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Involving People with Lived & Living Experience

Local Suicide Prevention Planning and Implementation Toolkit

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What will this document support you to do?

- Understand the benefits of involving people with lived and living experience (LLE)
- Consider the different ways of involving people with lived and living experience (LLE) in your work
- Understand how to recruit and support people with lived and living experience (LLE) to contribute safely and effectively to your work
- Empower people with lived and living experience (LLE) to meaningfully participate in your work

When might this document be most helpful?

- At the start of local action plan development or when planning key activities
- After you have taken time to understand and assess your local need, and have decided on priority areas that need to be addressed
- When considering how you involve people with lived and living experience (LLE) in your work
- Evaluating work where people with lived and living experience (LLE) have been previously involved

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Contents

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Introduction

This section of the Local Suicide Prevention Planning and Implementation Toolkit will support you with considering how to involve people with lived and living experience (LLE) in your work. For guidance on involving children and young people (aged 16 to 25 years) with lived and living experience, refer to the **Participation Practice section** of this toolkit.

What is Lived and Living Experience?

In the context of suicide prevention Lived and Living Experience can mean different things. Here are some people who we might refer to as having lived or living experience:

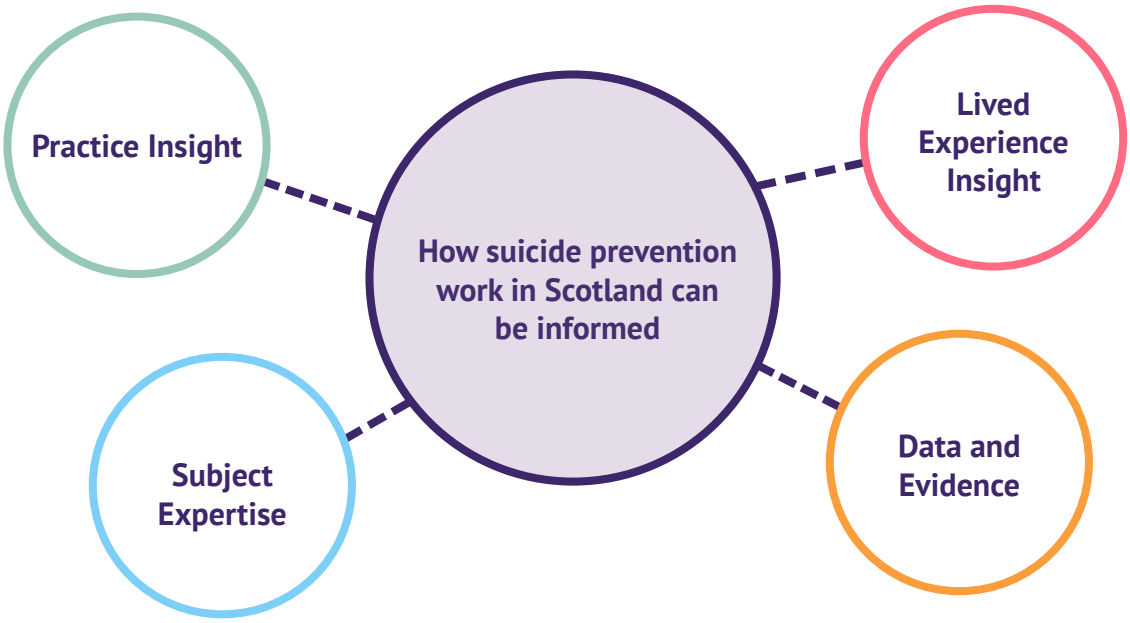
- People who have previously attempted suicide or experienced suicidal thoughts/ideas
- People who have lost someone to suicide
- Family/loved ones who support someone who experiences suicidal thoughts/ideation
- People from groups or communities who experience a higher risk of suicide e.g. people who face stigma or discrimination

This list is not exhaustive, and you might want to consider your own definition depending on the work you are taking forward.

It is important to note that people from each of these groups will have very different experiences and insights. People might be experts by experience in one particular aspect of suicide prevention, for example someone who is bereaved by suicide might not want to be involved in wider work and may be interested specifically in bereavement-focused actions. One person cannot be seen as the voice of all people with lived and living experience given the diversity of experience that people have in relation to suicide.

Why involve people with Lived and Living Experience?

Involving people with lived and living experience is becoming more common to inform work being taken forward across a number of policy areas. Involving people with LLE is one of the key approaches in **Creating Hope Together,** the national suicide prevention strategy and action plan. The strategy highlights that suicide prevention work should be informed by:



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Benefits of involving people with LLE

The **Evaluation of the Lived Experience Panel** highlights a number of benefits to involving people with LLE, these include:

Unique insight

People with LLE can bring first-hand insight on how plans can be practically applied and can provide unique insight into how activities are delivered, and whether they are likely to have the intended impact that is hoped for. People with LLE provide unique insights into risk and protective factors and barriers to support.

Better outcomes

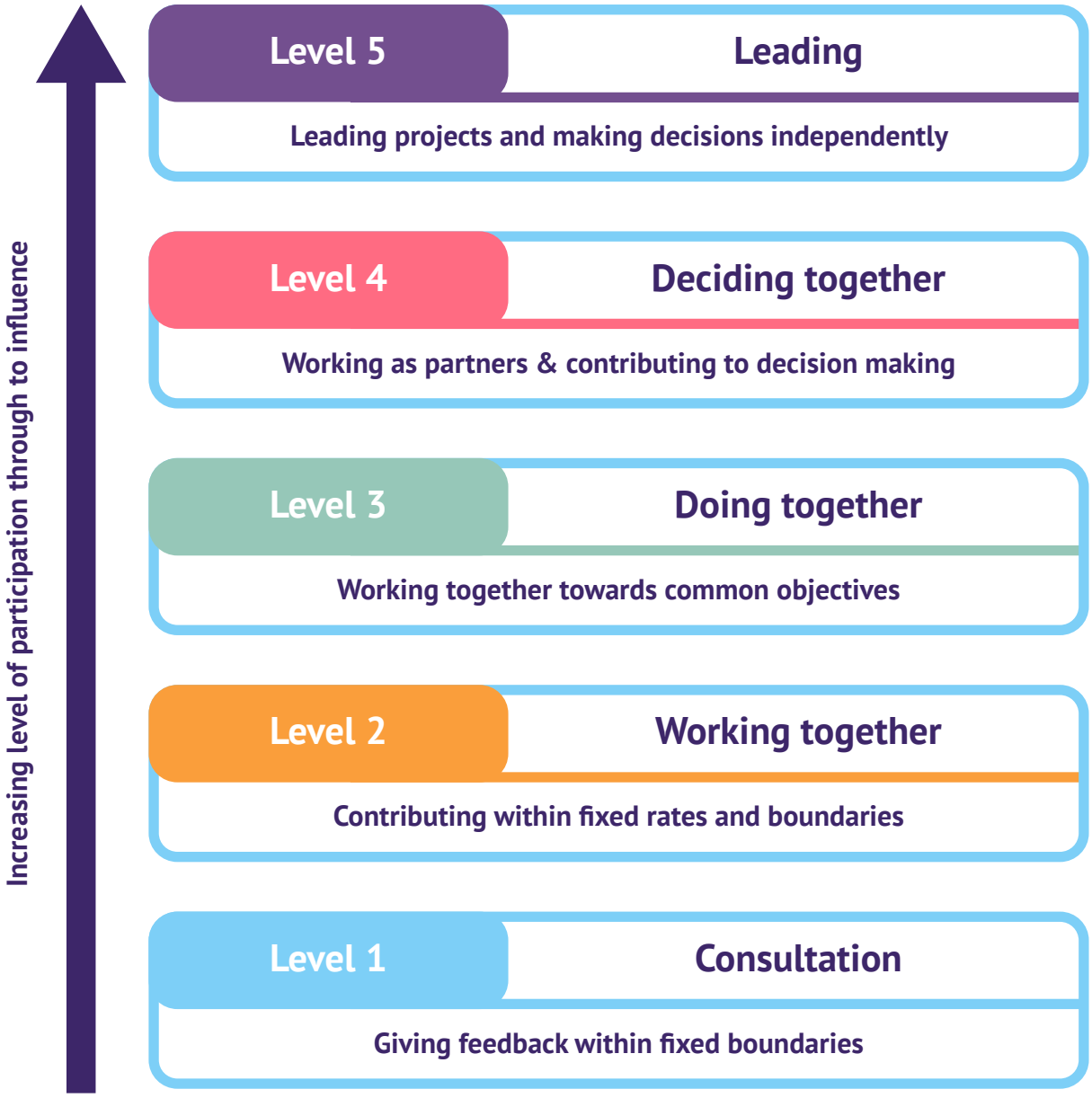
Involving people with lived and living experience in the engagement process ensures that the people who are most likely to be affected by any policy changes will have been directly consulted on these changes. Ensuring people with LLE are included can lead to better outcomes by creating effective, compassionate, richer and impactful suicide prevention activities. Involvement can help reduce stigma, making it easier for people to seek help.

Support recovery

As well as the benefits to the work and outcomes, involving people with LLE can have benefits for them as individuals, and helps move towards a co-production approach by 'doing with' and not 'doing to'. It can also contribute to recovery process for some people.

Approaches to involving people with Lived and Living Experience

Mind's Ladder of Participation is often referred to as an example of different approaches to involving people with LLE. This should not be seen as a hierarchy, as different approaches to LLE involvement are appropriate depending on the capacity and the action being taken forward. These are categorised by 'less involved' to 'more involved' based on the level of influence, participation and leadership role of people with LLE within the work.



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There are a number of ways in which people with lived and living experience can be involved in work around suicide prevention:

- Creation of a Lived and Living Experience Panel
- LLE representative or member of your local Suicide Prevention Steering Group, sub-committee or working group
- Looking at specific opportunities to engage e.g. if you're developing a resource for parents to support young people then involving parents and young people in the development or providing feedback
- Working with existing peer support group structures to gain feedback – Scottish Recovery Network can help with this
- Asking for specific feedback through a service evaluation
- Family involvement in Significant Adverse Event Reviews (SAER) or other death review processes
- Hosting regular lived and living experience events to gain feedback
- Public consultation surveys that capture whether a respondent has lived or living experience
- Working with existing Public Involvement Groups within the NHS/local authority (recognising that not all will have lived or living experience)
- Sharing their experience or contributing to a public campaign
- Proactive reach-out from someone with lived and living experience for an informal conversation
- A combination of some of the approaches mentioned above

The national Lived and Living Experience Panel has created a video with some key considerations: Setting up a lived experience panel

Practice examples of different approaches to lived and living experience involvement are included later in this section of the toolkit.

Representation

Engaging a variety of people with lived and living experience can help to provide a more diverse view of the work that you are doing, it can also help to:

- Ensure that your work is representative of the breadth of lived and living experience, and not just one person's experience (e.g. suicidal ideation, bereavement, experience of poverty etc)
- Prevent a one-size-fits-all approach that may not be effective for your work
- Ensure specific needs of those with protected characteristics, or at risk groups (e.g., LGBTQ+, ethnic minorities, rural communities, unemployed men) are addressed, as suicide is often higher among these groups .

These are just some examples, and are not an exhaustive list. It could be helpful to look at demographic data of your local area to determine what your representation needs are.

Recruitment

When recruiting for people with LLE you could consider the following approaches:

- Engage through NHS services, use posters in clinical settings to ask people to get in touch if they would like to be involved, and wider than just within mental health settings
- Existing local groups (such as peer support groups or Public Involvement groups in the local authority or health board) who may already have systems in place to support lived experience involvement
- Conversation cafes / public involvement consultations
- Individuals who are currently supported through services
- Posters
- Online groups
- Social media
- Stalls in local shopping centres, colleges etc.

Proactive reach-out from someone with lived and living experience

Regardless of whether you are actively involving people with lived and living experience in your suicide prevention work, there may be times when people will contact you looking for ways to be involved and share their stories. The quote below describes how one professional dealt with this:

> ***"Someone who was recently bereaved by suicide reached out to me with an idea to remember his loved one. It was important to me that I met with the person in a place they chose and at a time that suited them. I made arrangements so we would have the time and space required to discuss his idea at the pace he needed, and so that he would feel as comfortable as possible. We don't know if the idea will be possible, but I will continue to work with the person to explore the feasibility but also make any relevant links for support needs that he might find helpful. By adopting a Time Space Compassion approach to engagement with people with Living and Lived Experience it helps form the foundation for meaningful, person-centred practice that is based on a relationship with that person and is trauma responsive."***

Good practice when involving people with LLE

What are your key principles around involving people with lived and living experience?

Developing key principles can help to address organisational barriers to ensuring people with LLE can be supported to participate fully. Below we explore some good practice when involving people with LLE and there are further resources at the end of this section of the toolkit to help you explore some of these topics further. You could also raise this question to discuss with your local suicide prevention steering group, or working group delivering your activity to gain some consensus on your approach.

Practice example

In the Borders the Joint Mental Health Service worked with a third sector organisation to develop a **co-production charter** with people with lived and living experience that sets out their expectations when involving people with LLE.

Can you draw from lived and living experience that has already been shared?

A key principle of involving people with LLE is valuing those who have already shared their experience. This can be done by exploring information which already exists such as qualitative academic research or reports from focus groups or local interviews that have been held.

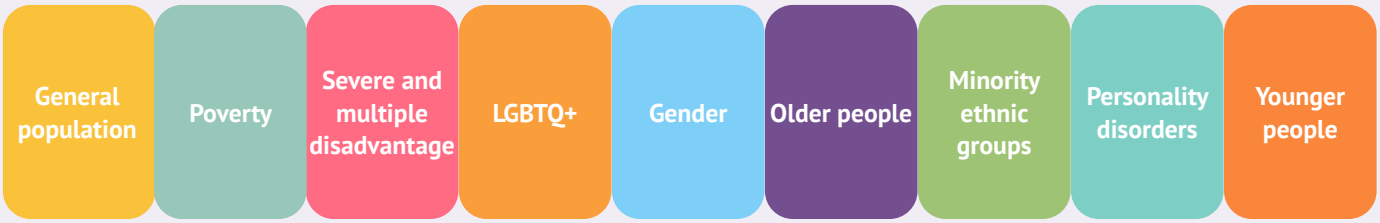
You could also reach out to consider if the national Lived and Living Experience Panel, or Youth Advisory Group have previously had input around the type of activity that you are developing.

Even if there is existing information you may still wish to involve people with lived and living experience in your work – this might be to provide a local perspective on insights, to provide an up to date experience around the work or because you wish to move towards a co-production approach.

Practice example

A Lived Experience Insights map has been developed to help improvement teams explore and drawn on different lived experiences of people seeking help in clinical settings. The map has been designed to centre the voices of lived experience in existing published research and community led reports. It focuses on experiences of seeking help linked to self-harm and suicidality. The aim was to identify key themes that are both shared and unique experiences for different demographics. This can then be used as a tool to help shape local community engagement, design and improve services in ways that address intersectional discrimination and disadvantage and meet minoritised groups needs. The tool has helpful features such as a demographics key, journey stages, thematic bubbles and search functionality. For further information **get in touch.**

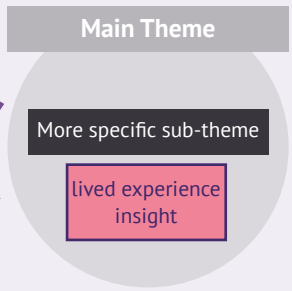
Demographics key:



Data has been split into different journey stages

Stage in someone's mental health journey

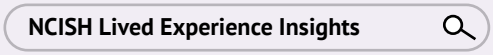
Insights have been grouped into different themed 'bubbles'



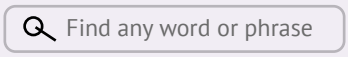
These wider themes contain more nuanced and specific experiences

notes with a border — are summaries and report findings

notes without a border — are direct quotes from people



You can search for terms on the board using the "Find" (magnifying glass) icon on the top left toolbar.



Filter the board by user group tags or key words.

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How will this information be used to make changes or improvements?

If you decide to involve people with LLE, you should think carefully about the scope to influence change planning or policy before you start to engage with people, and how you will utilise their feedback and experience to guide improvements. Asking about someone's experience and views, without the intention or plan to act on what you learn, is poor practice and unethical.

People need to feel valued, and inclusion of regular feedback to and from people with LLE is important. While most of that will take place in meetings etc., opportunities for individual discussions should be considered. Some practitioners have talked about the value of micro-feedback when regular and small feedback is provided to keep people up to date on how work is moving forward. There is also a need to ensure there is emotional support for LLE participants should this be required – this is explored further later in this document.

What can you offer in return?

As much as your work will benefit from having the input of LLE, you should consider **what you can offer in return**, this helps to more equitably share the power between an organisation and an individual with lived and living experience. The **Consider with Care** resource suggests this could look like:

- An organisation working with an individual to build up their confidence, skills and expertise during the engagement process.
- An individual being offered meaningful opportunities to shape and deliver the work.
- The person who is sharing their lived experience being compensated for their time through remuneration or development opportunities.

Some people may not be looking for anything in return, and be looking to help by indirectly supporting others through their LLE involvement.

You should also carefully consider the cost of engaging people in your work. Costs might include providing refreshments before and during the meeting or event, provision of childcare during any involvement, and reimbursement for their time or provision of travel expenses (including taxi options for anyone with specific needs). You should consult your local policies on renumeration for involvement time or duties, and discuss with people how payment may affect them e.g. impact on benefit entitlements. **Spirit Advocacy** suggest one way to overcome cost as a barrier is to consider partnering with other organisations for joint initiatives.

What will their involvement look like?

It is useful to be clear about **what is involved**, and when, so that the person can decide if they are able to participate and to what extent. It might be that you want their ideas to shape the work and that involvement will depend on mutually agreeing an approach, but you can still explain some of the expectations and parameters of their involvement. You should discuss with anyone interested in becoming involved the **expectations** from both sides, and ensure that the experience is meaningful for all involved.

You have a responsibility to the people involved to consider their needs regarding building individual capacity, helping them grow in the role, and supporting them to exit at the end of their involvement. Sometimes a suggested involvement period on a panel or as a representative is a maximum of 2 years, this can provide clear terms of involvement and stop over reliance on one individual.

It is important to consider where and when involvement activities will take place. Sometimes a community centre, or a place that people with lived and living experience are more comfortable might be most appropriate, especially if using an NHS or council building might impact their ability to contribute if they have had a negative experience there. In-person meetings can be best for building rapport with people, but they may not be appropriate or possible and so alternatives such as online meetings via Microsoft Teams or Zoom might be preferred. Meeting during the working day might not be feasible for people with work commitments, so consider any flexibility you may be able to offer.

If you are involving a lived and living experience representative on your steering group then **content of meeting discussions should be communicated in advance** to ensure that they are prepared and supported to take part in these discussions – this is good practice to support professionals around the group to be prepared for discussions that they might find difficult as well. This principle also applies for other involvement activities such as attendance at events. It can also be helpful to check whether **paper copies** of meeting papers need to be sent ahead of meetings, and to ensure that papers are **jargon free and in plain English.**

In setting meeting agendas you should also consider what information is **appropriate to be shared**, for example personally identifiable information about someone at risk of suicide is unlikely to be appropriate to share with a lived and living experience representative. In addition you may wish to consider whether a **confidentiality statement** should be signed as in some circumstances lived and living experience representatives may have access to sensitive information e.g. service change information.

Giving people with LLE the opportunity to **opt in and out of the work** is important to protect their wellbeing. People should be advised that they can choose to disengage with the process at any time. You should also be prepared to work at the pace that is comfortable for those with LLE, and may need to build in flexibility to your project timeline to accommodate this.

How can you support people with LLE to safely share their experiences or stories?

If someone chooses to share all or part of their personal experience or story **there should be a safe space to do so, but there should not be the expectation to share their experience as this can be retraumatising.** If they wish to, you can work with the person to make sure they are prepared to share and you can discuss the potential impacts of doing so.

When there is little consideration to supporting someone to share their story it can result in potentially negative consequences such as:

- people repeatedly being asked to share their story
- their story or image being publicly available for a long time after they have shared their experience, which can feel uncomfortable for the person
- someone being asked to change their story to fit the goal of the work
- people who are hearing the story being exposed to excessive detail
- one person's story can be seen as the only experience

To safeguard against some of these potential negative consequences, before involvement begins you might want to consider:

- Have boundaries been established around certain topics?
- How can you avoid re-traumatisation? A **trauma informed approach and trauma responsive practice** based around the principles of **Time Space Compassion** can support this.
- Do you offer follow-up mental health support?
- Could you anonymise or generalise experiences? **Utilising Pen Portraits** or composite stories can be one way to do this as people with LLE can apply their perspective without having to disclose.

People should also be made aware that their consent for any quotes, photos etc. can be withdrawn at any time. You could consider having a regular check in every 6 months to see if they still consent to their image, name or experience being included, or you might design from the start a clear process for people removing their consent.

The Scottish Recovery Network, with the support of the Lived and Living Experience Panel have developed a resource for anyone looking to involve people with LLE in their work and another resource for those considering sharing their experience:

Gathering Lived Experiences guide

Preparing To Share Your Experiences guide

How can you ensure people with lived and living experience are treated as equals?

It is important that people with LLE are treated with the same respect as professional colleagues, that they understand the need to show respect to everyone on the steering group, and their experiences and perspectives are treated with the same regard that academic, data and professional experiences would be. Power is important in ensuring that people with LLE are heard, you should consider how you will make sure that people with **LLE are treated as equals** in the work that you are taking forward. Practical considerations might include how many professionals will be in the room, who they are, where the engagement is taking place and whether they will have equal say in decision.

Equally people with lived and living experience may have their experiences or contributions challenged. This should not be done in a way to discredit the person with lived and living experience as their experience is their own and valid, but instead to consider different perspectives. You may wish to ask further questions to gather whether the experience is shared amongst others, or just one experience, and how long ago that experience took place. Creating space where this dialogue can happen can lead to more effective interventions that are based on lived and living experience, data, academic evidence and practical considerations from professionals. Being prepared for this situation to arise, and having an agreed approach in advance can support your response if this occurs.

Your **colleagues may also have LLE**, and may be able to offer their insights into your work. It is important, however to remember that colleagues may feel uncomfortable or unable to share their personal experiences and involving people with a variety of lived and living experience is still valuable and may bring a wider range of experiences to inform your work. You may bring together colleagues or organisations with expertise as another way of gathering LLE to help inform your work.

What support will be provided?

Involving people with LLE can enhance the work that you are doing and make it more impactful, but engaging with and supporting them can take a lot of time and resource. It is therefore important that consideration is given as to what capacity you and others working with you have.

Building a strong relationship with anyone who is providing input based on their lived and living experience is crucial. It can be a good idea to start small and build the relationship, making sure to go at the pace of the people involved. This can take time, but it's important to build connection and trust before the work commences.

People with lived and living experience may require emotional **support before, during and after involvement.** Care should be taken to provide options for various levels of support. This might include:

- Establish a trusted person who will be the main point of contact and will facilitate any support – this may not be you. **The Lived Experience Panel evaluation** recommended the need for separate people to coordinate lived experience activity, and another person to offer safeguarding and support. Consider who is best placed to do this, there may be other members of your suicide prevention steering group, or community groups who can support. Working in partnership with organisations who have the mechanisms in place to support lived and living experience involvement can be helpful.
- Ask what you could do to make the person with lived and living experience more comfortable
- A pre-meeting to discuss their involvement and advance warning of topics that may arise
- Making arrangements for leaving meetings or events (e.g. due to distress or upset)
- Follow up and debrief afterwards

You should also be aware of your own support needs. Although LLE is a powerful way to enhance work, it can be difficult emotionally to hear people's experiences. It is important to look after your own wellbeing, this might include:

- Arranging debriefing/supervision sessions with your manager or another trusted individual or agency
- Making use of available internal/external agency support
- Recognising when it might be appropriate to take a break from pieces of work

Where other colleagues and partners are actively involving people with lived and living experience in their work you should also encourage them to consider their own wellbeing needs.

Spirit Advocacy also suggest you could consider mentorship and buddy systems can help new members to feel welcomed and supported.

Practice example

SAMH have developed a Handbook for members of the Lived and Living Experience Panel which sets out considerations for panel members, this includes considerations around boundaries, sharing experiences safely and a group agreement. If you would like a copy of the resource you can contact Livedexperience@samh.org.uk

What approaches help ensure meaningful involvement of people with lived and living experience?

Sometimes engaging people with lived and living experience doesn't happen how you anticipated. It can be helpful to reflect on your experience, and work with people with lived and living experience to gain their feedback on what it is like to be involved so that you can continue to improve your approach to involving people with lived and living experience.

Some challenges that local areas have experienced are below for you to consider how you might approach these types of situations:

People have opposing view points – either those who have lived and living experience, or in comparison to professionals

A debrief is important if there has been a disagreement or if a person with lived and living experience might not feel that they have been heard, or a decision has not been made that they hoped for. It's important for the person with lived and living experience to feel like they have been heard and explain the reasons why a decision was made.

Co-production process isn't possible

Co-production isn't the only approach that can be used, and sometimes isn't the right approach due to the activity, capacity or timescale. Considering the suggestions earlier in this document might help you to determine the best approach to involving people with lived and living experience. You may also have learning from this experience, and can capture whether a co-production approach would be preferred in future and anything that you would need to do differently to achieve this.

Someone with lived and living experience is sharing detail about their life which is upsetting for others involved

It's likely that people with lived and living experience of suicide in some way may have had experiences that others will find upsetting. The **Preparing to Share Your Experiences guide** can help people to consider what they want to share, and why. Sometimes people with lived and living experience will want to share their experience to influence work being taken forward. However it is not always appropriate to share details of that in some spaces. Preparing a group agreement, and a discussion ahead of a meeting can help to support the person with lived and living experience to consider how they frame their input so it is impactful. If too much detail is being shared, or it is not relevant to the discussion the Chair or the person supporting someone with lived and living experience may wish to ask to discuss this after the meeting, to ensure that the person is fully heard.

How can we structure the meeting to ensure all voices are heard within the available time?

With busy diaries and pressured timelines sometimes we don't put aside enough time to properly engage with someone with lived and living experience. Where possible we should provide multiple opportunities to input or gain feedback, within meetings or in other ways. It might be appropriate to arrange another time to gain further feedback if a meeting schedule is pressured, and to consider in future if it's realistic to cover all the agenda items in the timeframe set.

Practice examples

Below are some short practice examples of how people with lived and living experience have been involved in suicide prevention work. You can also find other examples on **Suicide Prevention Scotland website.**

Reflective exercise:

The practice examples below highlight different approaches to involving people with lived and living experience. As you read through them you might want to note down some of the benefits of each approach.

National practice examples

Practice example

Lived and Living Experience Panel

At a national level Suicide Prevention Scotland hosts aLived and Living Experience Panel (LLEP) and Youth Advisory Group to support the delivery of the Creating Hope Together strategy and action plan. Some examples of the ways in which the Panel has been involved in shaping suicide prevention work includes:

- Providing the voice of lived experience in mental health and suicide prevention training for organisations such as NHS Scotland and Police Scotland
- Assessing bids from organisations interested in delivering the pilot suicide bereavement support service
- Providing advice for the design of services supporting people in crisis. The focus on 'time space compassion' was based on discussions with the LLEP
- representing LLE on the national steering group seeking to improve management of risk in clinical settings
- Assisting with the creation of a Youth Advisory Group
- Planning and co-hosting the Creating Hope Together Conference 2025
- Providing Lived and Living Experience input to a local suicide prevention steering group or involvement in other local activities

Practice example

National suicide prevention public awareness campaign - 'What if...'

The national campaign 'What If...' took a co-production approach, involving members of the lived and living experience panel and supporting them to share their story.

A co-production group was established in which people with lived and living experience of suicide sat alongside people with professional/practice experience and those with academic expertise. The feedback received from people with lived and living experience about the approach taken has been very positive.

The group looked at key principles for the campaign, established priority audiences, and developed a messaging framework. People with lived and living experience were involved from the start of the process. They then considered a range of creative options, using insight from data captured with YouGov and from independent user testing.

Meetings were arranged at a time that suited people with lived and living experience. Each engagement session was carefully planned, with a clear focus on what desired outcomes. After each session a follow up note was shared, which included key questions for further reflection, a summary of next steps and a link to the meeting recording.

Safeguarding is a vital part of the process too. The LLEP Co-ordinator (hosted by SAMH) provided expert advice and had regular check-ins regular checks in with co-production group members who have lived and living experience between sessions.

There were four key stages in this work, as follows:

1 Build a relationship

take time to get to know people. It's an investment that ensures campaigns are so much stronger

2 Give people time

we don't rush folks, we let them think and reflect. We're comfortable with awkward silences, because others need time to process when the subject is so difficult and personal

3 Listen for clues

we have structure but never a fixed list of questions. We always say that you can find the next question in the answer to the last

4 Feedback loop

we can't implement every idea that people with lived and living experience have; sometimes it just doesn't work. But whether we can or cannot do something, we always ensure we feedback as honestly and clearly as possible

Practice example

Co-production in building a toolkit to support parents, carers and young people to have conversations about suicide

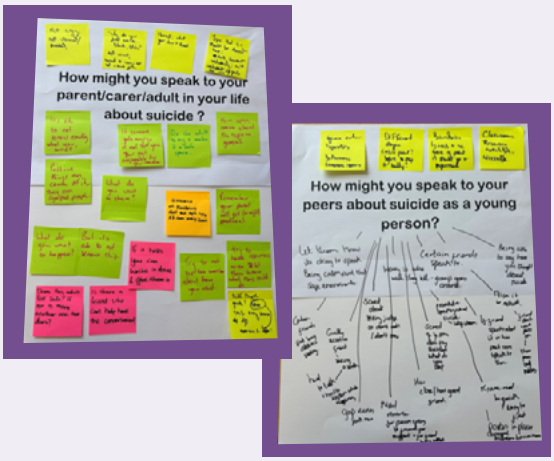
A toolkit to support parents, carers and young people to have conversations about suicide was being developed. From the outset the value of building the resource with those who would be using it was clear, given the knowledge and skills that they would bring to help shape the resource. To embed their voices in the development of the resource three engagement pathways were created:

Development

Young people

Working with Children in Scotland and the national Youth Advisory Group(YAG) to bring together the YAG and other youth groups for an in person session to explore what a good toolkit would look like. This day was sensitively planned and young people were recruited via youth organisations such as LGBT Youth with workers being paid for their time to support young people to prepare and attend the session. The session was run in line with the principles developed by the YAG:

- recognising young people's skills and experiences
- the young people were paid for their time
- no request to share lived experience
- plenty of breaks and refreshment
- the methodology for discussion was creative
- set in a suitable and accessible venue with a separate safe space and an open door policy for people to take a break



Feedback was also built into the session.

Parents and carers

Working with national parenting organisations and a local parent peer support group engagement sessions were held with parents and carers. These followed the same principles developed by the YAG with the exception that parents and carers, instead of requiring a referral organisation instead support organisations were highlighted.

Feedback

Following the initial design of the resource it was shared with the young people involved and the organisations that supported their involvement, as well as parents and carers who had contributed their views. This allowed those involved to provide further feedback on the resource and to see how their views had been used in the development process.

With professionals

A short term working group of professionals was established to review the resource. Additionally a further session was hosted which aimed to gain feedback from inequalities focused organisations on the resource. Engagement also took place to share the draft resource with children's workforce through the existing Participation Network run by Children in Scotland.

Launch Event

In September 2025 during Suicide Prevention Awareness Week the toolkit was launched at an event at the V&A in Dundee.

To ensure the event was inclusive and accessible the following were put in place:

- Budget was allocated to pay for the travel of those with lived experience.
- Samaritans listening volunteers where available to support throughout the event.
- A safe space with low lighting and creative resources was created.
- All those with lived experience who presented on the day were given gift vouchers of their choice to acknowledge their participation
- Support before and after the event was put in place for the young people with lived experience and their worker.

After the event a feedback form was sent to all who attended so to ensure continuous improvement to our approach to involving people with lived and living experience.

Practice example

Time Space Compassion in clinical settings

In planning the involvement of lived and living experience in the work around Time Space Compassion in clinical settings, an approach is taken which considers their involvement at every stage.

Firstly considering what we have already heard from people with lived and living experience, through previous rounds of engagement, research and community produced reports– this prevents us repeating questions that have already been answered. A visual map of existing lived experience research and intelligence was created to highlight and help improvement leads find and use the available publications around the experiences of people impacted by a number of risk factors for suicide, self-harm and help seeking experience.

Next stage is working closely with existing lived and living experience groups, to test our thinking and build on what already exists.

Alongside this is also lived experience leadership, ensuring people with LLE are leading the project by being involved in key decisions and advocating for the values and outputs of the project.

Why have lived experience involvement and leadership within the project:

This project directly supports Outcome Three of Scotland's Suicide Prevention Strategy, which emphasises the need for suicide prevention efforts to promote wellbeing and recovery. Recovery is most effective when it is shaped by people who have personally experienced suicidality and self-harm. By involving and empowering people with lived experience in both the design and leadership of this work, we ensure that the resources and approaches developed are practical, accessible, and meaningful. Their insights help bridge the gap between policy and real-life experiences, leading to higher-quality support that reflects and meets the needs of those affected. This work aims to improve personalised risk management responses to suicide and self-harm, not just for individuals, but for the families, carers, and their support network, recognising their critical role in recovery and safety. Engagement will be taking place at a national and local level, at the same time. The project aims to help share resources, learning and evidence across local and national activity.

What does that look like in this project:

	Activities	Outputs	Impact
Work stream 1 Desk-based research	Build an inventory of stories, research and published content so we don't repeat existing work and engagement	An inventory of lived experience in a format ready to use in engagement, learning & improvement work	People feel listened to and that telling or repeating their story is not a requirement of being involved Project stakeholders experience new ways of embedding lived experience in improvement activity. Resources reflect and respond to diverse and marginalised lived and living experience More learning and confidence in collaboration between people with lived and living experience and improvement teams. Marginalised groups are listened to, their expertise valued and supported to connect and work with peers Accountability for reflecting and taking action on inequity and embedding lived experience throughout this project.
Work stream 2 Youth Advisory Group and Lived & Living Experience Group	Advise on priorities, approach, help interpret research and test decisions from a lived experience perspective, help scope and test resources	Insights and contribution of the groups shared with participating teams and reflected in resources produced	
Work stream 3 Local and Peer Led Groups	Activities in workstream 2, bringing community and place based expertise, and bringing lived experience and peer leadership to the project	Outputs in workstream 2, plus a network of groups who feel connected and empowered to shape change	
Work stream 4 Lived experience leadership	Advise on project approach, key decisions and, where appropriate, advocate for and champion the values and outputs of the project	Key project decisions and outputs embed and reflect lived experience	

What does success look like for people and communities with lived experience?

- People feel heard, valued and respected, with opportunities to share their experiences in a safe and supportive way
- Trust is built through deep listening, transparency, and meaningful collaboration
- Those with lived experience can clearly see how their contributions have shaped learning and practice
- They feel part of a collective, gaining confidence, skills, and influence that allow them to continue driving change beyond this project.

Local practice examples

Practice example

Borders targeted consultation around action plan development

In the Borders there was a focus on gaining input from people with lived experience and from priority groups as part of the development of the local Mental Health Improvement and Suicide Prevention Action Plan. The planning process started with a current literature review to identify 'at risk' groups and an Equality Impact Assessment was undertaken to further identify potential groups of the population who were more at risk of suicide or less likely to interact. From there a local third sector partner undertook specific focus groups with mental health service users, LGBT people, People of Colour and people bereaved by suicide. There was also an online consultation on the priority areas that was open to anyone in the Scottish Borders to respond to. Where there was limited feedback from specific target groups this has been noted within the action plan with an aim to extend reach into these groups as part of planned suicide prevention activities.

Advice from the area

We would advise to allow more time than you think, this isn't a one-off exercise but there needs to thought given to continually involve and engage people with lived experience and to develop an engagement plan.

Practice example

Orkney's consultation around Suicide Prevention Awareness Week activities

The Suicide Prevention Taskforce in Orkney issued a survey to members of the public and professionals in the area to help inform event planning for Suicide Prevention Awareness Week. The survey received 147 responses, with 37% of responses coming from "non professionals". The survey also asked people whether they had been affected by suicide, and 89% of respondents stated that they had been affected by suicide in some way:

- 36% have had suicidal ideation or attempted to take their own life
- 38% have lost someone important to them
- 47% know someone who has tried to take their own life
- 33% recognise suicide as part of their role

This survey has helped to shape the events taking place for Suicide Prevention Awareness Week and by asking about lived and living experience has helped the group to ensure that the views of people with lived and living experience have been considered.

Practice example

Wave After Wave, Glasgow City Health and Social Care Partnership (HSCP)

Lived experience involvement was sought at every stage of the development of suicide bereavement training, Wave After Wave. A member of a local lived experience group sat on the commissioning panel and participated in developing the project brief, scoring bids and agency interviews.

Lived experience input was captured through surveys and one to one interviews, and later a reference group who supported the development of the training materials, commented on drafts and participated in the first pilot training course. The lived experience group were kept up to date with progress as the training was rolled out.

Project timescales were adjusted to better support lived experience involvement. For example, the lived experience consultation and interviews had been scheduled for December and January, but it was recognised that this can often be a difficult time for people who have been bereaved, so this was delayed. This meant that the project took longer than initially planned, but the needs and wellbeing of the people with lived experience were rightly prioritised and the end product was richer and more valuable as a result.

You can read a fuller case study of the co-design process here

Practice example

Dundee support for people bereaved by suicide

Multi-agency partners in Dundee came together, and supported by Dundee Volunteer and Voluntary Action (DVVA) engaged with people with lived and living experience in the co-design of a new leaflet and peer support service for people bereaved by suicide in the city.

Eight families were involved in shaping this work. Some attended face-to-face meetings with partners leading the project development, while others chose smaller group sessions or one-to-one meetings and stayed updated on progress by other means. The opportunity to participate was shared through the DVVA mailing list, social media, word of mouth, and the JustBee Life After Loss group.

From the start, the team recognised that "family" can mean many things for different people. Families with lived experience explained that support needed to extend beyond blood relations, because some people have a "chosen family" and friends who feel closer than relatives. In other words, anyone who has lost a loved one - regardless of official relationship status - should be able to access the service and resources.

As some families did not reside in Dundee, the team used online video calls and visits to convenient locations so that more people could take part. One family decided not to continue because travelling to Dundee was too upsetting at that point, but the team kept in touch to offer any support they could.

We offered a variety of ways to get involved. We met with families outside of the structured meetings, provided one-to-one support, and had informal chats in neutral places such as cafés and community centres. We always aimed to be flexible and meet people where they are, so as to address their needs.

You can read the full practice story here

Reflective questions:

- What is your reason for engaging with people with lived and living experience?
- What are you already doing to involve people with lived and living experience?
- What approach(es) might be most appropriate for engaging people with lived and living experience in your project?
- What are your principles around lived and living experience involvement?
- How can you recruit people? What is the best way to reach people in your area?
- How can you ensure a diverse range of opinions?
- Do you require input from the same people, or do you require different individuals or feedback from a range of people for each activity?
- What is the scope of the project/work you are looking to involve them in?
- What are the limits/possible parameters of change? Don't make promises that can't be kept.
- Is your team/service ready for working alongside people with lived and living experience?
- What support is in place for people with lived and living experience and the workforce supporting them?
- Is there anything you need to do differently to enable children/young people to participate?
- What communication methods will you use and how will you provide feedback to the people involved so they know what has been done as a result of their contributions?

Resources and support

The following resources may be useful when considering your work around involving people with lived and living experience.

Suicide Prevention Scotland

Suicide Prevention Scotland has recorded a series of podcasts including one on Involving People with Lived and Living Experience. In the podcast you can hear from:

- Susie Heywood (Suicide Prevention Implementation Lead, Public Health Scotland)
- Keir McKechnie (Lived and Living Experience Panel Coordinator, SAMH)
- Catriona McDougal (Project Coordinator, Scottish Recovery Network)
- Laura Junor (Member of Suicide Prevention Scotland Lived and Living Experience Panel)

In the podcast episode they share their advice around involving people with lived and living experience, one participant said:

> "Just give it a try, as long as you give some thought to the safety of the individual and how you will cope with someone sharing their story. Don't worry about getting it perfect first time."

Listen here: Suicide Prevention Scotland

Further support resources include:

Participation Practice
For guidance on involving children and young people (aged 16 to 25 years) with lived and living experience, refer to the **Participation Practice section** of this toolkit.

Scottish Recovery Network
Gathering Lived Experiences
Preparing to Share Your Experiences

The Lines Between, commissioned by SAMH– evaluation of the National Lived Experience Panel
samh.org.uk/about-mental-health/suicide/lived-experience-of-suicide-prevention

National Suicide Prevention Alliance guide
Involving people with lived experience in suicide prevention and bereavement support FAQs - NSPA

Social Action Inquiry Scotland -
Resource for working equitably and ethically with people and their lived experience
Consider with Care

The Scottish Co-Production Network
The Co-Production Guide

The Scottish Borders Mental Health and Wellbeing Forum
BCV-Co-Production-Charter.pdf

World Health Organisation (WHO)
Transforming mental health through lived experience

Public Health Scotland
Commissioning Peer Research to Support Human Rights in Practice

For any questions about including people with LLE, you can contact the National Lived and Living Experience Panel Coordinator at **Livedexperience@samh.org.uk** or the Suicide Prevention Implementation Leads at Public Health Scotland at **phs.suicidepreventionteam@phs.scot**