

“ALL I NEED IS SOMEONE TO TALK TO”

Evaluating DISCHARGED Suicide Peer Support

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EXECUTIVE SUMMARY

Alternatives to Suicide is a different and emerging approach to the suicide prevention paradigm, utilising peer support groups to focus on connection and relationship-building. The groups are a space where people can share openly and authentically about their suicidal thoughts and feelings, without fear of a clinical intervention.

This research project evaluated the impact experienced by participants of DISCHARGED groups in Perth, Western Australia. The research was undertaken by two lived experience researchers and an academic researcher and investigated people's experiences of DISCHARGED, and how they compared to their experiences of the mental health system. These findings are relevant to anyone with an interest in suicide prevention and/or peer support, including people with a lived experience of suicidal thoughts/actions, innovative service designers, mental health organisations, policy makers, and practitioners involved in the wellbeing of trans people.

To our knowledge, this is the first research project evaluating an Alternatives to Suicide approach. We utilised a qualitative participatory methodology of co-design and an insider/outsider stance for the lived experience researchers. Two focus groups and one interview were conducted, and a thematic analysis brought the findings to light. Three attendees who primarily attend the trans specific DISCHARGED group participated in one focus group and one interview. Further five DISCHARGED facilitators participated in a focus group. The research design, ethics approval and report have been a co-designed effort between the lived experience researchers and the academic researcher. The lived experience researchers took the lead on drafting the executive summary and background sections of the report, while the academic researcher led the drafting of the sections on methods/methodology and facilitator findings. This final report is a product of consultation, shared input and reworking by the research team.

Please note: the word *trans* is used throughout this report as an umbrella term intended to be inclusive of transgender, non-binary and gender diverse people.

KEY FINDINGS

Given our small sample of three DISCHARGED participants, caution is extended in relation to the findings. However, there is a uniformity and pattern to the following findings. In particular, the benefit of a peer approach for people in suicidal distress is emphasised. Principle findings from the participants include:

- “All I need is someone to talk to”: The participants' need is straightforward – a trustworthy person who listens deeply and will stand beside them. The mental health services' inability or unwillingness to sit with, and listen to, participants' distress, coined a 'knee-jerk' reaction, disempowers, silences and erodes autonomy. Ultimately, these responses mediate what participants say to clinicians, often leading to non-disclosure of suicidal thoughts and serve to further isolate those in distress. Participants also spoke about dehumanising and punitive experiences within mental health services. In particular, participants reported they were misunderstood and considered to lack the capacity to know what they needed. This meant clinical care often sits within a context of fear about a voluntary hospital admission becoming involuntary, leading them to censor what is disclosed for fear of loss of autonomy. By contrast, DISCHARGED provides

a safe and trustworthy space to explore their experiences and thoughts without encountering a knee-jerk reaction or needing to censor what they say. Having a space to speak, be heard and affirmed created the conditions for people to experience greater self-determination, control, power and meaning making. The power of having a space to share freely and be witnessed by others allowed the release of overwhelming emotions and helped participants to gain insight into how and why certain events trouble them.

- The power of peers: By utilising a shared lived experience of suicide ideation, DISCHARGED facilitators were acknowledged as providing a sense of safety, alongside a deeper experience of trust and comfort, meeting a need that is not met in clinical services. It was also found that the acceptance offered by peers is different than what is offered by those without the same lived experience. Participants highlighted a lack of safety and security for trans people in traditional mental health services, encountering microaggressions, outright discrimination and clinicians who lack understanding of trans identities. Some reported hiding their identity when accessing treatment to avoid these responses. However, participants described DISCHARGED as a safe environment for trans people. They have the freedom share authentically with the comfort of knowing their identity will be respected and normalised, and they will not face the transphobic discrimination common to other services. Additionally, participants often utilise the relationships built in group as a means to keep them alive.
- Transformation: Participants have become empowered to navigate their thoughts, prolonging the time between thoughts of suicide and a suicide attempt, if there is any attempt at all. They appear to be gaining a greater sense of control, meaning they are less likely to act without thinking about the feelings and what they represent. Participants are also finding different ways to explore, express and debrief around triggers – utilising the group and mental health clinicians. Thus, DISCHARGED is creating the conditions for participants to move through triggers, leading to healing, rather than further traumatisation. Knowing that DISCHARGED meetings are a regular safe space, means participants can respond to challenging emotions by reflecting, delaying and holding on until the next scheduled meeting. As DISCHARGED groups provide an experience of meaningful support not over-shadowed by power discrepancies, participants become empowered to have conversations about suicide in ways that knee-jerk reactions had made unavailable.

The facilitators play a different role in DISCHARGED, their shared experiences, understanding and capacity to connect with each other is the same as those the participants reported. Principle findings from this section include:

- The power of peers: Importantly, facilitators noted the impact of the mutuality in groups, with facilitation offering opportunities to make meaning and gain further understanding of one's lived experiences. The facilitators also spoke of the differences they observed and experienced between DISCHARGED and mental health services. In these discussions, the Alternatives to Suicide charter and values came to light, with an emphasis on issues such as the group being responsible to each other, but not for each other.

- Transformation: As with the participants, facilitators recounted numerous examples of how their involvement in DISCHARGED brought about transformation. These changes started with more self-acceptance and a different relationship with suicide ideation. Another area of significant change for the facilitators related to their reappraisal of what services had to offer, particularly when it came to listening and validating emotions. This led some to identify that they would still seek support, but not from mental health services with a bio-medical orientation. Finally, facilitator participants reported that as a result of being involved with DISCHARGED they had experienced change in their relationships with self and others.
- Sustainability: It is significant that DISCHARGED has developed to the point it has in light of no funding and running entirely on voluntary labour. The founding facilitators are to be recognised for the substantial contributions they have made and continue to make in both facilitating groups as well as seeking opportunities to expand and promote DISCHARGED. The other facilitators must also be recognised for their hard work and commitment to this peer support approach. Sustainability is a key issue for DISCHARGED, and is reliant on the consistent support of allies (both individual and organisations). These allies must adopt a stance of 'standing beside' and being 'led by' those with lived experience as this evaluation shows that the lived experience peers leading DISCHARGED have significant capacity and ability to lead.

A snapshot of the findings are represented in the tables below.

CONCLUSION AND RECOMMENDATIONS

Though this project is small, it demonstrates the positive impact of an alternative to traditional clinical interventions. While only three attendees volunteered their time, we believe this speaks to the private and confidential nature of the groups and the difficulty in speaking about such personal experience. Should any further evaluations of DISCHARGED be conducted, it is essential to use a similar participatory methodology prioritising peer-facilitator insights at all points of study design and data collection, therefore limiting potential power discrepancies. Whilst we recognise the limits to transferability of our findings, this does not undermine their value within this context. These are novel findings and have *significant* implications for the utilisation of peer approaches in addressing suicidal distress (both in Alternatives to Suicide groups and as co-researchers).

PARTICIPANT FINDINGS

“ALL I NEED IS SOMEONE TO TALK TO”

The participants’ need is straightforward – a trustworthy person who listens deeply and will stand beside them.

THE ‘KNEE JERK’ REACTION

The mental health services’ inability or unwillingness to sit with, and listen to, a person’s distress disempowers, silences and erodes autonomy. This leads to non-disclosure of suicidal thoughts, creating further isolation.

“WE’D RATHER BE DEAD THAN GO THERE”

Dehumanising and punitive experiences were common within mental health services. There is ongoing fear that a voluntary admission would become involuntary, leading to censorship of suicidal thoughts.

“A PLACE WHERE I CAN TALK OPENLY”

DISCHARGED provides a safe and trustworthy space to explore experiences and thoughts without encountering a knee-jerk reaction. This created the conditions for greater self-determination, control, power and meaning making.

WITNESSED

DISCHARGED provides the opportunity to both witness others and be witnessed; without judgement or intervention. Having a space to share freely allowed the release of emotions and helped to gain insight into their experiences.

THE POWER OF PEERS

Participants experience a greater sense of acceptance and safety, alongside a deeper trust and comfort within peer support groups.

“IT ALL COMES BACK TO BEING TRANS”

Trans people often encounter microaggressions, outright discrimination and clinicians who lack understanding of their gender. Some reported frequently hiding their identity to minimise these microaggressions.

“YOU DON’T HAVE TO MAKE OTHERS BELIEVE”

DISCHARGED is a safe environment for trans people. They have the freedom to share authentically and the comfort of knowing their identity will be respected and normalised, and they will not face transphobic discrimination.

RESPONSIBILITY TO EACH OTHER

Reciprocity is an integral element of the DISCHARGED community. Participants often utilise the relationships built in group as a means to keep them alive.

TRANSFORMATION

Participants reported significant changes and differences due to attending DISCHARGED.

A DIFFERENT RELATIONSHIP WITH SUICIDAL IDEATION

Empowerment to navigate thoughts was common, meaning attempts are less likely to be impulsive. Time between thoughts of suicide and making an attempt was prolonged.

RESPONDING TO TRIGGERS DIFFERENTLY

Participants find different ways to explore, express and debrief about triggers. They are able to move through triggers, leading to healing, rather than further traumatising.

STRETCH GOALS

Knowing that DISCHARGED groups are regular, means participants can respond to challenging emotions by reflecting, delaying and holding on until the next scheduled meeting.

CHANGES IN SEEKING SUPPORT

DISCHARGED groups provide an experience of meaningful support. This empowers participants to have conversations about suicide in ways they had previously been unable.

FACILITATOR FINDINGS

THE POWER OF PEERS

The peer support model underpinning DISCHARGED is central to the positive impacts experienced by both participants and facilitators. This intentional peer support model provides mutual encouragement, belonging and acceptance; which stands in stark contrast to experience in mental health services.

PEERS INTENTIONALLY SUPPORTING PEERS

DISCHARGED facilitators demonstrate extraordinary commitment to group participants and processes, and to expanding and promoting the approach. This commitment is embodied – being a facilitator is more than a role adopted for a few hours of group, it is a way of being and living core values. A debriefing framework used by facilitators mirrors group processes and the Alternatives to Suicide charter and values. Debriefing provides peer support and assists in strengthening facilitator skills.

“I DIDN’T EXPECT IT TO BE SO FULFILLING”

The experience of facilitating has offered some welcome surprises, particularly in relation to the mutuality of meaning making that occurs in groups. Facilitating a DISCHARGED group is akin to an art form – it involves high level reflexivity and self-awareness, as well as a curious, open, nuanced and exploratory stance.

THE ALTERNATIVE THAT DISCHARGED OFFERS

As with participants, facilitators noted the significance of being able to speak of one’s feelings without fear of unwanted intervention. Other key points of difference for DISCHARGED included there being no ‘rules’ about participant contact or behaviour. Importantly, within DISCHARGED, participants are viewed as having capacity, including when they experience suicide ideation, and consequently each member of a group is responsible to, but not for, another.

TRANSFORMATION

Facilitators reported significant changes as a result of being a part of DISCHARGED

A DIFFERENT RELATIONSHIP WITH SUICIDAL IDEATION

Like participants, facilitators reported no change in the frequency of thoughts of suicide, yet their relationship with these thoughts had taken on a markedly different form. Importantly, facilitators noted that they had greater self-acceptance of themselves and their thoughts as a result of being involved in DISCHARGED.

SERVICES IN A NEW LIGHT

The facilitators reported a greater understanding of services’ inability or unwillingness to engage with emotions. This led facilitators to reappraise their involvement with services but did not change their willingness to seek support from other sources.

CHANGES IN RELATIONSHIP WITH SELF AND OTHERS

The involvement with DISCHARGED was noted by a number of facilitators as fundamental in changing their relationship with self and others. Issues such as greater understanding and compassion for people’s attempts to do the best they can in difficult circumstances were highlighted.

SUSTAINABILITY

It is a credit to the founding and subsequent DISCHARGED facilitators that so much has been achieved without funding. Consistent support from allies (individual and organisational) is welcomed, within the context of lived experience leading and driving DISCHARGED.

BACKGROUND

Suicide impacts many Australians every year. In 2017, the number of Australians who died by suicide increased by 9.1% from 2016 (Australian Bureau of Statistics, 2017). The 2019 Productivity Commission draft report on mental health identifies that the estimated cost of completed suicide and suicide attempts is between \$16-34 billion per year (Productivity Commission, 2019, p. 9). Further, it is reported that suicide is the main cause of death in Australia, with around 3000 people (or eight per day) dying by suicide (Productivity Commission, 2019, p. 14). This report also identifies that “Only a very small proportion of those with mental illness self-harm or have suicidal thoughts, and not all people who suicide had a mental illness” (ibid, p. 14).

Within the mental health service system, the dominant approach to reports of suicidal distress is risk assessment. These are conducted by a variety of professionals, in both clinical and non-clinical settings. Despite the utilisation of these tools as attempts to reduce suicide, Western Australia (WA) has reported the highest rate of suicide in over 20 years (Australian Bureau of Statistics, 2017). Additionally, many studies have long since demonstrated the flawed nature of risk assessment tools, reporting the lack of reliability they have in both predicting and preventing suicide attempts (Ryan & Large, 2013). Many are beginning to question the utility of the current approach to suicide prevention, suggesting that the mental health service system does not provide the most appropriate response to those experiencing suicidal ideation.

Historically, most Government funding for suicide prevention in WA has gone to this system of acute and clinical services. These are heavily dominated by clinicians and professionals, with little attention paid to those with lived experience in this area. This gap has created a system predicated on clinicians as experts who ‘fix’ consumers by virtue of their specialist skills. Clinicians focused on an individuals’ risk often become at odds with the needs of a person in suicidal distress. Consequently, mental health service users feel devalued, dismissed and, at times, affronted by questions regarding their safety (SANE Australia, 2019). People with lived experience highlight that the current response to suicide may be managing the clinicians ‘duty of care’, but rarely addresses the reason for their distress. Thus, individuals in suicidal distress are often unable to receive the support they need through clinical services.

In response to the number of people with lived experience expressing concern about the clinical systems’ approach to suicide, peer approaches have emerged. Peer-led services have been able to support those in distress in ways that are unique to that of the mental health system. Although peer support arose from frustrations with clinical service delivery, it does not necessarily compete with the traditional model. It is instead considered to sit alongside clinical care, as a complementary means of support. Gradually, the value of lived experience is becoming well recognised in many locations around Australia, largely being described as a ‘new future for mental health’ (Meagher, Stratford, Jackson, Jayakody, & Fong, 2018). In WA, the Mental Health Commission’s Suicide Prevention Strategy for 2020 notes that, *“People with a lived experience, including those who have attempted suicide, bereaved by suicide or affected by suicide, have a valuable, unique and legitimate role in suicide prevention”* (Government of Western Australia Mental Health Commission, 2019, pp. 10).

One such peer approach that has emerged is Alternatives to Suicide.

WHAT IS 'ALTERNATIVES TO SUICIDE'?

Alternatives to Suicide is a different approach to the suicide prevention paradigm utilising peer support groups to focus on connection and relationship-building. The groups are a space where people can share openly and authentically about their suicidal thoughts and feelings, without fear of a clinical intervention. The approach is grounded in the belief that suicidality occurs due to circumstances in people's lives, and that connection and meaning making are key to meeting the needs of people in distress. In Alternatives to Suicide groups, peers will mindfully listen to each other's stories rather than trying to 'fix' or diagnose people. These groups are different to other suicide prevention initiatives because the goal is *not* to force someone to stay alive from moment to moment: the goal is to support someone in creating a meaningful life they want to live. *Not killing one's self is simply a side effect of that.* The groups were developed in 2009 by Western Massachusetts Recovery Learning Community in response to the significant community need for alternative approaches to suicide prevention.

The groups use a charter to hold space for profoundly human conversations, often on the topic of suicide. Some of the core values of the charter are:

- each person is honoured as the expert of their own experience;
- relationships are based in respect and curiosity rather than judgment or fear;
- culture of mutual respect, support and empathy;
- freedom to interpret one's own experiences in any way; and
- freedom to challenge social norms.

On top of these values, Alternatives to Suicide groups ensure attendees' autonomy and sense of safety are not compromised by applying the following (non-exhaustive) list of elements:

- a willingness to sit with people in deep distress and explore thoughts and feelings without jumping to clinical interventions;
- the group runs in a community space (never a clinical setting);
- only people with personal experience of suicidal thoughts or actions may attend;
- facilitators openly identify with the experience of suicidal thoughts;
- group is based on 'self-help' with a focus on relationships;
- no clinicians are present (unless they attend due to their own personal experiences);
- people don't need to be experiencing a current crisis to attend;
- there are no clinical prerequisites to attending;
- everything shared in the group is confidential; and
- no documentation of the group's content is recorded (other than attendance).

Caroline Mazel-Carlton, Director of Training for the Western Massachusetts Recovery Learning Community, elaborates on Alternatives to Suicide (Alt2Su) in the following quote:

Alt2Su is distinct from the current systemic paradigm of suicide prevention in a few key dimensions.

Firstly, **Alt2Su is an alternative to risk assessment.** Risk assessments move conversations about suicide in the direction of determining who will act on thoughts of suicide and how. Risk assessment questions include "Do you have a plan?" and "Do you have the means to carry out the plan"? In the Alt2Su approach, instead of

focusing on predicting a person's behaviour, our dialogue focuses on why they are having thoughts of suicide. Suicide itself is not framed as the problem, but understood to be the solution of a whole host of issues, such as rape culture, war, austerity, transphobia, etc. Conversations expand from why to also why not, meaning dialogue will often explore the reasons that people have chosen to stay in this world.

Secondly, **Alt2Su is an alternative to pathology**. This de-medicalized approach looks beyond "chemical imbalance" or genetic explanations for suicide. Non-clinical, human experience language is used to explore the context of suicidal thoughts. For example, if someone says "I want to die because I feel worthless" instead of responding with "What pill are you taking for that?" we might ask "Did you receive this message that you are "worthless" from a person or experience in your life?" or "What makes a person worthy in your view?" or "Was there a time before you felt this way?" The conversation is about looking at what events in a person's life or prevailing social messages might be driving their thoughts, rather than searching for an internal biological problem.

Finally, **Alt2Su is an alternative to coercion and force**. We let go of trying to control behaviour in the moment to focus on having a conversation, allowing the person to be heard and to consider what might make life more liveable. An example of the current suicide prevention paradigm would be to remove musical instruments from a psychiatric unit because someone might hang themselves with a guitar string. An Alt2Su approach would let go of extreme "risk management measures" and instead use music as tool, while focusing on having conversations (or singing songs) about the pain that makes life difficult. (Noorani, 2019, para. 3-6).

SUICIDE PEER SUPPORT IN WA

Through various means, the Alternatives to Suicide approach gained the interest of members from several non-profit organisations including Recovery Matters, MercyCare, ConnectGroups, Consumers of Mental Health WA and HelpingMinds. Representatives from these organisations formed a steering committee with the goal of spreading awareness of the approach across the nation. It was through the subsequent invitation of the steering committee that US trainers, Sera Davidow and Caroline Mazel-Carlton of Western Massachusetts Recovery Learning Community, were able to visit Perth, WA. The two leaders ran a three-day workshop for 19 individuals with lived experience of suicide, training them to become Alternatives to Suicide group facilitators.

Although this training generated a pool of facilitators, there was limited infrastructure put in place to support them starting new groups. This presented a series of challenges for facilitators, and as such, only one group emerged. The following is a recount from Emery Wishart, providing insight as to how WA's first Alternatives to Suicide group came about:

In early 2018 I had been managing TransFolk of WA for around six months, when the Trans Pathways report was released. I had personally participated in this Australian study and it was the largest of its kind with 859 trans people (14-25yrs). It was hard for me to read that **48.1% of trans young people have attempted suicide** – a number **twenty times that of the general population**. Although I already had a sense that many trans people experienced this issue, it was chilling thinking about the number of

my friends that must have struggled in many the same ways as I, when coming into their trans identity.

As manager of TransFolk of WA I decided that we needed a service that specifically addressed this suicide statistic. I reflected on my negative experiences of help seeking in a system that quite simply had no idea how to support a trans person – that there wasn't anywhere that actually gave me a place to talk about what I was going through, with people that understood what I was experiencing. So when a colleague alerted me to the scholarship positions available for young people to attend training to become an Alt2Su facilitator, I seized the opportunity. The approach was peer based which would suit TransFolk of WA perfectly (considering it is a peer support organisation). Running a suicide peer support group specifically for the trans community, would be a way to directly impact this terrible statistic.

At this stage I recruited Leo (who had considerable experience in LGBTI peer support and mental health) to join me as co-facilitator of this new group. In March 2018 we undertook the Alt2Su facilitator training where we met many likeminded people passionate about alternatives to clinical suicide interventions. From here I went about coming up with a group name as I found the name 'Alternatives to Suicide' slightly confusing, originally making me think the groups were about helping people find alternatives to killing themselves. I used values from the Alt2Su charter to develop the acronym DISCHARGED which stands for **D**eserving of **I**nclusion, **S**upport, **C**ommunity, **H**ope, **A**uthenticity, **R**espect, **G**rowth, **E**mpathy and **D**etermination. The name which is also associated with the processes of leaving hospital, reflects a desire for alternative options to current crisis management systems that emphasise in-patient treatment.

The first DISCHARGED group was held on the 13th of May 2018 and things have only grown from there. Due to a lack of structural support, no other Alt2Su groups had formed in WA. Considering our group was specifically for trans people, Leo and I began discussing how we could expand DISCHARGED to run a group for the general community. In early 2019, together with three other people that had undertaken the Alt2Su facilitator training, we formed a DISCHARGED committee and began the process of making DISCHARGED its own suicide peer support organisation (separate from TransFolk of WA). On the 3rd of July 2019 the first session of the second DISCHARGED group took place. This group was facilitated by other members of the committee and was open for the wider community. Leo and I acted as mentors guiding the new facilitators and providing group development support. Over the coming months and years, we hope that DISCHARGED will continue expanding, creating suicide peer support groups across the Perth metro area (E. Wishart, personal communication, December 17, 2019).

EVALUATION PURPOSE

Alternatives to Suicide has been successfully running in the U.S. for 10 years, demonstrating its effectiveness in supporting those in suicidal distress. To maintain the integrity of the approach – the safety, confidentiality and privacy of those attending the groups – no academic research has been conducted evaluating Alternatives to Suicide. This project aimed to produce the beginnings of evidence for Alternatives to Suicide by exploring the impacts of DISCHARGED groups. The way we maintained the integrity of the approach will be

discussed in the methods section. We hope that by developing an evidence base for Alternatives to Suicide, it's sustainability in Australia will be enhanced. This may also start addressing the gap in the literature, whereby evidence for alternative means to addressing suicide is significantly lacking. Finally, we believe this project will supplement the growing body of research demonstrating the positive impact peer-led support services have on health and well-being.

METHODOLOGY AND METHODS

The section of the report details the methodological underpinnings of the study, including the research strategy and methods used. Two lived experience researchers (who are also DISCHARGED facilitators and peers) and an academic researcher undertook this project.

To reflect the commitments and interests of the lived experience researchers and academic researcher, this study utilised participatory methodologies, including service user-led (or lived experience led) research. In short this is, “research carried out by service users, for service users” (Walsh & Boyle, 2009, p. 31). User-led and participatory research approaches are gaining traction in mental health research and represent a desire to centre and incorporate lived experience perspectives. These research approaches value different ways of knowing (or epistemologies) and seek to produce and present alternative framings of lived experience. While there are many types of participatory research, common to all is a desire to reorientate and change the types of relationships and power dynamics found in traditional research led by academic researchers (Taylor, Abbott & Hardy, 2012). Diana Rose, Professor of Service User Led Research at Kings College argues: “One of the founding principles of participatory research ... is that it should level the power relations between researchers and the community in the research itself...” (2018, p. 765). This suggests that service users, who are often the subjects of research, take on different roles as researchers and “equal partners” (Rose, 2018, p. 765).

Despite the aspirations of participatory research approaches, they can be tokenistic, particularly if academic researchers neglect to examine their power and privilege (Walsh & Boyle, 2009). Key concerns raised about lived experience led research include bias and over-involvement. However, authors such as Rose (2018, 2011) and Taylor, Abbott & Hardy (2012) deconstruct these ideas, highlighting how the same claims can be made about academic researchers whose research reflects their unique standpoints and values.

To address these concerns, this research adopted an ‘insider/outsider’ or etic/emic stance. This stance reflects the relationship the researchers have with the subject of study and is common in methods that examine social systems or cultures, such as ethnographic research. While this study was not ethnographic, the lived experience researchers are members of the DISCHARGED community. This means they share an experience with the study’s participants, making them ‘insiders’ to some extent. These researchers moved between the roles of peer, facilitator and researcher. These roles are not distinct positions, which meant that the lived experience researchers were akin to ‘edgewalkers’ (Beals, Kidman & Funaki, 2019, p. 5, citing Krebbs, 1999); meaning they were both within and outside the DISCHARGED community as they enacted these various roles. The lived experience researchers critically reflected on these fluid movements between roles and positions, both together and with the academic researcher.

The principles of participatory research approaches outlined above informed all activities in the research project. The academic researcher positioned herself as a supporter and ally with some knowledge and experience that she offered, but did not assume to be of use to the project. The lived experience researchers are subject matter experts who led the project and guided the academic researcher. This meant that the project was co-designed and tasks associated with the research were undertaken according to knowledge, expertise and capacity. As the lived experience researchers had limited experience in research (yet

brought a depth and wealth of experience as facilitators of DISCHARGED groups and as people with lived experience), the academic researcher shared readings, knowledge and skills in relation to research processes. The academic researcher did not adopt a 'trainer' stance in sharing this information with the lived experience researchers, instead using conversation, reflection and demonstration to explore various research processes. Further, the academic researcher was conscious of the need to demonstrate her trustworthiness and reliability. She committed to remaining accountable to research partners and participants and avoided common academic research practices such as mining participants for information and producing publications to further the career of the academic (Martin, et. al., 2019). One practical way this was enacted was to ensure that the majority of the small budget was used to pay the lived experience researchers for their work on the project. In summary, the academic researcher was mindful of her professional privilege and power and sought to redress this throughout the conceptualisation and implementation of the research project. We now turn to consider the methods applied in the research.

METHODS

This evaluative research sought to understand the experiences of both participants who attend DISCHARGED groups and the group facilitators. Specific areas of focus in data collection with participants included consideration of the DISCHARGED experience compared to mental health service delivery encounters; experiences of sharing in the DISCHARGED group; impacts and changes since attending DISCHARGED; factors that influence attendance and differences in involvement with mental health services as a result of attending DISCHARGED groups (see Appendix 1). Similar lines of inquiry were followed with the facilitators, with specific emphasis on the experience of facilitating DISCHARGED groups.

The two lived experience researchers, the academic researcher and a member of the Alternatives to Suicide steering committee co-designed the study. This included:

The research approach

The co-design team unanimously agreed that the lived experience researchers were best placed to collect data, given they were known to participants as both peers and facilitators. The safety of participants was paramount to the research team, and as peers, the lived experience researchers had pre-existing relationship and rapport with the participants.

Interview schedules for participant and facilitator focus groups/interviews.

The schedules built on the research aims and the insider knowledge of the lived experience researchers. The research and practice knowledge of the academic researcher and steering group member also contributed to the development of the schedules.

The academic researcher prepared the first draft of key documents such as information sheets, consent forms and the human research institutional ethics application. The lived experience researchers then made changes and suggested additions, all of which were incorporated by the academic researcher. At the same time, the lived experience researchers developed scripts for promoting the study through social media and DISCHARGED groups. Throughout the process, the academic researcher took direction from the lived experience researchers, identifying that their embodied knowledge and experience provided authoritative direction for the scope, design and implementation of the research.

DATA COLLECTION

It was initially planned to undertake two focus groups with DISCHARGED participants, which were to be facilitated by the lived experience researchers. This approach provided choice and safety for participants who it was thought, may choose a trans specific focus group or participate in a non-trans group. It was also planned that the two lived experience researchers would audio-record a reflective conversation, using a semi-structured interview guide. However, as the project evolved the data collection plan changed, and the final approach involved:

- One focus group with two participants conducted by the lived experience researchers
- One individual interview conducted by the lived experience researchers
- One focus group with five DISCHARGED facilitators conducted by the academic researcher

The study was advertised through the DISCHARGED Facebook page and in the TransFolk of WA Facebook peer support groups. Additionally, information on the study was circulated at DISCHARGED meetings. Group attendees that expressed interest in participating were sent extra information about the study via email and sent a reminder text message prior to the scheduled focus group or interview.

Six people expressed interest in contributing to the study, with three people who primarily attend the trans specific DISCHARGED group participating in one focus group (two people) and one interview. The focus group and interview were conducted in the same location as the trans DISCHARGED group. The lived experience researchers participated in the facilitators' focus group, along with three other facilitators. Verbatim transcripts were produced from the focus groups and interview.

Demographic information was not collected as it was not considered relevant, given the study focus on experience of DISCHARGED.

Institutional ethics approval was obtained from Curtin University's Human Research Ethics Committee a (HRE2019-0449).

Participants were allocated pseudonyms, developed by the lived experience researchers.

DATA ANALYSIS

In line with the project methodology, a collaborative approach to analysing the information from group participants was undertaken. Initially, the lived experience researchers undertook coding and initial theme development together, while the academic researcher undertook this on her own. The research team then met and shared their coding and thematic frameworks, developing common definitions and understandings for the emergent themes. Braun and Clarke's framework for thematic analysis guided the approach (Clarke, Braun & Hayfield, 2014). The academic researcher undertook coding and theme development of the facilitator data independently, given the lived experience researchers were participants in that group. The following table sets out the process and steps taken by the research team with the two sets of data.

THEMATIC ANALYSIS

STEP	PARTICIPANT DATA	FACILITATOR DATA
<i>FAMILIARISATION</i>	Transcripts checked for accuracy by the academic researcher and formatted. Finalized transcripts shared with each researcher who read through to increase familiarity with the data.	Transcripts checked for accuracy by the academic researcher and formatted. Academic researcher undertakes a second read through for familiarisation processes.
<i>CODING</i>	Lived experience researchers worked together and identified codes in the two transcripts. Academic researcher codes data.	Academic researcher coded independently.
<i>INITIAL THEME DEVELOPMENT</i>	Lived experience researchers developed initial themes reflective of codes. Academic researcher develops initial themes.	Academic researcher developed themes independently.
<i>REVIEWING, DEFINING AND NAMING THEMES</i>	Lived experience researchers and academic researcher meet, discussed their codes and emerging themes. A constant comparative method was used to consider the similarities and differences in codes and themes. Through a consensus process, which privileged lived experience knowledge, agreement was reached on three themes (“All I need is someone to talk to”; the power of peers; and transformation), which encapsulated the codes identified by the research team.	Academic researcher compared and contrasted emerging themes within the facilitator data and against the participant data with five themes identified (The power of peers; “I didn’t expect facilitating to be so fulfilling”; the alternative that DISCHARGED offers; transformation; and sustainability).

TRUSTWORTHINESS AND RIGOUR

This project explicitly sought to promote epistemic justice, in that the lived experience of individuals as group participants, facilitators, peers and researchers was valued and privileged. This meant the design, collection and interpretation of information was guided by the unique ways of knowing, doing and being inherent to lived experience. The lived experience researchers agreed it was appropriate for the academic researcher to undertake the analysis of the facilitators’ focus group in order to promote independence and trustworthiness in the research.

The lived experience researchers and academic researcher engaged in an iterative process when writing various sections of this report. This involved the lived experience researchers writing the background and executive summary. They also provided in depth feedback and edited the methodology, methods, findings/discussion and conclusion/recommendations, as drafted by the academic researcher. The report was then finalised by the academic researcher.

FINDINGS AND DISCUSSION

In this section, we present the findings from data collection with group participants and facilitators. Four themes emerged from the analysis of the participant transcripts and the facilitator findings were considered in relation to these themes. The first theme “All I need is someone to talk to” is unique to group participants and considers the way DISCHARGED addresses a significant and basic need in relation to being heard and witnessed. The following two themes surfaced in both the participant and facilitator findings. The theme ‘The power of peers’, explores the importance of facilitators having lived experience of suicidal ideation. The theme of ‘Transformation’ outlines differences and changes reported as a result of involvement in DISCHARGED. Finally, the ‘Sustainability’ of DISCHARGED is discussed in the facilitator findings. The findings are presented alongside discussion of the implications and suggestions for future action (*discussion points are presented in italic font*).

DISCHARGED PARTICIPANTS

Participants were asked about how they came to know about DISCHARGED and all reported that this occurred through trans networks and social media forums. Attendance at DISCHARGED varied from ad hoc through to attending almost every group since inception. Factors such as tiredness and navigating public transport influenced participants’ attendance.

All participants had experience of clinical mental health responses to their suicidal ideation, and this led them to be cautious when they first heard about DISCHARGED, as the following person discusses:

When I was told it was being run by trans people for trans people, that kind of led me to go, “Okay, this might be worth a shot. It might be different,” and it was. (Lane)

We now explore the first theme related to being heard, witnessed and accepted in one’s distress.

“ALL I NEED IS SOMEONE TO TALK TO”

Well, sometimes that's all some people want, is someone to listen and not ask questions. (Lane)

This theme details participants’ clear assertions about what helps and hinders their ability to be with, and respond to, suicidal ideation. The participants’ need is straightforward – a trustworthy person who listens deeply and will stand beside them. This was frequently expressed as a desperate need for the opportunity to share their thoughts and reposition themselves as someone who is not alone in their distress.

Participants reported that the non-negotiated and coercive interventions they had previously endured when accessing mental health services created a loss of personal control and eroded their autonomy. In stark contrast, participants identified that their experience of DISCHARGED was as a place where they could speak without fear of judgement and loss of autonomy. Participants highlighted the feeling of being witnessed, something uncommon to their experiences within the mental health system. We begin this theme by exploring these encounters alongside participants’ family and friend’s responses to disclosure of suicidal ideation.

THE “KNEE-JERK REACTION”

The phrase ‘knee-jerk reaction’ used by one individual captures the experiences of all participants. This ‘knee-jerk reaction’ relates to mental health services’ inability or unwillingness to sit with, and listen to, a person’s distress. The participants recounted numerous examples of having mental health services respond in an automatic manner; rather than deeply listening to and unpacking what was happening for the person. The experience of the ‘knee-jerk’ reaction influenced one participant in their initial assessment of DISCHARGED:

I asked the question about, you know, referral and all that sort of stuff when I first got there [to DISCHARGED], I could tell enough from the information that was in ... the flyer ... on the Facebook page, that this would be the most ideal way of discussing these thoughts without necessarily ... ending up in hospital ... which is kind of what I needed at the time. So, I went to the first group hopeful that it was just, yeah, a place to talk. (Blaire)

The practice of clinicians instigating ‘welfare checks’ outside of usual business hours was raised by participants, as this led to disempowerment and a loss of control. A ‘knee-jerk’ reaction is not negotiated with the individual; meaning police or Mental Health Emergency Response Line (MHERL) staff arrive unexpectedly at a person’s house to check on safety and determine if hospitalisation or other forms of treatment are required. This left participants frightened, unable to enact personal control and needing to manage circumstances for family members, as Lane highlights in the following quote:

I've had a few welfare checks. Like a few of my medical professionals, they've called the police on me to check on my welfare. I've not had good experiences with them, especially with one ... calling the police on me because I mentioned feeling suicidal. It didn't end well for me since ... suddenly having the police rock up at your house – it can be distressing ... like this happened in front of my kids as well ... the police didn't want to listen to me, like even when I tried to explain it to them ... I had no plan, there was nothing in the house I could use but I was still cuffed and thrown in the back of a police car and spent a ‘fantastic’ 24 hours locked up [in a cell] for no reason – well, to protect myself. (Lane)

Ultimately, the fear of the response from services leads people to suppress and censor their thoughts of suicide, particularly as previous responses from services have not met the needs of the participants:

[S]uicidal ideation does not necessarily equal I'm going to follow through with this or hurt myself or anything like that. It's just, they're still distressing thoughts though that you're trying to fight back against ... being taken to emergency or having MHERL called is exactly not what I want, I need or will help. I've had quite a few bad experiences in that regard and there's always that trepidation in even just talking, like saying, “I'm having these thoughts,” without that being necessarily conflated to, “oh you're going to [suicide]” ... sometimes you just need to talk about it. (Charlie)

This comment clearly highlights how Charlie’s previous disclosure of suicidal thoughts have not led to their needs being met or them being heard. Instead, it appears they have faced responses whereby their thoughts were unjustly conflated with an intent to act. These ‘bad

experiences' have created a need for hypervigilance regarding when, where and with whom they share these thoughts.

Similar experiences were reported by participants when communicating with family and friends about their suicidal thoughts:

So, essentially the person I told basically made me feel even worse about having those thoughts. It wasn't supportive ... it was almost like you're a leper or something like that and yeah, and it's just so isolating ... other people have just reacted inappropriately to what I've told them in regards to suicidal ideation and it wasn't this thing with compassion. It wasn't making me feel that they cared. It was totally the opposite. (Blaire)

Here, Blaire demonstrates that the responses of community members to their disclosure left them feeling alienated. This further increased Blaire's sense of isolation, making them feeling unsupported and worse than before their disclosure. The combination of the 'knee-jerk' responses from services and community, could be serving to create a culture whereby people in deep distress feel so unsafe sharing their thoughts, they are moved into silence. This is further isolating from potentially life-promoting community connections.

In another example it was revealed that the systemic 'knee-jerk' response had been used by family members:

[B]oth my parents used to joke around. They were like, "Oh, we can have the men in white coats come and take you away," and then one day they were just like, "All right, let's do that then." And outright lied on the phone going, "Yeah, they've taken an overdose," and the paramedics get there and my medications are full and it doesn't matter. It doesn't matter [laughing]. That's what the scary thing was... I was like, "Do I look like I'm in any way overdosing right now?" No. These people are abusive. They've threatened this before but that means nothing in this situation. (Charlie)

This instance highlights how Charlie was regarded with a significant level of mistrust by those in positions of authority over their care, even a situation in which they were experiencing family abuse. It appears that those considered 'suicidal' may be assumed to lack credibility when it comes to their own actions and feelings. Regardless of what they say, they are not heard and are instead disempowered and excluded from the decisions made about their well-being. While the 'knee-jerk' reaction has a multitude of impacts, it always silences, isolates and marginalises people as they determine it is not safe to share thoughts of suicide or other distress:

There were times when even though I needed someone to talk to about my suicidal thoughts...those people [clinicians] would be the last people I want to talk to just because there was always that thought I might get a welfare check. (Blaire)

This section on the significance of having one's distress deeply heard highlights a number of key issues. The participants' reports of mental health services' inability or unwillingness to sit with, listen to, and acknowledge their distress reflects other research on communication and unresponsiveness from professionals. For instance, Jobes (2011) found that clinicians often launch into safety planning or crisis intervention without taking the time to explore service users' deeper struggles. Such findings have been articulated many a time, leading researchers

to conclude “that services remain largely unresponsive” (Taylor, Abbot & Hardy, 2012, p. 453) to individuals experiencing suicidal ideation and other forms of distress.

The participants indicate that the ‘knee-jerk’ reaction from services disempowers, silences and erodes autonomy. Ultimately, these responses mediate what participants say to clinicians, often leading to non-disclosure of suicidal thoughts and serve to further isolate those in distress. This suggests the current service responses leave participants feeling unsafe and unsupported. The practitioners’ responses may reflect their understanding of duty of care and legal responsibilities. However, a broader question remains unanswered: Why continue with interventions which do not reduce the overall numbers of people dying by suicide and which leave people feeling unsafe, disempowered, alienated and invalidated?

These experiences of the ‘knee-jerk’ reaction led participants to share examples of difficult experiences in mental health services, which are now considered.

“WE’D RATHER BE DEAD THAN GO THERE”

Participants spoke about dehumanising and punitive experiences within (mostly) public mental health services. In particular, participants reported that they were misunderstood and considered to lack the capacity to know what they needed. For example, one person spoke of letting nursing staff know about their allergy to a medication; however, this was disregarded, despite the participant suggesting other drugs which had the same tranquilising effect.

The following quote highlights how some service responses magnified distress during a time of crisis:

[T]hinking of being in emergency, thinking of being in a public psych ward is, and the experiences you have there, are so traumatic that within the fold of suicidal ideation, that voice is going to lean towards, “No, no, no, we’d rather be dead than go there,” and that’s, when a lot of the time it’s just I need to get this voice out of my head, get this rumination out and then it brings me back kind of like into focus of the things that are important, but you don’t get that opportunity if you go, at least in my experiences, to certain clinical settings ... In the public system it feels like you’ve not really got a say and that’s one of the parts I find really upsetting I guess, because ... there’s nothing I can say to protect myself. But I might not have been suicidal when I got there [laughing] but afterwards, it’s like... (Charlie)

This example draws attention to a link between the powerlessness experienced in mental health services and the need to have someone listen and bear witness to distress. Thoughts of suicide can often be overwhelming and difficult to interpret. When individuals may simply need to explore these feelings with another, instead they experience disempowerment.

Additionally, when involvement with public mental health services was voluntary, participants sat within the shadow of the ‘knee-jerk’ reaction. This raised concerns that their admission status would change from voluntary to involuntary if they disclosed their thoughts and feelings:

Everybody told me it’s totally voluntary, but it didn’t feel like that. It felt like I had to be there. If I’m not feeling safe, then I will hold back a lot of information. I may downplay what’s going on. I may leave out, like, a lot of information, especially things around suicide and self-harm and that. (Lane)

This quote from Lane highlights how clinical care sits within a context of fear about changes to voluntary or involuntary status, leading them to censor what is disclosed for fear of loss of autonomy. Comparatively, a number of participants reported that they had more trust in some private psychiatrists, as treatment options were explored and negotiated with their input. Nevertheless, it was also suggested there was still an inability to listen deeply to their distress.

As highlighted in the previous section, the responses from mental health services left people feeling disempowered and unable to enact self-determination. The loss of control reported by participants when mental health services assess that risk exists is profound and significant. When individuals may simply need to explore these feelings with another, instead they experience disempowerment. Instead of the relief of having their needs met, their distress is further increased. The indication that mental health service interventions and environments, more often than not, magnify the individual's distress is not a new appraisal. Wood and Pistrang (2004) found the frequent non-consensual treatment and behaviours of staff contributed significantly to 'inpatients' experiencing a strong sense of fear and helplessness.

More recently, Brophy, Roper, Hamilton, Tellez and McSherry (2016, p. 8) identified several harms faced by 'acute inpatients' in Australia including "excessive force, isolation and the breaching of human rights, particularly in relation to the loss of dignity" (p. 1). The harm caused was described as "(re)traumatising", and pervasive; impacting the individuals long after leaving the setting. The severity of these implications provides significant justification for the participant's attitudes toward hospitalisation. The assertion that they would 'rather be dead' than be admitted to hospital, signposts a deeper, underlying fear of facing these violations of human rights once again. These steadily increasing reports of traumatisation, such as those identified by this study, cannot be ignored. It should go without saying that a service aimed at maintaining and promoting health, such as a hospital, should be healing instead of perpetrating harm to its users.

We now consider how DISCHARGED provides a safe place to speak without fear of negative consequences.

"A PLACE WHERE I CAN TALK OPENLY"

Participants reported that DISCHARGED provides a safe and trustworthy space to explore their experiences and thoughts without encountering a knee-jerk reaction. Although, Lane highlights that due to the echo of their experiences with mental health services, this took some time to truly believe:

[T]his has been a place where I can talk openly about my suicidal thoughts and actions and ... not feel worried that something bad is going to happen afterwards. I've never had to worry about youse two calling the cops on me. There's been times when I've said things, I feel like I've said things in group that could be misunderstood and there's been times I've been worried, "Oh, no, they might call the police". And a few hours later, "Oh, they didn't". (Lane)

Here, Lane is demonstrating that the harm they previously experienced created a type of vigilance that left them uneasy about having shared in group. However, their trust was earned when crisis intervention services were not invoked by DISCHARGED facilitators. Participants often recounted how trust grew when they realised they could share their thoughts and

feelings without these negative reactions. Trust in DISCHARGED was a central feature of many participants' experiences:

So, emotional safety and trust are like 100%. Judgment ... 0% [laughing]. Acceptance 100% and yeah, and I have personal control. You know, I have control over how much I share and all that sort of stuff and ... I'm not told what to do. (Blaire)

This response highlights how trust and acceptance by others created the conditions for identifying an ability to enact personal control. Instead of feeling the need to censor what they say, participants reported they can speak freely without trying to anticipate the response from others. Another participant contrasted this freedom with their caution when communicating with their psychiatrist:

I'm still a bit hesitant to really talk as openly about suicidal ideation ... in case I make an appointment to update my will and then they're going to be like, "No, you're not sound of mind." Because, yeah, usually the only times I ever think about wanting to update it, it's like I'm rather okay and then I just get worried that ... I'm going to have to go to a doctor and be like, "Hey, I'm updating my will. Please don't freak out now." (Charlie)

Despite trusting their current private psychiatrist, Charlie anticipated that disclosing suicidal ideation would dictate how updating their will would be viewed. Charlie seems to indicate that the repercussions associated with clinical interventions are far reaching, putting limitations on their freedom.

By comparison, having a space to speak, be heard and affirmed created the conditions for meaning making. Participants reported developing a different perspective on longstanding thought patterns and finding new meanings for previous ideas they had not considered. The following quote speaks to this:

But it does help you get some perspective into what's going on in your own head. You hear experiences from other people and knowing that, yeah, you're not alone with this either. I think it's good knowing that ... it's a way to manage these thoughts when they do get a bit overwhelming... (Charlie)

Convergently, the environment of DISCHARGED was noted by Blaire as facilitating the development of different perspectives and providing opportunities for catharsis and processing one's experiences:

You know, it's like telling my story to another person and that helps me to reorder stuff and see where the jigsaw fits and all that sort of stuff. So, yeah ... DISCHARGED for me is basically that, it's some way to organise all the chaos in my life sort of thing and that chaos includes suicidal ideation. (Blaire)

Whilst the participants indicate that clinical system responses seem to focus exclusively on their suicidal thoughts, DISCHARGED was recognised as taking a holistic and contextual approach. Here, Blaire demonstrates that the distress in their life is not simply suicidal ideation, but in fact a multitude of things that they are able to process during group. Additionally, the non-judgemental and curious questioning underpinning DISCHARGED's approach is considered highly beneficial:

Yeah, and especially the approach by asking curious questions, it's like distress is difficult to articulate, especially in the moment, and it could be that it's just non-judgmental kind of curious, open questions that can help someone, you know, try and articulate it better, try and figure out what they need right now better than it being necessarily a checklist. (Charlie)

Charlie's comment articulates the way that being curious can lead to a deeper understanding of what may be beneath the surface. Asking open questions may lead the individual to piece together parts of their story in alternate ways, helping them to better comprehend their distress or what they are going through.

These findings indicate that DISCHARGED is creating the conditions for people to experience greater self-determination, control and power. The process of asking curious questions within an accepting and non-judgemental environment seems to allow attendees a chance to develop new perspectives on old thoughts and beliefs. This empowerment invokes safety in open expression and promotes a different kind of meaning making. DeCou, Skewes, Lopez and Skanis, (2013) support these findings. They noted that a safe environment where one can disclose, and in turn trust the responses from others, builds their ability to find new meaning from their experiences. Further, Dazzi, Gribble, Wessely and Fear (2014) have previously concluded that these approaches, such as the one utilised by DISCHARGED, may serve to reduce suicidal ideation.

In addition to being able to speak freely in a safe and trusting environment, participants reported on the power of being witnessed, and witnessing others, which we now consider.

WITNESSED

Participants indicated that DISCHARGED provides opportunities and possibilities for exploring and examining their experiences of trauma and other life experiences:

I can see why people with these experiences would want to come to a group like this where they feel they can share these things without judgment, by being able to talk through it. It's a lot to process these different traumatic events that have culminated into your brain then reacting kind of appropriately, honestly. (Charlie)

In this exploration of trauma, DISCHARGED provides the opportunity to both witness others and be witnessed when experiencing intense emotions; without judgement or intervention. Below, Charlie highlights how powerful this impact has been:

[A]t the last meeting just, I know I rambled on a bit, but getting it outside and hearing it and then realising how it connected to other things and why I was feeling this way, that was really helpful... it was kind of like suddenly seeing how just one event, of course it would've triggered off all of these traumatic things that are in a constellation and then let me kind of step back and go, "Oh, yeah, that's dealing with a lot. That's a lot. You know, maybe you shouldn't feel so angry at yourself for getting upset about this one thing when it's actually a much bigger kind of constellation of feelings, I guess. So, I felt like just being able to get it out of my head, being able to articulate it, being able to take it from this spiralling rumination into words and it's witnessed in a way. (Charlie)

The power of having a space to share freely and be witnessed by others allowed Charlie to gain insight into how and why certain events trouble them. They were able to make connections between their previous traumas and their current hardships, even giving themselves permission to deeply and authentically feel their emotions. The space DISCHARGED provides appears to permit a level of self-acceptance and understanding not previously experienced by this participant.

Additionally, it was reported that DISCHARGED provides a forum for the release of overwhelming emotions and pressure:

[I]t's just ... releasing that pressure of emotions and all, I don't think it reduces the thoughts of suicide but, because they're going to be there regardless of, you know, because they're intrusive, it's based on situations outside this group. So, yeah. So, it's just emotional onslaught sort of thing, releasing from that a little bit ... I guess over time it's listening to other people's experiences. It's, you realise it's, that you're not too crazy [laughing]. Like, you get these flashes of [intrusive suicidal thought] and whatever, but, and other people describe that, so you don't feel as weird. (Blaire)

In the process of releasing the emotional pressure, Blaire seems to suggest a sense of belonging can arise within DISCHARGED. Whilst the groups are not reducing suicidal thoughts, it appears they offer a means for alleviating the isolation that can often accompany this distress. We explore this further in a later theme. Being able to witness another's pain may be allowing a decrease in feelings of alienation and creating meaningful human connection.

Given the content of the participants' recounts of the DISCHARGED groups, this type of approach is clearly not something they experienced in mental health services. Thus, it seems we have identified that these groups fill a considerable gap in current method of service delivery. The power of both witnessing and being witnessed, free of judgement and intervention, highlights the major difference offered by DISCHARGED. This difference includes having the opportunity to explore trauma in a non-judgemental environment, which affirms and validates the lived experience of participants. DeMartini (2014) suggests that tactful and compassionate exploration of suicidal thoughts may in fact reduce an individual's desire to act upon it. This may explain why there is a great sense of catharsis experienced by participants when sharing within the group. Not only does being witnessed validate the individual, the act of witnessing others is described as empowering. Knowing that one is not alone and has shared experiences is a hallmark of peer support, with Pfeiffer et al.'s (2019) study demonstrating its effectiveness in responding to people experiencing suicidal ideation.

The experiences within DISCHARGED of being heard, developing a stronger sense of personal control, increased empowerment and gaining a different perspective were accentuated by the peer relationships within the group and we now consider this.

THE POWER OF PEERS

DISCHARGED groups were acknowledged as providing a safe space for participants. This idea is reinforced by the significance of DISCHARGED's utilisation of peer-facilitators. Below, Lane identifies the main difference in engaging with peers as opposed to clinicians:

It actually changes the experience to more of a positive one so you're not having to constantly explain things or explain your situation as much ... I feel like youse two

actually understand it a lot better than what a clinician does. A clinician may not have experiences, they may never have thought about committing suicide. (Lane)

Lane seems to be signifying a deeper level of safety experienced when engaging with peers, than with clinicians. There is recognition that the acceptance offered by peers is different than what is offered by those without the same lived experience. They are able to speak freely about their distress without concerns of being judged by someone who does not truly understand. This translated into a difference in support for Lane, as they go on to articulate:

I get better community support than what I do in the clinical services. (Lane)

This quote may be demonstrating that Lane has a deep insight into what works for them, and what does not work for them when it comes to the support they need. Consequently, it could suggest that peer services are meeting a need that is not being met in clinical services.

As Lane highlights, it is well known that peers are able to understand their fellow consumers in a way that non-peers are unable (Brown, Shepherd, Merkle, Wituk, & Meissen, 2008). Peers are acutely aware of the trauma inflicted when coercive practices create power discrepancies that over-ride individual autonomy (Craze and Plant, 2018). They utilise the lived experience of these human rights violations to ground their work in rights-based practice (Craze and Plant, 2018). This approach encompasses mutual understanding and partnership to promote engagement embedded with a strong sense of safety (Craze and Plant, 2018). Our findings demonstrate that by utilising a shared lived experience of suicide ideation, DISCHARGED facilitators are providing this sense of safety, alongside a deeper experience of trust and comfort within groups. Given the notion that participants are in desperate need to be heard, but would rather be dead than utilise clinical services, it appears crucial to connect those in suicidal distress to peers.

Participants paid particular attention to what it means to have a place where they can speak of distress and suicidal thoughts without having to explain their identity. We start by exploring the lack of safety participants experienced accessing mental health services with a trans identity.

“IT ALL COMES BACK TO BEING TRANS”

Participants identified DISCHARGED as a safe environment where they do not need to explain or justify their identity. This sat in stark contrast to their encounters with mental health services. All experiences reported by participants were characterised by a lack of safety and security for trans people in mental health services. Participants shared their experience of being put in the role of educator, despite their heightened state of stress:

[Y]our brain is in distress but you're also trying to recount all this information to answer this person's question that you've answered probably 100 times already ... When you get questions from other people, you do get that feeling that you know what they want to ask and you know it's coming, so it does get more of a burden on you. (Lane)

As explored in previous sections, accessing mental health services been challenging at the best of times. Whilst attempting to overcome these challenges, Lane highlights how an additional burden is placed on them. They express a level of fatigue in having to repeatedly

answer the same questions. It has become so tiresome that they now anticipate the questions that will be directed at them.

In order to avoid this questioning, participants reported choosing to hide their identity when accessing inpatient treatment:

There's been a lot of times in [name of private facility] where I've pushed it [gender identity] aside or just tried to not let it [misgendering] get to me. I've gone there so many times, I now actually wish I had been a ... lot more assertive about it ... just helped make that more of a thing that they consider. I'm such a 'people-pleasing ... not want to put anyone out of their comfort zone' type of person. I'm the last person that would want to inconvenience anyone, if that makes sense, by being like, "No, actually, please don't call me that," or something. So, it's taken, I guess many years, to become comfortable and assertive and be like, "Yes, this is what, this is who I am," I don't want to start feeding into my whole, "Am I trans enough?" (Charlie)

Here, Charlie appears to have prioritised their safety and the need to conserve emotional energy over asserting their identity and correcting misgendering. Not only does there seem to be the issue of trans people needing to step into the role of educator for staff and clinicians, they also face a series of decisions when accessing healthcare services. Trans people must decide if, when and how they might reveal their gender identity. Charlie reported that in the past, the decision to conceal being trans has led them to deeply question the validity of their gender identity.

Additionally, participants described a range of microaggressions including misgendering, use of insensitive and inaccurate language, professional discomfort with trans identities, assuming all trans people have the same experiences and identities, and systemic failures and insensitivities which disregard the unique needs of trans individuals:

I've been misgendered, misnamed, been told I'm not actually trans, refused medications, I've been also denied help. (Lane)

The privation and microaggressions described by participants appear to sit in stark contrast with the Standards of Care guiding mental health service delivery in Australia. To elaborate on the severity of being denied help, one of the lived experience researchers recounted being refused in-patient admission for having a non-binary identity:

I mean, I've even been turned away from [name of facility] because I was non-binary. Literally they were like, "We can't admit you here. We would be doing you a disservice," because I was non-binary, and on my referral, it used 'they' pronouns and the woman who was the bed manager on the phone, she said, "Oh, we don't even know what you are. It's just saying 'they, they, they' in your referral and we don't know what that means," and I was like, in the most heightened level of distress I've ever been and having someone just be like, "What the fuck are you?" is really not the best. (Mo)

This experience supersedes that of microaggression as it appears to be a direct encounter of transphobia, signposting an over-arching systemic issue of gender-based discrimination. Regardless of the severe distress or need for help that was present, it was assumed that the trans identity itself was the underlying issue. Based on this assumption, it is possible the

clinicians may have felt they did not have the skills or knowledge required to engage with a trans person. Thus, mental health treatment was denied, and no further referral was provided. Here, we can clearly see evidence of transphobic discrimination; constituting an additional barrier to help-seeking.

Given the devastating rate of suicide in the trans community, it can only be assumed that numerous trans people attempt to access clinical mental health support as a first point of call. However, when doing so the participants highlight encountering microaggressions, outright discrimination and clinicians who lack understanding. Carlozzi and Choate (2018) reported similar results, as well as invasive questioning unrelated to the presenting health concerns and at times, contempt or rejection. This is exhausting for trans people, causing feelings of sadness, disempowerment, anger and frustration (Nadal, Skolnik, & Wong, 2012). Furthermore, it is well known that these experiences of institutional transphobia, harassment and abuse actually increase the likelihood of a suicide attempt (Centre for Suicide Prevention, 2018; The National LGBTI Health Alliance, 2016). This gives rise to questions about the violation of trans people's human rights in these environments and, at the very least, serves to explain why participants reported concealing their identity when seeking help for suicidal distress.

Trans people are often faced with choosing if, when and how to disclose their gender identity. Whilst going 'under the radar' to avoid attention in mental health services can prevent the experience of this systemic transphobia, the cognitive burden it creates is significant. If one decides to hide their true identity, Bosson, Weaver and Prewitt-Freilino (2014) describe numerous harmful consequences. As well as having a negative impact on the development of a positive relation to self, concealing one's identity can lead to lower self-esteem, feelings of guilt or fraudulence and increased anxiety and depression. This is highlighted by Charlie questioning whether they were 'trans enough'. After constantly hiding their authentic self when help-seeking, Charlie experienced feelings of fraudulence that led to a deep second-guessing of their identity. If the only other option to transphobic discrimination is to jump through a hoop that requires significant contortion and self-betrayal, what message is being communicated? This two-fold harm may in fact suggest the mental health system is further compounding the suicide crisis in the trans community.

We now unpack this further by considering the relief participants felt being in a support group for trans people, facilitated by trans people.

"YOU DON'T HAVE TO MAKE OTHERS BELIEVE"

In contrast to experiences in mental health services, participants described DISCHARGED as a safe environment for trans people. The trust participants have in DISCHARGED is most likely magnified by the problematic responses from services:

[T]here's quite a few services available but I know if I access them, I know what's going to happen. I know I won't get the support, especially if I start bringing up trans issues. (Lane)

Here, we can see that Lane has learned if their circumstances involve an issue related to their trans identity, they will not get the support they need from mental health services. Instead of the microaggressions and discrimination articulated by participants, DISCHARGED is providing a space for support regardless of the issues discussed, be it trans, thoughts of suicide or other

matters. Furthermore, one participant described an increased sense of comfort in DISCHARGED as opposed to other services:

I know I definitely feel probably more comfortable coming to the group facilitated by yourselves ... I don't have to explain my pronouns. (Charlie)

Charlie's account of not having to explain their pronouns highlights another difference offered by DISCHARGED. Pronouns can be extremely significant to a trans person's identity. Not having to explain or justify these may be providing the freedom to simply be oneself, without justification. This appears to increase the level of safety Charlie feels, as a trans person, during group – a monumental departure from previous experiences. The power of being in a room full of peers is also explored:

I can openly express myself here. There's not really those awkward questions, like you don't have to try to make others believe what you are ... when you're in a room full of people like you. (Lane)

Having the opportunity to attend a group run by people with the same identity appears to give Lane the freedom to express themselves authentically. Unlike when utilising other mental health services, they are at liberty to choose what they share without having to explain their gender identity or educate others. Thus, DISCHARGED is a space where individuals are intentionally welcomed into a community and accepted exactly as they are.

Being connected to your community is a fundamental element of our need to belong. When trans people are connected to the trans community they can experience significant benefits to their well-being (Frost & Meyer, 2012; Hendricks & Testa, 2012). The benefits associated with this connectedness thus serve as a buffer for prejudice and discrimination. In addition, knowing the differences between peer workers and non-peer clinicians (Brown et al., 2008), participants are likely receiving deeper understanding and support compared to what they receive in clinical services. Considering this, we can begin to recognise the importance of running a suicide peer support group for trans people, by trans people. Having a place where one can simply be themselves, free of the traumas associated with clinical interventions, was a profound experience for participants. Group participants have the freedom to share authentically with the comfort of knowing their identity will be respected and normalised, and they will not face the transphobic discrimination common to other services.

We now consider the relationships between group members, with a particular focus on the sense of responsibility to each other.

RESPONSIBILITY TO EACH OTHER

Along with providing a safe and trustworthy space for trans people to express and be themselves, DISCHARGED promotes connection and belonging between those with shared experience of suicidal ideation. Isolation and disconnection were reported by participants who also noted that DISCHARGED counteract some of these experiences:

I feel like I do isolate myself ... I don't spend a lot of time around people. I guess one thing that does motivate me, even if something isn't going on at that time, is that I get to see so-and-so, like the other people that come here regularly as well. Or, there are times when I'm like, "last fortnight, I said, this and if I don't show up this time, they might get worried". (Lane)

In addition to wanting to see other group members, this highlights a sense of responsibility to the group. Further, Lane went on to mention that even when they are feeling okay and not experiencing suicidal ideation, they wanted to show up to group:

[T]here's been nights where I've just been tired and didn't feel like I should be here because of how tired I am and there's been times when I've come where I've had nothing to share ... I wasn't feeling suicidal or anything like that and I've just still arrived for no apparent reason. I've listened to others ... I know it's not a big deal whether or not I come or not, but I guess for me being here, it means something to someone. (Lane)

These comments highlight an element of reciprocity in the responsibility participants have to group. Lane appears to be indicating that even when they aren't feeling the need to be heard, they have a deep respect for others' need to be heard. The reciprocity present here seems to be an integral element of the DISCHARGED community. Another participant also spoke of not wanting to hurt other group members or let others down by choosing to end their life:

I guess to some extent I think a lot of what's kept me alive has been trying to cling to these, even just abstract concepts of protective factors, of reasons you know, it'd just be like, "Imagine if I left DISCHARGED," and then [laughing] the next DISCHARGED meeting has to be like [facilitator names], "I'm so sorry": and that's a heartbreaking image to have in itself, do you know what I mean? It's just one that is vaguely helpful (Charlie)

To use Charlie's language of 'protective factors', they seem to be implying that they utilise the relationships built in group as a means to keep them alive. The idea of the impact their death may have on the group appears to help them keep going in difficult times.

These findings highlight elements of mutuality and reciprocity. Mead and MacNeil (n.d.a) suggest that reciprocity is a fundamental element to building community connections. Each individual has both the role of giving and receiving in a mutual relationship, rather than the assumption that one is there to help another (Mead, n.d). It is this mutual responsibility, we describe as responsibility to group, that can promote a notion of 'relational safety' (Mead, n.d). This idea is a significant departure from the mental health system's standard idea of safety. Individuals are often required to sign a contract with clinicians guaranteeing they will 'be safe' – meaning they will not attempt suicide; or are forcefully hospitalised to be kept 'safe' (Mead & MacNeil, n.d.b). Relational safety, however, is comprised of the emotional security experienced through validation, compassionate, authentic and mutually responsible peer relationships where individuals remain trusting through discomfort and no one feels judged or is assumed to have all the answers (Mead & MacNeil, n.d.a). As these are some of the key elements of DISCHARGED groups, it could be said that DISCHARGED is promoting a type of relational safety. Charlie provides evidence for this idea with the notion of their responsibility to group as a 'protective factor'. Letting others know one is still part of the DISCHARGED community appears to be a central tenet in attendees' relationships to one another. These relationships formed between group members, and the subsequent relational safety experienced, illustrates a deep foundation of standing in solidarity as peers.

We now explore this further, focusing on the transformation participants experienced as a result of attending DISCHARGED.

TRANSFORMATION

The theme of transformation relates to the changes and differences participants reported arose through attending DISCHARGED. There are a number of sub-themes within Transformation, including developing a different relationship with suicidal ideation, responding to triggers in different ways, 'stretch goals', and changes in seeking support. Our first consideration relates to the ways in which participants' relationship with suicidal ideation has changed.

A DIFFERENT RELATIONSHIP WITH SUICIDAL IDEATION

Through the experience of a safe and non-judgemental environment where distress and suicidal ideation are explored, participants reported that their relationship with thoughts of suicide shifted. In particular, the fear associated with, and impulsive reactions to, suicidal ideation were altered. Participants noted they became able to stop, reflect and consider what the thoughts represent instead of immediately acting.

The frequency or prevalence of suicidal ideation has not reduced as a result of involvement with DISCHARGED. However, a difference in the emotions surrounding the thoughts grew:

I don't think it reduces the thoughts of suicide but, because they're going to be there regardless ... because they're intrusive, it's based on situations outside this group. I guess it helps to live with those ideations, but it's not like, 100% better or whatever. It's just that tiny thing that says, "Oh, other people got through it so I could get through it," sort of thing and you don't get as scared of those ideations as at first you would be. (Blaire)

Whilst Blaire notes their suicidal thoughts remain, they demonstrate an increased capacity to release the fear and other emotions that accompany the thoughts. This may indicate that, ultimately, they are able to incorporate these feelings into their life. Further, participants were realistic that longstanding thoughts about suicide and distress were "not going to just magically go away" (Lane). However, the capacity to stop, reflect and think the situation through is significantly strengthened through attending DISCHARGED:

I've gone deeper into my thoughts about it as well by coming here and by listening to others ... It may take me like a week or two longer to make that attempt, or by that time, I may even have worked out what's going on and decide not to. I think because I'm thinking through it more. I'm thinking through okay, what's causing this emotion, what's causing it, causing me to think about committing suicide. What's the situation, what's going on – thinking through it ... and all that. I think that's why it's taking me longer to reach, you know, "Okay, let's do it", type thing. Since I used to not think about it, I would just act if I could. (Lane)

This highlights that the safe space of DISCHARGED is creating change in the participants' relationship with their suicidal ideation. In becoming less fearful of the thoughts and emotions, Lane highlights how they are able to stop, reflect and think through what they do next. Participants appear to be gaining a greater sense of control, meaning they are less likely to act without thinking about the feelings and what they represent.

The participants' experience of DISCHARGED groups is unambiguously distinct from the interventionist and coercive response participants have faced in mental health services. In a

study of over 20,000 completed suicides, Qin and Nordentoft (2005) determined the risk of making a suicide attempt is heightened significantly during the first week of hospitalisation and immediately after discharge. Findings such as this have been replicated repeatedly, leaving some researchers to argue that hospitalisation itself may be playing a causal role in this relationship (Large and Kapur, 2018; Large, Chung, Davidson, Weiser, & Ryan, 2017). Whilst we have not looked at outcomes such as number of suicide attempts since engaging with DISCHARGED, participants reported a shift in behaviour. Participant's suicidal thoughts are not decreasing, however their relationship to the thoughts are changing. Participants become empowered to navigate their thoughts, prolonging the time between thoughts of suicide and a suicide attempt, if there is any attempt at all. As the efficacy of hospitalisation remains under debate, this provides evidence for utilising alternative, peer-led approaches, such as DISCHARGED, to address suicidal distress.

Participants also spoke about how the experience of being triggered was taking a different, and more manageable form and we now turn to consider this.

RESPONDING TO TRIGGERS DIFFERENTLY

Two participants spoke about building new understandings and strategies for responding to triggers. They also noted that attending DISCHARGED meant exposure to other's stories and experiences which can be upsetting. As part of the process of witnessing and being witnessed, participants' capacity for identifying, reflecting upon, and responding to, triggers grew. The following quote provides an illustrative example about the experience of triggers within DISCHARGED:

I've been triggered a few times by content in this group, but I guess that's just how it rolls. You know ... people are going to be talking about heavy shit. Something about heavy shit will trigger you. I know there's the option that you can get up and leave, but ... I've always thought that would be disingenuous to the person who's telling their story. And if I've been triggered, and sometimes I do discuss it in the group, but however much time we've got left, it may not be possible, sort of thing. So, I just put it as a stretch goal and get to the next DISCHARGED or ... talk about it with my psych, or one of my psychs. Yeah, because usually the triggers just sit below the surface. It's not deep down in the, in all of the boxes and everything. [I]t's not been a bad thing. It's been a, I suppose it's a good thing in one respect, but [laughing] it doesn't feel good obviously, but yeah. (Blaire)

This quote draws attention to a number of factors worthy of consideration. Firstly, Blaire talks about what it means to be a witness, particularly when difficult experiences and emotions are being shared. Within this context, Blaire emphasises their commitment to remaining present for others when they know they could take time out of the group. Another key factor is how Blaire finds different ways to explore, express and debrief around triggers – utilising the group and mental health clinicians. Finally, Blaire identifies that the reactions they might have to another person's story are usually uncomfortable yet point to unexplored emotional responses related to their own trauma. This indicates that DISCHARGED may be enabling an insightful, thoughtful and reflective stance towards understanding one's own triggers.

While the benefits of sharing thoughts, feelings and experiences in a safe place were endorsed by participants, it was recognised that doing so may jeopardise a person's sense of security:

I guess because of the triggers and all that sort of stuff, it's helped ... maybe face up to some of the traumas rather than leaving them and trying to put them back in boxes and everything. So, I guess even though that stuff is really distressing, it's the same vague, "I'm here, you need to deal with me," so yeah, I guess that's happened a lot more, you know, digging into the feelings and all that sort of stuff rather than keeping it boxed up. (Blaire)

Here, Blaire identifies that speaking of their experiences opened up overwhelming suppressed memories. Despite how distressed they may feel, they appear to consider this outcome beneficial to their growth. Blaire seems to utilise being 'triggered' within group as an opportunity to address their trauma, rather than continue to repress it.

Participants experience of 'triggering' content within DISCHARGED appears to counter the dominant narrative present in today's culture. The use of trigger warnings is becoming more popular, however, they are not used within DISCHARGED. There is little evidence to suggest that trigger warnings are effective at reducing distress (Sanson, Strange & Garry, 2019). Some researchers suggest they may undermine elements of emotional resilience (Bellet, Jones & McNally, 2018) and create more dysfunction for those with a trauma history (Morris, 2015). In some in-patient settings, the fear of causing further distress by speaking of triggering content such as suicide, has created a culture where the avoidance of this topic is supported (Awenat et al., 2017). This raises the question of where individuals would have the opportunity to talk about their distress without censorship, if not in the services tasked with supporting them. DISCHARGED is demonstrating that a safe forum for the discussion of triggering content is building attendees' capacity to sit with arising discomfort or distress. As a result, they are gaining a deeper understanding of their triggers and developing different responses to them. This alternative approach of normalising the discussion of trauma and distress within groups creates the conditions for participants to move through triggers, leading to healing, rather than further traumatisation.

The participants' narratives about changes in their knowledge about and response to triggers, demonstrates an important impact of DISCHARGED. As mentioned by Blaire, the group impacts on what participants called 'stretch goals', and we will now explore this notion.

STRETCH GOALS

The power of being able to express and articulate difficult feelings and know there will be a space for this at the next meeting is highlighted by one participant:

I guess I do feel a little bit better once I info-dump, but it's not black and white. It's that little bit better just that little bit better, helps you say, "Oh, I can get through this, I think," rather than, "I ... can't get through this". I basically use DISCHARGED as a stretch goal so if I can make it to the next session, I can get all this stuff out of my head and then all I have to do is make it to the next session and the next session and the next session. (Blaire)

This signifies a cumulative effect of attending groups for Blaire. They seem to know that if they make it to one meeting, they can continue to stay alive, manage difficult feelings and make it to the meeting after that. In clinical terms, this could be categorised as building coping strategies and resilience. Another participant talked about the impact of knowing they could attend DISCHARGED whenever they needed:

Even if you're in a really dark tunnel and you're so far in this tunnel you can't see the end, but maybe you can see like a candlestick. We'll make it to that and then maybe we can get further down this tunnel kind of. I think that there's been times when I've just seen that there's a meeting available and perhaps I've been experiencing some distress ... "Okay, we can go to this meeting," and perhaps when the day comes I'm not needing to go and use it, but just that point in the future is a very protective factor, I think. There are times when I've gone, "Is there a meeting coming up?" and then I've put that as a future goal, making this one, ten minutes, an hour, next week. It's like probably beneficial as, say, going to groups often, if that makes sense, because I know I've only attended a few but it's still in the back of my mind that this is an option and that's been a really big deal. (Charlie)

Whilst Charlie defines themselves as an irregular attendee, it seems it is not just attending groups that helps them get through difficult times. It appears that simply knowing DISCHARGED was going to be available helps them hold on to hope.

It is possible the findings we present in this section are the first of their kind. Self-help guidelines for staying alive, such as those available on ReachOut.com (<https://au.reachout.com/articles/what-to-do-if-you-are-having-thoughts-about-wanting-to-die>), often suggest readers set goals or make plans that inspire them to continue living. The participants suggest that one way they utilise DISCHARGED groups is for this purpose. The groups provide reassurance that there is somewhere participants can go to share their suicidal distress without losing their autonomy. This presents the option of staying alive so they can access a space where they will be heard. Knowing that DISCHARGED meetings are a regular safe space, means participants can respond to challenging emotions by reflecting, delaying and holding on until the next scheduled meeting.

Another shift emphasised by participants since attending DISCHARGED groups was the way they sought support, which we now explore.

CHANGES IN SEEKING SUPPORT

Whilst participants continued to be cautious seeking help from clinical services, some said they had developed reasonable relationships with private mental health practitioners, building a degree of trust. This then meant that participants shared their experiences of DISCHARGED with these practitioners and received an ongoing degree of clinical support in addition to attending groups. Moreover, participants highlighted a change in reaching out to friends:

I think I've always had a really tough time reaching out for help and it's [attending DISCHARGED] kind of helped me figure out how to do that ... like, you know, with friends that I've got close to, you know, and that will kind of reciprocate with a similar kind of value set and respect. That's still something I'm learning [laughing], but I really do ... value the way that this group is run, the principles behind it and the principles of just peer work in general (Charlie)

Charlie's comment seems to draw attention to how DISCHARGED has helped them start asking for help from their peers. This could suggest that attending groups has instigated a level of trust in others to grow. Further, some participants were reaching out in new ways:

I've tried to be more open to other people, especially to my friends. One of the hardest things, being suicidal, is getting that support, especially from people close to you. I guess being open, more open about it, you kind of learn where you can get that support from and where you can't. (Lane)

This quote suggests that despite their apprehension, the likelihood of Lane seeking support from friends has increased. Lane may also be implying their help-seeking is more informed by an understanding of what meaningful support looks like.

Given the aforementioned responses from the mental health system, it is important to contextualise the tentative approach participants took to sharing within clinical settings. Many reported feeling unsafe and unable to trust what would happen upon sharing their distress with clinicians. Understandably then, participants retained a sense of caution towards formal clinical supports. This explains why participants do not suggest an increase in help-seeking from mental health practitioners. However, what these findings do indicate is that DISCHARGED has a positive impact on participants' willingness to open up to friends about their distress. DISCHARGED groups are demonstrating what meaningful support can look like when not over-shadowed by overwhelming power discrepancies. This empowers participants to have conversations with loved ones about suicide in ways that knee-jerk reactions had made unavailable.

We now turn to consider the experience of facilitators of DISCHARGED.

DISCHARGED FACILITATORS

This section explores the experiences of the facilitators who participated in a focus group. All of the facilitators are peers with lived experience and the findings have been considered in terms of how they may be different to group participants because of the difference in roles, and similar through the shared lived experience as peers.

THE POWER OF PEERS

The powerful experience of a group for peers, by peers with lived experience of suicidal ideation stands out as significant for both facilitators and participants. While the facilitators play a different role in DISCHARGED, their shared experiences, understanding and capacity to connect with each other is the same as those the participants reported. There is an ease and comfort for peers; not having to explain or fear a ‘knee-jerk’ reaction to expressions of distress. For the facilitators, there is a depth to the connection and support they provide each other, and which is formalised through debriefing processes. The notion of intentional peer support (Mead, 2014) comes to mind when thinking about processes such as debriefing, as are the opportunities to make meaning of one’s experience as both a person with lived experience and a facilitator. Just like participants, the facilitators reported that knowing a DISCHARGED meeting was on the horizon provided them with the ‘stretch-goal’ or ability to sit with strong feelings. Of interest, a number of the facilitators noted that they often do not speak to their feelings in group. However, witnessing and leaning into the expression of similar feelings by other participants was sufficient for them to work through their feelings. We start by exploring the notion of peers intentionally supporting other peers.

PEERS INTENTIONALLY SUPPORTING PEERS

The commitment that the facilitators have ... shows that we will pull things out of the way to keep that going, and it doesn’t matter what happens, which says to me that there’s something so important here that personal lives adapt around it. (Kelly)

In this section, we consider the significance of the peer model which is at the heart of DISCHARGED. Without the commitment of the facilitators and the willingness to go beyond what mental health services offer, DISCHARGED would not exist. This commitment varies across the facilitators, ranging from four to 30 hours per week undertaking tasks such as preparing for and facilitating meetings, debriefing with participants and facilitators, committee meetings, networking and promotional activities, organising events and planning for the expansion of DISCHARGED. This highlights the significant material, practical and emotional commitment made by the facilitators. Facilitators noted the strengths and challenges of lived experience, which can both enable and challenge the capacity to be a facilitator. This is captured in the following quote:

If you’ve got lived experience - which is a strength to offer, it’s also a bit difficult sometimes if your experience kind of goes downhill. (Danny)

Further, being a DISCHARGED facilitator is as an embodied and integrated part of one’s identity and not something that is brought out only during a group:

DISCHARGED, as a theory or a model of being or whatever, isn’t just a thing, a hat that you put on for the one and a half hours of the group that you run. It’s actually something that we embody in all of our interactions. That it’s ... lived and

developing and growing as we do things. It's definitely not just a technique that you use just to help the participants who are better for that short time. It's much bigger than that. (Danny)

The DISCHARGED facilitators pay particular attention to debriefing after meetings and at any other required time. This debrief process is characterised by a deep care for each other, alongside the integrated knowledge of the importance of sensitive and thoughtful approaches:

So that was one of the things that I particularly liked about coming into this group was the sensitivity and awareness of the need for the debrief ... the caring for each other ... and allowing us all to grow by sharing those insights is really, I think, a very important part of DISCHARGED as a community. (Danny)

The approach to debriefing (developed by one of the facilitators) is congruent with the approach taken in the DISCHARGED group as it is based on emotional safety, acceptance, exploration, growth, validation and critical reflection. This approach not only provides the space for facilitators to explore their experiences, as both facilitator and person with lived experience, but to also enhance one's facilitation skills. In the following quote, a facilitator explains the approach to debriefing, which starts in a general way and then deepens as the conversation proceeds:

The first question we open up is usually "how do you think we went"? [M]ost times it starts off very light. "Oh, I think it was okay. I really liked this part." And then, we might go in with, "well, I really struggled, or I had really big feelings with that particular thing ... I might have shut down or whatever". And then it's, "oh, no, no, you didn't". Or ... "I noticed that they really connected with this part of your experience". And then, from time to time there might be where we've actually felt that we either didn't go deep enough or we may have went too deep. It's almost like both sides can grow. Like, the person holding the fear can sort of have their fears heard, and then either explored or dropped. And then the other person, "well, I never really thought of it that way ... good idea. I'll think about it for the future". [I]t's that type of symbiotic learning and growing. (Kelly)

The depth and quality of debriefing reflects the relationships between facilitators. These relationships are characterised by commitment to emotional safety and compassionate honesty, which does not seek to problem solve or 'fix' the person, demonstrating a parallel process with the DISCHARGED group:

I think it's about the charter for the Alternatives to Suicide, and how there's no judgement and no responsibility, and that we listen. So, I think that, then, flows on, definitely flows on to our debrief. There's no ... final destination in mind. The debrief doesn't have a time goal or doesn't have, like, "we need to tick these options". It's just whatever comes up, comes up. It's very safe. Very emotionally safe. It makes you feel like you can be honest about what's going on. (Sage)

The facilitators identified many positive outcomes from their shared peer support, emphasising unconditional positive regard which invites ownership of emotions, avoidance of judgement and not making people 'wrong' for their decisions. In the following quote, a

facilitator talks about something that arose in group and how her peers held her in this process:

I was talking and sharing in the group and my voice just went, like, all hoarse and I couldn't squawk, and it was obviously something in me that triggered. That, wasn't the group, but it was something that had come up. So, yeah, the group cared for me, which was lovely, but it was genuine. It was authentic. It was, "okay, so we just need to hold this for a minute while, just get yourself together". Whatever it is, there's no criticism or judgement in that. It was a recognition that this is something that happened, and the group adjusted to allow me to manage it. And then afterwards, actually, we went off and had a coffee and dug a little bit deeper into it. It was very safe. (Danny)

Aside from the centrality and significance of debriefing, the reciprocity between peers was emphasised. This means that while feelings can emerge for facilitators during the group (or they may arrive with strong feelings), the process of facilitating assists people to identify, acknowledge and work with their feelings. The following person highlights this process and starts by talking about what can emerge when they are facilitating a DISCHARGED group:

I do feel like I'm not saying very much, and I might be wanting to say things. But then I feel, once everyone has said what they're feeling and saying ... actually [there is] nothing else that I have to, like, contribute. And I feel like ... that's what it's like facilitating. You're like, if you're listening for a long enough period of time, you might find that your question gets answered, or your comment is already touched on. And that's what I feel like. (Sage)

Further, just like group participants, facilitators have a sense of the 'stretch goal', knowing that an upcoming DISCHARGED group will assist them to hold and respond to difficult emotions and experiences.

This theme highlights that peer relationships and support are powerful factors for the DISCHARGED facilitators and that DISCHARGED reflects the established Intentional Peer Support approach, which seeks to "purposefully communicate in ways that help both people step outside their current story" (Mead, 2014, p. 7). There is an intentionality in the relationships between facilitators and an embodied commitment to live the values and principles within the Alternatives to Suicide charter. Being a DISCHARGED facilitator is more than a role adopted for groups – it is a way of being that is characterised by compassion, authenticity, reciprocity, openness and a refusal to rescue or problem solve. The findings from participants and facilitators show high-level congruence between what happens in groups and what happens between facilitators. It is imperative to keep in mind that the facilitators make substantial practical and emotional contributions to DISCHARGED, as volunteers.

We now explore how the role, influences, and impacts of being a facilitator.

"I DIDN'T EXPECT FACILITATING TO BE SO FULFILLING"

[T]hese conversations are skill building, so that they allow us to develop our own capacity to have conversations ... but also ultimately gives the participants some skills that, if they've been able to say something to us, then they may be able to say something to express their need or desire or future direction with another person...

because they've sort of worked through some of the murky feelings ... they've sort of struggled with that, with us. (Danny)

As the previous section on the power of peers demonstrates, the facilitators identified the centrality and significance of support, encouragement and relationship. The title of this theme highlights that facilitating has offered some surprises, as the opportunities for personal meaning making were unanticipated:

[S]ometimes Sage and I will be leaving the group and we'll both just be glowing, because we'll be like, "that was a great group". And I often walk away ...feeling good because, you know, I have had that meaning making for this experience that I didn't even share. But somebody else shared something and I was like, oh, I put two and two together for myself as well. (Mo)

The facilitators' description of their approach and role highlighted a number of key skills, knowledge and values, which include patience (valuing process and the time needed to explore, rather than resolve the distress), curiosity (a deep sense of wondering), compassion, deep listening, reflexivity, acceptance and a commitment to reciprocal and mutual exploration. The following quote highlights in depth self-awareness as a key element of the facilitation skills applied in DISCHARGED:

There's a combination of patience and curiosity. Yeah. It's patient because I don't want to rush anybody's telling all their story, and I don't want to smooth over something that actually they need to dig in and go deeper. So, allowing the unfolding of it, and even allowing the unfolding of it across time, like, from the first week to the second week to the third week. You see little shifts happening, and you see people coming to their own realisations of whatever is important to them, or what is the piece of light that they get to take away and shine on a little part of their life - that's their thing. So, but also the curiosity around understanding another human being. Is it heavy? Is it a burden? Is it something you just want to shake off and allow to float away, or is it something you've got to come back and revisit for some reason? What angle are you looking at it from? Is there another angle to look at it from? But they're questions that are about compassion and curiosity. (Pat)

It is evident that there is a high-level of reflexivity and self-awareness demonstrated by the facilitators who participated in the focus group. Further, this sits within the context of mutuality and peer relationships:

I feel like there's layers going on. I'm listening to what the person is literally saying. And then also trying to be really self-aware of ... my ... assumptions that are bubbling up. I'm trying to, someone's talking about something, trying not to assume anything. And then, there's a part of me that's ... [asking] is there an underlying message? Often the people come along the first time and they're quite nervous and scared about saying certain things, and it can stay really surface level. And sometimes there's emotions of my own going on. It's not that I'm just facilitating the whole time. I'm a human. And sometimes someone will share something and that can definitely, like, may bring out my own alarm bells or my own previous histories that can go on. I feel like it's been a process. I feel like the first time I was trying to just ignore it to a degree, which isn't always, like, that's not ideal. And so, I think it's more a process of sitting with that and accepting that. There is sometimes a discomfort. And sometimes

it's about being honest in group about that. As a facilitator you can talk about that really upsets me to hear that, or like, that's a bit scary or something. (Sage)

This is expanded further by another facilitator when they talk about the multiple thoughts, ideas and decisions that run concurrently when in group. In particular, the following quote highlights the nuanced craft of facilitation required within a DISCHARGED group, and which represents the Alternatives to Suicide charter of creating safe spaces for people speak, be heard and process their experiences:

And one of the things as facilitators ... is being very conscious of not only am I having a conversation with one individual, I'm having a conversation with participants that ... aren't communicating. "[Is] that something I'm going to go in for ... or ... let sleeping dogs lie?" So, you're doing that as well. And then the next thing is, "if I go in for that, is the response actually going to be okay for the group to hear?" (Kelly)

These findings highlight that being a DISCHARGED facilitator requires high level skills such as leaning in, rather than away from people and their distress (reported by Mead, 2014, as a key element of Intentional Peer Support work), openness, compassion, interpersonal skills and reflexivity. Further, the strength of a peer model is evident and generates opportunities for facilitators to both facilitate and make meaning of their own experience through the mutuality of the exchange. The role of facilitator is considered "a gift" (Pat), particularly in light of acknowledging what it takes for participants to feel safe enough to share their distress and experiences.

Facilitators, like participants, expressed their views about the alternative offered by DISCHARGED and we now consider this.

THE ALTERNATIVE THAT DISCHARGED OFFERS

There's no place a person can come and communicate about their feelings of distress ... [or] wanting to harm themselves, without being swallowed into a biomedical model. There is no safe space. Most of the phone lines have ... reporting ... So, for me, I guess, [there is a] ... sense of sadness that we're so small and there's so many people out there who are experiencing these feelings, that don't have safety. (Kelly)

The facilitators expressed a clear and well-defined sense of the alternative response that DISCHARGED offers, based on their lived experiences and the feedback from group members. Like the participants, the facilitators noted that a significant point of difference between DISCHARGED and mental health services is the safety associated with being able to speak of one's distress without fear of the 'knee-jerk' reaction (as discussed earlier in the findings for participants). One facilitator spoke of the implications of responses that avoid engagement with their distress:

It becomes something to stop. I don't often talk about my internal world with the people in my life, because I'm a bit shut off, but that might even be because of how I have shared in the past, and how it has been responded to. It's definitely different from the group. Like, talking about how I'm feeling ... wanting to self-harm or feeling suicidal ... and it's like "oh well, you need help". And that's like a big kick in the gut ... I ... just felt like it was a normal human experience, and I was in pain. I just wanted you to, like, reassure me, or say "that sounds hard". That's what the group does. I can just

go there and if I ever were to say something like that at the group, it's like "oh, you must be in pain" ... it's just really validating, and I think that's the difference. There's none of the fear of how to control it. It's just like "we'll hold this space for you", and that's really powerful. (Mo)

The capacity to speak freely of one's experiences was echoed by another facilitator:

I was thinking of people who've spoken to me about their experiences and having someone listen, actually, fully, listen, seems to be the number one thing that people are looking for, no matter what their mental health problem might be. And so often I'm hearing them say things like that. They're telling the physician or clinician, they're telling them something, but they are definitely not being heard. They're being ignored. And something else is going on. And so, to come into a group where straight away you're heard or listened to and speaking the words that have been locked away inside them. (Pat)

Another point of difference relates to elements of the Alternatives to Suicide Charter, particularly the responsibility *to* others, distinct from the responsibility *for* others:

We don't assume to be responsible over the other person or that we know what's best for the other person, and we also don't assume that the person can't be responsible for themselves. Whereas in other groups, making you give an emergency contact ... and ... like ... if I don't show up to group, they, instead of just contacting me, they will contact my emergency contact. Because they assume that I need someone to check in. Or I've been involved in stuff, like, even research around suicide, and they make you sit down and do a wellness plan first in case anything comes up for you. [W]hereas at our group, we don't take any details at all, and we don't contact anyone about this person. We don't assume that they need, that we need an emergency contact from them. We just, we're not responsible for them. We're there to deeply be present. (Sage)

Facilitators noted that these ideas of responsibility often manifest in service delivery rules, responses and expectations. One facilitator suggested that practitioners censor information about DISCHARGED, determining if a consumer is too high a suicide risk to be given information about the group. This highlights how practitioners may adopt a responsible *for* stance, rather than creating the conditions under which the consumer takes responsibility for themselves, including what sorts of support they access.

Service 'rules' were explored and identified as directive, such as no contact outside of group between participants. In contrast, DISCHARGED does not have 'rules' governing participants' behaviours, including whether they share contact details or are in communication outside of the group. Instead, DISCHARGED positions participants as capable, competent and able to take responsibility for their actions and decisions. These ideas about responsibility lead into considerations of how professional authority adopts a stance of responsibility *for*, and expertise over, the consumer's life. In the following quote, a facilitator discusses how practitioners did not support ongoing involvement in DISCHARGED:

I think my psych at one point said, "obviously, facilitating these groups is having an effect" ... because I'm having lots of suicidal thoughts, and that having all these conversations about suicide is 'obviously' really damaging to me. And that sort of, it

felt really off to me. And I did ... start considering, like, maybe these conversations are having that impact on me, but I really don't feel like that's the truth. I don't feel that they're bringing me down. It's more that when I was in that sort of place, I do feel held and able to share it. And my GP said the same thing, that facilitating a support group would be the worst thing to do for my mental health at this point, and that I shouldn't be doing that at all. And I guess that's their clinical role, duty of care and responsibility. But it just felt pretty awful. And also made me question, I guess they're in a position of power, position of authority. Maybe I am doing the wrong thing. Maybe I'm making all this worse for myself. But that doesn't really fit right at all. I actually get a lot out of these groups. A lot of meaning making and ... people just don't understand. (Sage)

This quote from Sage highlights the clinical view that when a person experiences distress, they are considered to lack capacity and, therefore need to be advised or directed (in Sage's case the direction is to stop facilitating DISCHARGED groups as it is likely making them 'worse'). It would seem that the clinicians in this scenario found it difficult to incorporate Sage's lived experience of DISCHARGED being a comfort and help while they also experienced distress. Sage's quote draws our attention to how multiple, strong emotions and thoughts can co-exist; such as Sage's well-developed insight regarding current vulnerability alongside the significance of connection and belonging provided through DISCHARGED. Binary, one dimensional views of 'well' or 'not well' can undermine one's sense of self and capacity to enact control.

Additionally, one facilitator spoke about their sense (based on lived experience) of how DISCHARGED could provide reassurance and comfort for families when faced with limitations in mental health service delivery responses:

I think the difficulty that family and loved ones have in being able to help someone who is suicidal or who is in deep distress, it's very difficult for people that are close to them. And there are lots of other issues that tie in with the different aspects of their relationship. So, I think having somewhere that's neutral and, you know, as we've made it, quiet, peaceful, comfortable, all of those things, more inviting. And I think it's reflected in what the group members have told us their experience is. (Pat)

A final distinction between DISCHARGED and mental health services is the focus on the person and their distress, rather than the diagnosis or suicidal ideation:

One of the things that was very clear ... is that as soon as a person expresses any intent to self-harm, be it fatal or non-fatal, suddenly there's no interest in what is needing or driving the person to say that. They only want to know do you have a plan, do you have access, ... how many times have you done it in the past? So, suddenly the person is lost. And the value, the worth of the person is lost as well, because suddenly you're not looking at me as a human. You're just looking at some, something to stop. (Kelly)

The ideas shared by the facilitators highlight the significance of relationship, connections, community and belonging both between the facilitators, participants, and the facilitators and participants together. The DISCHARGED environment invites facilitators and participants to come to know themselves and each other through witnessing and being witnessed, sharing and their common humanity. It seems that for one facilitator, the desire to build community is still to be realised:

I was hoping to build more of a community, that the people coming along are often very isolated. And so, they can not only find some support, space to share what's going on, but that this type of group doesn't say you're not allowed to become friends or doesn't say you can't contact each other. Like, people can start forming bonds. (Mo)

As with the participant findings, this information highlights how DISCHARGED is significantly different experience, as it offers a safe environment to speak of one's distress without fear of a disempowering knee-jerk reaction. Further, the Alternatives to Suicide Charter and its emphasis on responsibility to each other, rather than for each other, invites both participants and facilitators into a different stance, which is characterised by belief in each other's decision-making abilities and a deep respect for human rights and citizenship. Not having 'rules' within DISCHARGED reinforces the idea that participants can learn from experiences such as having contact with other participants outside of the group.

The facilitators highlight how some professionals are wary and mistrustful of DISCHARGED, and in particular, the supposedly negative affect of talking about one's thoughts of suicide. Yet, the findings from the participants and facilitators in this research show that a different relationship with suicide emerges (discussed further in the next section), and while the frequency of suicidal ideation may not decrease, the capacity to pause and reflect before acting on suicidal thoughts substantially increases.

We now consider the transformational experiences reported by facilitators.

TRANSFORMATION

Facilitators and participants highlighted similar and different points of transformation. The primary area of similarity is the differences in the relationship with suicidal ideation, and we start our exploration with this theme.

A DIFFERENT RELATIONSHIP WITH SUICIDAL IDEATION

The facilitators reported that due to their involvement in DISCHARGED they were developing a more accepting stance towards the self and thoughts of death and dying. In particular, this manifested for some in increased thoughts of suicide, or potentially a greater awareness of the frequency of the thoughts:

I seem to have a lot more thoughts about death and dying of myself. Nothing that's been acted on. And I'm wondering, I'm trying to explore this for myself. Am I going through a pathway that's making meaning and sense and eventually they will evaporate because the conversations I'm having are actually clearing it up? Or is it because of the conversations I'm having, keep reigniting my own thoughts? So, I don't have an answer, but I'm hopeful because of the general sense of wellbeing, it is actually the first one, where ... you experience more sort of sense of thoughts about death and dying because what you're involved in is actually sort of almost changing your worldview and your meaning making in itself. (Kelly)

Another facilitator had a similar curiosity towards their thoughts, positing that they were enacting more self-acceptance, which extended to thoughts of suicide:

I do agree that it does, not heighten so much as make it more apparent to me, like, my own thoughts of dying and stuff like that. But what I feel that actually is, is like a growing acceptance of that part of myself... that having a place where other people are also the same and also, they're accepting that about me as well. I feel like it just makes me a little bit more comfortable with it and less distressed about it. (Mo)

These experiences of increased awareness, meaning making and self-acceptance create the conditions for an increased ability to sit with difficult emotions that might previously have led to suicidal ideation. *Facilitators reported a greater ability to "sit back and observe it ... and [not] kind of cover it over" (Danny).*

While a small study, this research has shown that for both participants and facilitators (n=8), the relationship with thoughts of, and responses to, suicide have positively changed. This is a significant and major positive impact of DISCHARGED.

In addition to the different relationship with suicidal ideation, facilitators spoke to a transformed understanding of, and relationship with, services, which we now consider.

SEEING SERVICES IN A NEW LIGHT

Exposure to the Alternatives to Suicide charter, being trained as facilitators and involvement with group members led most facilitators to develop a different understanding about services. Further, these experiences helped some to reconsider where they would seek support in the future:

I was in a part of my life where I was actually receiving mental health services, and I was noticing distress was just not something that you talked about. So ... it was the driving realisation that services actually seem to feel talking about the big feelings was not necessary or potentially harmful. It's not working and I'm really beating my head against a brick wall if I expect a different response. The ability to deeply listen to anybody in distress, you get the very rare clinician that has amazing skills. But most times ... I can't even give an indication why they don't do it. And so, for me... [using clinical services has] ended. However, it doesn't mean that I won't seek support, just not through the biomedical model. (Kelly)

Kelly's reflection on services' apparent unwillingness or inability to engage in emotions work is significant as it reflects the comments made by DISCHARGED participants around just needing someone to listen. Importantly, Kelly's reflections on the gap between what is needed by service users and what is offered by services, led them to develop a clear understanding of their support needs. Specifically, Kelly is clear that while they would seek support in the future, they would not seek it from bio-medically informed services which do not engage with emotions. This is picked up further by other facilitators who noted the significant influence of peer support, and increasing self-compassion and self-acceptance, which led to a re-evaluation of relationships with, and expectations of, services:

So I see a psychologist, and have been, for many years. There are things inside of myself that I've never wanted to confront. Just wanted to keep them, like, hidden there, and that's made it very safe for me to not be vulnerable. But the topics and stuff that we cover in group and seeing other people who are accessing other services, who are confronting their traumas or really working through that sort of stuff has actually motivated me to be, like, alright, it's time to look at my biggest life trauma

now. I'm ready to confront it and unpack it and heal from it. And I think ... that never would have happened, I think, before this [involvement with DISCHARGED] I feel like I would have carried that for me for my whole life. I feel like I've been empowered to confront some of the most terrifying parts of myself. And I'm always engaged with services, because I just feel like I like having that space. But to actually be doing something real in my time with my psychologist feels ... it's good. (Mo)

As with participants, experiences with DISCHARGED have mediated the facilitators' views on services and approaches to seeking both formal and informal support. The findings suggest that some facilitators are renegotiating their engagement with services and adopting a more proactive stance. This extends to include knowing the strengths and limitations of different types of support, and making clear decisions about what type of support to seek, under particular circumstances. For a number of the facilitators, this change in orientation towards the use of services is a direct impact of DISCHARGED and the mutually supportive and respectful relationships which exist between them. While not directly mentioned, the process of debriefing noted earlier may also play a part in this change for the facilitators. As with participants, the change in relationship with thoughts of suicide may also impact facilitators' ideas about, and actual engagement with, services. Importantly both participants and facilitators report that this is a positive impact and transformation as they feel they are more empowered and self-determining due to their involvement in DISCHARGED.

CHANGING RELATIONS WITH SELF AND OTHERS

I feel like I have a better and more concrete understanding that people are really doing the best they can. (Mo)

A range of other changes were noted by facilitators, including one person have a greater appreciation for how often people are dealing with difficult emotions and experiences, and doing the very best they can in their circumstances. Another facilitator reported that through their involvement with DISCHARGED, they now felt "more grounded ... confident ... connected" (Danny). A number of facilitators spoke of how they had developed greater trust, patience and understanding:

I have a lot of, a lot more trust, would I say trust, or patience and understanding for other people who are different from me? I find that I used to be a very angry person who was always upset about something that someone else had done or was doing or felt in some way. And I feel like now I have a lot more patience to reflect on myself and on them and where they might be coming from. And I think it's just made me feel a lot more centred in myself. (Mo)

These changes extend to relationships and interpersonal skills. Facilitators reported they had developed new understandings about their ways of relating to others and were working towards different relationships:

It's changing my relationship with my mum. And she doesn't even know it, which is kind of interesting. But even just since I've been doing the group and having that sort of deep listening and understanding of another person going through their own struggle, I've felt like my capacity for that listening, to what my mother's story is, improved. And to be able to sort of be separate from it. Like, it's her story. It doesn't have to be my story. I'm more gentle on me and I'm also more gentle on her. (Danny)

This section highlights that the experience of facilitating DISCHARGED groups is influencing understanding of others and self, including changing some longstanding responses. Further, the findings suggest that being a DISCHARGED facilitator has a far-reaching impact on both self and relationships with others. It is suggestive of a significant transformation for the facilitators, as they live the values of Alternatives to Suicide, both within and outside of DISCHARGED. As noted earlier in this section, being a DISCHARGED facilitator is more than a role adopted for the few hours of group. Instead, it is a way of being and living a set of core values. Such an approach is common in peer support, where there is an intentionality and commitment that is sometimes, but not often, seen in professional service delivery.

The final theme to be addressed relates to the facilitators' discussions on the sustainability of DISCHARGED, including reflection on the challenges they faced when first starting the group.

SUSTAINABILITY

The facilitators expressed appreciation for the support they have received from the steering group. They also noted that when DISCHARGED first developed, there had been a series of miscommunications and misunderstandings, which left the facilitators feeling unsupported and unsure how to proceed:

[I]t was one of the criticisms that I felt, as I kind of walked away from the training, that the steering committee had said we're here, but there wasn't actually anything that was here for us to tap into. So, the steering committee are the ones that brought the training over and wanted to get it started. But they didn't have an organisation or structure ... I can understand why they would take that position, that they wanted it to grow from the participants of the training and people who, like ourselves, could see the value of the training received and wanted to take it that bit further. So, I don't mean it as a total, but I do know that not having something really did make an impact. (Danny)

Despite these challenges, the facilitators could see that it is a "testament to the peer model" (Kelly) that DISCHARGED formed, expanded and offers a supportive and transformative experience for participants and facilitators. It was noted that the steering group had good intentions to support the facilitators, and while it was a difficult time, DISCHARGED still managed to "flourish" (Kelly) because of the strength of the peer approach.

A key issue related to sustainability involves the voluntary nature and high-level commitment enacted by the facilitators, noting the two founding members of DISCHARGED continue to contribute around 30 hours per week to the organisation. Facilitators are often backing each other up, stepping in regardless of their other commitments.

The findings on sustainability highlight not only the power of the peer model, but also the deep and sustained commitment by DISCHARGED facilitators. It is important to recognise the contributions of the founding two facilitators, who commit much of their time to ensuring the groups run, while also exploring opportunities for expansion and consolidation. This raises questions about sustainability for DISCHARGED and the ongoing need for allies. Consistent and reliable practical support is essential from individuals and organisations, and must recognise the expertise and contributions of those with lived experience. This support is welcome and should be grounded by the meaningful involvement of facilitators in all decisions about DISCHARGED.

CONCLUSION AND RECOMMENDATIONS

This lived experience led and co-designed evaluation of demonstrates the value and contribution of peer support in the suicide prevention sector. Importantly, DISCHARGED support groups provide a safe place where people can speak authentically of their experiences and thoughts without fear of a reaction which disempowers and prevents individuals from making their own decisions. DISCHARGED responds to people's need for someone to listen deeply and accept, without taking responsibility for them. The peer space offered by DISCHARGED is safe, accepting, open and transformative. The experiences of participants and facilitators share many similarities, particularly in relation to the power of peer support and transformation, which result from involvement in DISCHARGED. Finally, the contribution of facilitators, particularly the two facilitators who developed DISCHARGED, is deeply acknowledged alongside the importance of, and need for, sustained, reliable and collaborative support from allies.

Whilst only three attendees volunteered their time, we believe this speaks to the private and confidential nature of the groups. It makes sense that individuals would be apprehensive about participating in research. Given traditional methods of enquiry are often built on similar power dynamics to the mental health system, they may be concerned that their safety could be compromised. We aimed to reduce these power discrepancies and maintain DISCHARGED's integrity by prioritising peer-facilitator insights at all points of study design and data collection. Should any further outcomes evaluations of DISCHARGED be conducted, it is essential to replicate this approach. As DISCHARGED groups continue to grow and expand within the Perth metropolitan area, we hope a future project will have a larger sample size. Furthermore, because participants in this research primarily attend the trans specific DISCHARGED group, we recognise our findings may have some limits to their transferability. However, this does not undermine the value these findings have within this context. Through this small-scale research project, we demonstrate a real and substantial alternative to the responses individuals often face when seeking help for their suicidal distress.

APPENDICES

APPENDIX 1

DISCHARGED

Focus group and individual interview questions

Thank you for taking the time to speak with us. This research is exploring your experiences of attending the DISCHARGED group. The findings from the research will promote awareness of the Alternatives to Suicide approach and identify the impact of the group. All findings will be presented in a non-identifiable and confidential way. We remind you that you do not have to answer any questions, and you are free to leave the discussion and withdraw from the research at any time, without consequence.

We would like to start by asking you:

1. What led you to join the group?
2. How did you find out about it?
3. What were you hoping the group would provide or offer?
 - Prompt**
 - a. (Check and explore if DISCHARGED was perceived as an alternative to clinical and other services)
4. How does your experience in this group compare to others experiences of talking about suicide?
 - Prompt**
 - a. Talking with clinicians and professionals
 - b. Talking with friends
 - c. Talking with partners
 - d. Talking with family
 - e. Talking in community
5. Can you tell us about your experience of sharing in the group?
 - Prompt**
 - a. Emotional safety
 - b. Trust
 - c. Judgement and acceptance
 - d. Personal control and being told what to do
6. Thinking about your experience of the group, can you tell us:
 - a. How you felt before coming into the group?
 - b. How you felt during the group?
 - c. How you felt after the group?
7. We are interested to know if attending the group has had any impacts on your life:
 - Prompt**
 - a. Feelings and thoughts of suicide
 - b. Other thoughts
 - c. Emotions
 - i. Your sense of wellbeing
 - ii. Feelings of connectedness to members of the group
 - iii. Feelings of connectedness to other people

- iv. Relationship changes
 - v. Feeling in control
 - vi. Being able to navigate or manage other parts of your life (i.e. work, relationships etc.)
 - vii. Any other areas
8. We are interested to know if DISCHARGED has influenced your involvement with other services.
- a. Has attending the group:
 - i. Impacted on your willingness to seek help?
 - ii. Influenced your motivation to seek help?
 - iii. Changed the type of help you are now seeking or receiving (ask for examples)
 - iv. Influenced your approach to seeking help (i.e. are you seeking help in different or similar ways)?
9. How often do you attend the group?
10. What impacts upon your attendance at the group?
11. If you have attended a few times, can you tell us what motivates you to come back to the group?
12. What sorts of changes have you noticed in yourself and your life since coming to DISCHARGED?
13. Is there anything else you would like to talk about in relation to your experience of attending the DISCHARGED group?

APPENDIX 2

PARTICIPANT INFORMATION STATEMENT (Group)

HREC Project Number:	HRE2019-0449
Project Title:	DISCHARGED Evaluation
Chief Investigator:	Associate Professor Robyn Martin
Version Number:	1
Version Date:	19/06/2019

What is the Project About?

- This research is evaluating the experience of participants and of the DISCHARGED group.
- In particular, it is looking at the approach taken in DISCHARGED to understand if it makes a difference to people's lives.
- We hope that the research will contribute to the provision of new and different forms of support for people who have suicide thoughts.
- Up to 16 people who participate in the DISCHARGED groups will contribute their views and experiences.

Who is doing the Research?

- Associate Professor Robyn Martin is conducting this research and will be working with the DISCHARGED peer facilitators who will facilitate the focus groups and interviews and explore your experiences. The facilitators will be trained in research methods and approaches by Robyn and will be working alongside her to analyse the data and prepare the final report and other publications. We are calling the facilitators: facilitator/researcher as they are in both roles.
- Connect Groups have funded the research through their Pay It Forward program.
- There are not costs to you to participate, and we will offer you a \$20 retail voucher to acknowledge your contributions.

Why am I being asked to take part and what will I have to do?

- We are inviting you to participate because you have attended the DISCHARGED group.
- Participation will involve focus group discussion over one to two hours. This focus group is separate to the usual DISCHARGED group, but held at the same location.
- Alternatively, you might prefer an individual interview and this can occur in a mutually convenient location.
- We will be asking questions about your experiences of the DISCHARGED group and how these compare to experiences of clinical and other services.
- We will make a digital audio recording of the group and interview discussions so that the facilitators are not distracted in the conversation by taking notes.

Are there any benefits' to being in the research project?

- There may be no direct benefit to you from participating in this research; however, some research participants report that they appreciate the opportunity to discuss their experiences.
- We hope this research will lead to an increase in different types of support options for people when they experience thoughts of suicide.

Are there any risks, side-effects, discomforts or inconveniences from being in the research project?

- There are no foreseeable risks with this research.
- We have been careful to develop questions that explore your experience of the DISCHARGED group and different support services.
- If you feel anxious or distressed, you do not need to answer the question.
- We have also set aside another hour after the focus group so that you can debrief and talk with the facilitators.
- As usually happens in the DISCHARGED group if people feel distressed, the facilitators will, talk with you about how you feel and explore your usual supports and ways of coping.

Who will have access to my information?

- The information collected in this research will be coded, yet re-identifiable. What this means practically is that we will collect data that can identify you, but will then remove identifying information on any data and replace it with a code when we analyse the data.
- Any information we collect is treated as confidential and used only in this project.
- Robyn and the facilitator/researchers are the only people who can access the information we collect from you. Sometimes, the Research Office at Curtin audits research projects to ensure they comply with ethical responsibilities. If this were to occur, staff from the Research Office may access your information.
- All hard copy (paper, digital audio recording etc.) will be stored in a locked filing cabinet only accessible by Robyn.
- Electronic information will be stored on a password-protected computer and only accessible by the Robyn and the facilitator/researchers.
- We will be storing data for seven years after the research is published and it will then be destroyed.
- We plan to write a final report and two articles for publication. You will not be identified in these publications.
- Whilst all care will be taken to maintain privacy and confidentiality of any information shared at the focus group, you should be aware that you may feel embarrassed or upset if one of the group members repeats things said in a confidential group meeting.

Will you tell me the results of the research?

Once we have analysed the focus group data, we will share a summary of the group results with you.

Do I have to take part in the research project?

- Taking part in a research project is voluntary.
- It is your choice to take part or not.
- You do not have to agree if you do not want to.
- If you decide to take part and then change your mind, that is okay, you can withdraw from the project.
- If you choose not to take part or start and then stop the study, it will not affect your relationship with the University, or members of the DISCHARGED group.
- If you decide to withdraw from the research, you do not have to give us a reason.
- If you withdraw, we will ask you if we can use any information you have shared on your experience of DISCHARGED.

What happens next and who can I contact about the research?

If you decide to take part in this research, we will ask you to sign the consent form. By signing, it is telling us that you understand what you have read and what we have discussed. Signing the consent form indicates that you agree to be in the research project and have your experiences of DISCHARGED used as described. Please take your time and ask any questions you have before you decide what to do. We provide a copy of this information sheet and the consent form for you to keep.

If you have questions or concerns about the project, you can contact:

Associate Professor Robyn Martin

(08) 9266 2756 or r.martin@curtin.edu.au

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number HRE2019-0449). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

APPENDIX 3

DISCHARGED Evaluation

Facilitator focus group questions

1. How did you find out about A2S?
2. What led you to create the group?
3. What were you hoping the group would provide or offer?
4. How does your experience in this group compare to other experiences of talking about suicide?
 - Prompt**
 - f. Talking with clinicians and professionals
 - g. Talking with friends
 - h. Talking with partners
 - i. Talking with family
 - j. Talking in community
5. What has it been like to facilitate this group?
 - Prompt**
 - e. Emotional safety
 - f. Trust
 - g. Judgement and acceptance
 - h. Personal control and being told what to do
6. Thinking about your experience of the group, can you tell us:
 - a. How you felt before coming into the group?
 - b. How you felt during the group?
 - c. How you felt after the group?
7. What have the impacts of facilitating and being a part of the group been for you?
 - Prompt**
 - d. Feelings and thoughts of suicide
 - e. Other thoughts
 - f. Emotions
 - i. Your sense of wellbeing
 - ii. Feelings of connectedness to members of the group
 - iii. Feelings of connectedness to other people
 - iv. Relationship changes
 - v. Feeling in control
 - vi. Being able to navigate or manage other parts of your life (i.e. work, relationships etc.)
 - vii. Any other areas
8. Has DISCHARGED influenced your involvement with other services.
 - a. Has attending the group:
 - i. Impacted on your willingness to seek help?
 - ii. Influenced your motivation to seek help?
 - iii. Changed the type of help you are now seeking or receiving (ask for examples)
 - iv. Influenced your approach to seeking help (i.e. are you seeking help in different or similar ways)?

9. What sorts of changes have you noticed in yourself and your life since coming to DISCHARGED?
10. Is there anything else you would like to talk about in relation to your experience of facilitating the DISCHARGED group?

APPENDIX 4

PARTICIPANT INFORMATION STATEMENT (Facilitators)

HREC Project Number:	HRE2019-0449
Project Title:	DISCHARGED Evaluation
Chief Investigator:	Associate Professor Robyn Martin
Version Number:	1
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What is the Project About?

- This research is evaluating the experience of participants and facilitators involved in the DISCHARGED group.
- In particular, it is looking at the approach taken in DISCHARGED to understand if it makes a difference to people's lives.
- We hope that the research will contribute to the provision of new and different forms of support for people who have suicide thoughts.
- Up to 16 people who participate in the DISCHARGED groups will contribute their views and experiences.

Who is doing the Research?

- Associate Professor Robyn Martin is conducting this research and she will conduct the focus group with facilitators.
- Connect Groups have funded the research through their Pay It Forward program.
- There are not costs to you to participate.

Why am I being asked to take part and what will I have to do?

- We are inviting you to participate because you facilitate and are involved in the DISCHARGED groups.
- Participation will involve focus group discussion over a two hour period.
- We will be asking questions about your experiences as a facilitator of the DISCHARGED group.
- We will make a digital audio recording of the group and interview discussions so that the facilitator is not distracted in the conversation by taking notes.

Are there any benefits' to being in the research project?

- There may be no direct benefit to you from participating in this research; however, some research participants report that they appreciate the opportunity to discuss their experiences.
- We hope this research will lead to an increase in different types of support options for people when they experience thoughts of suicide.

Are there any risks, side-effects, discomforts or inconveniences from being in the research project?

- There are no foreseeable risks with this research.
- We have been careful to develop questions that explore your experience of facilitating the DISCHARGED group.
- If you feel anxious or distressed, you do not need to answer the question.

Who will have access to my information?

- The information collected in this research will be coded, yet re-identifiable. What this means practically is that we will collect data that can identify you, but will then remove identifying information on any data and replace it with a code when we analyse the data.
- Any information collected is treated as confidential and used only in this project.
- Robyn and the co-researchers are the only people who can access the information we collect from you. Sometimes, the Research Office at Curtin audits research projects to ensure they comply with ethical responsibilities. If this were to occur, staff from the Research Office may access your information.
- All hard copy (paper, digital audio recording etc.) will be stored in a locked filing cabinet only accessible by Robyn.
- Electronic information will be stored on a password-protected computer and only accessible by the Robyn and the co-researchers.
- We will be storing data for seven years after the research is published and it will then be destroyed.
- We plan to write a final report and two articles for publication. You will not be identified in these publications.
- Whilst all care will be taken to maintain privacy and confidentiality of any information shared at the focus group, you should be aware that you may feel embarrassed or upset if one of the group members repeats things said in a confidential group meeting.

Will you tell me the results of the research?

Once we have analysed the focus group data, we will share a summary of the group results with you.

Do I have to take part in the research project?

- Taking part in a research project is voluntary.
- It is your choice to take part or not.
- You do not have to agree if you do not want to.
- If you decide to take part and then change your mind, that is okay, you can withdraw from the project.
- If you choose not to take part or start and then stop the study, it will not affect your relationship with the University, or members of the DISCHARGED group.
- If you decide to withdraw from the research, you do not have to give us a reason.
- If you withdraw, we will ask you if we can use any information you have shared on your experience of DISCHARGED.

What happens next and who can I contact about the research?

If you decide to take part in this research, we will ask you to sign the consent form. By signing, it is telling us that you understand what you have read and what we have discussed. Signing the consent form indicates that you agree to be in the research project and have your experiences of DISCHARGED used as described. Please take your time and ask any questions you have before you decide what to do. We provide a copy of this information sheet and the consent form for you to keep.

If you have questions or concerns about the project, you can contact:

Associate Professor Robyn Martin

(08) 9266 2756 or r.martin@curtin.edu.au

Curtin University Human Research Ethics Committee (HREC) has approved this study (HREC number HRE2019-0449). Should you wish to discuss the study with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

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