultural humility
- Celebrating birthdays and other milestones with cake and flowers.

The manager emphasizes the need for restorative processes, assures staff that they are not being monitored, and stresses that it is an integral part of their role. Reiterating this message means staff don't second guess that they are respected and have liberty to manage their time and self-care.

[After delivering a workshop] "there's a residue that remains. But that's work, having to deal with that residue. That's on work time and so staff understand that they're welcome to do that... And I think that has really created a sense of support and understanding and appreciation within the team that speaks to the fact that they're not being continually commodified " (Staff)

"It's definitely tough at times. And heavy and sometimes can feel like a weight. I really love that we talk about this all the time in our team, so I think that's been the biggest help is that we always are naming when we feel uncomfortable or when we felt stigma or judgment from a group like we'll name it right away like we'll be like, yeah, we walked into that room and we knew exactly what they thought about us." (Staff)

Building connections outside of the team can enhance practice by providing opportunities to learn from diverse perspectives within different communities. Connections with lived experience communities have deeply enriched Lived Experience practice at LifeConnect. Attending communities of practice, workshops, conferences, LE supervision, mentorship, and seeking LE resources have fostered solidarity, clarified priorities, shaped content, and informed team approaches. However, not all staff had access to LE supervision or Neami LE training at the time of defunding. Resourcing these connections would enhance the service if it were to continue.

LifeConnect is homed within Neami

Stakeholders value that LifeConnect is based in a community mental health service with an established footprint in the area, and over 30 years of practice experience. This mix of expertise and experience brings credibility.

"You're not only a training provider... You also help the community" (Provider)

Neami's expertise in psychosocial support instils trust as facilitators have the skills to support distress that may emerge in sessions.

"If someone happened to have a meltdown, I had someone there who could handle it. I've had other facilitators that I've paid a lot of money for, and sometimes they have caused the meltdown but haven't been able to cope with it." (Provider)

Early workshop development drew on existing Neami resources, especially for the wellbeing programs. Strong connections to local Neami services meant that they could collaborate to meet more community needs.

"It's not just about responding to suicide specifically. People... want to know about other areas of mental health as well, so about depression, about anxiety and so on. And that wasn't really in our remit... We would work together with other Neami services like Eastern Melbourne Psychosocial Support Service... and they could talk more broadly about mental health diagnosis." (Staff)

Program logic

Assumptions		Activities
Suicide is a normal human phenomenon and suicidality exists on a spectrum	**Workshops**	Theory-based, LE-informed and facilitated spaces for connection and shared learning across the spectrum of suicidality
Suicide is not the problem – for many people it is the solution		Explore language and responses to suicidality in a flexible workshop structure, acknowledge and question the status quo, and empower people to respond
Social determinants influence suicidality		Highly skilled staff attune to participants to create 'safe enough' spaces to disagree through gently challenging conversations
Attitude change leads to behaviour change		Regular review of workshops
Community engagement and listening can change the mainstream	**Staff experience**	Manager champions the needs, autonomy, and growth of the LE workforce
		Recognition that the work includes preparation, delivery, processing, decompression, and reflection
		A variety of formal and informal spaces for staff to connect, reflect, and debrief in a timely way
		Robust recruitment processes that centre purpose and team culture
	Community connection	Evolving and proactive service promotion (networking, newsletters)
		Curious collaborative engagement with communities and agencies

Outcomes	Desired cultural change
Sharing stories creates safety and decreases stigma	Less judgement and stigma towards suicidality
Emergence – flexible frame enables expansive discussion	
Participants share their own experiences with suicidality, sometimes for the first time. People feel heard, seen, and not alone in their pain. Lived experience is affirmed not stigmatised	People feel confident to respond to suicidality
Increased sense of capacity and responsibility to respond within community by drawing on own values	
Increased willingness to sit in the discomfort of ambivalence	
Participants commit to challenging wider systems of oppression, not 'fixing' people	Connected communities where people can be honest and open
Staff feel respected, proud, held, and that work is a safe and non-judgemental space. LE leadership is cultivated	
Staff don't hold trauma that may emerge through the work	A more human system where people are at the centre
Staff keep the memory of loved ones alive	
Resist the commodification of LE and trauma	
Connection is created with a broad section of the community	A community that is safer and more possible to live in
Communities have a trusted partner to share responses to suicidality with	
Communities feel their knowledges and cultures are respected	

What role does LifeConnect play in responding to suicidality in the EMPHN region?

In communities, stigma around suicide hinders efforts to effectively think about and engage with suicide and suicidal distress. The stigma of suicide is so great that many people distance themselves from opportunities to explore it. Yet the prevalence of suicide means there is a high likelihood people will encounter it in some way. LifeConnect bridges this gap by providing a range of spaces and activities to connect people into awareness of suicidality in safe enough ways.

"Sometimes I think suicide prevention doesn't quite capture it because that's almost a bit limiting... it's a lot more than that to me. It's that wellbeing. They're building the wellbeing of our community". (Provider)

Reframing 'suicide prevention'

Mainstream approaches to suicidality such as LifeSpan support people to 'identify', 'recognise and respond' to signs of distress and suicidality. Attuning to people experiencing suicidal distress is important, yet when introduced into risk-averse systems, these concepts are often interpreted as 'assess risk'. LifeConnect draw on emerging evidence to show how reliance on risk categories misses or medicalises many people in distress. They think differently about suicidality and draw on LE perspectives to show how focusing on meaningful connection is often more protective – both during and outside of crisis. They seed the idea that people don't need pseudo-clinicians – they need the people they love to love them in ways that help. And they're giving people the skills to do this.

"We talk about how we can make people feel safe. You can listen to somebody, but are you making them feel safe enough to share what they need to share?... Getting people to reflect on their own barriers, their own stigma and their own self care practices... Of course we're talking about how do we help others, but you can't help others unless you're helping yourself." (Staff)

LifeConnect make compassionate conversations about suicide possible

The prevalence of stigma means that many organisations are fearful of having conversations about suicide, or don't think it's for them. As one provider shared, "at that point, it wasn't a priority". LifeConnect's suite of workshops provides a range of entry points into the conversation about suicide.

"One of my colleagues was on a phone call and somebody said to her, 'Sorry, I'm trying to make notes about our conversation right now, but I just can't bring myself to write the word suicide.' It's to that level... and so being able to have the flexibility to almost find the entry point where someone is willing to meet you at is really beneficial, and sometimes it leads to bigger things." (Staff)

LifeConnect build community understanding that suicide awareness is for everyone, and that it's so much more than intervening when someone is about to take their life. They use non-stigmatised concepts like 'wellbeing', 'mindfulness' and 'gratitude' to engage interest, and then gently overlay suicide awareness. In this way they enrich rather than duplicate community wellbeing offerings.

"A few people joined a few of the [wellbeing] programs cause some said, 'I'm just lonely. I just wanna meet other people'." (Provider)

"You need to find the way to communicate it so that the relevance feels clear to people when it's something that there's so much resistance around... A lot of people think 'amazing work that you're doing, community needs it, but I don't want to book that'... it just feels like they could be creating added responsibility for people... in an area which might be outside the scope of their normal work, as opposed to understanding that you're really equipping people before the fact. If they do have to respond to this, it's much easier and much better for everyone involved if you've done the thinking, you've done the preparation, you're not caught off guard. That's something to really overcome." (Staff)

LifeConnect resource the community to be with people in distress

LifeConnect resource people to respond to their own and others' distress and emotions in compassionate ways. Wellbeing workshops can help people recognise and hold a range of emotions with gentle curiosity and kindness. Suicide awareness workshops inspire new ways of understanding how people can have a caring role through suicidality. In combining theory, practice, and story they build skills, awareness, confidence, and people's sense of responsibility to and with others. Participants take these learnings into their professional and personal contexts, so the benefits ripple through workplaces, families, and communities.

"Sometimes I've met people like 18 months afterwards… One lady I met it in a lift and she said to me that that Science of Stress workshop I went to, 'I can't even tell you how much that helped me', she goes, 'I was really struggling and it just, you know, kind of made me understand things a little bit better'." (Provider)

"I get a lot of feedback from the community that the work we're doing has helped them and has helped them help other people in their families too. We had a lady in the mindful walking group who… her child was having trouble with anxiety, so she started doing mindfulness with her kids - 9 and 13." (Provider)

"People provided us with really good feedback… The Gratitude Workshop was incredibly practical… I remember people saying to me 'I never thought about that. This is what I'm going to do with my family or with my children'." (Provider)

"[We adapted and ran the mindfulness program for young people] and I remember one of them at the end saying that this course had helped them develop self-love… and that they were able to meet their painful emotional experiences with more kindness. And that, for a young person who's at risk, to me, is profound" (Staff)

LifeConnect offer passive access to psychosocial mental health professionals

People engaging in LifeConnect workshops might not have any other connection to mental health support. Waitlists are long, costs are high, there are insurance complications for mental health care plans, and they may not want to engage a clinical practitioner because they don't want their (situational) distress medicalised. LifeConnect's combination of wellbeing activities with access to a psychosocial mental health professional - without a treatment overlay - means people get passive access to expertise.

"I just think being a person in the world… where you feel like you require a little bit of extra care and tenderness, it's so hard to ask for that in this world. So just to be able to offer it, to have spaces where it's just there, it's a given that level of generosity, love, and care." (Staff)

LifeConnect fill the gaps

Delivery of a consistently high number of free workshops, through an expanding network of community relationships, and strong positive feedback show that LifeConnect was effective in responding to some of the needs of the EMPHN community. As a single provider offering support from wellbeing to postvention, busy providers can access more services in one place. Free services mean partners "can offer more" to their communities (Provider).

"I just hope this program continues for the community, especially being able to provide the free training as well is just really fantastic. It's a bit hard when training is 400, 500... it's not as affordable but it's such an important topic for the whole community. Would really love for this to be able to expand." (Provider)

They challenge a reliance on risk and bring focus to connection. They support people to be with others in distress rather than assessing their risk.

"So many people we do these workshops for have no idea where to get this information from other people. There's no other space, so a lot of people say, "Ohh in my training, there was one week that we talked about suicide, and it was risk assessment." Everything seems to be about risk assessment and people aren't even confident in that." (Staff)

They don't wait for invitations to provide an 'off-the-shelf' package – a request that can be fulfilled by other providers. Instead, they proactively embed themselves in community networks to understand unique needs and become known and trusted. This helps them partner to reach vulnerable cohorts.

"They work with you to do a lot of sessions for seniors and a lot of that work will not be done if this was not you." (Provider)

"The feedback that I got [for a World Suicide Prevention Day webinar] was that this doesn't exist... People who are bereaved by suicide or impacted by suicide hadn't always experienced this before, where we come and acknowledge this and honour those we've lost or those who have been impacted by this and it be done with such human connection." (Staff)

They offer well-held spaces to ask difficult questions, deeply explore suicide, and learn from everybody; spaces that might not happen elsewhere.

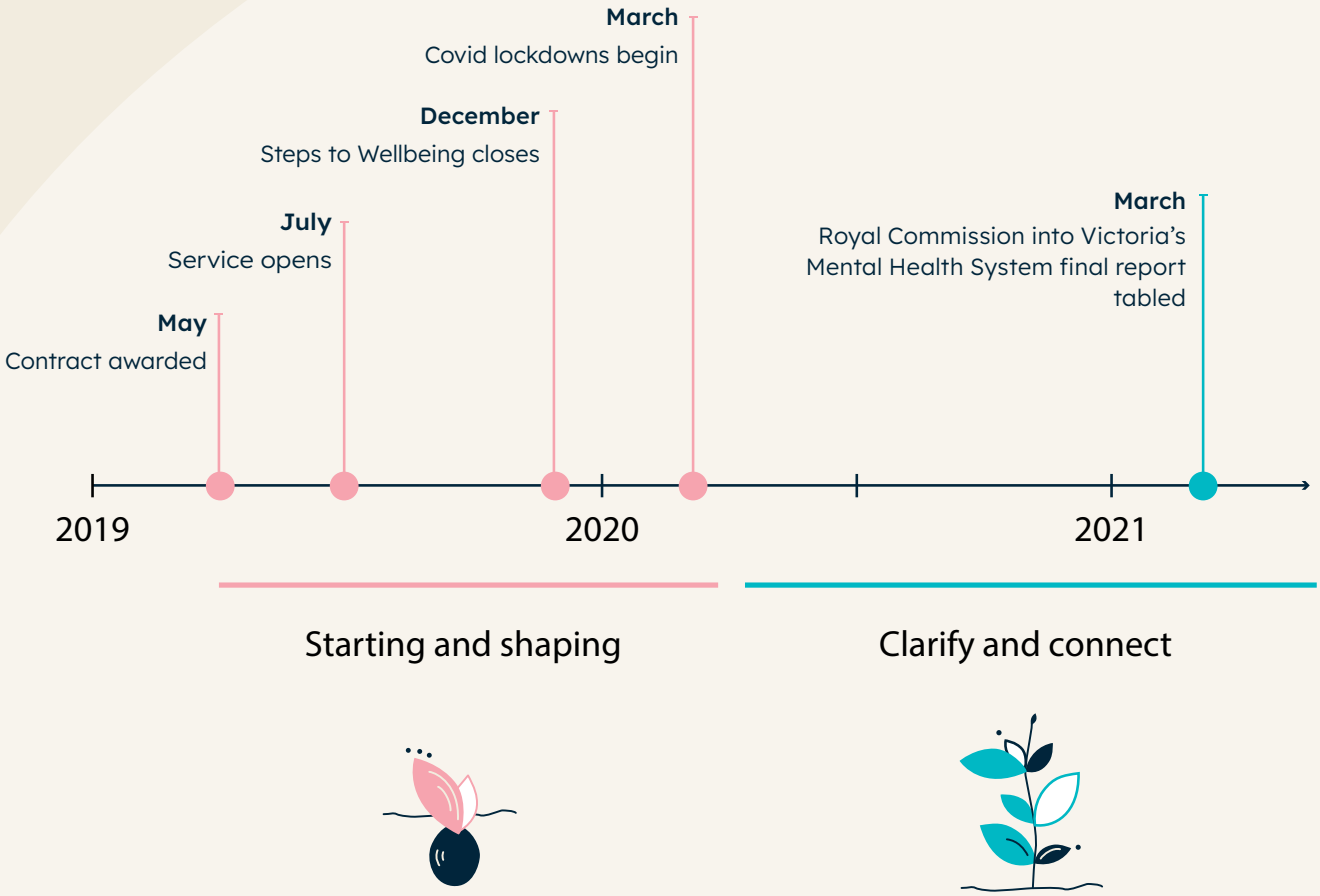
"There's just such magic in community work, you learn from everybody... You can Google and you'll find so many [resources], but it's not going to do the same thing as sitting in a room together and really having these conversations and talking about real experience and talking about the impacts. I don't know of anything that kind of does this at all." (Staff)

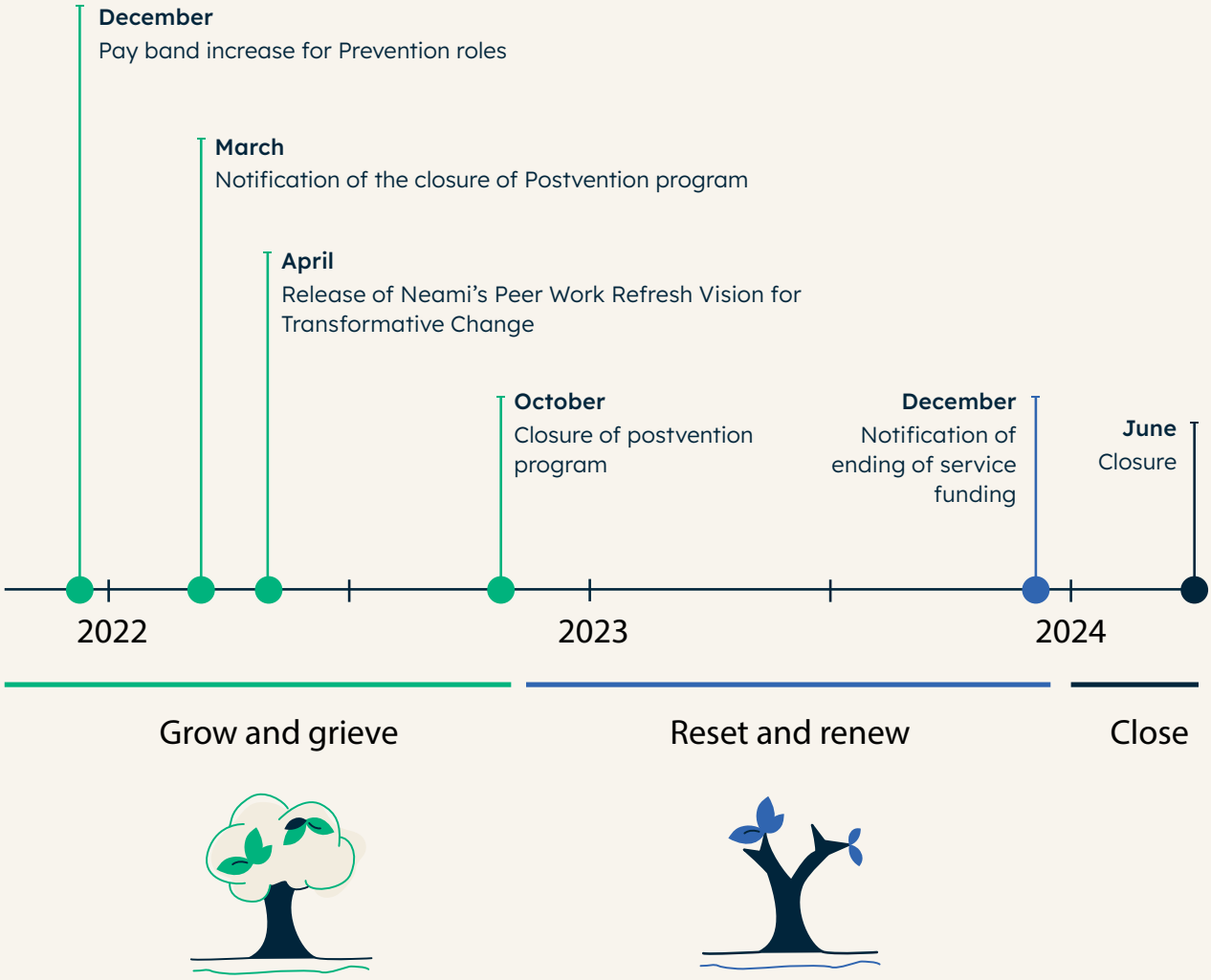
"I don't know any other walking group that talks about the complexities of mental health the way we did... To an outside person, it looks like we're just walking around the lake, but we're talking about life and death... about grief and sorrow and beauty... People saying 'I've been part of other walking groups and it's nothing on this, we don't get to talk this deep.'" (Staff)

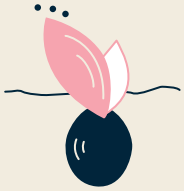
How has LifeConnect evolved over time?

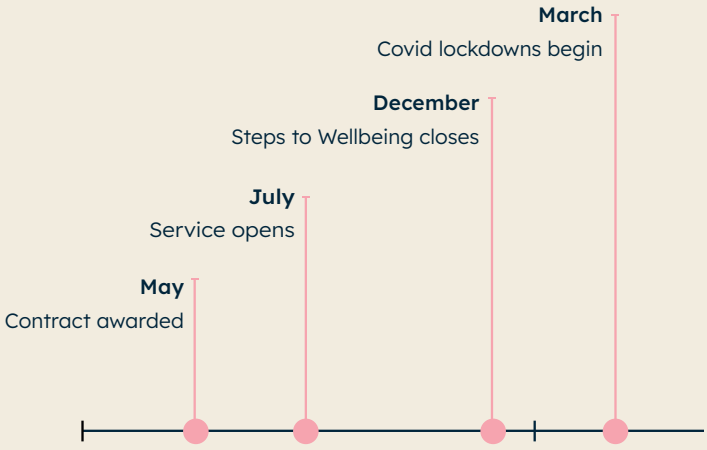
LifeConnect has undergone significant transitions over its 5 years of operation. From uncertain beginnings, the team stayed united around a core mission to support people to respond to suicidality in community with compassion, care, and connection. This mission sustained the team through a pandemic, the release of findings from the Royal Commission into Victoria's Mental Health System, the closure of the bereavement service, and the transition to majority LE staffing.

Five service phases are described over the coming pages to illustrate the main activities, enablers, barriers, and felt experiences over time.




December
Pay band increase for Prevention roles
March
Notification of the closure of Postvention program
April
Release of Neami's Peer Work Refresh Vision for Transformative Change
October
Closure of postvention program
December
Notification of ending of service funding
June
Closure
2022
2023
2024
Grow and grieve
Reset and renew
Close





May 2019 – March 2020

1. Starting and shaping

Service commencement was a difficult time, marked by uncertainty and pressure. The contract decision shifted funding from an established provider with 30-year history delivering bereavement counselling and support groups, to Neami which also has 30 years' experience but in a different context. As one staff member said, "It was a rocky transition."

During establishment, there was some confusion as to whether the service was designing or brokering access to training, and quarterly changes to KPIs meant that "no one knew what was going on. It was chaos" (Staff). In the context of high staff turnover, the team were developing workshop frames and content, building community connections, and raising the service profile, under what felt like compounding pressure to establish a new service. The realities of implementation meant that "it actually took about a year for us to figure out what we were doing" (Staff).

During this phase "there was a level of desperation… the staff were quite distressed by how chaotic it was" (Staff). These challenging findings demonstrate that coming to clarity is a process that requires patience, partnership, and consistency. They show that transitions are complex and new services need time, guidance, understanding, and nurturing to grow into themselves.

"We gotta try to just survive this together. And try to make sense of what we're doing together and try to get it closer to right"

(Staff)

What did we do?

- Negotiate transition of bereavement service from previous provider
- Recruit staff
- Consolidate program design
- Develop, adapt, and deliver workshops
- Establish stakeholder networks
- Commence bereavement counselling

What was helpful?

"There was a genuine desire to make a difference in the community… I think the manager was the person that exemplified that the most." (Staff)

A strong sense of purpose and humble leadership fostered the camaraderie needed to persevere through extraordinarily difficult circumstances.

"Trying to make sure that people felt heard and that their frustrations were valid… It wasn't a punitive management style… And knowing that they were struggling themselves with what was going on made a difference… it was this sense of camaraderie" (Staff)

Additionally, establishment was supported by:

- Neami sub-contracting another provider to deliver bereavement services for 3 months whilst Neami refined implementation. This also enabled clinical staff to support workshop development
- Autonomy in workshop design and facilitation
- Realising that staff focusing on one arm of the service (i.e., prevention or postvention) offered containment and was more rewarding than trying to be across all program elements
- Fostering mutual learning and respect through shared team spaces
- The relaxing of expectations with the onset of Covid
- Covid significantly driving engagement - especially for the wellbeing workshops

What was challenging?

In early 2019, Neami was still adjusting to the decommissioning of Mental Health Community Support Services (MHCSS) and the transition of Victorian Government psychosocial funding to the NDIS. This new funding landscape meant organisations had to pursue a broader range of shorter-term contracts through Federal Government funding.

This affected the establishment of LifeConnect in two ways. Firstly, Neami was still establishing its suicide prevention practice, and practice models and staff supports were still being adapted from traditional psychosocial approaches. Secondly, as part of a commitment to retain quality staff, there was a 6-month period where one manager oversaw the closure of Steps to Wellbeing and establishment of LifeConnect, a hugely challenging endeavour.

Other challenges included:

- LE practice was emergent at Neami, which limited the understanding of authentic LE practice, quality of position descriptions, recruitment of appropriate staff, training, differentiation between LE perspectives, and integration of LE expertise in the program
- Covid required all workshops to be adapted for online delivery
- Connecting with external organisations who were under-resourced as a result of the pandemic limited opportunities knowledge sharing

March
Royal Commission into Victoria's Mental Health System final report tabled

April 2020 - June 2021

2. Clarify and connect

This phase marks the development of "enough stability" and grounding to re-energise the program. Despite the onset of covid, the early months of 2020 brought some welcome spaciousness to LifeConnect. Expectations were eased in recognition of the work required to adapt the service to online provision. Learnings from early establishment were translating into program design, and the prevention stream began this phase with a well-planned recruitment round which brought an optimistic new cohort of staff. This phase was marked by curiosity, creativity, proactivity, responsiveness, and adaptability.

What did we do?

- Clarify the program and staffing structure of the prevention stream
- Recruit 4 new prevention stream staff with a diverse and complementary range of skills
- Intentional investment in stakeholder engagement to reach broad and specific cohorts
- Continue to deliver bereavement program

What was helpful?

After experiencing how cascading uncertainty impacts role clarity and staff experience, clarifying the structure and focus of the prevention stream enabled the intentional recruitment and induction of 4 new staff. Each person had the scope and time to get established in either the wellbeing or suicide awareness stream, develop and strengthen program content, and foster the skills and confidence to engage diverse communities and understand their needs. Once they felt established, they could cross over so the whole team knew and could facilitate all content.

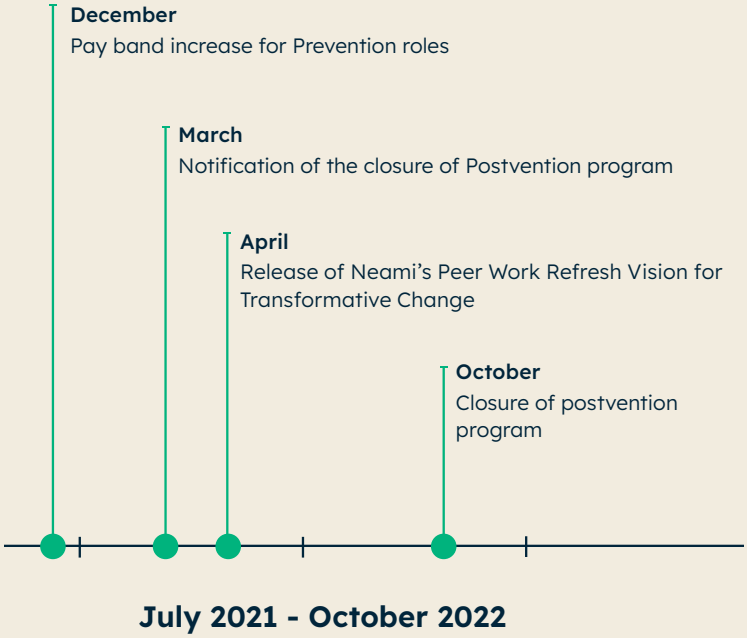
Additionally, success was enabled by:

- Dedicated time to invest in stakeholders, which helped evolution from a directory of warm leads towards rich, embedded relationships.
- A partnership approach to community engagement which honoured community knowledges and asked not what we can do for you, but how might we work together?
- Cross-discipline collaboration between passionate staff. Workshops continued to be developed and refined, drawing on clinical, theoretical, and lived experience perspectives.
- Shared team spaces continued to support a sense of learning and connection. Reading the team mission statement at every team meeting kept the diverse team united under the same purpose
- Manager solidarity, understanding and dedication continued to be important during this phase. Staff felt held and supported on the journey towards more stability.

What was challenging?

Even with the time and encouragement to build strong stakeholder networks, it was a lot of hard work, involving “cold emails, cold calls, a lot of following up where people are never getting back to you.” (Staff) This slow burn approach to engagement required determination, patience, and trust. There are many reasons why people may not engage with a service like LifeConnect (time, capacity, stigma, relevance), and staff showed respect, compassion, and understanding across this spectrum.

Only one designated Lived Experience practitioner was employed during this time.



3. Grow and grieve

The emotional experience of this phase was vast. The service really hit its stride in terms of network development, developing a positive reputation and profiting from the intensive investment in the previous phase.

"I could talk about it for hours. I think they are the best. I've promoted them to other services. I don't understand why other people don't [use them as much as me]." (Provider)

Staff turnover in the prevention stream enabled the expansion of the LE workforce, who brought new perspectives into the team. This changed team dynamics, and the ongoing commitment to shared spaces for learning and connection supported all staff through this transition.

Such spaces held the team as they grieved the defunding of the postvention program. They offered a place for sadness, bewilderment, and rage. They were also crucial as the team journeyed through a process of figuring out who the service was without postvention funding. This included a shift in its practice frame from suicide prevention to suicide awareness.

From prevention to awareness:

Over time, the team found that when people hear 'prevention' they often think 'intervention'. People can assume a responsibility to 'prevent' suicides which can look like taking away agency from the person in distress. Instead of seeing suicide as a problem to be prevented, they see it as an invitation into deeper connection with people in distress. Drawing on LE approaches, they reframe 'intervention' from a point-in-time event with 'responsibility for' another person, to an ongoing relationship with 'responsibility to' another person (Wildflower Alliance, 2020).

What did we do?

- Maintain, extend, and expand stakeholder networks developed in the previous phase
- Continue to expand and diversify the wellbeing program, including development of Mindful Walking Groups and additional mindfulness workshop series
- Co-design of workshops with certain community partners
- Close the Postvention program
- Continue to refine the approach to LE recruitment

What was helpful?

- Sustained investment in community connection meant "opportunities for collaboration, for meeting and delivering the program to diverse groups was coming to fruition in a lot of ways" (Staff)
- The ongoing commitment to reflective practice and learning through doing which saw improvements in LE recruitment

What was challenging?

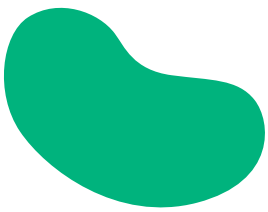
The closure of the bereavement program was incredibly difficult. Perceived limited organisational and funder support during this time fostered some resentment and distrust. Inevitably, watching beloved colleagues lose their jobs is "heartbreaking", but this despair was amplified by the lack of a replacement service and caused ripples of grief amongst staff and the community.

"All of these people were like, 'This is my lifeline. This is my protective factor. This is what's keeping me alive, having these counsellors' and that was just taken away from them.

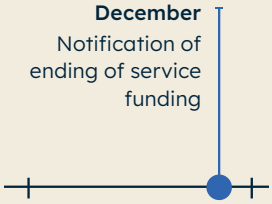
We'd tell people about our bereavement service [in our workshops] and when we stopped talking about it people would come up to us and be like, 'There's a couple deaths in my community and we don't know who to talk to. Do you know who to talk to?' And we're like, 'No'... it was so heartbreaking and it made us feel like idiots almost. This is such a need, and we see that it's a need and we don't even know specifically where to refer you to, and that was really hard. That was a tough thing for the program. Definitely hit hard and it was quite an uproar. It was on the radio as well... because so many people had emailed in furious because we took away something so protective and that was quite scary." (Staff)

The shift to yearly contracts introduced a new sense of insecurity in the service. It also started to complicate the maintenance of stakeholder relationships as planning horizons were limited.

With staff turnover, some tensions emerged in holding space for both the prevention and postvention functions within the same service, under the same manager. These functions share values, yet have different priorities, and use different modalities with different cohorts. This diversity offers rich learning opportunities, but it can also be challenging to hold space for it all in team meetings – especially when the postvention function required more attention due to logistics. "Sometimes it was a bit tough because we were like, what about us?" (Staff). Reflective practice and fortnightly practice development sessions (PDS) helped staff ride out these tensions.



December
Notification of ending of service funding



November 2022 – November 2023

4. Reset and renew

After the grief of the previous phase, the service underwent a period of stabilising and resetting. The team was renewing its identity as a smaller service and tending to relational processes that enabled vulnerability and curious critique.

For the first time, the majority of LifeConnect's workforce was employed in designated LE roles. The sense of comfort and safety in the team increased. Understanding of LE practice as a unique discipline grew as the team strengthened connection to LE leaders and communities both within and beyond Neami. Workshop content was reframed with a stronger LE perspective. In inspiring new ways of thinking through curious, vulnerable, and courageous connection, staff were growing into their LE leadership.

During this period, Neami was informally advised that funding for LifeConnect's current model would not be renewed past the 2023-4 contract. EMPHN aimed to rescope the program and return to market, although the specific nature of this rescoping was not clear to Neami. The service was directed away from face-to-face community wellbeing activities, and towards online content delivery, in an effort to sustain the availability of program content. Formal notification of the cessation of LifeConnect funding was delivered in December 2023.

What did we do?

- Invest in connections and dialogues with LE communities within and beyond Neami
- Strengthen collective LE perspective in workshops
- Modify program deliverables with an increasing focus on online content

"[My colleague] was really good at [questioning and raising different opinions]. And because they were so good at it, it made us feel like the rest of us could do it because I felt like I couldn't do it for a while"

(Staff)

What was helpful?

Whilst lived experience was always valued in the team, the transition to a majority designated Lived Experience workforce fostered a new sense of safety.

"It feels very different [from the mixed team]. We just have this weird connection, this invisible thing that we're all Lived Experience" (Staff)

The team benefitted from a burgeoning culture of critical inquiry. Building confidence in respectful disagreement and generative critique strengthened foundations of courage and respect which supported practice growth and renewal.

LifeConnect leaders connected with Fay Jackson after her presentation at Neami's National Leadership Conference and invited her to speak with the whole team. Her thoughts on the importance of working from a single LE perspective, even if you identify with multiple, helped team members clarify their practice focus, and strengthened how the team draws on different perspectives.

"I was like, 'it's all the same'. But the way Fay explained it, which I really love, is that there is such a divide between that carer lived experience… We preach that the person going through the suicidality has agency and advocacy over their own bodies and sometimes, not always, in that carer perspective they wanna take that out of fear and love. They wanna say 'you don't know what you're doing. I want to take care of you. I'm going to take you to the hospital'. So we do err on the side of advocacy for the person experiencing crisis. But we've worked with so many different carer groups where we can really dive into those feelings and the complexity of that." (Staff)

Sharing an office with a senior Neami LE Leader meant the team was informally connecting with LE expertise daily. Attending communities of practice hosted by SA's Lived Experience Leadership and Advocacy Network (LELAN) further connected the team with different LE perspectives and research, which was woven into workshops and reflective practice. This sense of connection and solidarity with a broader LE movement was empowering and attuned staff to LE struggles beyond the immediate team.

What was challenging?

As staff constantly read, listened, and connected to new ideas, LifeConnect's content and practice evolved. Yet marketing collateral and workshop slides weren't always updated concurrently. New ideas were introduced and tested verbally in workshops, but time was needed to explore changes and their implications as a whole team before changing the slides. This meant that sometimes facilitators were offering caveats and talking around slides.

The changes to service deliverables (closure of mindful walking groups, increase in online content), alongside uncertainty about ongoing funding was destabilising and unsettling. Ceasing the mindful walking groups was felt as a big loss by staff and community, who found the combination of mindfulness, physical activity, facilitated connection, and suicide awareness a unique and hugely beneficial support.

Neami explored the possibility of putting workshop content online, which relies on LE perspective. The agreement to create online resources initially felt uncomfortable for staff. Staff reported that sharing their stories online is very different to doing so in a contained workshop space. It was clarified that putting lived experience stories online was not a requirement of the contract. Neami continues to develop its approach to ethical story sharing, especially in digital contexts with limited control over where and how long content is available.

Short term funding agreements continue to compromise program development and the team's ability to create meaningful connection with communities who would benefit from slower and sustainable approaches to building trusting relationship.

5. Close

December 2023 – June 2024

This time is listed as a discrete phase to demonstrate how closure is a process. It's a new element for the team to manage – holding grief whilst doing grief work. The team grieve the loss of the service that they invested so much of themselves in and the community they nurtured. Stakeholders needed to be told the news, a delicate and sad task.

Neami has committed to permanent staff contracts, so staff are exploring if there is another place for them at Neami or if they should look elsewhere.

This grief echoes the distress of previous closures, not an unusual phenomenon in the not-for-profit sector. However, familiarity doesn't ease the fear and weariness at what ends up being an inevitability. This is a phase marked by an ambient atmosphere of "powerlessness in terms of influencing our continuance" (Staff).

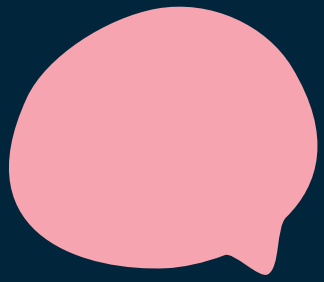
Overall learnings

These phases reveal several key principles and learnings that may benefit future commissioning activity and service delivery:

- Investment in leadership - Stable, humble leadership offers a robust foundation for team and practice growth.
- Investment in team support structures - Shared spaces for learning, reflection, discussion, and disagreement enrich team culture and extend practice. Courageous facilitation is not sustainable without strong team support.
- Organisational readiness - Before pursuing new practice models and approaches, organisations should appraise their readiness to embrace them. Where knowledge and/or capability gaps exist, intentional and sustained resourcing should be invested.
- Staying the course of change – Emerging practices need sustained investment so they can be contextualised, consolidated, and embedded in authentic ways.
- A partnership approach between the funder and service provider – Opportunities for funders to be actively involved in determining the direction and support of the program can create a shared understanding and investment in a service. Service data, evaluations, and team experiences are opportunities for shared sense-making, consolidation, and renewal - not just reporting.

“That’s the hard part, isn’t it, about a service closure. You take that time to really establish yourself in the community and gain trust and people to understand what you do. I hope that’s not lost for Neami. That some of those relationships remain with the organisation”

(Staff)



How did LE practice evolve at LifeConnect?

Lived experiences of suicidality were always valued at LifeConnect. This evolved over time in three main phases. A significant outcome of this evolution was the development of LE leadership. For many staff, LifeConnect was their first designated LE role. The belief and encouragement of the manager offered people the right opportunity to be 'out' and step into their authenticity, because cultivating LE leadership begins with cultivating LE staff.

Phase 1. Present and included

- The lived experiences of all staff were respected
- Organisational understanding of the differences between having a lived experience and working from a lived experience perspective was low
- Chaotic service origins limited opportunities for rigorous conversation about what LE practice actually means/entails
- Designated LE roles were the minority
- Knowledge of LE Practice at Neami was limited, and even more so in terms of responding to suicidality. Staff were figuring out how to translate LE perspective from mental health into suicide awareness
- Strong commitment to learning from mistakes. Deeper understanding of organisational duty of care in terms of appropriate recruitment, training, and professional development

"[LE] was valued to the extent that it was understood as necessary. I don't think there was comprehension of it being a practice in itself… I don't think Neami had the time to really think about what LE in the space would really mean." (Staff)

"Everyone in the team had their own personal encounters with suicide, and because that stuff hits deeply, that sense of 'but we've all got a lived experience' was really strong." (Staff)

Phase 2. Consolidation

- Increased LE workforce with broader range of experiences (e.g., distress/attempts, carer, bereaved)
- Several people working in their first designated LE role meant the team were learning together
- Growing opportunities for generative conflict within the team
- Limited connections to LE advocates and communities external to Neami
- Content adaptations drew from (individual) lived experience rather than (collective) LE practice
- Storytelling by designated LE staff was the primary agent to decrease stigma.
- Calling the Crisis Assessment and Treatment Team (acute mental health support) and emergency services were problematised, but still presented as options.

"I'm a LE practitioner, that in itself is destigmatising" (Staff)

"What you see in the room when they hear those stories or when we contextualise some of the content, you see the change in the attitude. You see them have the courage or the bravery to reflect". (Staff)

"In the back of your pocket you can go to emergency services whenever you need and relinquish yourself of that discomfort" (Staff)

Phase 3. Extend and challenge

- Development of stronger connections with LE advocates
    - Internal connections enabled by greater dedicated internal resourcing
    - External connections enabled by proactive relationship building, greater sector capacity (more spaces, time to respond), and funded access to LE Supervision for one staff member
- Workshops with Fay Jackson (General Manager, Inclusion, Flourish Australia) highlighted the benefits of working from a single LE perspective. Keeping survivor and carer perspectives discrete means both can be held with integrity and respect, and tensions can be carefully explored in robust dialogue
- Increased relational safety from working in a majority LE team
- Majority LE workforce meant that LE practice was the dominant practice frame. Key messages were refined in line with LE perspective.
- LE discipline is the agent to decrease stigma. LE practice frame, data, and stories do the work, to show, for example how engaging emergency services can be harmful
- Origins as a multidisciplinary service with a manager not in a designated LE role has sustained respect for other disciplines. LifeConnect is increasingly upholding the rigour of LE as a discipline, in dialogue with other disciplines and knowledge frameworks

"There is a stronger commitment to lived experience practice through having the designated workers… The last three hours of our workshop… used to be quite risk focused and focused on intervention… And now, with the wisdom of people who have been through that experience and who have had unfortunately negative experiences through risk assessments and risk management, we've been able to turn that around to really focus in on how to connect with someone…

There's a lot of evidence to suggest that the risk element is not… as helpful as people think it is… I am referencing Zero Suicides in NSW…. 60% of [people who went to the emergency room with suicidality] were considered to be low risk and went on to die by suicide… Did they not get the support they needed because they were they were placed at low risk. Or was this experience at the emergency room more activating and have caused more harm?

We need to do something different; the numbers aren't going down. They are actually going up for certain groups of people… We need to do things differently. This is our best tool, supposedly… It's not a good reliable predictor of suicide. If anyone says that they're experiencing suicidality, they are at risk. That is enough to say, 'Let's care for you. What do you need? How do we support you?' That's enough. I'm pretty sure that's from Dr Chris Ryan… Someone presents and says that they're feeling suicidal. That's the marker." (Staff)

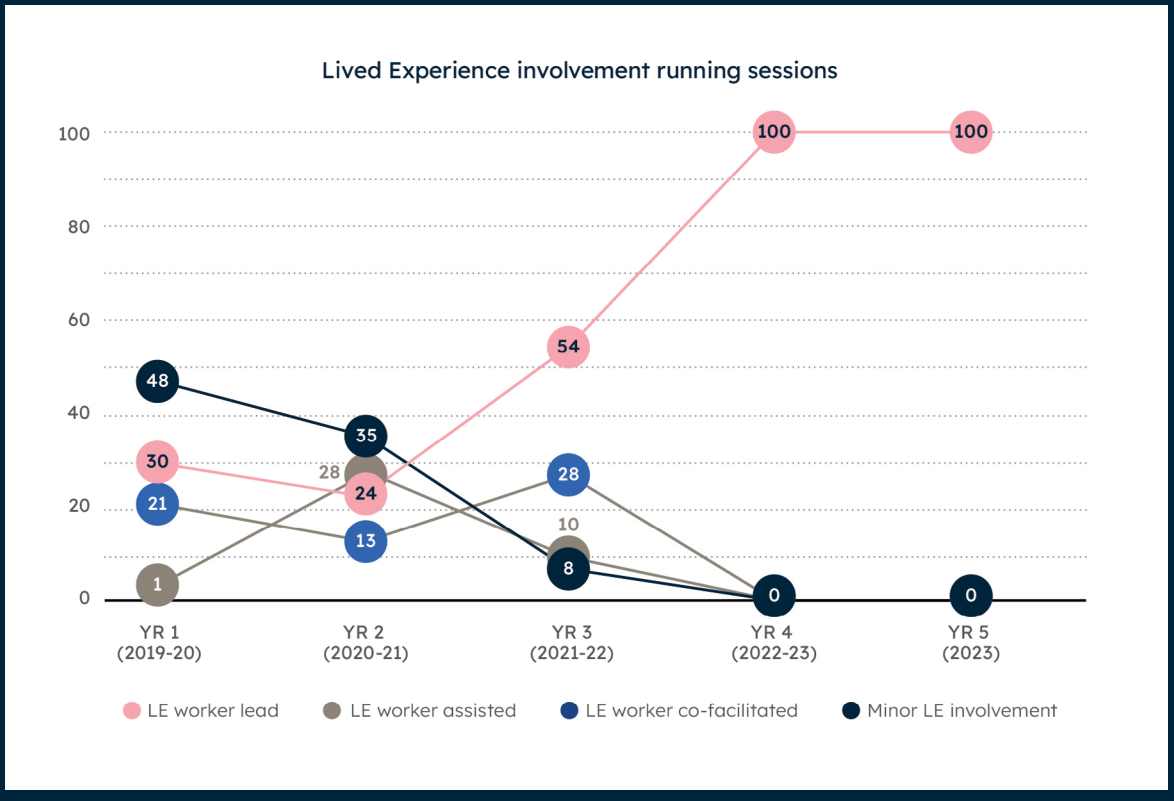


Figure 7. The majority of workshops across LifeConnect's first two years of operation had only minor LE involvement. As LifeConnect's LE workforce grew, so too did their role in facilitation, culminating in all workshops being LE led. LE staff not only brought personal perspectives, but also LE theories which increasingly shaped workshop content.

Critical success factors

A clear service model

LifeConnect's mission and model guided all their activities. As a trial site, the service model drew from the principles of place-based suicide prevention (PBSP). In practice, this looked like:

- A mission to destigmatise suicidality
- A holistic suite of activities to proactively connect more people to suicide awareness
- A strong focus on community engagement
- Active presence in local networks
- Curious, humble pooling of knowledge with community partners enabling mutual learning and skill building
- Staff skilled in facilitation, suicide awareness, community engagement, lived expertise, communications and promotions, to effectively deliver their mission.

Early program KPIs demonstrated that community engagement was essential, not just a bonus feature. Community partnerships inspired sustainability as they recognised local expertise, informed workshop content, and enabled service providers to deliver on their own goals.

"When someone says asking directly isn't best, well, what is best then? Help us shape this in a way that can help us help you... What can we do together to find out?" (Staff)

Passionate staff

Neami uses values-based recruitment to employ passionate, committed staff. LifeConnect's empathic leader fostered a team approach to practice development and support through a suite of formal and informal reflection, debrief, and learning spaces.

"I didn't know you could feel this taken care of in a job." (Staff)

Staff are supported by a head office with expertise in communications, community engagement, learning design and facilitation, co-design, and research. Neami's Embodying Recovery training for LE workers was highly valued when staff had the opportunity to do it.

"[Embodying Recovery] was stunning. I learned so much about myself and how to do the work in a safer way." (Staff)

Connections to LE community

Investment in LE organisations and communities has expanded significantly, and LifeConnect has benefitted from increasing LE sector capacity. This happens – internally and externally - through more connections with designated LE Leaders, communities of practice, co-reflection, and LE Supervision. The team also relished external trainings to hear from LE staff working in different contexts. Funded access to spaces to think and feel together develop practice and help sustain each other in the work.

A learning culture

A commitment to learning and practice development is reflected through alternating fortnightly professional development and reflective practice sessions, attending conferences, network meetings, and staying abreast of literature. The team learns with and from communities. They are open about how they weave community learnings into their sessions, which makes attendees feel a part of a much bigger movement to responding compassionately to suicidality. Inspiring a sense of solidarity can sustain communities as they live this vulnerable mission.

Evaluation surveys were issued at the end of every workshop, and results were managed by the team to maximise feedback loops and timely adaptations. Dedicated administrative support enabled LifeConnect to keep strong records of their activity and outcomes.

The funder conducted an evaluation of LifeConnect just before PBSP trial funding ended, and results have not been released. The service was defunded before the current process evaluation was completed.

Barriers

Tensions between the funding approach and service model

Short-term funding reduces the potential to do longer-term engagement work. Community engagement work is slow and relational, yet LifeConnect funding never exceeded a two-year contract (and increasingly was yearly). Navigating the incongruence of a long-term vision with short-term funding was challenging. As staff said, “We can’t see past any given financial year”.

Short-term contracts compromised service planning, LifeConnect’s ability to do authentic co-design and create relationships with communities where building trust takes significant time. Staff reiterate that “we never want to promise something to an organisation without being able to follow through”.

Establishment timelines and expectations

Life Connect was given 8 weeks to establish itself. In practice this was insufficient time to consolidate service aims, purpose, recruit, orient, train, and commence service delivery, which led to staff experiencing pressure. More time, consultation, and spaces for shared sense-making about the direction of the service would have been beneficial during this time.

The impacts of funding uncertainty on staff morale

Short-term contracts and funding uncertainty can drive staff disaffection, stress, and turnover. Disillusionment is amplified by the reality that service quality doesn't always equal funding.

"When I found out that [the mindful walking groups] were being cut, I just felt like half of me was being cut. I don't like this anymore. I was devastated." (Staff)

"It always feels like you're on borrowed time and any promise of the funding in the future is a reduction. And so, it's not good for morale". (Staff)

The feeling of dismay is compounded with a LE workforce due to the nature of what is invested.

"Recently, staff have been coming to me and saying, you know, 'I invest my heart and soul into the work. And it's really important to me. It doesn't feel like it's important to the funding bodies because they can't commit to this'. And there are a whole bunch of mechanisms behind that that the staff and I have an appreciation of but… it's a heavy investment from staff with what feels like a low investment from funders". (Staff)

Short-term contracts and service closures are common in community mental health, and many staff carry the emotional residue of previous closures. This nexus of factors contradicts PBSP trials emphasis on sustainability and investment in genuine lived expertise roles.

Under resourced organisational staff support structures

At establishment, Neami had limited organisational readiness to support a LE workforce. Understanding of LE practice and workforce needs was still in development, as was infrastructure such as LE training and communities of practice. LE Supervision was not funded. Ongoing resourcing challenges with internal LE training has led staff to pursue external training opportunities. A formalised practice development framework for LE staff and their colleagues would enable greater consistency and rigour. Neami has recently adopted the National LE (Peer) Workforce Guidelines and is incorporating them into workforce planning and support. This includes implementing a policy that supports access to LE discipline specific supervision.

Opportunities for cross-pollination with other Neami suicide prevention services were limited, however recent organisational restructures and investment has seen new learning spaces emerge.

Tension between risk and relational paradigms

Dominant models of risk can conflate duty of care with reporting to clinical or legal authorities (Perkins & Repper, 2016). Some workshop participants reported increased confidence in discussing suicide, increased disclosures, and then increased reports to emergency services or child protection. Whilst this may be in line with their internal polices, it contradicts the relational approach that LifeConnect promotes as is increasingly observed in research regarding risk assessment practice. LifeConnect can describe how engaging with such services can compromise connection with person in suicidal distress, yet can't change organisational policies and are therefore limited in the wider change they can contribute to.

Conclusion

Over five years, LifeConnect has evolved into a trusted community partner, resourcing community wellbeing and uplifting people's ability to compassionately be with people experiencing suicidality. As LE staffing in the team grew, so too did momentum to question traditional approaches to suicide prevention. Drawing heavily on LE theories and approaches inspired a shift from prevention to awareness, from doing to, to being with, and from short-term intervention towards relational connection.

In the context of mainstream approaches which haven't seen a decrease in suicide rates, now is the time to invest, trial, and champion alternatives that centre LE perspectives. This requires a paradigm shift in how risk and distress is understood, and LifeConnect offered an example of how to seed the thinking upon which such a shift relies.

Cultural change is slow. Whole of community approaches which centre LE principles like the one adopted by LifeConnect create opportunities to genuinely welcome and sustain communities through the transition to compassionate, healing, and relational responses to suicide – if funding matches the duration and scale of the ambition. We hope the learnings from this process evaluation offer guidance to shape the pathway there.

"Being a person in the world, where you feel you require a little bit of extra care and tenderness, it's so hard to ask for that in this world. So, to be able to offer it, to have spaces where it's just there, it's a given that level of generosity and love and care. I envision a world like that"

(Staff)

References

Australian Healthcare Associates. (2014). Evaluation of Suicide Prevention Activities: Final Report, January 2014. Australian Government Department of Health and Ageing: Canberra.

Ball, M., & Ritchie, R. (2020). Suicide Narratives: Healing through knowing. Humane Clinic: Adelaide. Accessible at https://www.humaneclinic.com.au/suicide-narratives

Black Dog Institute (2024). LifeSpan trials. Black Dog Institute. Accessible at: https://www.blackdoginstitute.org.au/research-centres/lifespan-trials/

Department of Health (2022). A guide to local suicide prevention: learning from the Victorian place-based suicide prevention trials. Victorian Government: Melbourne.

Jerzmanowska, N., Franks, S., Tseris, E., & Finlayson, C. (2022). Alternatives to Suicide Research Project: Exploring the experiences and impacts of a peer-based approach to responding to suicidal distress. University of Sydney: Sydney.

Large, M.M., Ryan, C.J., Carter, G., & Kapur, N. (2017). Can we usefully stratify patients according to suicide risk? BMJ, 359: j4627. doi: 10.1136/bmj.j4627

Mendoza, J., Ozols, I., Donovan, R., & Cross, S. (2018). The Integrated Wellbeing-Motivation-Action Model. In Mendoza J, Wands M and Ozols I. (2018). Final Report: Suicide Prevention Regional Strategy, Eastern Melbourne. Prepared for Eastern Melbourne PHN. ConNetica: Coolum, Qld.

Perkins, R., & Repper, J. (2016). Recovery versus risk? From managing risk to the co-production of safety and opportunity. Mental Health and Social Inclusion, 20 (2), pp.101-109.

Van Orden, K.A., Witte, T.K., Cukrowicz, K.C., Braithwaite, S., Selby, E.A. & Joiner Jr, TE. (2010). The Interpersonal Theory of Suicide. Psychological Review, 117 (2), pp. 575-600.

Wildflower Alliance (2020). Alternatives to Suicide Groups Charter. https://wildfloweralliance.org/wp-content/uploads/2021/01/CHARTER_alt2su_August-edits.pdf

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