Suicide Prevention Strategy Lived Experience Workshop Report

March 2025

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Produced by

Inclusion Unlimited

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Introduction

Suicide Prevention Partnership

Barnet's Suicide Prevention Partnership brings together different services and organisations whose work relates to suicide prevention. The aims and objectives of the Suicide Prevention Partnership cut across commissioning, public health, primary, community, mental health, acute, social care and voluntary sectors.

The Barnet Council Public Health team leads the Suicide Prevention Partnership in Barnet and steers the development of Barnet's Suicide Prevention Strategy.

Inclusion Unlimited

Inclusion Unlimited is a non-profit, Community Interest Company (CIC), providing consultancy and training which supports organisations to harness the lived experience of staff, users and customers. It is staffed by consultants with lived experience of disability, including mental health issues and long-term conditions.

The two consultants leading the planning and facilitation of the Suicide Prevention Partnership's Lived Experience Workshop have lived experience of the impacts of suicide.

Suicide Prevention Strategy and Action Plan

Suicide prevention is one Barnet's strategic priorities. The Barnet Suicide Prevention Partnership published their first strategy in 2021, responding to the negative impact of the pandemic and increased cost of living on mental wellbeing.

A range of initiatives to prevent suicide have been introduced since 2021 by bringing together a wide range of people and groups. These include people experiencing the impacts of suicide or suicidal thoughts; health and social care practitioners; first responders; community and faith groups and organisations; schools and universities; charities; and academic experts.

The Partnership hope to build on the successes of the first Suicide Prevention Strategy, and outline how they will approach suicide prevention together by co-producing the 2026-2030 Suicide Prevention Strategy and Action Plan.

The Brief

Barnet Public Health commissioned Inclusion Unlimited to plan and facilitate a Lived Experience Workshop to inform the development of the Barnet Suicide Prevention Strategy and Action Plan. The purpose of this workshop was to ensure that people with lived experience of the impacts of suicide (such as suicidal thoughts, suicide attempts, or losing someone to suicide) have a direct influence on the borough's suicide prevention efforts.

Inclusion Unlimited was tasked with planning, managing recruitment and participation for, and facilitating the workshop. Co-production was a guiding principle of the process. Inclusion Unlimited used their Inclusive Impact Model of Co-production, which prioritises transparency, clarity, and accessibility to create meaningful change. Using this model, they ensured the process was accessible, inclusive, safe, and grounded in best-practice co-production principles.

The Partnership aimed to identify successes, challenges, and gaps in support, providing insight into what should be strengthened or rethought in the new strategy. By bringing together diverse lived experiences, participants could validate, challenge, and refine existing approaches, ensuring alignment with the needs of Barnet residents. While consensus was not required, the objective was to foster rich discussions and collective knowledge-sharing, equipping the Partnership with valuable insights to inform meaningful, community-driven suicide prevention initiatives.

This Report

This report outlines themes that emerged from the discussions and provides suggested actions based on the lived experience perspectives shared. Suggested actions are either directly proposed by participants, or developed by Inclusion Unlimited based on the themes identified. The report provides an independent point of view on discoveries of the workshop. It does not represent the organisational views of Barnet Public Health or the Suicide Prevention Partnership partners.

Discussions were facilitated by Inclusion Unlimited consultants, who also wrote on flipcharts; discussions were recorded more fully by Barnet Public Health note-takers. It is from these notes, flipcharts, participant feedback forms, and other participant correspondence, that the key themes have been drawn.[*] The insights gathered have been anonymised to maintain confidentiality.

The Workshop

Participants

A key focus of the project was ensuring that the right voices were heard in the conversation. Inclusion Unlimited managed outreach, recruitment and support for participants, producing participant resources, establishing accessibility requirements, and emotional support considerations. Local organisations were liaised with and supported outreach, to ensure that the workshop reflected the diversity of the borough.

The workshop hosted 17 people, split into two discussion groups. All participants were over 18 years of age, and lived, worked, or studied in Barnet. All participants self-identified as having lived experience of the impacts of suicide, including suicidal thoughts, suicide attempts, or losing someone to suicide.

Safeguarding measures were put in place to ensure the physical and emotional safety of participants. Recompense, in line with the London Living Wage, and lunch was offered to participants of the workshop in recognition of their time and contributions.

[*] To maintain confidentiality and emotional safety, no full transcripts of the discussions were taken. Quotations included in this report are drawn from facilitator notes, discussion flipcharts, feedback forms, and participant correspondence. While every effort has been made to accurately reflect participants' contributions, quotations may not be verbatim.

Creating A Shared Understanding

The workshop was structured to provide clear information and encourage meaningful participation. To ensure a focused and productive discussion, participants were informed of the context of the Suicide Prevention Partnership's work. The borough's current suicide prevention approach and rationale was explained, including: the 'public health' approach to suicide prevention; common risk factors; and priority groups (nationally and locally identified).

Workshop Overview

In line with the public health approach to suicide prevention, the workshop was structured to focus on: people with suicidal thoughts and those impacted by suicide; as well as people at greater risk of having suicidal thoughts in the future; and the general population.

Participants were given prompts to stimulate discussion and encourage focus on:

1. Exploring effective approaches and interventions that should continue or be strengthened.
2. Identifying areas for improvement and barriers to accessing help and support.
3. Understanding what new actions or initiatives should be introduced to improve suicide prevention in Barnet.

The conversations were facilitated in small groups to encourage open, honest, and supportive dialogue.

Participants were also offered the opportunity to provide further suggestions via email after the workshop.

Workshop Discoveries: A Summary

The themes of the workshop can be summarised as:

A. Stigma, Awareness, and Barriers within Healthcare

Stigma prevents help-seeking, especially in certain cultural groups. Positive first contact with services is critical, and joined-up care and long-term, person-centred care improves outcomes, but many struggle to navigate support.

B. Access to Crisis Support

Crisis services are fragmented, with long waits and difficult A&E experiences negatively affecting those in crisis. Proactive approaches are needed to reach those in crisis who may not seek help.

C. Community-Based Prevention and Social Support

Isolation is a key risk factor. Community hubs, peer support, and social prescribing help, but better training and targeted outreach is needed.

D. Work, Volunteering, and Economic Hardship

Unemployment, economic stress, and unempathetic benefits systems impact mental health. Volunteering is valuable, but work-like activity is not always accessible or appropriate.

E. Culturally Competent, Targeted, and Inclusive Support

Suicide prevention must address diverse needs, including those of disabled people, carers, and ethnic minorities. Culturally competent services should engage faith leaders and grassroots organisations.

F. Lived Experience, Co-Production, and Peer Support

Services should be co-led by those with lived experience. Peer support initiatives are impactful, particularly with proper training to ensure meaningful, sustainable involvement.

A more detailed summary of workshop discoveries can be found below. See also appendices 1-4 for flipchart notes during discussions.

Workshop Discoveries: In Detail

A. Stigma, Awareness and Barriers within Healthcare

Many participants expressed that stigma remains a major obstacle to talking about suicidal thoughts and seeking help. There is still significant shame and fear of judgment, particularly among certain cultural communities and social groups.

The use of dismissive language, such as referring to suicide attempts as a “cry for help”, was strongly criticised. Participants discussed that visible recovery stories, and portrayals of recovery in the media and in leadership positions can help people understand suicidal thoughts as a “temporary period of flux”. Similarly, positive visibility of minority groups can reduce stigma and prejudice, which in turn reduces risk of suicide.

“One of the hardest things to do is reach out, if you are met with any resistance, it's likely to make the service user retreat. It's why first point of contact must be handled very carefully, with the main goal to put the service user at ease.”

There was agreement that “starting at the beginning” (i.e. when a person first accesses healthcare) is beneficial, with Make Every Contact Count (MECC) cited as a worthwhile approach. However, many participants highlighted negative experiences when seeking medical support, including GPs not taking concerns seriously or immediately signposting to Crisis or other services without further discussion. Attendees expressed that it is important for healthcare professionals to engage in a more meaningful conversation, rather than simply redirecting individuals elsewhere.

Lack of empathy and understanding from healthcare professionals was a repeated concern for many participants. However, some reported positively about interactions and support from GPs and other health professionals. Joined-up care between GPs, mental health services, pharmacists, psychiatrists and other services; time dedicated to build relationships; and multiple points of contact proved beneficial. Long term, ongoing support (particularly counselling) was identified as valuable and impactful. But some felt that fragmentation between services remains a significant problem and communication needs to improve.

Possible actions:

- Increase public awareness campaigns to normalise discussions about mental health and suicide, targeting groups with least awareness.
- Provide suicide prevention training for healthcare professionals to ensure compassionate and effective responses, involve people with lived experience in delivery (see Section F).
- Further develop and implement MECC, highlighting its suicide prevention potential.
- Improve multi-agency collaboration.

B. Access to Crisis Support

There were concerns about the lack of effective crisis support. Many individuals felt they had nowhere to turn in moments of distress.

Participants shared frustrations with accessing crisis care, with many reporting being passed between services; facing long delays; needing to tell and retell difficult personal stories to different staff; or, in the case of ambulance services, needing to answer many questions which they are too distressed to respond to. Participants reported A&E services exacerbate symptoms when someone is already in crisis, due to long wait times and a lack of understanding among staff. Participants suggested having befrienders and peer-supporters in A&E, to better support those in crisis.

Rigid policies and risk avoidance were identified as potential factors preventing services from engaging effectively with people.

Attendees noted that digital resources are helpful. However, physical resources and human interaction are as important to reduce the potential for digital exclusion.

A critical barrier identified in discussions was the reality that, when in crisis and actively suicidal, people often do not want help. This raises the need to explore proactive approaches that reach individuals even when they are not actively seeking support. Participants emphasised that intervention strategies must account for this reality and find ways to engage people before they reach crisis point.

"I suggest having a policy…to educate people about helping people with or in a mental health crisis"

Possible actions:

- Establish Mental Health A&E support separate from general A&E to provide specialised care.
- Expand peer-support, befriending, or mentor programs in crisis settings to provide more immediate emotional support.
- Ensure suicide prevention training / policy for frontline staff, particularly in A&E departments.
- Proactively engage with higher risk groups to better engage underrepresented communities.

C. Community-Based Prevention and Social Support

Isolation was identified as a major risk factor for suicide, and participants emphasised the importance of community-led initiatives in providing social connection and early intervention. Community hubs, wellbeing cafés, peer support groups, and other community 'safe spaces', were described as particularly effective. But concerns were raised that some team members lack sufficient training to offer appropriate support. The Crisis Café - Barnet Sanctuary and The Network, were highly regarded; sadness was expressed at the closing of a wellbeing café in East Barnet.

> *"When I know I'm going to a safe space with peers it fortifies me"*

Participants discussed that, whilst adequate funding is important, impactful initiatives are possible on small budgets with the right management, recruitment, infrastructure, and policies.

Social prescribing was seen as a promising approach, with activities like community gardening, group exercise, creative workshops, and other hobbies helping to provide meaningful engagement and structure. Participants cited impactful projects across London and encouraged learning about successful suicide prevention initiatives outside Barnet.

Men's mental health initiatives, such as Andy's Man Club, that integrate social connection with activities were noted as valuable. Meeting people where they are with these community-based interventions in non-traditional settings like gyms and barbershops, were acknowledged as positive. A need for similar women-focused initiatives was discussed.

Participants highlighted the importance of making wellbeing education accessible to individuals across different socioeconomic backgrounds. There was a call for practical guidance on maintaining mental health on a low budget, including strategies for affordable healthy eating, free or low-cost exercise options, and stress management techniques that do not require financial investment. Some felt that improving knowledge of wellness and mental health self-care in financially

disadvantaged communities and in schools could significantly impact suicide prevention.

Possible actions:

- Expand community wellbeing hubs and ensure proper training for those providing support.
- Increase social prescribing promotion, access, and opportunities that connect people to activities promoting mental wellbeing.
- Explore cross-borough learning opportunities.
- Expand initiatives to improve knowledge of accessible wellness and mental health self-care.

D. Work, Volunteering, and Economic Hardship

Economic difficulties and unemployment were repeatedly mentioned as significant stressors contributing to suicide risk. Many individuals reported that job centres, DWP, and benefits assessments contributed to mental health deterioration due lack of understanding, triggering conversations, and stressful processes, particularly for those who are most vulnerable to benefits cuts such as disabled people. Suicide prevention awareness within employment services and financial support institutions was seen as a key area for improvement. A strong welfare state and easy access to fit notes/time off work were acknowledged as an important element of suicide prevention, though there was not complete consensus.

Volunteering and peer support roles were seen as highly valuable, for both volunteers and those receiving support. It was noted that not all organisations have the resources or infrastructure to promote and support volunteers effectively.

Participants emphasised that having a sense of purpose does not always have to come from work or volunteering. Being “pushed” into work or volunteering can be distressing, as is not always possible or accessible (i.e. for disabled people). Other social understandings of “success” and “value” should be normalised. Therefore, whilst support into work and volunteering can be positive, there is a need for person-centred approaches, and support tailored to individuals and their needs.

A further suggestion was the introduction of Wellbeing Coordinators in workplaces to promote mental health care, to provide staff with information on available support services, facilitate discussions on wellbeing, and create a culture of openness around mental health.

Possible actions:

- Support organisations to promote and manage volunteering opportunities, particularly peer-support roles.
- Provide suicide prevention training for job centre and DWP staff.
- Improve advice services for benefit appeals and financial hardship support.
- Promote and support Wellbeing Coordinator roles in workplaces to create a proactive and preventative approach to mental health.

E. Culturally Competent, Targeted and Inclusive Support

There was a strong consensus that suicide prevention efforts must target “at risk” groups and also account for cultural and community differences. Participants discussed a need for more women-focused initiatives, and support for disabled people, carers, the elderly, people bereaved by suicide, bullied children, and people with complex issues (such as people with mental illness, autism, ADHD, and physical illness which can complicate medication needs). Concerns over the assisted dying bill and impact on those with disabilities were also raised.

Some participants described experiences of prejudice within healthcare settings, while others felt that existing support services did not reflect the needs of diverse communities. Participants emphasised that services should take an intersectional approach and engage with faith leaders and grassroots organisations to ensure that support is culturally competent and accessible.

Possible actions:

- Develop culturally competent training for mental health professionals.
- Engage faith leaders and community organisations in co-designing suicide prevention initiatives.
- Develop targeted outreach programs for underrepresented and high-risk communities in accessible, non-clinical settings (including schools).

F. Lived Experience, Co-production and Peer Support

Participants emphasised the importance of co-production in designing and managing suicide prevention services. A co-production model would allow individuals with lived experience to have a say in how mental health hubs and wellbeing initiatives are run, ensuring they meet the needs of the community. Some participants expressed that oversight of such centres should be led by those who have lived experience rather than external professionals without direct experience. Including people with lived experience as facilitators in suicide prevention training was recommended.

Peer-to-peer support was repeatedly highlighted as a vital component of suicide prevention. Participants suggested that wellbeing cafés and other informal, safe spaces provide opportunities for meaningful conversations and valuable emotional support. Expanding volunteering initiatives within these spaces was proposed as a way to build peer networks and strengthen community ties.

Possible actions:

- Implement a co-production approach where people with lived experience can contribute to the design and oversight of suicide prevention initiatives.
- Ensure mental health hubs and wellbeing services are led or co-led by individuals with lived experience.
- Expand peer-to-peer support initiatives, including wellbeing cafés and structured volunteer programs.
- Provide training and resources for volunteers and peer supporters to ensure they can offer meaningful assistance.

Workshop Evaluation

15 participants completed a post-workshop evaluation form. The workshop received overwhelmingly positive feedback from participants, highlighting its inclusive, well-structured, and impactful nature. Attendees valued the opportunity to share their experiences in a safe and supportive environment, with many expressing appreciation for the “empathetic” facilitation and organisation.

When asked to rate the following statements on a 1-6 scale (from strongly disagree to strongly agree), on average participants scored:

> “The information before the workshop was helpful” - **5.4**
>
> “I felt I was listened to and my opinion was valued” - **5.4**

When asked about areas for improvement: one participant requested greater focus on “root causes”; another suggested promoting the workshop in GP surgeries and A&E, as well as digital platforms. Other feedback demonstrated a clear desire for continued involvement, participants expressed a wish for more time, more discussions, and to continue their involvement in the strategy’s development. This feedback underscores the strong appetite for continued participation and the importance of ensuring that experts by experience remain central to Barnet’s Suicide Prevention Strategy as it develops.

“The effort put in to organise this event shows how life is valued. Thank you for everything.”

“Amazing. Really well run and inclusive… Thank you for handling such a sensitive subject with care and facilitating space for everyone.”

“I would like to offer my services as a volunteer to participate in driving forward Barnet's policy on mental health and suicide prevention”

“It could be a longer session”

“I would love to hear about other workshops within the borough.”

Next Steps

The insights gathered from the workshop will inform the development of Barnet’s next Suicide Prevention Strategy and Action Plan. It is estimated that it will be published in October 2025. The possible actions identified in this report serve as a guide to creating a strategy that meets the needs of those most affected by suicide.

There was a strong appetite for ongoing engagement, with participants expressing the importance of continued consultation with experts by experience. To ensure the strategy remains relevant and reflective of the community’s needs, further engagement opportunities should be developed.

Acknowledgements

Inclusion Unlimited extends its sincere gratitude to Barnet Public Health for commissioning this important workshop, and for their commitment to co-production. We also thank The Network for hosting and publicising the event, as well as the many organisations who helped promote the workshop, ensuring that it was representative of the borough's diversity.

Finally, a heartfelt thank you to everyone who participated and offered valuable insights to influence suicide prevention efforts in Barnet, we appreciate your willingness to participate in this vital conversation.

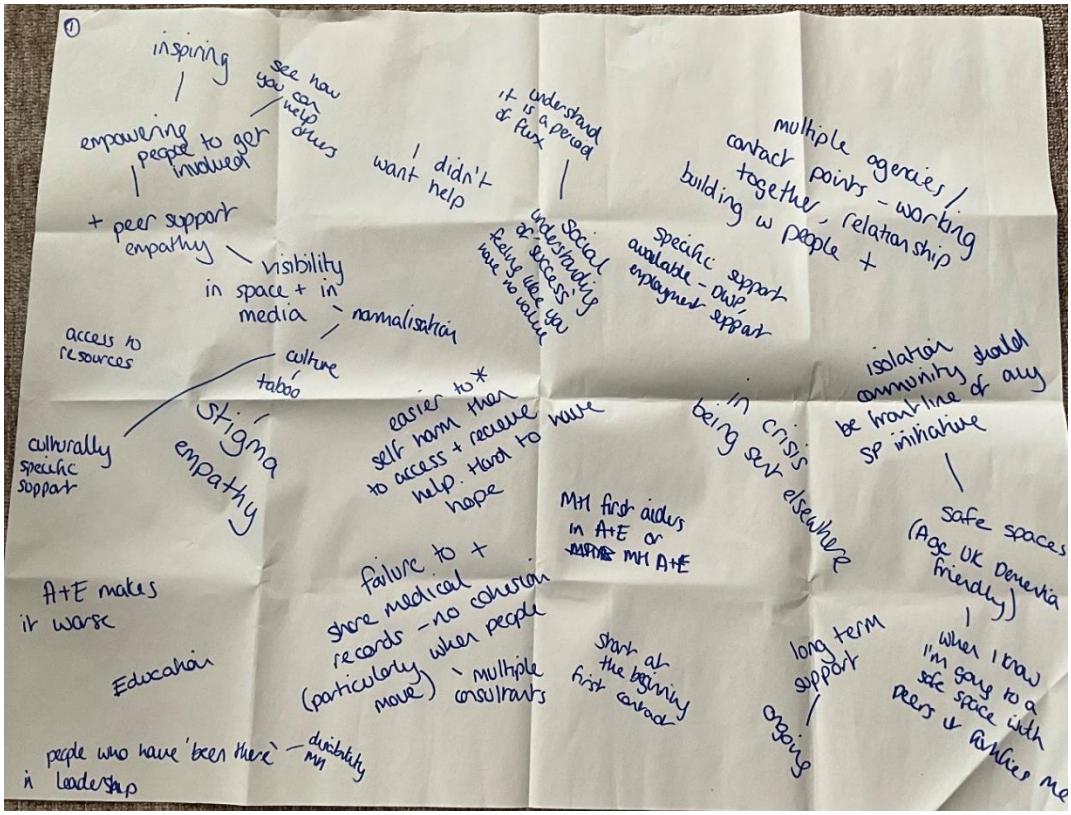
Further information

You can find more information about Inclusion Unlimited at www.inclusionunlimited.org.uk. For questions about this report please contact Briony Banks: Briony@InclusionUnlimited.org.uk.

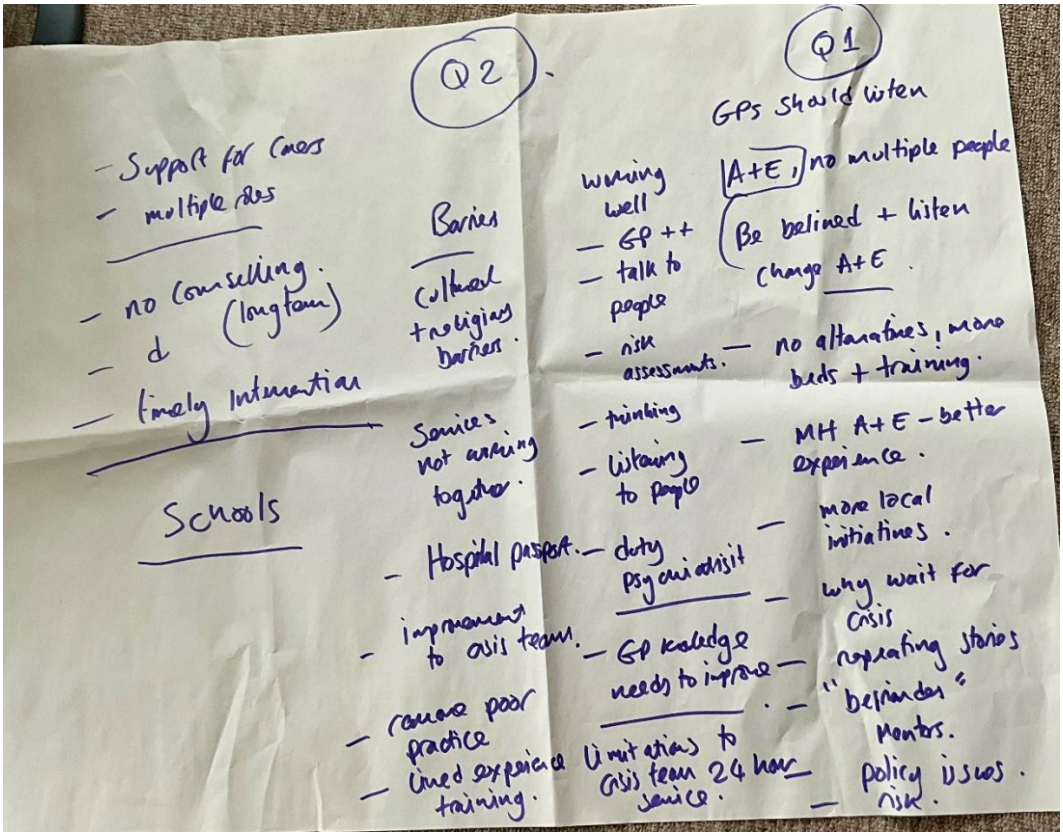
The final Barnet Suicide Prevention Strategy and Action Plan will be published on the Barnet Council, estimated in October 2025. For questions about the Suicide Prevention Partnership please contact Seher Kayikci: Seher.Kayikci@Barnet.gov.uk.

Appendices

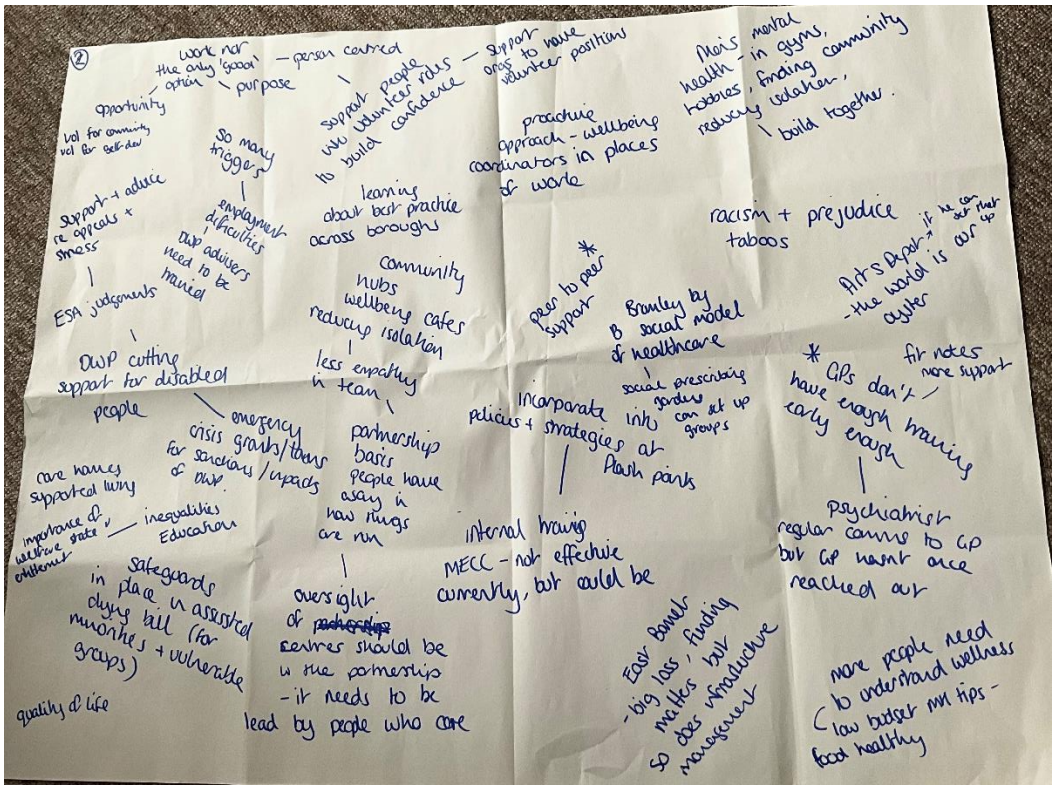
Appendix 1: Discussion 1 Room 1 Flipchart



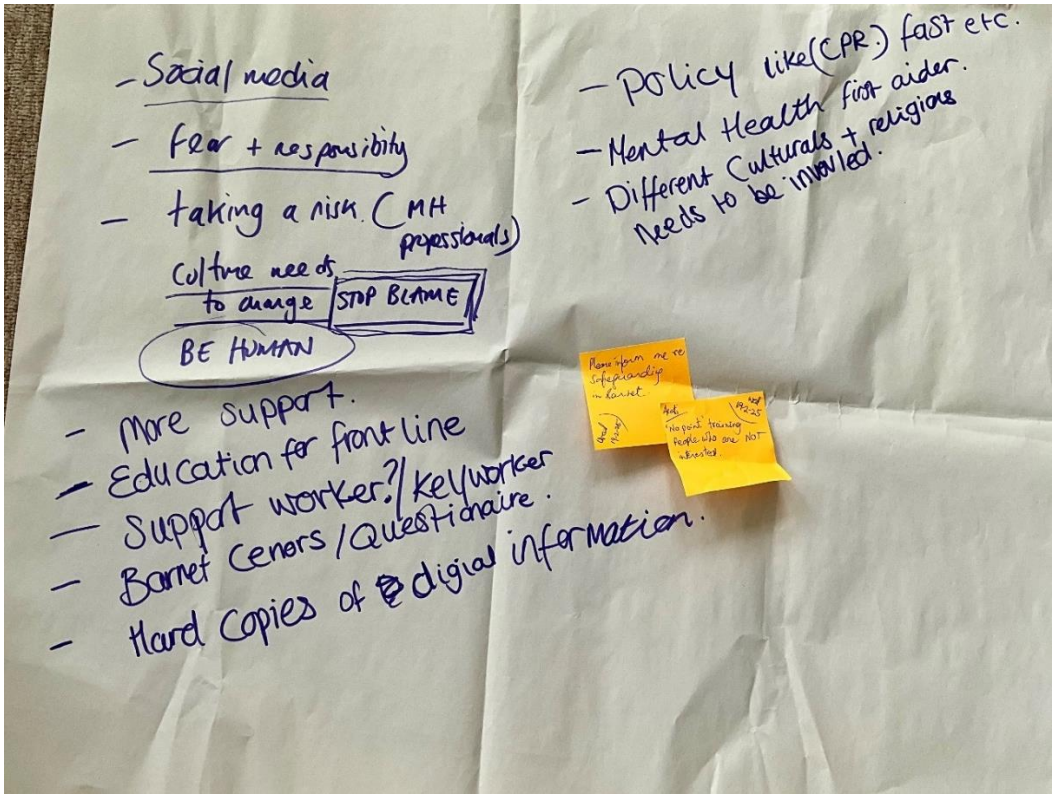
Appendix 2: Discussion 1 Room 2 Flipchart



Appendix 3: Discussion 2 Room 1 Flipchart



Appendix 4: Discussion 2 Room 2 Flipchart



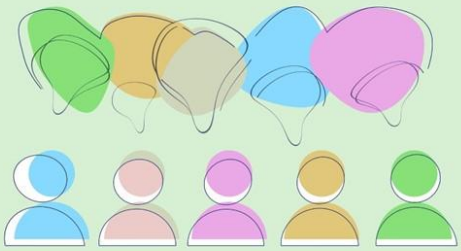
Appendix 5: Promotional Poster

Have you experienced suicidal thoughts? Have you tried to end your life? Have you lost someone to suicide?

We Need Your Voice: Join Our Workshop

You can help influence Barnet's Suicide Prevention Strategy and Action Plan and make a difference in our community.

We would like to understand your experiences and what more can be done to prevent suicide in the future.



About the focus group

- **When**: Wednesday 19th February, registration from 11am, workshop 11.30-1pm
- **Where**: The Network, 24 Hendon Lane, London, N3 1TR
- **Compensation**: Participants will receive a £22 voucher as a thank you for their time, lunch will also be provided after the discussion

How do you know if this group is for you?

- You are 18+ and live, work, or study in Barnet.
- You have experienced suicidal thoughts, have tried to end your life, or have lost someone to suicide in the past 5 years.
- You feel safe and able to talk about your experiences. You're comfortable seeking support or taking a break if needed during the session.
- You feel safe listening to other peoples' experiences, which may be similar or different to your own.

Why participate?

- Share your experiences in a safe, supportive environment.
- Help guide the development of the Suicide Prevention Strategy and Action Plan in Barnet and improve support for others.
- Receive compensation (a £22 voucher and lunch) for your time

To register interest visit the Eventbrite page here or scan the QR code.

We are committed to making this event as inclusive as possible.

Contact info@inclusionunlimited.org.uk with any questions or accessibility needs.

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Barnet Suicide Prevention Partnership

Appendix 6: Coproduction Frequently Asked Questions

Suicide Prevention Strategy Lived Experience **Workshop:** Frequently Asked Questions

What does 'co-production' mean?

Many organisations use different approaches and language around co-production. Inclusion Unlimited's definition is: "Co-production happens when the lived and learned experience of a project's management, staff, citizens and carers come together to shape that project and make it more effective."

What is the Barnet Suicide Prevention Partnership and what is their role?

Barnet's Suicide Prevention Partnership brings together different services and organisations whose work relates to suicide prevention, with clear responsibilities for everyone involved.

The Barnet Council Public Health team leads the Suicide Prevention Partnership in Barnet and so steers the development of Barnet's Suicide Prevention Strategy. Barnet Council is fully committed to reducing suicides and supporting people impacted by suicide to get the help they need.

What is the Suicide Prevention Partnership looking to co-produce?

We are co-producing Barnet's next Suicide Prevention Strategy and Action Plan. It will build on the successes of the first Suicide Prevention Strategy in 2021, and outline how we will approach suicide prevention together in 2026-2030.

Why have you decided to co-produce the Suicide Prevention Strategy?

The Partnership works together because the causes of suicide are complex, and suicide prevention needs a collective approach. The priorities and goals within the Strategy need to reflect the lived and professional experiences of people in the borough, including: people experiencing the impacts of suicide or suicidal thoughts, health and social care practitioners, first responders, community and faith groups and organisations, schools and universities and charities and academic experts.

Working together will ensure that the themes and goals are meaningful, relevant, and reflect the reality of life in Barnet. By combining knowledge, skills, and resources from a range of organisations and people across the borough, we can make our suicide prevention as effective as possible.

What will the co-production process involve?

From October 2024 – March 2025 the Public Health team are hosting meetings with people whose work or experiences relate to suicide prevention. This includes meetings with partners, where we are reviewing successes, challenges and learnings from the last Strategy and Action Plan. It also includes hearing from people with lived experience of the impacts of suicide or suicidal thoughts, to understand where you think our focus should be. If you have more to say after our workshop, please email us by 28th February for your thoughts to influence the draft.

The Public Health team can email you with the draft and some of the reasons behind decisions at the end of May 2025. We welcome you to review them and provide any further comments.

What parts of the strategy will my feedback be able to influence?

The Strategy and Action Plan have not yet been developed, so your feedback can hugely influence the focus and goals. We would particularly like to hear your feedback on: what is working well and

what needs to be strengthened; what the barriers to accessing or seeking help are; and what should start happening for more effective suicide prevention.

This may focus on supporting people experiencing suicidal thoughts, people taking steps towards suicide, and people who have lost someone to suicide; or, more broadly: the wider Barnet population, people struggling with their mental health or people at risk of becoming suicidal.

What parts of the strategy will my feedback not be able to influence?

The Suicide Prevention Partnership has made impactful changes in the borough, and we would like to be ambitious with our next Strategy. However, we will need to consider resources and levers available to us. For example, the Partnership and the Strategy are Barnet-focussed, and so the levers available to us are largely in Barnet. But, where possible and appropriate, we can explore how we could impact the wider population. The Strategy will need final approval from Barnet's Health and Wellbeing Board, and the Strategy will apply from 2026 to 2030. These factors cannot be changed.

Will my feedback definitely be taken on board?

Yes, the Strategy needs to reflect the needs and experiences of people in the borough. However, we will need to balance the range of opinions that we will receive, as well as information we have about the population's health and what levers the Partnership has. We will work hard to bring together the varied experiences of people in the borough, and your perspective is a valuable piece of the puzzle.

Who will make the final decisions about what the strategy looks like?

The Public Health team will review the insights gathered from the co-production process to draft a Strategy and Action Plan. We will share findings and the draft Strategy with the Suicide Prevention Partnership by the end of May, and with Barnet's Health & Wellbeing Board in July. The Strategy will be taken to Barnet's Health & Wellbeing Board for final approval in September.

What will happen to the information I share in the workshop?

We will use your insights to inform the strategy. No identifiable information will be shared, unless there is a concern about someone's safety, in which case we may report a concern to relevant services. We ask participants to keep personal stories shared in the workshop confidential, so everyone feels safe to speak openly. Also see: Information Sharing Consent Form and Privacy Policy.

Will I find out what the strategy includes when it is complete?

The final Strategy will be available online on the Barnet Council website, estimated in October 2025.

How and when will I receive my voucher?

After the workshop, everyone who participated will be emailed a £22 Love2Shop voucher. You can spend this voucher at over at over 150 brands. For more information visit www.love2shop.co.uk.

Who are Inclusion Unlimited?

Inclusion Unlimited is working with the Suicide Prevention Partnership to support the co-production of the Strategy and Action Plan. Inclusion Unlimited is a Barnet-based Community Interest Company (CIC) which provides support, training, and consultancy around co-production and inclusion. We pride ourselves on using lived experience to create more inclusive services and communities.

Who should I contact if I have any questions?

Please contact Briony Banks on info@inclusionunlimited.org.uk if you any additional comments or questions about the Lived Experience Workshop.