



SASTF's *The Way Forward* Q&A

Q. What is *The Way Forward* and why is it so important?

For far too long, the suicide prevention field and behavioral healthcare system have not engaged the perspectives of those with lived experience of suicide and a culture of silence has prevailed due to fear, social stigma, and personal shame. *There is a strong movement underway to change this*, and suicide attempt survivors are emerging with a collective voice and cohesive framework for shaping the future of suicide prevention.

This is a pivotal time in the history of suicide prevention in this country. We are embracing those with lived experience to broaden and shape the future of suicide prevention.

The National Action Alliance for Suicide Prevention's *The Way Forward* sets the stage for a constructive collaboration in developing new, more effective means for reducing suicide attempts and deaths. It does so by providing recommendations based on evidence-based practices which incorporate personal lived experience of recovery and resilience.

The Way Forward bridges gaps between suicide attempt survivors and mental health policy makers, suicide prevention leaders, and program implementers.

These untold stories of survival, hope, and recovery are bridges to developing new ideas, new questions, and new insights into reducing future suicide attempts and deaths.

The Way Forward is a path for change and a roadmap to save lives.

Q. Who developed *The Way Forward*?

The Way Forward was generated through extensive dialogue by the National Action Alliance for Suicide Prevention's Suicide Attempt Survivors Task Force (SASTF) and based in the tenets of mental health recovery developed through decades of work by peer advocates, behavioral health professionals, and community feedback.

The SASTF includes people with lived expertise of suicide from nearly every region of the U.S., several professional perspectives, and a broad range of racial, ethnic, and cultural backgrounds.

Q. What is meant by the term “lived experience”?

In the suicide prevention field, this refers to “first-person knowledge about suicidal thinking and/or behavior from having lived through one or more suicidal experiences.” Sometimes another term, “lived expertise,” is used which is the “combination of lived experience and relevant training or practice that enables a person to apply personal knowledge to professional activities.”

Q. Who benefits from *The Way Forward* recommendations?

Suicidal thinking can happen to anyone, and individuals experiencing it are rarely prepared. Thus, there is need for support from others. These recommendations also benefit their loved ones and other professionals – from health workers to university officials and employers – who might come into contact with a person with suicidal thinking.

The Way Forward recommendations are designed to be of value to:

- policy- and decision-makers
- public and private agencies that fund suicide prevention research and programs
- program developers and implementers working in suicide prevention
- clinicians and other professionals working with people who are, or have been, suicidal
- family members, friends, and support persons

Q. What are the short-term and long-term goals of *The Way Forward* as they relate to policy and healthcare changes?

Examples of the short-term goals include:

- Establishing training protocols and core competencies for peer supports around suicidal experiences, and methods for assessing them
- Training human resources staff at agencies and organizations in best practices for supporting those employees with histories of mental health challenges or suicidal experiences
- Including and endorsing attempt survivors in suicide prevention efforts within all levels of agencies and organizations (federal, state, community, etc.)

The overarching long-term goal of this document is to inspire better resources, and far more support for the person experiencing suicidal thoughts and feelings, with the hope of saving lives and preventing future suicide attempts.

Q. What are the top recommendations from *The Way Forward*?

All national mental health and suicide prevention organizations should make formal statements of support for people who have been suicidal and feature targeted resources for their loved ones. All organizations should include people with lived experience in every part of their work, from executive boards to policy, to research committees to messaging efforts.

In addition, those with lived experience need to be integrated into organizations as peer support specialists, and if need be, also have access to peer support counseling. Individuals who know what it's like to be suicidal are essential at every step of support, from crisis lines to emergency departments to support groups.

The Way Forward has prioritized the establishment and funding of a national technical assistance and training center, driven by experts who are people with lived experience of suicide, with a scope of work closely tied to *The Way Forward* recommendations. Resources should be developed and expanded, to assist people with lived experience and suicide attempt survivors and those who love and care about them, and funding should be requested to make those resource available to individuals and local organizations across the nation.

Suicide prevention requires strong anti-discrimination advocacy, to ensure that those struggling with suicidal ideation are not discriminated against and receive the healthcare they need.

Far more national public messaging is crucially needed to reach out to people who've been suicidal, focusing on real people and real voices of recovery.

Q. What are the Core Values of the Task Force?

The Core Values reflect the consensus perspective that attempt survivors want suicide prevention professionals and organizations to consider when developing or implementing suicide prevention supports and correspond with many protective factors that counter risk for suicidal thinking and behavior. The common themes are respect, collaboration, and inclusion at every step, from crisis to recovery. These Core Values include:

- Foster hope and help people find meaning and purpose in life
- Preserve dignity and counter stigma, shame, and discrimination
- Connect people to peer supports
- Promote community connectedness
- Engage and support family and friends
- Respect and support cultural, ethnic, and/or spiritual beliefs and traditions
- Promote choice and collaboration in care
- Provide timely access to care and support

Q. Why have suicide attempt survivors not been engaged/involved in the past?

Historically and still today, health and behavioral healthcare agencies – as well as other workplaces – have feared that persons with a known history of suicidal thoughts and behaviors created professional and environmental risks in the workplace; that they were forever vulnerable to unsafe or unstable behavior that could disrupt the workplace, and/or their open disclosure of their past suicidal thoughts or behaviors would somehow encourage others to consider suicide or attempt to harm themselves. These fears have often been cloaked in references to individual and workplace liability risks, and have created a culture of silence. These fears exaggerate risks, promote myths and discrimination, and undermine help seeking and more effective engagement of persons at suicidal risk.

Similar concerns were once largely directed at persons with histories of mental illness, and alcohol or drug abuse; yet, we have increasingly benefitted from the inclusion and employment of persons with these lived experiences in supporting others with similar problems. Such inclusion of persons with lived experience, we have learned, benefits the recovery of both the helper and the person needing help, and reduces the stigma that isolates persons from seeking needed assistance. Similarly, suicide attempt survivors are now providing their views on improving treatment and recommending ways the healthcare community can build trust. Their lived expertise and much-needed input can make a life-or-death difference.

Let's treat this health problem like a health problem, not like a curse. It is time to face these fears, challenge discrimination and avoidance, and embrace experiences of persons that could help us save more lives.

Q. What does this mean for suicide attempt survivors?

Suicide attempt survivors need to be an integral part of suicide prevention programs, practices, and policies. They are becoming a part of the solution to one of the most perplexing public health issues of our time. We need more trained peer specialists as well who know what feeling suicidal is like, have experience they can share about what helps, including what services and self-help practices may be most beneficial and who know how to truly engage others experiencing suicidal intensity.

Suicide attempt survivors should seek to serve on boards of directors, guide policy making, and become spokespersons for resiliency and hope. Many suicide attempt survivors can serve as skilled advocates for others going through difficult life experiences.

It's time to talk about suicide and listen to those with lived experience. They are working together collectively to save others from suicidal despair.

Q. What is the significance of the Summit meeting in San Francisco?

In the past several months, there has been a considerable movement, from those with lived experience, to be an integral part of suicide prevention as it relates to consensus recommendations for programs, practices, and policies. In March 2014, a landmark meeting, the [“Lighting the Way Forward” National Summit on Lived Experience in Suicide Prevention](#), was the first time in known history that a major international suicide prevention practice initiative, Zero Suicide, promoted via the Action Alliance, has engaged with suicide attempt survivors to strategize directions for fostering healthier communities and preventing suicide deaths. Created and hosted by the Center for Dignity, Recovery and Empowerment in San Francisco, this dialogue brought mental health and crisis services professional together with those who have been on the receiving end to create a quality feedback loop that can go a long way to preventing death in the future, and a model for collaborative problem-solving for the entire field.

Q. What is the significance of the new AAS Lived Experience/Suicide Attempt Survivors division?

In April 2014, the American Association of Suicidology’s Board of Directors unanimously approved the creation of a new division to represent people with lived experience and suicide attempt survivors and the people who love and care about them. DeQuincy Lezine, Ph.D., the primary writer of *The Way Forward*, will serve as inaugural chair.

What are the next step(s) for *The Way Forward*?

Across the country there are millions of people who recover from suicidal crisis every year, many of whom survive attempts. Through outreach from people in health care, suicide prevention stakeholders and mental health consumer groups, this lived experience can be engaged to build hope, foster connectedness and counter stigma in communities across the nation.

Connections through suicide prevention crisis call centers, mental health service providers and advocacy networks as well the Task Force and related groups will be essential, also, in bringing the recommendations to their communities.

Finally, leadership organizations and individual leaders in health and public service areas are essential to implement the specific directions. Every national organization that makes mental health its business, and any community or governmental organization whose work includes contact with suicidal people, should work quickly to adopt these recommendations, and our task force stands ready to help with expert guidance.

In order to accomplish next steps, and provide support for organizations and individuals engaged in this important change, the Task Force has prioritized the establishment and funding of a national technical assistance and training center, driven by experts who are people with lived experience of suicide, with a scope of work closely tied to *The Way Forward* action areas.

Resources will be developed and expanded, to assist people with lived experience and suicide attempt survivors and those who love and care about them, and funding will be requested to make those resource available to individuals and local organizations across the nation.

What is National Action Alliance for Suicide Prevention (Action Alliance)?

The [National Action Alliance for Suicide Prevention](#) is the public-private partnership working to advance the [National Strategy for Suicide Prevention](#) and make suicide prevention a national priority. The Action Alliance's goal is saving 20,000 lives in five years.