# LELAN Alternatives to Suicide (Alt2Su) Evaluation Report - Quick Read summary (February 2024)

Flick Grey, Sar Bostock & Jo Farmer

*"[Alt2Su is] not about fixing ourselves or our problems … You can just, like, turn up and share, or listen and hold space. And that, that really meets the needs of most people."*

*"I think [LELAN are] doing a fantastic job on the ground here. Like I think that they're really leading change which is needed and wanted … I think [Alt2Su] has go national."*

*"Because we all kind of need that bravery of community…
We can do hard things together."*

*"Alternatives to suicide has, has made it okay for that [suicidal] part to exist and it'd be with me for my whole life. And that's okay. So that's the power of this stuff. And it's made me okay."*

# Acknowledgement of Country

The evaluation team works on the unceded lands of the Wurundjeri people of the Kulin Nation. We acknowledge Elders past and present, and extend our respect to the Custodians of the lands from which you are reading this.

# A note on this Report's structure

We recognize that people accessing this Evaluation Report may be interested in the learnings from this evaluation of LELAN's Alternatives to Suicide project, but not have capacity, time or interest to read a 100-page report in full. Thus, these evaluation findings are available as:

(1) An infographic summarizing some key learnings
(2) This Quick Read summary of the Final Report, condensed to 20 pages
(3) The full 100-page Final Report, structured with many headings and subheadings, with the intention that people can easily skim to the sections that most interest them.

# Executive Summary

This Final Report shares the findings of an independent evaluation of LELAN's implementation of the Alternatives to Suicide (Alt2Su) approach in South Australia. Originally developed by the Wildflower Alliance in the United States, Alt2Su offers peer-led community-based groups, centring mutual connection and meaning-making around suicide distress, thoughts and experiences. Alt2Su groups are non-clinical spaces where people can be honest about their experiences without fear of coercion, or risk assessments that shut conversation down.

This project, including this evaluation, was made possible by financial support from Wellbeing South Australia, Country South Australia Primary Health Network (PHN) and Adelaide PHN.

29 people participated in this evaluation, including Alt2Su group facilitators, attendees, project funders, LELAN staff and other stakeholders (e.g. people working in mental health services), recruited through social media and LELAN's website and networks. Participants were self-selecting in the early stages, with a more purposive approach taken later, to explore adaptations, Alt2Su groups adjacent to services, and demographic-specific Alt2Su groups.
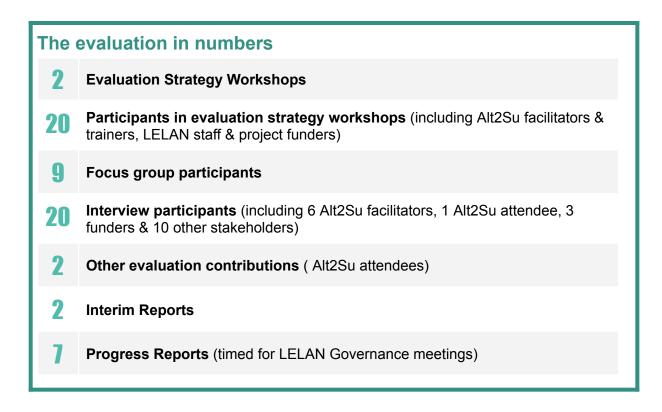
Overall, the findings have been overwhelmingly positive, with strong expressions of support for the Alt2Su approach itself, as well as for LELAN's implementation of Alt2Su. There was widespread appreciation of Alt2Su's philosophical underpinnings as well as the enactment of this approach in practice. Participants described Alt2Su groups offering space to speak freely about suicidality and life-difficulties without fear of a coercive response, and fostering connection, community and a reduction in shame and loneliness. Group attendees explore

social determinants, make meaning and build human connection, and their relationship to suicidality shifted, rather than being focused on "solutions". The Alt2Su principle of "responsibility to—not for or over" was found to be particularly impactful, with this shift in mindset extending beyond Alt2Su groups into people's professional and personal lives. Many participants contrasted Alt2Su with disempowering experiences in mainstream services, including risk-averse responses to disclosures of suicidality and escalation, foreclosing space to speak of distress and life-difficulties. A small number of participants felt this contrast was overstated, suggesting Alt2Su can stand strong on its own merits without needing to be critical of other service responses. An area for further exploration is the potential "mainstreaming" of Alt2Su, with many participants keen for the approach to be scaled up and (potentially) adapted to different contexts. Others expressed concerns around potential co-option, advocating strongly that the Alt2Su Charter needed to be rigorously maintained.

Strong appreciation was expressed for LELAN's implementation work. Facilitators commended LELAN for the level of care and responsiveness, contrasting this with other contexts where Alt2Su groups do not have this kind of structural support. Many participants commended LELAN's "bravery" and relational work with systems and services, embedding the Alt2Su approach in different contexts. The most commonly-cited challenge was the dominance of clinical governance frameworks, especially on funding and inhibiting innovation (although it is noted during the course of this evaluation a lived experience governance framework was released). "Top-down" power dynamics, precarity in funding and the relatively small evidence base for Alt2Su were also noted as barriers. Many participants spoke of lingering worries, as individuals more than at the organizational level, about someone dying by suicide in the absence of a traditional risk-averse approach: a recommendation from this evaluation is that space be afforded for those working through this shift in mindset and practice.

Several funders and stakeholders spoke of the process of working through challenges together (rather than facing no challenges) being transformative. Some learnings in this context include the importance of "collaborative learning spaces", bravery within services (especially in relation to negotiating risk-averse funding structures) and finding "good enough" ways forward rather than waiting for full systems transformation and a complete shift in mindsets.

Finally, this evaluation also explores nuances around scaling-up, especially demographic-specific Alt2Su groups, service-adjacent Alt2Su groups and "adaptations". Some participants strongly encouraged contextual adaptation (including, for example, members of particular communities being recognised as "peers" rather than strictly meaning personal lived experience of suicidality) while others advocated for strict fidelity to the Alt2Su model to ensure realization of its transformative potential.

## The evaluation in numbers

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|---|---|
| **2** | **Evaluation Strategy Workshops** |
| **20** | **Participants in evaluation strategy workshops** (including Alt2Su facilitators & trainers, LELAN staff & project funders) |
| **9** | **Focus group participants** |
| **20** | **Interview participants** (including 6 Alt2Su facilitators, 1 Alt2Su attendee, 3 funders & 10 other stakeholders) |
| **2** | **Other evaluation contributions** ( Alt2Su attendees) |
| **2** | **Interim Reports** |
| **7** | **Progress Reports** (timed for LELAN Governance meetings) |

# Recommendations

1. That long-term, ongoing funding opportunities for Alt2Su be sought, in partnership with existing funders and other stakeholders
   – Funding may be at the national level

2. That LELAN fosters more conversations to clarify emerging questions in relation to the Alt2Su approach, in the context of adaptations, sustainability and scalability
   – This may include:
     i. "Mainstreaming" and "adaptations" of Alt2Su (with potential for expansion and contextual adaptations but risks of co-option). One possibility is the development of a resource to ensure fidelity/guide adaptation parameters.
     ii. Alt2Su groups for specific cohorts and communities (including a more expansive conceptualization of "peer", recognising the risk co-option)
     iii. The need for some Alt2Su group attendees to privilege anonymity over community-building (including, potentially, an online Alt2Su group with a specific commitment to anonymity)
     iv. Elaborations and explorations of optimal responses to suicidality where there are heightened worries about "risk" (at the individual level more than the organizational level)

3. That LELAN continue working relationally with funders, stakeholders and services to explore how Alt2Su can be embedded and scaled up, while attending closely to the potential risk of co-option
   – This may include opportunities to "see Alt2Su in practice" and hear from facilitators/attendees directly, for system stakeholders, clinicians and funders.

4. That Alt2Su training be updated
   – This may include:
     i. Adding content on responding to a death by suicide
     ii. Clarifying how diverse perspectives are negotiated "in the room"
     iii. Focusing more on the strengths of Alt2Su than on the deficits of other approaches
     iv. Ensuring the "When Conversations Turn to Suicide" training responds to the needs of participants

5. That supports for facilitators continue to be expanded
   – This may include:
     i. Up-skilling as needed (e.g. group facilitation skills), access to practice groups post-training and a "buddy" system for inexperienced facilitators
     ii. Online networking spaces, supervision and reflective practice spaces
     iii. More space for navigating the concept of "risk" where individual facilitators are grappling with the shift in mindset

# Section Two: Evaluation Approach

## The evaluation team

The evaluation team - Flick Grey, Sar Bostock and Jo Farmer - all draw professionally on our own lived experiences of mental distress, suicidality and crisis. LELAN made a conscious decision to draw on lived expertise for this project. The team also brings lived experience of other forms of marginalization, and experience working explicitly from these perspectives. Jo Farmer brings specific expertise in evaluations that are deemed "High risk" by Human Research Ethics Committees (such as interviewing people with lived experience of suicidality).

The evaluation team are all based in Naarm (Melbourne) and want to name how sincerely we have appreciated this opportunity to work alongside LELAN and the South Australian community, to explore these emergent learnings. We commend LELAN for not just articulating their values, but enacting them in their professional relationships: this is a theme discussed by many evaluation participants, but we wanted to express that we have also experienced this as external evaluators.

Several participants noted feeling especially comfortable with the evaluation team *because* of our lived experience. In the full Final Report, we include several quotes from participants who expressed warm appreciation for the shared lived experience, noting that this created a "very safe space", and "opens up the sort of dialogue a bit more". We share these quotes to demonstrate to others considering lived experience-led research - and possibly feeling some hesitation - that participants highly valued that the evaluation was lived-experience led.

## Evaluation timeline, Evaluation Design workshops, Evaluation Strategy and Ethics Approval

In April 2022, LELAN released a Request for Quote (RFQ) for two connected pieces of work:

1. A Rapid Literature Review on the need for and benefit of peer-led and/or alternative approaches to distress, suicide and/or crisis, and
2. An evaluation of the Alternatives to Suicide project, including documenting learnings along the way and how to leverage them so that future lived experience-led initiatives are designed for greater impact.

Over the course of 2022, the evaluation team delivered the [Rapid Literature Review](), held two evaluation workshops with 20 participants (including Alt2Su facilitators and trainers, LELAN staff and funders) which led to an Evaluation Strategy, and steered the project through an ethics approval process (through Bellberry Ltd). An Interim Report was delivered in January 2023 (based on the first 6 interviews) and a second Interim Report in July 2023 (based on findings from 17 evaluation participants). LELAN requested an extension to the original evaluation until February 2024. The Final Report was delivered in February 2024 and is intended as a standalone document, incorporating earlier leanings. It is accompanied by this Quick Read

summary for accessibility. In the full Final Report, there is more detail about the evaluation approach.

It was noted in the Rapid Literature Review that there are only a very small number of formal evaluations of peer-led and/or alternative approaches in Australia. Formal ethics approval for this research enables potential publication of evaluation findings (in the peer-reviewed literature), which contributes to the small but growing evidence base for alternatives for suicide, distress and crisis in Australia.

## Data sources

This Final Report draws on data from 29 participants, including 6 focus groups, 6 interviews with Alt2Su group facilitators, 1 interview with an Alt2Su group attendee, 3 interviews with funders, 10 interviews with other stakeholders, and two emailed submissions. Data from an (anonymous) online survey that was open for the duration of the evaluation have not been included due to low response rates, meaning the results are not statistically significant.

Interviews and focus groups were all conducted remotely on Zoom, recorded and transcribed by AI, and checked by members of the evaluation team for accuracy.

# Section Three: Evaluation Findings

## Findings in relation to the Alt2Su approach

There was widespread positive regard for the Alt2Su approach expressed by evaluation participants. One participant summarized "I can't sing the praises of Alt2Su highly enough." Several noted that they would have appreciated this kind of approach when they were experiencing their own suicidality - "a safe place just be me" - and others noted that they felt this is what communities are asking for. Participants responded that they would "absolutely" recommend the groups to others, both in their professional and personal lives. Several noted that there was "comfort" in just knowing the groups exist.

Participants came with varied initial impressions of the approach, with some immediately attracted, while others were skeptical at first before attending the Alt2Su facilitator training, when their skepticism shifted, and they grew to feel very positive about the approach. Some were drawn to Alt2Su due to its similarities with other approaches (such as Hearing Voices) while others were connected with LELAN and curious about what LELAN were pursuing.

Elements of the approach that were appreciated:

**Lack of coercion:** Several participants spoke specifically of being attracted to Alt2Su's lack of coercion, force, police and "punitive measures" when sharing suicidal intent or thought. They spoke of Alt2Su centring rights and autonomy, and filling "a really big gap" for those who were afraid to access existing services for fear of being admitted. They described "not having a safe space to talk about suicide" otherwise.

**Connection:** For others, the attraction was the *connections* fostered through shared experiences of suicidality. This included both feeling connected because others understood, and needing connection in dark times. For many participants, the potency was in the *intersection* between connection with others and a lack of fear of coercion. One participant described this intersection as having "transformative impact". Another reflected on the value of a space for sharing without being worried about consequences:

> *"Here's an alternative … somewhere safe, that you can go and actually have real conversations about this without, you know, the expectation and the worry of consequence, from sharing."*

Other valued elements of the Alt2Su approach include:

– A reduction in shame and loneliness;
– Offering "an alternative", especially for those who have had mixed or negative experiences in the mental health system, or who work in the mental health system;
– A greater focus on social determinants, and connections arising from exploring these;
– Reframing responses to suicidality, such that the idea of "by any means necessary" referring to the critical importance of attending to social determinants (rather than

coercion and force), and "safety" being about the safety of the relationship (and whether a person asking about suicidality is themselves a "safe enough" person);

– Seeing people with experiences of suicidality as having something really positive to offer;
– Not being solutions-focused, which it was noted opened up space for more generative solutions to emerge;
– Expanding people's worldview, challenging their own black-and-white thinking.

Many participants contrasted Alt2Su with more traditional risk-averse responses, having had negative experiences in the mental health system. For example, one participant spoke of the default escalation response - *"If someone is suicidal it's alarm bells, it's panic stations."* - while another spoke of hospitalization as a traumatizing experience, where they felt "shut down" and "disbelieved". Participants described these experiences as hindering trust in the system, foreclosing space to discuss their suicidality and life-struggles, creating feelings of misunderstanding and isolation, and in some cases preventing future disclosures of distress to clinical service providers due to fear of a risk-oriented response.

When they attended Alt2Su groups, they felt able to have "truly honest" conversations, connect with other people who had similar experiences, and had a sense of being in a room of people who understood, which led to them feeling less isolated. They had experienced staff in mainstream services who were "not just acting from a textbook" who recognised and humanized distress, but expressed it was "harder to believe" until they met people in real life within Alt2Su groups. They also noted that Alt2Su groups helped with the anxiety from their traumatizing hospital experiences. Others suggested that the contrast between Alt2Su and other approaches was over-emphasized and that Alt2Su can stand in its own strength, rather than in a contrast with other responses. Some participants suggested that Alt2Su be in closer partnership with clinical mental health services, although they noted this might be "blue sky thinking" but that PHN involvement in this current project demonstrates "a real positive shift", which gave them "a lot of hope for the future and people being open to alternatives and peer-led things." Other participants spoke to just how challenging the discussions were within their organization, especially in terms of contractual negotiations.

In the full Final Report, there are extended discussions of the elements of the Alt2Su approach that were most appreciated, and of the interface between Alt2Su and clinical/mainstream services, including various perspectives around "mainstreaming" Alt2Su, or maintaining strict fidelity, and some challenges faced by Alt2Su groups in service-adjacent contexts.

## Demographic-specific Alt2Su groups

A focus, especially for the third phase of the evaluation, was the needs of specific demographic communities, including young people, culturally and linguistically diverse communities, regional and rural communities, and sexual and gender diverse communities. One participant early on noted LELAN's courage in leaning into this space, noting that others may perceive this as "too risky or too difficult".

In addition to groups being available for specific communities, a participant in this evaluation cautioned that people may prefer to attend a general group, rather than a specific group,

because within any social group there is often a sense of politics, a layer of navigating belonging, as well as social/cultural/political differences. They also suggested the possibility that holding groups for specific communities could perpetuate stereotypes or homogenizing views of these communities. This is not to suggest there isn't a need for identity-specific spaces, but to hold such complexities in mind alongside this project.

*Rapid Literature Review note:* The strongest evidence base for peer-led alternatives in the literature review came from First Nations' communities and sexual and gender diverse communities. The first Alt2Su research in Australia emerged from a gender diverse community context (Radford, Wishart & Martin 2019).

One potentially complicating finding from the literature is that many communities use the term "peer" to include not just people who share a lived experience of suicidality, but to refer to people who are *members of the same community*. For example, Cheesmond *et al* (2019) explored peer support as a potential intervention to increase help-seeking in rural communities. They found that while peer support was identified as likely facilitative of help-seeking, "rural life experience" was rated even more highly. Meridian Community Health (2021) similarly used the term "peer" in reference both to lived experience (in the mental health context) *and* to sharing identity features within a community (in this latter context, the larger queer community).

For some communities, this extends to valuing "elders" in a community. For example, VACCHO (2020) recognized that within Aboriginal communities, cultural knowledge was shared from elders, aunties and uncles (and they emphasized these should be paid roles). Similarly, Heselton (2021) reviewed the literature on autistic children and their experiences of adversity and resilience, and found that autistic community and autistic adults were valued for their role in shaping "neurodiversity-affirming" perspectives.

There is also heterogeneity in how the term "peer-led" is used: in the peer-reviewed literature, this term predominantly referred to activities conducted by people with a lived experience that were adjunctive and *subordinate* to clinical interventions. However, for many in the lived experience community (including those who have laid foundations for the emergence of "alternatives", e.g. Chamberlin 1978, Mead 2019, the [Alternatives Conference](#)), the term "peer-led" entails *epistemological leadership* by people with lived experience of distress, suicidality and/or crisis. This heterogeneity may be important to reckon with as clinicians and others without lived experience intersect with the Alt2Su space.

We anticipate there are likely to be rich, ongoing dialogues over the conceptualisation of "peers", respecting the maturity and breadth of this emergent, intersectional space, while also resisting co-option into the dominant biomedical paradigm.

There was strong support amongst evaluation participants for **queer-specific** Alt2Su space. For example, one participant reflected: *"I found that I've been able to talk about stuff to do with like, internalized homophobia and stuff like that with LGBTIQ ones."* In the full Final Report, there are

several more quotes from participants speaking to the value they personally experienced in these spaces.

It is unclear from this evaluation whether the Alt2Su spaces offered by LELAN would be culturally safe for **First Nations'** attendees - this was not an issue explicitly explored, nor something any participants spoke of (no evaluation participants identified as being First Nations). However, given this was a strong theme in the Rapid Literature Review (which the full Final Report elaborates on), the evaluation team suggests this could be an avenue to explore further. It is noted that VACCHO (2020) articulate clearly that Aboriginal people are still disproportionately exposed to risk factors that negatively impact on their mental health and social and emotional wellbeing, and that *transformative* change, grounded in Aboriginal-led solutions, are needed, building on Aboriginal community, and existing Aboriginal governance structures (especially Aboriginal Community Controlled Organisations).

The evaluation explicitly explored Alt2Su in relation to **CALD communities**. There was a diversity of perspectives around whether the term "suicide" was a barrier for some cultural groups, with one participant arguing that avoiding the term would perpetuate silence within these communities, leaving stories of suicidality amongst CALD communities "hidden". There was a clear call for more space to explore the complexities of setting up Alt2Su groups in the "multicultural space". It was added that CALD communities didn't need people from outside of their own community telling them how to do it, they need people within their own community supporting them.

Two participants suggested there could be an emerging need for a **men-specific group**. While one did not elaborate further, the other noted that 75% of those who complete suicide are men (while many more women make attempts). In beginning to speak to this topic, the participant initially used the term "priority" [groups] before appearing to struggle to find words beyond the dominant languaging of suicide policy. They went on to speak of the specifics of male suicidality, for example, the participant wondered whether LELAN's "branding" resonated with "masculine fellas out there that had that lived and living experience", adding "what can we do to grow that cohort so that we can try to do something about it?" Another participant reflected on the way men *are* participating in Alt2Su groups, describing them as "coming back and finding a safe place where they can speak about things that they can't normally speak about in regular society. That's a beautiful thing that I'm hearing." Specifically, it was noted that Alt2Su offers space to speak about things that are "potentially not able to be talked about in other spaces in that way," with "compassion and care, and kindness and openness. And within that safe space." The evaluation team suggests this is potentially another space for further discussion.

Finally, there is an extended section in the full Final Report exploring the complexities of people with **family/carer lived experience of suicidality** in the Alt2Su space. Participants shared a range of experiences, including the Alt2Su approach being valued in supporting parents bereaved by suicide juxtaposed with participants in training feeling like they had to "bracket" out their caring experiences, due to what they described as the "othering of carers" in the lived experience community, even as they themselves saw their own suicidality as intimately entangled with their caring experiences. For example, one participant spoke of becoming

"both/and" when a family member had recently become suicidal and they themselves had a long history of experiencing suicidality, referring to *"this sort of capacity to be both/and … the threads can be much more complex, I think."*

## Worries about the Alt2Su approach

Participants expressed various "worries" about the Alt2u approach. These came from two directions - the first came from participants who were more familiar with risk-averse approaches, who spoke of their own grappling with questions of "validating" suicide and their own fears around not intervening "in the worst case scenario". It is worth noting, these were not expressed as concerns about the Alt2Su approach, but as challenges individuals grapple with. They also spoke of a need for ongoing work alongside services to clarify "duty of care", and to address attitudinal barriers in the sector, largely in relation to lack of trust in peer-led services.

The other cluster of "worries" came from those who felt protective of the Alt2Su approach - including concerns about the potential for the approach to be co-opted as more mainstream services seek to adopt it, and an awareness that trust takes time to build up for people who have been harmed by risk-averse practices. Another worry that was expressed was worries about who was "holding the space", where some participants noted they felt cautious but also self-reflective about their own potential "gatekeeping" instincts. It is suggested it might be useful for LELAN to hold space for these grapplings, as they are potentially difficult to speak of.

## Adaptations of the Alt2Su approach

Various adaptations of the Alt2Su approach were explored, including "service-adjacent" Alt2Su groups, one group changing its focus from suicide specifically to a more expanded "depression and anxiety" (in response to community demand), Alt2Su being offered by a telephone support service, one-on-one, and the emergence of a "hybrid" group, with an Alt2Su group followed by game-playing time. Perhaps the most complex "adaptation" is the suggestion that there be an expansion of how can be trained in the Alt2Su approach. This was specifically in a context where community-membership (of a specific demographic) was felt to be sufficiently "peer". A recommendation of this evaluation is to explore this space more fully, balancing adaptation and contextual-responsiveness with fears about potential co-option and loss of fidelity.

## Alt2Su trainings and Alt2Su groups

In the full Final Report, there is an extended discussion of Alt2Su trainings and Alt2Su groups (it has not been possible to do justice to all of the Report in this Quick Read version). Overall, Alt2Su group facilitators consistently spoke very highly of the Alt2Su training. The full Final Report includes many quotes of appreciation for the training facilitators, as well as a deep sense of connection with others felt by participants in the training.

Overall, there was consistent praise for the Alt2Su training and the facilitators (the full Final Report contains many quotes praising the facilitators). Some challenges were also expressed, including noting that the training was challenging and might be usefully held over a longer time

period, challenges associated with the diversity of worldviews amongst participants in the training, family members of people experiencing suicidality/bereaved by suicidality being in the room, as well as suggestions for greater attention on people's worries about responding to "risk" and how communities might respond in the wake of a suicide in the group. "When Conversations Turn to Suicide" training was also delivered to people who may not identify as having their own lived experience of suicidality, and there was more feedback for this training, although it should be noted the numbers were very low, so caution is recommended with extrapolation.

In terms of Alt2Su groups, there was discussion around the requirement that groups have 2 facilitators, challenges such as group dynamics and small group numbers, as well as some suggested changes.

## LELAN's implementation efforts

There was widespread, warm appreciation of LELAN's establishment efforts, relationally, strategically, philosophically and in practice. For example, one stakeholder spoke appreciatively of LELAN's approach to collaboration: "they've been really open and proactive and responsive in working with us."

## Supports for facilitators

Facilitators consistently expressed appreciation for the supports offered by LELAN, describing it as "second to none", "very supportive and very genuine", and that it would "definitely be there as and when required". One facilitator noted feeling valued by LELAN *as a person*, not just as a facilitator. expressed appreciation for feeling both supported in their role by LELAN while also being afforded autonomy:

> *"I really liked that we've given that independence to sort of shape the group, how the facilitators work, but also knowing that we've got that support, on the other hand, as well."*

One participant contrasted the level of support that LELAN provides with the relative lack of support for Alt2Su facilitators in other states:

> *"I've come across some other sort of Alt2Su facilitators from other states that don't have the backing of organizations like LELAN, where it's that kind of that sort of thing that they're just doing off their own back. And I think you can see the difference when you speak to those facilitators."*

For the most part, facilitators spoke of the ease they felt facilitating Alt2Su groups. For example, one facilitator reflected: "Facilitating the groups has felt quite natural and very connective to the people in the room. And I've always left feeling quite connected." Others spoke of needing more supports, such as practice groups after the training and space to explore their own worries as individuals about taking a less risk-averse response "in the worst case scenario".

One challenge that was raised by a small number of facilitators was an *internal* sense of pressure to step into facilitation. It was repeatedly named that this pressure was not coming from LELAN, but an internal sense of not wanting to let others down. We suggest this may be a topic for LELAN to explore more with Alt2Su facilitators - supporting facilitators to navigate their own needs, and what (if anything) might be useful for LELAN to do in this context.

## Implementation enablers

Many enablers were identified, most especially LELAN's bravery and "agitating" work, and their relational approach with stakeholders, as well as LELAN's scoping work to learn from how Alt2Su negotiated challenges in other states. Participants also spoke of the willingness of funders and organizations to be brave and take risks. Other enablers include the enthusiasm of some stakeholders to support this work. Stakeholders spoke of alternative/creative approaches to clinical governance, typically grounded in relational work to ensure risk was held in ways that worked for all parties, finding "good enough" ways forward (rather than waiting for full systems transformation and shifts in mental models) and building trust through working through challenges together (rather than by not having any challenges). Stakeholders and funders spoke of the value of hearing directly from facilitators and attendees about the value of the approach.

## Implementation challenges

The most commonly identified barrier for the uptake of the Alt2Su approach was the *management of risk* in the context of *clinical governance*.

> *"If you're going to deliver really, really solid peer work, then you need to address that whole governance structure because the current governance structures are a barrier and impede...towards proper peer work."*

Participants spoke of the prevalence of "risk management", and the barrier this posed to the adoption of Alt2Su. It was also noted that focusing on risk - ironically - doesn't necessarily *manage* risk effectively, whereas Alt2Su groups build protective factors that mitigate suicide risk.

Funding was consistently raised as a challenge, with several participants noting that Alt2Su was only able to be funded through irregular funding streams, raising questions about how Alt2Su might be funded in the space between being "seed funded" and being "integrated" in the broader system. It was suggested that this challenge would require more strategic thinking and investment from executives to really be able to embed innovative programs within structures that value established approaches.

*Individual fears* were also a common theme - several participants spoke to a sense of personal incongruence around wanting to sit with risk, but worrying about what might happen in "the worst case scenario". One recommendation of this evaluation is that LELAN offers further supports for those who find this a challenge, as one participant noted, "*I think being able to kind of tease out some of these more grey areas would have been really nice... because I did leave and then go, 'Oh shit. What about this? What about that?'*"

The relationship between clinical governance and *funding* for commissioning bodies was also discussed by several participants. Participants expressed frustration that clinical governance inhibits innovation, although some identified creative ways to navigate this terrain, especially through building relational trust, so that organizations hold risk differently, in ways that are comfortable to all parties. It was also noted that there is a need for alternative practice and governance frameworks that align more closely to the Alt2Su model and Charter, because (in the words of one participant) Alt2Su "shouldn't adhere to the same principles" as clinical service delivery. As has been noted, during this evaluation, a lived experience governance framework has been published (Hodges, Leditschke & Solonsch 2023).

Another barrier identified was *traditional "top down power dynamics"*, which were described as "hard to disrupt". LELAN was repeatedly described as "brave" in response to this challenge. "Bravery" was also a theme identified in relation to commissioning bodies, whom it was suggested should be pushed to be "just a little bit braver."

Yet another barrier identified was the paucity of *evidence* for the Alt2Su approach which currently has "only an emerging evidence base at the moment". This presents a challenge for "funders and big systems to sort of feel confident in … making decisions, really bold decisions like this, they often want to hang on to the evidence". Until more evidence emerges, there is a reliance on "trust and belief". One participant offered an extra layer to this, noting the importance of *stories*, especially the emotional resonance they elicit, in addition to research.

One participant noted that the process of *working through* the issues relationally builds more confidence, rather than confidence coming from having no challenges to address. Another noted the benefits of "collaborative learning spaces", where staff could find a common language and navigate differences. Yet another spoke of needing to go "one step at a time". Another spoke to the importance of the notion of finding a "good enough" way forward in any particular context, recognising that systemic change and larger conversations that "shift mental models" take a long time, but that this didn't necessitate waiting until then: in the meantime, contextually-sensitive ways forward could be negotiated.

Some participants spoke of the difficulty of consciously putting aside learnings from other trainings, while a few spoke of actively leaning into this newer approach, for example, "reading my notes and like reading my course book and you know, making sure that I am looking at it a little bit differently because it has been a bit of a change for me."

## Findings in relation to the research

There were many learnings in relation to the research (elaborated in the full Final Report), including the following:

The ethics committee initially expressed hesitation about lived experience-led research potentially not being objective, but this was addressed with endorsements from the evaluation team's research colleagues, and additional contextualisation of qualitative research. There were many quotes from research participants who deeply valued that the research was conducted by

lived experience researchers, with one participant describing it as a "very safe space" another as "a wonderful experience", and yet another noting "you feel more comfortable speaking to someone who lived experience of suicidal distress".

One early learning for the evaluation team was that we had not budgeted sufficiently for the amount of time it took to steer the ethics application for this project. This had implications for both the budget and the project timeline.

A learning from the first evaluation report was that there had been a (very minor) miscommunication between the evaluation team and LELAN, and so for the rest of the project period, LELAN and a member of the evaluation team met fortnightly. This seems to have been a mutually beneficial arrangement, allowing for any questions or emergent learnings on either side to be shared effectively. This was especially helpful as the project unfolded and the evaluation team could respond more effectively to changes in the environment.

We had originally planned for Alt2Su group facilitators to be engaged in the evaluation through focus groups, but - for various reasons - we added in an option for one-on-one interviews, which was well-received, and aligns well with the Alt2Su principle of choice.

The extended time-frame was helpful for maximizing participation in the research, with some participants indicating interest early in the evaluation, but not being able to participate until later in the evaluation. We note that this is a context where participants potentially face more disruptions in life circumstances than participants would in some other research contexts. For this reason, we suggest that a short time-frame for research in this context would be ill-advised.

Other findings detailed in the full Final Report relate to Lived Experience more generally, including people in both designated and non-designated roles.

## Rapid Literature Review

In June 2022, the evaluation team provided LELAN with a Rapid Literature Review on *the need for and benefit of peer-led and/or alternative approaches to distress, suicide and/or crisis.*

LELAN clearly located this literature review in the context of laying foundations for their work more broadly (beyond the Alt2Su context). Questions of *sustainability* and *scalability* were especially emphasized, as well as the evidence base associated with *specific demographic groups* - people living in regional areas, gender and sexually diverse people, and young people.

Nearly 3000 articles were located using traditional search methodology (specific search terms entered into online databases); these abstracts were then scanned, yielding 48 relevant articles which were read in full and summarized in an Appendix, rather than just offering a highly synthesized meta-analysis, in which nuances would be lost. The peer-reviewed literature scan was supplemented with grey literature.

There was a much stronger evidence base for the need for peer-led/alternatives, including a need to move away from a biomedical understanding of distress as illness/deficit, and a

recognition of the harms caused by insufficient or inappropriate service provision within current systems, especially for marginalized communities (in particular First Nations' and sexual and gender diverse communities). The provision of affirming spaces for groups who otherwise faced invalidation or hostility (especially autistic people or trans people) was identified as a key benefit of peer-led approaches, as well as a responsiveness to the complex and varied needs within groups of service users. Another strong thread within these resources was the need to move away from coercive practices within mental health systems.

There was less literature on the benefits of such approaches. The largest-scale exception to this is the evaluation of the Parachute Project in New York, which brought together peer-run respites with a form of Open Dialogue across New York (referenced in Gooding *et al* 2018). The Parachute Project evaluation was highly resourced, including an anthropologist embedded throughout the project, with wide-ranging access to key stakeholders. However, the final evaluation report was retracted from public circulation (most likely because the evaluation included extensive analysis of the project's many, complex challenges).

Three relevant evaluations were found (Crofts *et al* 2017, Radford, Wishart & Martin 2019 & VMIAC 2021) that each provided a meaningful alternative to the existing mental health care system, demonstrated clear benefits to their communities, and responded to distress, crisis and/or suicide in innovative, peer-led ways. These programs are of particular note as their design, implementation and evaluation demonstrate the growing maturity of the lived experience community in Australia, and its capacity to run programs of this nature. The impact demonstrated by each of these programs reflects the growing capability and capacity of the peer workforce to design and lead initiatives that support those experiencing suicide, distress and crisis.

A very small number of studies offered cautions around implementing peer-led/alternatives, including unmoderated online spaces without adequate support structures, risks of coercion in alternative practices, risks to facilitators with lived experience when isolated or poorly supported, and risks to participants when alternative are under-resourced, or fail to account for multiple marginalizations participants may hold.

Insecurity in funding was widely recognised as leading to a lack of consistency in the provision of peer-led/alternatives. This presented as an issue for both participants, who lost access to helpful supports, and facilitators, who faced employment insecurity.

On the question of scalability, it was found that providing nuanced, responsive care was a challenge when peer-led/alternative programs were scaled up. The benefits of *locality* were emphasized, including the benefit of smaller groups for their capacity to build commonality and support around shared lived experiences and tailor content. Thus, it is suggested scaling up should not come at the expense of local responsiveness (and potential adaptation).

The full Final Report elaborates on challenges in conducting the Rapid Literature Review, and there are also relevant learnings from the Rapid Literature Review included as text boxes throughout the full Final Report.

# Section 4: Future possibilities

## Research ethics navigation

The evaluation team navigated challenges stewarding this evaluation through the research ethics process (as lived experience researchers). We are open to discussing these learnings with the LELAN community (e.g. as a knowledge sharing session or webinar, drawing on our experience with this project and others where ethics approval has been challenging).

## Other Alt2Su research in Australia

The evaluation team are also mindful of other Alt2Su evaluations that have recently been conducted in Australia, including:

- University of NSW and insideout & associates research into the experiences and impacts of Alt2Su approach in NSW (Jerzmanowska *et al* 2022)
- Curtin University's evaluation of DISCHARGED's Suicide Peer Support (Radford, Wishart & Martin 2019) and
- An evaluation of theory, values, purpose and practice of Al2Su (Rhodanthe, Wishart, Watts & Hodgson 2022).

The evaluation team is open to opportunities for meaningful collaboration or connection between these various Alt2Su evaluation projects.

As elaborated in the full Final Report, the evaluation team are also open to exploring collaborating with LELAN on a journal article, attending LELAN's forum in 2024, and/or presenting on these findings in-house to the LELAN community (at no extra cost to LELAN).

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