LELAN Alternatives to Suicide (Alt2Su) Evaluation - Final Report (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 is] 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

Our 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 nearly-100-page report in full. Thus, these evaluation findings are available as:

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

Contents

Section One: Evaluation Summary

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

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 foster 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

Contextual notes

Diversity of Alt2Su groups

There is a growing diversity of Alt2Su groups in the South Australian community. Initially, LELAN envisaged five “pilot” Alt2Su groups, for different population groups, as part of this formal evaluation. Additional groups emerged, as anticipated, as more facilitators trained in the approach, and as more relationships developed with services and local contexts.

For de-identification purposes, we have clustered groups along two axes of diversity:

- **Independent / service-adjacent:** Many Alt2Su groups are independent, facilitated in the community, independent of any service context, while others are what we described in this evaluation as “service-adjacent”, in relationship with either a mental health service or a local community service. This term “service-adjacent” was used neither by participants nor by LELAN; it is used in this Report for de-identification purposes.

  In these “service-adjacent” contexts, LELAN has worked closely with all levels of the service (including senior leadership and staff in service provision roles) to foster a shared understanding of the Alt2Su approach. These “service-adjacent” Alt2Su groups are facilitated by people trained in Alt2Su who also have another paid role within the service, and are held in a location that is physically part of the “adjacent” service.

  These Alt2Su groups are an *intentionally protected space*, rather than being subordinated or subject to policies and processes adopted elsewhere in the service (such as intake procedures, record keeping, or escalation pathways).

- **Strict fidelity / adaptation:** In most Alt2Su groups, the Alt2Su Charter and training are adhered to with a strong commitment to fidelity. However, there are a growing number of contexts in which the Alt2Su model has been adapted in response to contextual factors. For example, in one context, after a year of offering the space with no community members attending, the name and scope were changed in response to a suggestion from the local community, such that suicide is part of the scope by not the single explicit focus (expanded to include depression and anxiety). In another context, a standard Alt2Su group is held but is explicitly followed by social, game-playing activities in which the conversations are invited to continue.

  A Recommendation in this Report is that this notion of “adaptation” be explored further, with risks of either co-option (if the model is adapted uncritically) or a loss of potential contextual responsiveness (if the model is impervious to adaptation).

A suicide in the Alt2Su community

A suicide in the Alt2Su community (in a “service-adjacent” context) in the final month of the evaluation period has largely been considered out of scope for this evaluation. While impacted participants (understandably) spoke to this at length, we cannot not do justice to these learnings and nuances, given the time-frame, the small number of impacted evaluation participants, and the scope of this evaluation. We offer our sincere condolences to those impacted and thank those who spoke to us for trusting us at this time.

We note that the participants who spoke to us about this suicide expressed ongoing faith in the Alt2Su approach, appreciation for LELAN’s active support in the wake, and suggested Alt2Su training could explore how a community might respond in the wake of a suicide (which the evaluation team understands LELAN have already been actively planning).

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.

Appreciation of lived experience-led evaluation

Several participants noted feeling especially comfortable with the evaluation team *because* of our lived experience. For example, one participant in the research commented that they “felt very kind of held in the [evaluation] interaction.” Another commented “I’m so pleased you’re doing this evaluation … Because you have created a very safe space for me,” adding “isn’t it amazing when, when once you know that someone has had that experience, you know, it just makes you feel safer. Right? If you hadn’t you did, that I probably wouldn’t have felt safe enough.” At the conclusion of the interview, they reflected “Thanks for making it and a wonderful experience and I feel good leaving this conversation. I feel good. So that speaks volumes to what you’ve done.” Yet another participant reflected “I’m relieved to hear that … as an evaluator, you've got lived experience as well. I think that opens up the sort of dialogue a bit more, you feel more comfortable speaking to someone who lived experience of suicidal distress. …I just felt like a weight was lifted off of me.”

We share these quotes to demonstrate to others considering lived experience-led research - and possibly feeling some hesitation - that participants *valued* that the evaluation was lived-experience led.

Project timeline and phases

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.

In May 2022, LELAN contracted Flick Grey, Sar Bostock and Jo Farmer (the evaluation team) to complete this work. In June 2022, the evaluation team delivered the Rapid Literature Review to LELAN (co-authored by Flick Grey and Sar Bostock). Also in June 2022, two evaluation design workshops were held, involving Alt2Su facilitators and trainers, LELAN staff and funders, which led to an Evaluation Strategy, delivered in October 2022. In October 2022, the evaluation also received formal ethics approval.

In January 2023, an Interim Report was delivered, summarizing findings from the first six interviews. Interviews and focus groups continued into mid 2023. In May 2023, as the evaluation neared its initially-planned completion, LELAN proposed a further 8-month extension (including additional focus groups and interviews), with a new completion date of February 2024.

There was a learning from the first evaluation report, 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.

In July 2023, a Second Interim Report summarized findings from 17 evaluation participants. Both Interim Reports offered recommendations to LELAN (which are summarized and annotated in Appendix Three). The evaluation team notes that one of the recommendations in the First Interim Report has already been enacted (Hodges, Leditschke & Solonsch 2023):

> *"Using the Alt2Su approach as part of the development of a peer-led 'practice governance framework', which may support the ongoing implementation of Alt2Su in environments which require a formalized clinical governance framework."*

This Final Report marks the completion of the evaluation (including the extension), and is intended as a standalone document, synthesizing material from the Rapid Literature Review, Evaluation Strategy, both Interim Reports and additional data collected since July 2023, summarizing findings from a total of 29 evaluation participants. It is accompanied by a Quick Read version (everything in the Quick Read version is also included in this full Final Report).

Evaluation Design workshops

This Evaluation has been guided by an Evaluation Framework, which was workshopped over two sessions in June 2022. These workshops involved 20 participants, including Alt2Su facilitators and trainers, LELAN staff and funders of this project. Participants in these workshops clarified the central foundations of the evaluation. This included noting that whilst the focus of the project has been to support the establishment and ongoing running of Alternatives to

Suicide groups, another core component is using this model as evidence that community based lived experience-led initiatives work and can be scaled. LELAN initially envisaged five “pilot” Alt2Su groups, targeting different population groups as part of the formal evaluation. Additional groups were anticipated to emerge from this work, informing the conceptualisation and design of future lived experience-led alternatives.

Some quotes from participants in these initial workshops help set the scene:

- *“It’s the rationale and narrative around this that matters, not the numbers”*
- *[Alt2Su is about] “providing choice and options for a different kind of support that currently doesn’t exist, a system expansion of what people can link into”*
- *“For facilitators it’s not just “what do you get out of these groups” but also questions about how safe they feel, how they might feel supported by the process, how confident they may feel in the process.”*
- *“Pay attention to unplanned positives and negatives.”*
- *“Listen to those on the ground about what is emerging.”*
- *“End users yes but also if we think systemically, things like peer-led is trusted more, services refer people to Alt2Su, orgs sign up for peer workers to take on the groups, groups get refunded.”*

Not all of the ideas expressed in the evaluation workshops could be taken up, given the constraints of resourcing and time. However, the ideas informed the evaluation design, including interview and focus group questions: these included asking participants how they first heard about the Alt2Su approach, what they liked or didn’t like, how the Alt2Su approach is different to other approaches, (for facilitators) how well they have felt supported, how confident they feel, and whether they feel confident they have made an impact, unexpected outcomes and experiences (both positive and negative), anything they would change or improve about how Alt2Su has been implemented, and whether they would refer others to Alt2Su groups.

Evaluation Strategy

An Evaluation Strategy was delivered by the evaluation team in October 2022. Most of the substantive elements of this Evaluation Strategy have been integrated into this Final Report, as they remained fundamental orienting elements guiding this evaluation. These include: Key Terms, Key Evaluation Questions; Evaluation Purpose (integrated into the evaluation summary), Evaluation Principles, Implementation Principles and Data Sources.

Three elements of the Evaluation Strategy have not been included in this Final Report (Anticipated Outcomes; Stakeholders and Engagement Approach and Timeline) because these elements have been significantly revised, in discussion with LELAN (and as elaborated throughout this report), responding to learnings and contextual changes.

Ethics approval

The workshops and Evaluation Strategy shaped the foundations for evaluation protocols that were submitted to Bellberry Limited, a national, private, not-for-profit organization that provides streamlined scientific and ethical review of human research projects across Australia (Human Research Ethics Committee, HREC).

Given the nature of the project, the application was assessed as 'High risk'. Fortunately, the evaluation team (Jo Farmer specifically) is experienced with High risk ethics applications. The application provided a clear statement of risks associated with the project, while affirming that the risks of harm associated with undertaking research into suicide are limited (with reference to relevant literature) and provided clear documentation and a clear distress protocol to mitigate the risk of distress, and/or respond should participants become distressed.

The ethics process took more time and resources than expected due to feedback from the committee that required the sourcing of support material from LELAN and other professional references. Importantly, this was not due to the quality of the application; the committee had expressed reservations about the potential for lived experience researchers to be able to conduct unbiased research. Due to this, the evaluation team was required to elaborate on our approach, including the value of having an evaluation team who all work from both professional and lived expertise. Additionally, we outlined a recognition of how positionality informs and shapes all research and evaluation endeavours, not just those informed by lived experience. Ultimately, we were able to secure ethics approval for the evaluation while maintaining our lived experience approach. However, we note this had implications for the budget and project timeline (we had not budgeted for the considerable additional labor this entailed). As indicated in the section on Future Possibilities, the research team is open to sharing these learnings with the LELAN community, if this is useful.

We note that HREC requirements do not align completely with the Alt2Su approach (particularly around self-determination and choice). Where possible, we balanced systemic education in our submission to the HREC, on the purpose and intent of Alt2Su, with a pragmatic appreciation of our need for HREC approval. We were transparent with LELAN and all evaluation participants about the requirements associated with formal ethics approval and this lack of complete alignment does not appear to have impacted the evaluation or participants (in our experience, participants were very understanding).

An amendment to this ethics approval was also sought (and granted) when the evaluation was extended.

Rapid Literature Review note: the Rapid Literature Review found only a very small number of formal evaluations of peer-led and/or alternative approaches in Australia. As noted below, the small size of the evidence base is a barrier to wider implementation of Alt2Su. 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.

Evaluation Principles

Lived experience-led co-evaluation

Our evaluation team all bring our own lived experience of suicidality and mental distress, as well as long-standing connections to the broader lived experience community - we can confidently describe our approach as “lived experience-led”. We also prioritized community-engagement, to ensure the evaluation is maximally useful, relevant to and owned by the (multiple) communities it serves - we describe this as “co-evaluation”.

In addition to our own lived experience, the methodological approaches we use bring both an attentiveness to power disparities and a deep respect for diverse knowledges and perspectives. That is, while we value that all three researchers bring lived experience to this evaluation, we also draw on particular methodological frameworks that ensure broader diversity and community-engagement.

Utilization Focused and Developmental Evaluation

Utilization-focused evaluation (UFE) and Developmental Evaluation are approaches developed by Patton (2008; 2010), with the aim of developing evaluations that are useful to their intended users and beneficiaries. Developmental evaluation is designed for situations, such as LELAN’s Alt2Su implementation, where initiatives are being implemented in ‘real time’ in complex and dynamic circumstances.

UFE is driven by two principles: that intended users of the evaluation are identified and engaged at the beginning and throughout the evaluation; and that evaluators have intended use in mind throughout the evaluation process. In UFE, those stakeholders who will be the ones to take the findings and put them into practice are very deliberately given a sense of ownership and meaningful involvement, so they understand and recognise the value in the evaluation.

These approaches supported us to develop an evaluation that provided actionable recommendations – early and throughout. These recommendations have been tailored to the various audiences for whom this evaluation will have most salience and value, including LELAN, people with lived experience, population groups identified for the ‘pilots’ and other relevant sector stakeholders.

Relational safety

If co-evaluation is to be successful, it relies on building a safe and trusting environment in which to conduct data collection and analysis. Drawing on our lived experience is one way in which we create a safe evaluation approach. However, we acknowledge that our lived experience alone is insufficient.

Our evaluation approach draws explicitly on the principles of Intentional Peer Support (Mead 2019) and Alternatives to Suicide, striving to build *relational safety*, prioritising connection and holding space for diverse meaning making and diverse ways of contributing. Our evaluation approach is trauma-informed. In practice this means:

- being attuned to the possibility of trauma in the lives of all participants
- following the principles of safety, trust, choice, strength and collaboration
- designing data collection and workshopping approaches that support a variety of approaches to engagement and participation
- being person-centred rather than transactional in our approach.

The cultural safety of the evaluation is also paramount. We have a long history of working with people from a range of cultural backgrounds and perspectives. In our practice, we:

- exercise a high degree of cultural sensitivity and respect for those with cultural backgrounds different to our own, and recognise peoples' rights to have different values, norms and aspirations
- recognise that a strength of our communities is their diversity, including different languages, cultures and histories
- support the self-determination of Aboriginal and Torres Strait Islander peoples and communities.

Implementation Principles

Alt2Su stakeholders identified key principles that they hope to see Alt2Su implemented in alignment with. We have aligned the first four of these with the principles in the Alt2Su Charter. *Text from the Charter is provided in italics.*

Consent and Choice

We honor that suicidal thoughts are valid responses to painful experiences in peoples' lives. That pain often comes from a lack of choice related to resources, housing, relationships and community, healthcare, income, work, exposure to violence and so on. In contrast, these groups prioritize consent and self-determination, and recognize and respect the many ways that people live with, sit with, cope with, or move through these experiences.

Implementing this looks like:

- Having access to genuine alternatives when seeking support
- Having the capacity to make choices
- Owning your own decisions
- Respecting what attendees are willing to share with the group, including identifying personal information

Healing in Communities

These groups emphasize being part of a community by choice. For many people, moving through suicidal moments includes acknowledging the pain that can come from feeling like they don't belong, or from being hurt or rejected by people with whom they have been connected. In groups we make space for envisioning a world where one consistently has a sense of belonging, and can find meaning and purpose.

Implementing this looks like:

- Having access to spaces that reflect people's sense of community
- Creating a compassionate space where people (attendees and facilitators) can share, be safe and brave together
- Supporting people to step in and out as needed
- Providing opportunities for feedback and contribution to the community
- Listening to and actioning feedback
- Being flexible and adapting to what we learn is working/not working to support healing

Responsibility To—and not For or Over

As a community, we are responsible to be honest, transparent and present with one another, but cannot be responsible for one another's choices or actions. Both experience and research have shown that when the system takes responsibility for or over an individual, through force and/or coercion, the typical result is often more trauma, isolation and disconnection. Trauma, isolation, disconnection have been linked to increases in suicide rates.

Implementing this looks like:

- Not having power 'over' one another
- Being open about why things are happening in the way they are
- Communicating in a timely way
- Calling in, not calling out
- Having transparent and consistent approaches to managing conflict

Responses to Injustice

In these groups, we validate and explore the hurt and pain we experience of systemic oppression and injustice—for example, rape, interpersonal violence, and discrimination or being devalued based on race, gender, ability, sexual orientation, immigration status, class, employment status, generational traumas and other inherited struggles. Together, we make space to explore the unique ways each of us makes meaning of and responds to these injustices.

Implementing this looks like:

- Valuing and including different experiences
- Valuing the strengths everyone brings to Alt2Su

- Respecting differences in how people share their experiences, including the language they use
- Being curious and open to new ideas
- Holding space for difficult conversations

Systems change

In addition to a commitment to alignment with the Alt2Su Charter, this evaluation is grounded in LELAN's commitment to systems change.

Implementing this looks like:

- Respecting the integrity and values of Alt2Su and not drifting into a different set of values and structures
- Maintaining respectful relationships with other services without compromising the integrity and values or Alt2Su

Key evaluation questions

Three key evaluation questions were proposed in the Evaluation Strategy to guide the evaluation:

1. To what extent Alt2Su has been implemented in line with the implementation principles?
2. To what extent has Alt2Su delivered the anticipated outcomes?
    - Have there been any unanticipated outcomes?
3. How can implementation be improved to deliver stronger outcomes?

These questions formed the basis of the interview and focus group protocols, as well as structuring the First Interim Report.

Evolving priorities

LELAN's priorities for this evaluation evolved and clarified over time, explicitly leaning more into learnings around *implementation* (the third key evaluation question), and less into questions of *outcomes* for participants.

This shift did not change the questions the evaluators asked participants (which followed the protocol outlined in the ethics application), but it did shape purposive recruitment of evaluation participants for the final phase of the evaluation, and the structure of both the Second Interim Report and this Final Report. While honoring the original intentions, the evaluation team hopes that we have found a balance, responsive to the evolving needs of LELAN and its broader community.

At the outset of this evaluation, LELAN identified that their priority was to hear first from Alt2Su facilitators, funders and other stakeholders, and that hearing from Alt2Su group attendees would

be a priority later in the evaluation. In early 2023, both the evaluation team and LELAN actively endeavored to recruit Alt2Su group attendees for this evaluation. However, this was not a demographic that could be easily recruited, possibly due to Alt2Su's commitment to anonymity, choice and control (including a reluctance for facilitators to "push" attendees to participate in the research), as well as relatively small attendance numbers at Alt2Su groups. Thus, the re-orientation was partly a product of LELAN's priorities, and partly a pragmatic recognition of where the evaluation could most usefully be oriented.

Another change that was made midway through the project was to offer group facilitators an opportunity to be interviewed one-on-one (in addition to attending a focus group). This was partly in response to low numbers of group facilitators attending focus groups, but also because some group facilitators expressed a preference for speaking with the evaluators one-on-one due to their specific circumstances. We appreciate that this aligns with the Alt2Su principle of *choice*, and maintaining this principle in the third phase of the research.

Evaluation extension

As the evaluation neared its completion (in mid 2023), LELAN sourced an extension of funding for the Alt2Su groups and recognised that there were more learnings they were keen to explore. LELAN approached the evaluation team to extend the evaluation until February 2024.

This third phase of the evaluation had a more specific focus - the general invitation to participate remained open, but particular groups were also purposively approached, either where the Alt2Su approach had been adapted (in response to particular community needs), or where Alt2Su groups were being offered (or considered) for particular cohorts (e.g. people living in a regional community, young people, people from culturally and linguistically diverse backgrounds, women, queer people). LELAN played a more active role in this recruitment, while retaining strictly voluntary participation - LELAN are not aware of who took up the opportunity to participate in this evaluation, not all who were approached by LELAN participated in the evaluation, and participation was always based on informed consent.

Finally, it was also identified that LELAN staff who had been engaged in Alt2Su implementation activities had not yet been evaluation participants, so they were also interviewed.

Extended evaluation timeframe facilitating participation

The evaluation team note there is some degree of precarity associated with research in this space - people's lives are perhaps more disrupted than in some other research spaces - which means extended time-frames are especially helpful. As one example, an Alt2Su group attendee had expressed interest in being interviewed early in the evaluation period, but due to multiple personal circumstances needed to reschedule a few times; the evaluation team reached out to follow up with this expressed interest, but felt that any further reaching out would be intrusive. This person did eventually end up being interviewed, but this was only possible due to the extended time-frame. We note that this rhythm continued with several other potential interview/focus group participants in the final phase of the evaluation - with both LELAN and the

evaluation team following up with people who expressed keen interest in being involved, while sitting with uncertainty around whether people would be able to respond in a timeframe that aligned with the evaluation parameters . This was not limited to Alt2Su group attendees, but extended to people employed in roles that were “very part time”. Thus we suggest a learning from our experience with this evaluation is to ensure generous timeframes to enable maximum participation.

Data sources

The table below lists the data sources used in this evaluation. As noted earlier, these sources were prioritized over other possibilities, taking into account the evaluation’s purpose, budget and timeframe. This process of prioritization was revisited frequently in fortnightly meetings with LELAN, in progress reports, and in negotiations around the evaluation contract extension, to ensure ongoing alignment, changes in the context, and feasibility.

Data source	**Initial data collection approach**	**Adaptations for the evaluation extension period**	**Final Report**
Facilitator focus groups	● 1.5 hour focus groups to discuss their experiences of facilitating (and attending) Alt2Su groups ● Focus groups via Zoom ● n=4 (2 time options before the Interim Report; 2 time options before the Second Interim Report)	● n=2 additional focus groups ● Participants in focus groups in the initial phase of the evaluation self-selected, while participants in focus groups in the third evaluation phase were approached purposively ● Facilitators participated in interviews	● n=6
Attendee interviews	● 30 minute interviews with attendees to discuss their experiences of attending Alt2Su groups ● Interviewes over Zoom ● Offered the option of participating with other group attendees, if preferred ● n=8	● Shared decision to pivot to recruit group *facilitators* rather than *attendees*, based on several factors: ● 0 attendees had participated in the first phase of the evaluation ● Some group facilitators had expressed interest in being interviewed individually ● Alt2Su group facilitators are themselves also Alt2Su group attendees ● The evaluation focus was clarified as *implementation*	● n= 1 attendee interview + n=6 facilitator interviews

Data source	Initial data collection approach	Adaptations for the evaluation extension period	Final Report
Funder interviews	●1hr interviews with funders to discuss their perspectives on Alt2Su ●Interviews conducted on Zoom ● n=3	● No additional interviews	●n=3
Other stakeholder interviews	● 30 minute interviews with other sector stakeholders to discuss their perspectives on Alt2Su ● Interviews conducted on Zoom ● n=6	● n= 4 ● In practice, these were rarely 30 minutes in duration, typically 45 mins-1 hour.	● n=10
Attendee survey	● A brief online survey was open for the duration of the evaluation (5 questions long) ● Participants were asked to indicate which group they attended and when ● The survey was promoted to online groups and through QR codes at in-person groups ● Participants could opt-in to further information about data collection activities, e.g.participation in interviews	● Due to the low numbers of survey respondents, and the increasing focus of the evaluation on implementation, survey remained open (in case there were learnings from survey responses) but not be prioritized.	● The evaluation team has not included survey responses in this Final Report.* ● All responses were positive, but low numbers means the data is not statistically significant
Open invitation for evaluation material submitted by email	● An email address was shared with attendees and facilitators for the submission of other thoughts about the groups ● Submissions could take the form of written text, voicenotes, photos, music or other forms ● This option was also flagged at the end of every interview and focus group	● One video and one email were submitted as part of the evaluation, both by attendees, and both during the extension period.	● Both video and email included

All interviews and focus groups were recorded (with consent) and transcribed by an AI program and checked by members of the evaluation team for accuracy.

There were multiple instances where it was very difficult to de-identify an evaluation participant, due to the relatively small size of the Alt2Su community. In order to honor the confidentiality of all evaluation participants in reporting these findings, the evaluation team has sometimes intentionally glossed over specific details, always accompanied by a rigorous commitment that any such changes maintain the validity of any findings.

* One learning from this very low response rate to the online survey is perhaps that online survey methodology does not work particularly well in this context. We have only anecdotal evidence, but suggest:

- Attendees may not be in the headspace to fill in a survey then and there following a groups;
- A brief survey may be misattuned to the relational, in depth conversational context;
- Attendees may have privacy concerns (given the strict emphasis on anonymity in Alt2Su groups);
- Facilitators have expressed a reluctance to in any way “pressure” attendees to participate;
- The survey may have been poorly designed (we have no evidence of this, but it is a possibility).

We can’t know for sure why the online survey was not an effective evaluation tool, but we do know that it was not effective.

Rapid Literature Review

In May-June, 2022, Flick Grey and Sar Bostock completed a rapid literature review on: *the need for and benefit of peer-led and/or alternative approaches to distress, suicide and/or crisis.*

The context of the literature review

From the outset, LELAN identified that the intention of this literature review was to help lay strong foundations for their work more broadly (that is, beyond the Alt2Su evaluation). LELAN articulated commitments to “self-determination, innovation, partnership, an eye to sustainability and transforming systems” as well as “lived-experience led, an Assets-Based Community Development approach, a systems change focus and scalability” (pc LELAN, April 27th, 2022). Questions of sustainability and *scalability* were especially emphasized. Specific demographic groups were prioritized for LELAN’s initial Alt2Su groups, including people living in regional areas, gender and sexually diverse people, and young people.

These specific orientations were borne in mind by the evaluation team conducting this Rapid Literature Review. This led to the inclusion of a detailed Appendix to the final Rapid Literature Review, summarizing findings from small-scale studies (with transparency about the evidentiary

weight of such studies), rather than synthesizing the literature and losing nuanced learnings (as is a common shortcoming in large-scale academic meta-analyses).

How the Rapid Literature Review was conducted

The evaluation team systematically searched 3 online databases: PsychInfo, PubMed and Informit. Explicitly biomedical databases, such as EMBASE or Medline, were deemed to be out-of-step with the intentions of this review. Given more time, there could have been value in exploring other academic disciplines, such as Indigenous Studies and/or other humanities and social sciences (such as, for example, the emerging field of Mad Studies).

The search terms used were: (Need for OR benefit) AND (peer-led OR peer support OR alternative) AND (suicide OR mental illness OR mental health OR psychiatric OR mental disorder). We limited the search to articles published from 2017 onwards, mindful that this is a rapidly evolving field. Only articles in English were included.

For PubMed and PsychInfo, we restricted the search terms to Title/Abstract, which yielded 447 and 1019 results respectively. For Informit, we included Full Text (only one result returned when we restricted the search to Abstracts), which yielded 1293 results. We then scanned abstracts to determine if they were within scope for this study, specifically seeking some reference to being peer-led/alternative. When in doubt, the full text was scanned. Determining what was/not within scope involved constantly returning to LELAN's articulated context for the review. Where an article either addressed an under-represented group or expressed concerns or hesitations about peer-led/alternatives, we erred on the side of inclusion and read the article in its entirety. A total of 48 articles were included in the review and summarized in an Appendix to the Rapid Literature Review.

This scan of the peer-reviewed literature was supplemented with a review of relevant grey literature, using the same search terms in Google, as well as reaching out to 16 contacts in the lived experience community who have expertise in peer-led alternatives (13 of whom responded with resources). This yielded more material than we could do justice to (especially in relation to First Nations), so we prioritized literature that aligned with LELAN's context and/or that involved an evaluation.

Overview of the findings of the literature review

Arguments for the need of peer-led/alternatives included 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 more literature on the *need for* peer-led/alternative approaches - especially for marginalized communities - than there were evaluations of 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), and Grey (2019)). The Parachute Project evaluation was highly resourced, including 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).

Only three relevant evaluations were found (Crofts *et al* 2017, Radford, Wishart & Martin 2019 & VMIAC 2021). We note that since the Rapid Literature Review was delivered (June 2022), one more relevant evaluation has been released - an evaluation of the Alternatives to Suicide Approach in New South Wales, completed in August 2022, released in September 2023 (Jerzmanowska *et al* 2022). This was released too late to be included in this evaluation.

Each of these three evaluated programs 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.

We note that amongst the lived experience community in Australia, there is a strong word-of-mouth knowledge of peer-led/alternative programs that have been piloted and run successfully within communities. However, little formal documentation exists of many of these programs, essentially erasing them from the story of peer-led/alternative approaches in Australia. This is often due to instability of funding for peer-led programs, and a lack of resourcing for formal evaluation.

Risks/cautions associated with peer-led/alternative approaches

A very small number of studies offered cautions around implementing peer-led/alternatives. These included:

- Risks associated with unmoderated online spaces for peer-to-peer support without the provision of adequate support structures;
- Risks of coercion in alternative practices;
- Risks to facilitators with lived experience when isolated or poorly supported in providing a peer-led/alternative support;
- Risks to participants when alternatives are under-resourced or fail to account for multiple marginalizations participants may hold.

Sustainability and scalability

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).

Challenges in conducting the Rapid Literature Review

There were many methodological challenges in completing this Rapid Literature Review, including:

- A paucity of attention has been given to genuinely peer-led/alternative approaches in the academic, peer-reviewed literature, although this is gradually shifting, as more consumer/lived experience academics become established (our review included some articles authored or co-authored by lived experience academics, e.g. Gooding *et al* 2018, Grey 2019, Kennedy 2019, Roennfeldt & Byrne 2021);
- Terms used by the lived experience community (including in the RFQ from LELAN), such as “distress” or “crisis” - which avoid centring biomedical explanations of our experiences - were a poor fit for searching academic databases, yielding predominantly literature that was clearly outside of scope. Similarly, while the phrase “alternative approaches” has a particularly rich history and strong lineage within the mental health ecosystem (e.g. Chamberlin 1978, Stastny 2007 and the ‘Alternatives Conference’ in the United States), the phrase is used heterogeneously in the peer reviewed literature (for example describing alternative forms of service delivery such as online, non-standard funding models, or complementary medicines);

Some of the richest insights relevant to LELAN’s explicitly stated commitments came from “grey literature”, especially from marginalized communities, which is systematically undervalued in conventional “grading” of evidence (where Randomised Controlled Trials carry the most evidentiary weight). This literature often circulates through informal networks. The evaluation team attended to this by intentionally seeking out grey literature from marginalized communities, but recognise this work often relies on relationships which take time to form, which may not align within the timing of a Rapid Literature Review.

Relevant learnings from this Rapid Literature Review are included as text boxes throughout this Report.

Section Three: Evaluation Findings

Findings related to the Alt2Su approach

Overall very positive appraisal of the Alt2Su approach

Participants in this evaluation universally expressed resoundingly positive appreciation for the Alt2Su approach. One participant summarized “I can't sing the praises of Alt2Su highly enough.” When asked if they had any reservations about the Alt2Su approach, a stakeholder reflected:

> *“I've still never come across anything. And I always remain open minded. I'm like, you don't have to like everything to still support it. But I see it. And I'm just like, no, this feels right. This feels important. It feels like it's necessary. So I don't look at any of it and think, oh, no, I wouldn't want to do that sort of thing. Because it's all, it just all seems kind of logical, I think.”*

Alt2Su is what participants would have wanted and what communities ask for

Another participant reflected how much they appreciate being part of Alt2Su because they would have appreciated having something like this - a safe place to “just be me” without any fear or judgement - when they themselves were feeling suicidal:

> *“When I was feeling, having the big emotions and feeling suicidal, I didn't have anything like this, you know, a safe place where I could come to, and just be me without any fear of judgment or anything else. So I see such value myself personally, in being involved. And that's why I'm so happy and grateful that I can be part of this whole thing.*

Another participant - a stakeholder - reflected similarly that this was why they were so passionate about the Alt2Su approach:

> *“I feel that Alt2Su from a personal level is something that I would have benefited from really, really significantly that this is a space that I'd always been looking for, and that I might have had some of the language around and then Alt2Su was sort of brought to my attention, I just went yep, that's the thing I was looking for someone else gets it, someone else was able to do these things and create this amazing thing that I was not able to.”*

Another participant argued that communities ask for approaches like Alt2Su, because this is what they want:

“Communities, once they learn about these things, they ask for them again, and again. And again. And they tell them, tell us, in all sorts of different ways, this is what I need, this is what I want. This is how I want to be supported in my journey.”

In the first phase of the evaluation, five stakeholders were asked directly if they would refer people to Alt2Su groups, and all (separately) responded using the same word - “absolutely”. One elaborated that this was both “very much on a personal level, like if it was a family member”, as well as “on a professional level”. One of the evaluation participants noted that just knowing an Alt2Su group exists can be beneficial for people, even if they do not actually attend the group. Another, similarly, noted that they felt very “comforted” knowing that Alt2Su was an option:

“And knowing that if I’m really struggling, that I have a place I can go that’s safe and reliable. That's been really helpful. You know, it feels like I've got another tool in my toolbox that I can use.”

Another, a stakeholder, expressed interest in attending an Alt2Su group themselves - “I think I'm gonna get myself to a group actually, if there's one available. Yeah, I'm gonna drop in. And have a yarn.”

Varied initial impressions

Some folks were positive about Alt2Su from the outset, while others had been more wary at first, before becoming comfortable with the approach over time.

One stakeholder reflected that when they first heard about the approach, their first impression was very positive - “Oh, wow, this is, you know, this is tremendous!” - while another stakeholder reflected they couldn’t even remember how they first heard about the approach: “It just sort of feels like it's always been there. And it's always been something that I've had this really strong pull towards”

By contrast, one facilitator reflected on their journey from initial skepticism about the approach when they entered the training, assuming there would be an “anti-clinical” and “anti-medications” theme, to no longer feeling this skepticism by the end of the training:

“I think I came into the training quite skeptical, because I thought it's like, well, how's this going to work? Like, you know, you can't just, you can't just like have no escalation pathways for like, you know, what if some one comes in, they're really suicidal, they say they're going to kill themselves. And, you know, like, what are you supposed to do then? And I think, you know, and just the really anti clinical nature of it, like, I thought there would be a bit like, you know, medications are bad, like mental illness doesn't exist kind of vibe, but it wasn't. But by the end of it, there's sort of my, I wasn't a skeptic. I wasn't skeptical of that approach anymore.”

Some group facilitators expressed having wanted to be involved in Alt2Su for a long time, having heard about the approach through other ‘alternative’ approaches (e.g. hearing voices

groups) and wanted something similar for suicide. Another spoke of Alt2Su offering an alternative to mainstream clinical approaches that have let people down or harmed them, thus the groups address a “gap”. For others, it was a connection with LELAN and interest in what LELAN were pursuing.

Specific elements participants 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. For example, one participant said:

> *"I've never really liked risk assessments either, especially like coming from my own experiences, and the control and the power that gets taken away, which is, I think, another thing that drew me"*

One participant noted this extends to "benevolent coercion" or coercion that is “for a good cause”, that can happen when people try to help in other contexts.

Another participant stated that they valued the way Alt2Su centres “people’s rights and autonomy to make decisions”. Alt2Su groups were described as filling “a really big gap” for people who experience suicidal feelings, noting that some people (“myself and most people I know”) are too afraid to access existing services, “for fear of being admitted”. They described “not having a safe space to talk about suicide” otherwise.

Connection and feeling supported and listened to

For others, the attraction was the *connections* fostered through shared experiences of suicidality.

> *"There's a place I can talk about this stuff and people actually understand what it's like to go through this. And I can talk about it. And actually the people in this room they do understand."*

Similarly, when speaking about why they were drawn to the approach, a facilitator reflected:

> *"when I was in a dark frame of mind, what really helped me along my journey was the connections I made with people."*

For many participants, the potency was in the intersection between connection with others and a lack of fear of coercion. For example, one participant 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."

Another described this combination (connection without fear) as having a "transformative impact":

"I think it can have a really transformative impact on people to just connect with others, and hold space and not be afraid of, you know, being put into treatment and things like that."

A facilitator reflected on their first group and how much support they felt:

"I just remember in that first group, I just burst into tears. And like, just the amount of support that was immediately there, not only from the facilitators there, but the other attendees was really nice. like, yeah, it was just a really good place to be. And I felt so much better afterwards."

One participant was very positive, both about their connective experiences as a facilitator:

"Yeah, facilitating the groups themselves has felt quite natural and very connective to, to the people in the room. And I've always left feeling quite connected. And if I was feeling a bit low, I always leave feeling a bit more, you know, the size of my, my big overwhelming feelings have reduced."

Participants spoke of feeling comfortable in the group, finding themselves pleasantly surprised at the ease of connection with others in the group:

"I've really enjoyed meeting new people... At the start I thought it would be a bit tricky like trying to fill in 90 minutes. And what if people don't want to talk? Or what if it's sort of, you know triggering, or it's, you know lots of these sorts of thoughts going through my head. But once I started doing it, I found that it was just really easy. People are generally easy to chat to and facilitating, it's not as scary as I thought it was going to be."

Others spoke of the value of feeling listened to, and the positive impact of this:

"They [the Alt2Su group] might not have fixed me. But they've listened. And I think once you've been listened, you're, you're one more step closer to the winning side."

Shame reduction and addressing loneliness

Several participants spoke of Alt2Su groups as reducing feelings of shame and/or loneliness. For example, one facilitator spoke of attendees being able to share experiences that were previously felt to be shameful, including sharing narratives of how professionals have seen them, enabling them to work through these experiences, in discussion with the group.

One participant spoke of how Alt2Su groups help with loneliness, offering a space for people to speak about things with people that they may not be able to elsewhere:

> *"But the other thing too, alternatives to suicide helps with loneliness, right, and being able to talk to people being able to talk to people about something that, you know, you can barely talk about with anybody else. You know, that's, like, massive."*

Another spoke of the healing quality of shame reduction through connection in Alt2Su groups:

> *"That has been really healing, really healing to connect with other people who are like, they know how it feels to be me, I guess, in some ways that I thought, because these moments are dripping in shame, I just felt so isolated. And that made this shame worse, because I felt like I'm the only person in the world that is this bad person or has done something this awful. And then just meet other people who've done similar things and be like, actually, it's not awful. It really makes sense based on what happened to you before you got there. And I don't think that you're a bad person, but I think that you're just a person acting under extreme distress. And that's expected given what you've been through. That is so healing."*

Alternative space to medical/clinical approaches

A facilitator spoke about having a close affinity to the approach because it created an alternative space for people who may have felt 'shut down' by clinical assessments:

> *"I understand the basic principles behind it ... aligned with the idea of, you know, clinical assessment sort of often being a barrier and shutting down people. So just the idea of kind of creating an alternative space for people is something that we have a close affinity to."*

Another spoke of very similar motivations - articulating that there is a need for "alternatives":

> *"obviously, having a lived and living experience, I think, you know, it's important that we provide a range of alternative, certain alternative services, appropriate services, and appropriate care outside of, you know, what we currently and traditionally have, have delivered."*

Some participants noted that Alt2Su was an especially good model for people who either didn't want to go through the medical system, or who had had bad experiences in that system. For example, one participant spoke of themselves being drawn more to Alt2Su than to clinical approaches:

"I knew like, when I struggled, it's the group that I kind of would have needed rather than clinical. I've had like mixed experiences with clinical as well, like some good, some not so great."

This alternative was especially valued for people who work in the public mental health system, who may experience an added fear of being "admitted to the hospital [they] work at".

Changing people's relationship with suicidality

One participant noted that while elsewhere a "bad outcome" is typically defined as suicide or self-harm, they were interested in whether we are having the "right discussions" to help people "sit in their distress", and allowing a level of self-agency in establishing next steps. This was echoed in the reflections of another participant, who hadn't attended Alt2Su groups but who had been involved with Alt2Su in other ways, whose own suicidality is professionally undisclosed. They spoke of the powerful impact of Alt2Su on their own suicidality - they still had a "suicidal part" but their relationship with this part had significantly changed:

"I've got super, super comfortable with this suicidal part of me to the point that I'm not trying to crush it so I'm trying to eradicate it from my life, I'm not trying to, trying to put it away or trying to run away from it. Alternatives to suicide has, has made it okay for that 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."

Another participant noted that they have observed changes in the other facilitators as a result of their involved with Alt2Su, an increase in confidence and strength:

"What I've observed in them is an increase in confidence and an increase in, in, in, it's really quite indefinable. It's like how they hold themselves in relation to suicide, but in relation to their role. I am struggling to find words, but there's like a strength and a learning and growing that I'm observing in the facilitators, that is beautiful. It's like a flower that's unfolding."

Reframing responses to suicidality

Other elements of the Alt2Su approach that were appreciated include reframes offered in the training, including the idea of "by any means necessary" not being about coercion but about attending to social determinants:

"flipping the conversation, sometimes from being any means necessary from restraint to any means necessary, you know, well, let's, you know, put that money into housing, or let's get that person a safe, secure place to live, or let's, you know, get them out of their situation."

Another reframing was around the idea of "safety", away from focusing on the safety of the individual experiencing suicidality, to the "safety" of the person asking the question: does the person experiencing suicidality feel safe disclosing to this person?:

"flipping the question around, you know, are you safe enough to ask the question about suicide?"

Focus on social determinants

Another theme was the centrality of social determinants and a “holistic, less diagnostic” view of suicidality. These elements were also identified as key to the feelings of connection in Alt2Su groups. Several participants noted that, in their personal experience and in their experiences supporting others, suicidality is often a response to trauma, disadvantage, disenfranchisement, privilege and power: “these values underpin Alt2Su and that had been relieving.”

Another participant noted that discussions in groups can tend to lead to an increase in awareness of the social determinants of mental wellbeing.

As noted earlier, this evaluation was originally intended to include interviews with Alt2Su group attendees, as well as an online survey. However, response rates from attendees to both modes of evaluation were very low. LELAN also clarified that their main focus for this evaluation was *implementation* learnings. Findings from the online survey have not been included in this Report, due to low numbers not being statistically significant. One Alt2Su group attendee was interviewed, and two email contributions have been included (including a video).

These findings related to outcomes for Alt2Su group facilitators and attendees are reported here together because Alt2Su facilitators are also Alt2Su group attendees, and often have themselves been Alt2Su group attendees before training to become a facilitator. One evaluation participant describes the role of facilitators thus:

"In my group, we try to keep it where the facilitators are basically just participants as well. Outside of doing the whole, we've got this much time left, and this is the opening and the closing, and things like that. And I know that's been something that our participants have liked, because it creates that humaneness and that vulnerability, and shows that we're not perfect as well."

Another participant describes what they see as the “real win win mutuality” of Alt2Su groups:

“not only is it helping people, you know, who are experiencing distress, but it's helping the people facilitating there's a real win win mutuality to that.”

Not being solutions-focused

One participant spoke about how much they appreciated that the Alt2Su approach offered ways of offering support other than being “solutions-focused”. They named that they found it uncomfortable learning to step back, but that this afforded space for the attendee to find their own creative solutions:

"And ordinarily I would step in and offer a solution or offer to fix it or offered to help. And I have been stepping back way more. And it's been really uncomfortable for me, but it's made me realize that that urge to step in has more to do with me than them and that they actually come up with really creative solutions for what they're going through"

Another participant noted that the removal of police or forced treatment as options opens up space to talk about suicide and find creative solutions.

Conversation not negative or just about suicide

Many spoke of initially fearing that Alt2Su groups might “bring you down”, but unanimously expressed this was not their experience, and that the groups enhanced their sense of connection. Another common theme was that people had expected the groups would be focused on suicide, and were (pleasantly) surprised at the “normal conversation” in the groups, where people were connecting with each other over other parts of their lives.

Sharing what helps

One participant spoke of Alt2Su groups helping because people each shared what has helped them in their different experiences.

Valuing people with experiences of suicidality as having something to offer

A participant identified that in Alt2Su groups, people with experiences of suicidality feel like they have a valuable contribution to make, respected and as having something to offer:

"I think in mental health services, there's, there's not enough spaces where people can get together and be vulnerable, and also be respected and know that they, yeah, that their lived experiences is valued. And that they've got something to bring to the group instead of feeling like they're constantly receiving a service."

One Alt2Su group attendee wrote an email to the evaluation team, outlining the benefits they had found in attending Alt2Su groups, including the benefits of “being there for others”:

“I was lucky enough to find Alt2Su during a personal crisis, when I wasn't sure I could keep going. The acceptance and kindness I am shown in the group keeps me coming back. Over time I've found the process of being there for others is as healing for me as talking. It is a personal revelation that my lifetime of struggling with mental health issues and trying to make meaning despite contrary feelings has value I can bring to the group.”

A third participant expressed similarly the feeling that they “have something valuable to offer”, which counteracts their tendency to self-isolate, thinking that no one would want to hang out with someone who is “crazy”:

“We just talked for an hour and a half. And suddenly I’m like, ‘I’m coming back next week’. Like this has been really good for me, because I do like to self-isolate... and then I’m worried that I’m crazy and mad and no-one wants to hang out with me... I’ve met people and I actually feel like I have something valuable to offer.”

Another participant described this being their first role using their lived experience, but that they have come to understand their lived experience as their “superpower”:

“When I think about my lived experience, I feel that it's, it's my superpower, I feel that it's the thing that defines who I am. And I wouldn't be who I am today, if I hadn't been through the shit that I'd been through. I think that's the beauty of what we can do. So we can bring the darkest times with us and maybe help other people. So that's the biggest thing for me that, that I love.”

Outcomes beyond facilitators and attendees

One participant spoke of the benefits of Alt2Su for the wider system as being “humongous” and “exciting”:

“There's all the ins and outs of the actual, the benefits for individual humans, but the benefits for the system are going to be humongous, because we are like, you know, hopefully, we are proving that you know, that this can work, that, you know, things that come from community, led by people with lived experience can actually work. And it's not incompatible with clinical governance frameworks, and that sort of thing. … I think it's exciting.”

Impactful regardless of numbers of attendees

A participant noted that people attended from ‘all over the country,’ while also describing the impact of being in a group with just one other participant, “I felt like they benefited from having that, that safe space as well”. That is, the group had both national reach, and was of value even when attended by just two people:

“you can have really like beautiful, comforting conversations with just one other person. And, and also, you never know, how much someone is needing that space, when they turn up.”

Specific Alt2Su principles

In the Evaluation Strategy, four principles from the Alt2Su Charter were identified as especially salient for the purposes of this evaluation: “consent and choice”,“healing in communities”, “responsibility to—not for or over” and “responding to injustice”.

Consent and Choice

Consent and choice were both strong themes in the data, emerging in several different contexts, including expressions of appreciation for the diversity of Alt2Su groups offered by LELAN (which

it was noted offers people choice), to fundamental reasons why people found value in Alt2Su groups, to offering a philosophical framework for stakeholders trying to navigate complex implementation challenges. For example, one participant interviewed early in the evaluation commented on the rapidity with which LELAN had been able to offer people a diversity of options of Alt2Su groups to attend:

> *"I really like the choice element to it as well. So obviously, you've got groups that are in person, you've got virtual groups, you've kind of got different cohorts as well. So I kind of like the choice. And yeah, I think that's a real strength, that that, you know, well, and have, you know, pretty quickly been able to kind of get such a diverse model out the door. It's pretty, pretty remarkable."*

Another participant repeatedly identified these themes as central components of what they most value about the Alt2Su approach - "that idea of choice, I think, you know, in terms of, you know, putting the power into the hands of the people" and "creating an alternative space for people is something that we have a close affinity to." They elaborated that they valued:

> *"the opportunity for people to be able to go to a space, and, and openly and honestly share ... without feeling like if I share this, somebody's going to come and take my choices away, and you know, make decisions on my behalf."*

They noted that these kinds of alternative spaces "sit or coexist" alongside "predominant frameworks [that] are often clinical governance frameworks", and that these hold different values, in terms of "people's rights and autonomy to make decisions". Another participant spoke of their commitment to alternatives being grounded in personal experiences with people in their life who have experienced suicidality - "I had heard so many horror stories and said, I was always looking for alternatives, right?"

Another participant spoke - at length - about the importance of this principle of consent and choice, guiding them through some complexities arising from a service-adjacent Alt2Su group in a service environment that operates under a clinical governance framework. They articulated an informed consent model, arguing that it was especially important to give participants sufficient information about the differences between the Alt2Su approach and the adjacent mental health service in which a clinical governance framework operates, so they could decide for themselves what they wanted to share in which space:

> *"So when they come in, Alt2Su is welcoming them to Alt2Su and telling people, this is what it means. So almost doing that informed consent thing. And then recognizing that, hey, they're in the same building, so same roof, but they might be in two different physical spaces, you give people the opportunity to choose. So if they're coming out of an Alt2Su group, where they've been told, Hey, this is Alt2Su, we are borrowing this space out there, that [adjacent service], they might operate a little bit differently, inviting them in to learn about the differences…"*

This service created dedicated space for the peer workers from each context (Alt2Su and the adjacent service) to explore together how to navigate the intersection between the two spaces, recognising challenges, while striving to give co-location of the Alt2Su group the best chance to work:

> *“So we did things like a few weeks ago, we had like a little collaborative learning space, we invited the Alt2Su team from LELAN in with the peer practitioners, and just went, let's learn from each other. And let's find a way, a common language for navigating this space as much as we can. Because what's the alternative? Like, yeah, they find a different location? ... If this is something we can make work, then we've got to give it a good honest try.”*

That is, even though the adjacent service was not grounded in the same understanding of consent and choice as Alt2Su (in terms of overall governance structures), the principles of consent and choice were still seen to be highly relevant to both spaces as well as to navigating the intersection between them.

Healing in Communities

This theme was present in various ways in the evaluation data. For some, community was a valued outcome of the groups, with one participant describing an Alt2Su group as “very much a big community." Another participant reflected on the genuineness of the connections (in contrast with other, more clinical approaches):

> *“it's just more that there's a sense of community and connection with someone else, like genuinely so. And it feels more like help than, you know, going into, like a bad psychiatrist’s office or to the hospital, you know, where people just don't understand you.”*

For one participant, this theme was an especially salient element in the Alt2Su approach: they spoke of the focus of the South Australian mental health system being on “the acute and specialist end of the spectrum”, rather than the *communities* in which people live. They questioned the readiness of “the system” and policy environment to invest in the community, and to recognise this as a valid investment. They also noted that Alt2Su aligns with a public health approach, including elements that are missing more generally in the narrative of mental health - concepts such as recovery and mental wellbeing, and the fundamental rights that people have as human beings, their citizenship and humanity. For this participant, this theme of healing in communities can be seen as both a contribution that Alt2Su makes - exemplifying healing in community - and also posing a *systemic barrie*r to the implementation of Alt2Su groups more widely, because “the system” is more focused on acute presentations than investing in community.

This theme was present more directly in other interviews. For example, one participant reflected on their experience of connection, noting that “the groups themselves has [sic] felt quite natural and very connective to, to the people in the room. And I’ve always left feeling quite connected.” Another reflected that they weren’t offered advice in groups, but instead felt “a sense of

community and connection … like, genuinely so.” Yet another participant explicitly noted the relationship between Alt2Su as a community and the flattening of power relationships:

> *"That's what I love about the Alt2Su . It's about you as facilitator as well, as you know, it's a community and the power relationships are flat."*

However, there were also challenges identified in relation to this idea of community. In the context of a service-adjacent Alt2Su group, it was noted that clients of the service are not anonymous in Alt2Su groups, “We do know them. We have their contact details and stuff like that.” In particular, this meant that the evaluation participant expressed finding it more difficult to remain in the stance of “responsibility to - not for or over”:

> *"I'm thinking for that, like, it'd be a lot harder for me not to take responsibility over that client than it is for me, with the other participants, that I don't have all those contact details for."*

Another participant spoke about the model sometimes making it hard to form long-term connections with people, noting that the regularity and consistency is very important, and helps to draw people out of isolation. Another spoke about initially being drawn to the community and group aspect, but found that this was not always present while the groups were still slowly building, although they were beginning to feel this grow, especially as the facilitators grew in confidence:

> *"I think, yeah, probably the last month of May getting into the headspace of like, Yeah, this is this is my group, what what do I want to bring to it? And what? What, you know, what can I kind of encourage in a way? So like we've had? We've had discussions around like, are we do we feel that we want to meet outside of the group? Do we want to go for a meal? Do we want to do under Christmas celebration? Do you want to? Yeah, start to think about it in like a real community?"*

One participant spoke about challenges associated with anonymity, describing anonymity as a “critical thing that has been missing.” Specifically, this participant had attended an Alt2Su group *in another state* (ie. not a LELAN Alt2Su group) and had been approached afterwards by several attendees wanting to become Facebook friends. The participant felt that this had undermined their anonymity, and was incongruent with Alt2Su values. They stressed that they hadn’t experienced this in LELAN Alt2Su groups, but they did note “I think everyone kind of knew each other. So again, the anonymity was kind of compromised in some ways as well.” Another participant spoke to the challenges for Alt2Su group facilitators in attending groups, not necessarily feeling like they could use the space for themselves. This participant suggested “groups being run specifically for facilitators”:

"Because as we, like I was talking about with this particular facilitator, as a facilitator, like I think, as us, and so very similar in that we weren't really talk about our struggles in the groups. So finding that place where we can also have that".

There may need to be more collective conversations about what both *community* and *anonymity* mean in the context of Alt2Su, whether community is something that is limited to the temporary community experienced within each Alt2Su group, or whether it extends beyond the boundaries of the group, and if so, what this means for the value of anonymity.

This participant suggested one possibility might be a more explicit emphasis on Alt2Su values, including anonymity, noting that this would have enhanced their sense of safety. However, they recognised this is a complex and nuanced issue:

"I think it's hard because I think it goes against that idea of what Alt2Su is about, you know, evolving over time and creating a sense of community and not being held by rigidity because it robs it of its authenticity. Like to go back to a written page of rules."

One of the recommendations offered in this Report is that LELAN consider the possibility of Alt2Su groups that prioritize anonymity for those who need this (e.g. Alt2Su facilitators, people who work in industries where suicidality is especially proscribed, people who have a public profile).

Rapid Literature Review note: Meridian Community Health (2021) noted that online support groups have the capacity to provide support that is removed from people's immediate community (in their research, this was specifically the broader LGBTQI+ community), which enables support-seeking while ensuring confidentiality and anonymity which are often of particular concern for LGBTQI+ people (p.2). LELAN may want to consider the option of an online space for those who specifically seek a high level of confidentiality.

Another challenge in relation to the theme of community was related to questioning whether Alt2Su is more effective as a "grassroots" (ie unpaid) model or as a paid model of peer support. It was noted that a paid model improves sustainability, but with the downside that it can feel more like 'a job':

"And whether that takes away from the community feel and I guess, that not just for Alt2Su that's for all peer groups in general, like how do we stay true to this sort of grassroots community feel that we want, whilst also introducing external motivators like reimbursements when we're in the middle of a cost of living crisis? Of course, people are motivated by an opportunity to get money, but we don't want that to be their only motivation."

This participant added that lived experience workers should be paid for their time and expertise. The evaluation team have not included any recommendations arising from this reflection, as it

was not raised by other participants, but this theme of payment may be worth considering further, especially if the Alt2Su model is scaled up, or if funding is precarious.

Responsibility To—and Not For or Over

The Alt2Su principle of “responsibility to not for” was raised by many participants as having a profound impact not just on their involvement with Alt2Su groups, but on their relationships outside of Alt2Su, including with partners, friends, colleagues and family members. One Alt2Su group facilitator described this as a “freeing” concept, enabling them to not just step in and fix things, but to give people space, adding that this was empowering:

> *“I don't have responsibility for them [Alt2Su group attendees], they're their own person with their own actions, which has felt like quite freeing in the space, I think. And I think when I'm in group, I do feel that as well, like, there's not a tension, there's just holding space.”*

Another facilitator reflected similarly, feeling like this principle offered a boundary, removing any sense of “burden” carried home from facilitating groups:

> *“I found that [principle] helpful, because there's no sort of guilt, or there's, you know, you're not carrying other people's burdens home with you. Like, that's, there's a boundary there.”*

Another participant spoke to this theme directly, noting that this particular element of Alt2Su “really resonated” for them. They reflected that this was “a bit of a hurdle initially to get my head around,” because it contrasted with “trying to keep people safe.” However, this way of thinking has come to feel “quite normal” for them, even though they noted this potentially comes across as “a radical perspective.” They reflected that this “cognitive shift” began during the Alt2Su facilitator training, and has been reinforced facilitating groups, with “everyone leaving feeling, you know, whether it’s a bit lighter or more settled or not worse, has sort of reinforced that for me as evidence”. They gave an example of a group with a highly distressed group attendee, who they described as having had “the most awful run of things”; as a facilitator they were able to just “hold that experience and those feelings”, without feeling “worried or concerned or responsible for them”. This enabled them to “let it go” afterwards; they thought about the person over the following week, but “didn’t have anxiety around it”. They spoke of how this Alt2Su principle has led them to reflect on individual choice and human rights, adding that it even “gave me, like, a real sense of freedom”:

> *I don't have responsibility for them, that they're their own person with their own actions, which has felt like quite freeing in the space, I think. And I think when I'm in group, I do feel that as well, like, there's not a tension, there's just holding space.*

Like the stakeholder who spoke of clinical approaches often being overly-focused on “solving the problem”, the group facilitator noted that this principle better meets people’s needs:

“It's not about solutions, it’s not about getting better, not about fixing ourselves or our problems, that you can just like, turn up and share, or listen and hold space. And that, that really meets the needs of most people, that that’s all they need to, you know, either listen or share.”

They noted that this way of thinking - of responsibility as being to not for or over - has extended into their personal life, in helpful ways, leading to an increase in their capacity to feel empathy for others - as doing the best they can in their situation - and in respecting other people’s autonomy and decision-making more generally. A stakeholder noted this principle had a significant impact on their thinking, personally and professionally:

“This phrase that keeps on coming up for me personally, professionally, about having a responsibility to not for or over has changed my thinking in really diverse ways. And I think if we give people the opportunity to learn from approaches like this, it will change their thinking in ways that they never even expect to.”

Responses to Injustice

This was not as overtly a strong theme in the data as the other principles, although it was undoubtedly present in many implicit ways (e.g. many people spoke of the “horrors” of coercive treatment or the trauma of being hospitalized).

Two evaluation participants spoke directly to this principle. One spoke of it in relation to the Al2Su facilitator training, appreciating how it framed suicidality in terms of social justice:

“[The training] is really very aligned with, I suppose, my own disposition around social justice and looking at intersectionalities and seeing this very much as a social justice issue, rather than a mental disorder issue.”

Later, they elaborated on this sense that Alt2Su groups overting social determinants and problems “in society”, normalizing people’s responses to these problems:

“It's explicit about a perception that social determinants largely inform suicidality. So there's, there's not this over emphasis on what's wrong with you. And you're the problem. It's quite the opposite. It's what's the problem in society, and the way you're responding is just your body responding to something, it's normal, you know, we normalize that response."

Another participant noted that once people had been afforded space to speak about suicidality, they were able to appreciate connections to broader social justice issues:

"I really want there to be space for people to explore these things. Because once we do explore them, we realize like, hey, oh, there's like social justice issues, or there's like housing issues, or there's like, racial issues, or there's sexuality and gender issues. You know, I think like, that's the beauty of like Alt2su is that it does really, like, acknowledged the harms that .. have been."

They continued to add that, in their experience, the traditional mental health system didn't have capacity to engage with these issues, and instead sought to help/control.

Other positive qualities that Alt2Su group facilitators reflected on include: Alt2Su offering 'a much gentler, and open, and more honest' approach, the Alt2Su value of curiosity positively impacting their relationships beyond the Alt2Su groups, including challenging their own 'black and white thinking' and allowing for exploration of different perspectives and worldviews, feeling less judgemental of others, leaving the group consistently "feeling quite connected" - and changes to their own worldview - "it's sort of opened my mind a bit to other people's experiences".

We conclude this section with an extended quote, from a stakeholder who reflected on the value of Alt2Su, from their perspective, including being able to speak honestly without fear, having their distress validated as an understandable response to circumstances, and receiving support to think more deeply about what systemic changes they might need in their own life, to make a life worth living:

> *"This is a space where you can just go sometimes when shits really hard. Sometimes I want to die, I need to be able to say that without, without censoring myself without putting on a mask, without knowing if I say this, that you'll get out a risk assessment.*
>
> *I think the thing I really liked about it is that this is a space where you can just be heard, where someone will work with you because they recognise like, hey, it's not like you having these thoughts is not really that abnormal, it's a reaction to all sorts of different things.*
>
> *What is the life that you can create so that this doesn't seem like the escape that you need from it? And to me, this is that feeling of like, oh, that's kind of what I was always looking for. Because I sort of felt like, well, you can't go on holiday from yourself. I carry myself with me everywhere, obviously. So if I you know, if the environment isn't conducive to me wanting to be around physically, spiritually, mentally, and things like that, then what do I need to change about it? Where can I go? What can I do that isn't just oh, I'll give myself a 10 minute break to like, have a bath or chat to a friend. It's like, what are the systemic changes that need to be made?"*

Alt2Su intersecting and/or contrasting with clinical approaches

There were many, complex perspectives shared about the intersection between Alt2Su and clinical spaces. Many participants spoke of their experiences of Alt2Su contrasting with "mainstream" approaches to suicidality, especially in relation to risk, escalation and space to speak about suicidality. Some spoke of a hope that Alt2Su becomes "mainstream" while others expressed hesitations about potential co-option. Some spoke of the rich learnings at the interface between the two spaces, while others suggested that differences between different approaches were overstated.

The “story” of mainstream service delivery

When exploring the differences between the Alt2Su model and clinical approaches to suicidality, participants often told a similar “story” of clinical service delivery. This “story” was of note to the evaluators as it characterized much of the concern stakeholders felt at integrating Alt2Su into clinical frameworks and the unique value of the program itself. We use the term “story” not to suggest a lack of truth, but to highlight how common and pervasive it was in this evaluation.

Participants described experiences of disclosing suicidality or responding to suicidal distress. In these accounts, all participants described versions of the point of escalation, or “red flag”, that disclosure of suicidality presented when discussed with clinical service providers: “...If someone is suicidal it's alarm bells, it's panic stations.”

Participants often re-told this story when describing clinical models, outlining that when a disclosure was made, a risk-oriented approach was taken, and the person experiencing distress was either treated against their will or responded to as a risk or threat. Participants described these experiences as hindering trust in the system, 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.

This “story” was also shared by stakeholders who had delivered services within clinical settings. Stakeholders identified rigid responses to suicidal disclosure as a hindrance when attempting to provide lived experience services under clinical governance and practice frameworks.

> *"Even though the people that I was doing peer support for, offering peer support for, may have just wanted to talk about suicide, it didn't matter if they said that word. It was like a word where it had to be escalated."*

Many participants spoke of having had negative experiences in the mental health system. For example, one participant spoke of hospitalization as a traumatizing experience, where they felt “shut down” and “disbelieved”. When they attended Alt2Su groups, they connected 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.

Similarly, another participant spoke about being “treated like a number” and “disempowered” in clinical services, and the validation of these experiences they found in Alt2Su groups:

> *“In your darkest moments, like you’re just kind of treated like a number. And yeah, I think you do feel so, like, disempowered. And no real ability to kind of take control... I suppose just even like alone. Just to have that validated and to feel like, yeah, I’ve experienced that too. That sucks. And, like, hard to be in that place. Like even just hearing.”*

Risk and “duty of care” in organizational approaches

The most common themes were how “risk” and (what was languaged as) “duty of care” were enacted under clinical governance frameworks. Many spoke about other workplaces in which the policies were clear that if the topic of suicide was raised at all, clinicians would conduct risk assessments and escalations. For peer workers working in these services, they noted that these procedures were out of their control:

> *" Even though the people that I was doing peer support for offering peer support for may have just wanted to talk about suicide, it didn't matter if they said that word. It was like a word where it had to be escalated."*

Another participant spoke about there being a perception of “duty of care” as an ethical, legal, moral requirement and that there were not many models to the contrary. They elaborated that this interpretation of duty of care is one that overrides peoples autonomy. For some participants, this was related to organizations responding to their own needs, rather than the needs of the person. For example, a stakeholder (a clinician) reflected:

> *"there's a lot of tension in it around, you know, doing what's right for the person versus doing what's right for your job, or the organization"*

Another participant shared similar observations:

> *"just seeing the heavy risk of stuff that we do the assessments that we have to do the invasiveness of it. And it is not even coming from the right place, coming from a place of organizations covering their asses, essentially, and not actually having, giving a shit about what's happening for the other person, when we're doing that."*

One participant went so far as to say that expressing suicidality is not an indicator of risk, and can in fact be a protective factor:

> *“[Alt2Su has confirmed that] expressing you know, thoughts and feelings and worries about suicidality is not an indicator of risk. In fact, someone being able to express that, I think, indicates a protective factor.”*

Foreclosure of space to discuss suicidality

Many evaluation participants spoke specifically of how Alt2Su contrasts with the limitations of traditional approaches to suicidality. Collectively, participants described clinical services as foreclosing opportunities to discuss suicidality, whereas Alt2Su was described as a forum in which participants felt an expanded capacity to discuss feelings of suicidality. One participant argued that Alt2Su is a lot safer for people than clinical models as it allows people to speak freely without risk of punitive response, which is not possible in clinical settings.

Another participant spoke of shortcomings of medicalised approaches to suicidality, and the effectiveness of Alt2Su groups by contrast, which enabled people to be “truly honest”:

> *“you read all the research, ... there's glaring evidence that the, you know, the clinical acute medicalized approach and model doesn't necessarily work for everybody. ... the research has been fairly compelling, that, that, that's not effective. And so I get, I think it's a great idea, you know, just holding space for people and not having to have this fear of being, you know, escalated, or there's some form of intervention, I think it really creates, you know, the trust that's required in order to, yeah, truly be honest with what's going on, which is often, you know, the most effective approach.”*

Another participant said that clinical approaches put people on guard (both the person experiencing suicidality and the person supporting them), “having to think about if something will be escalated”, and that this dynamic gets in the way of relationship building. Similarly, another participant spoke about “clinical assessment sort of often being a barrier and shutting down people. So just the idea of kind of creating an alternative space for people is something that we have a close affinity to.” Another participant spoke of Alt2Su feeling more helpful than “a bad psychiatrist’s office or [going] to the hospital, you know, where people just don't understand you." Another participant told a story about going to see their GP, not even mentioning suicidality but “just crying” and being met with an “escalation response”, “they’ve wanted to call an ambulance because they didn’t know how to manage the stress.” They reflected that this led to them feeling “kind of put off” from “being open about how I’m feeling and then that makes you feel more trapped and isolated”. Another participant noted that clinicians often don’t have time to sit with people, and so will instead use mechanisms like legislation to hold people.

One participant spoke of their experiences in the clinical system, including being forcibly medicated, leaving them doubting if they wanted to live. After attending a few Alt2Su groups, they very quickly became passionate about the approach and actively raised awareness in other contexts. The part of the Alt2Su approach they most valued was being able to speak about things and be understood:

> *"There's a place I can talk about this stuff and people actually understand what it's like to go through this. And I can talk about it. And actually the people in this room, they do understand."*

They elaborated that before attending Alt2Su groups, they had learned to “not talk” and had “shut down”. So when they entered the Alt2Su space, they came with fears that they would not be allowed to talk about their experiences. But they found that Alt2Su gave them a place where they could both talk with people and listen to people as well, “it’s just so important.”

Alt2Su not about “problem solving” or an “expert model”

One participant spoke of clinical practice centring risk, and said that clinicians often go down the path of trying to solve problems for people, rather than foregrounding self-determination and respect for people, as Alt2Su does. Another participant expressed appreciation that Alt2Su is not an “expert model”, adding that no one is an expert in “this stuff”:

“I love the fact that it says you don't need to be a bloody expert to be helpful here. And I just love, I love that it was because some of the most healing conversations I've had have been with people who haven't, you know, dedicated four or five or 10 years of their life to to deep study and then it gives them this, you know, formal power or knowing or expertise in this stuff. No one's an expert in this stuff.”

One theme that emerged from several participants was the unique learnings emerging from service-adjacent Alt2Su groups. In particular, stakeholders discussed moments of key learning between lived experience and non-lived experience staff, the importance of lived-experience friendly governance and practice frameworks, and the tensions and opportunities that developed across the initial implementation phase when working alongside clinical service providers.

“In your darkest moments, like you’re just kind of treated like a number. And yeah, I think you do feel so, like, disempowered. And no real ability to kind of take control... I suppose just even like alone. Just to have that validated and to feel like, yeah, I’ve experienced that too. That sucks. And, like, hard to be in that place. Like even just hearing.”

“Mainstreaming” Alt2Su?

Many participants spoke of their hopes that the Alt2Su approach would become more widespread or more mainstream:

“I saw this on the edge of the continuum around the services that are being promoted. I’d like it, we'd like to see it, you know, front and center.”

Other participants spoke of their hopes that more clinical/non-peer-led spaces would actively promote Alt2Su groups with the people they support. For example, one participant was reflecting on a previous conversation with a large national helpline, imagining if the telephone support worker they were speaking to had provided them information that Alt2Su groups exist:

“if someone had been like, that my call with [large national helpline] that day, to that lady, you know, like, if this was in place, she might go, Well … you know, there's a group that I know, that runs in Adelaide, it's called Alternatives to Suicide. … I suggest you check it out."

Others expressed various hesitations. For example, several participants had encountered lived experience initiatives in environments that were “heavily peer-influenced” but still under clinical governance. One participant noted that “hybrid models” where peer practitioners were under clinical governance frameworks had limitations, because the peer practitioners “turn into pseudo clinicians really and not really allowed to kind of embody the true value of peerism and lived experience-led services”.

Contrast between Alt2Su and clinical approaches potentially over-emphasized

Not all participants framed their appreciation for the Alt2Su approach through contrasting it with clinical approaches. For example, one participant reflected on the value of sharing lived experience, describing it as “that warm blanket or hug” that gets people through but stressed that this isn’t either/or, that clinical and lived-experience initiatives are not in competition with each other. They spoke to the “real opportunity” for the model to be used both with people who are existing clients of specialist services, and those who aren’t, suggesting it be embedded as the first port of call for people.

Two participants shared that they felt the “When Conversations Turn to Suicide” trarining placed too much emphasis on contrasting Alt2Su with a (caricatured) medical model, rather than focusing on the strengths of the Alt2Su model.

Specific Alt2Su demographic groups

A focus, especially for the third phase of this evaluation, was the needs of specific 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 complexities 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.

Gender and sexually diverse communities

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."*

Another noted that "jumping into" facilitating a queer-specific Alt2Su group had helped them to own both their own feelings of distress and their own queerness. A third facilitator spoke of coming out later in their life, and wanting to bring this experience to the model, recognizing that people often seek support specifically from people they identify with "through times of immense change … and set-backs". They noted that support people need to not take personally when someone wants to connect with a specific group or facilitator.

Rapid literature review note: There is strong support in the literature for identity-specific peer support for people who are LGBTIQ+.

For example, in qualitative interviews with 20 people with mental health conditions who were also people of color, lesbian, gay or bisexual, Holley *et al* (2019) found that people identified a need for identity-based peer support spaces, due to experiences of racism, homophobia

and denial of their mental distress in communities where these identities were not shared. Williams *et al* (2018) interviewed 25 queer or gender diverse people who experienced suicidality and found strong support for peer support that reflected this dual experience, in recognition that those who weren't gender or sexually diverse or had not experienced suicidality likely would not understand experiences, and that the capacity to speak with and build relationships with peers would be supportive and protective, including having someone who could reflect hope for their future as a gender or sexual minority and a survivor of suicide. There was an indication that programs tailored to the needs of this group were needed to reflect dual experiences of distress and oppression. Lyons *et al* (2022) found a sense of belonging in LGBTIQ+ communities to be a protective factor for people experiencing suicidality and advocated for queer-specific peer groups. Meridian Community Health (2021) noted that LGBTIQ+ peer groups leverage existing informal networks of peer support in queer communities and noted the critical importance of anonymity for many in this community.

McNair & Bush (2016) in their research into peer support for same-sex attracted women spoke to the issue of "identity policing". While there were no accounts of active "identity policing" occurring in the Alt2Su community, several participants in this evaluation spoke of *their own hesitations* around stepping into facilitate the space, due to fears around their identity somehow not being "enough" (e.g. that their own suicidality was "not enough" as they had not made an active attempt to end their life; or queer people wondering whether they were "queer enough" to facilitate a queer Alt2Su group). The evaluators have made a recommendation around LELAN actively clarifying what "counts" as a "peer", including community belonging.

First Nations' people

It is noted that during the final evaluation period, plans for an (online) First Nations' Alt2Su group emerged in Australia (pc October 7th 2023, Kate O'Keefe, Project Officer, Brook RED, QLD).

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, or that any participants spoke of (no evaluation participants identified as being First Nations). However, given this was a strong theme in the Rapid Literature Review, the evaluation team suggests this could be an avenue to explore further.

Rapid Literature Review note: Spurway *et al* (2022) suggest that there are high levels of discrimination for First Nations' people when accessing health services in general, citing a need for specific, proactive work to ensure cultural safety, rather than assuming a space is culturally safe due to a lack of hearing otherwise.

The term “peer” may have less salience in this community; instead the literature referenced the critically important role of Aboriginal health workers and/or shared Aboriginal cultural identity. VACCHO (2020) in particular noted 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). This includes proposed on-Country healing centres and Aboriginal-led solutions to prevent suicide and self-harm. The report conveys a sense of urgency and is a clarion call for ‘innovative, Aboriginal-led solutions’ (p.23). This language of “solutions” is specifically important:

> The word ‘solution’ is used in this Report instead of ‘recommendation’ because Aboriginal Communities have the solutions for creating a culturally-safe, sustainable, self-determining mental health system—the solutions are already in their hands. (p. 25)

The Black Dog Institute (2022) suggest another possibility may be to support First Nations’ communities developing their own lived experience networks, drawing on the specific (and often different) ways First Nations communities experience suicidality and suicide loss, and taking into consideration First Nations’ people’s ways of understanding social and emotional wellbeing.

CALD communities

Yet another “adaptation” context was a CALD community Alt2Su group. In this context, some of the people involved had felt that the term “suicide” should not be used, as previous experience had suggested this word was not used by the particular community in question. However, an evaluation participant (themselves a member of a CALD community) questioned this, arguing that this kind of avoidance would just perpetuate the silence around suicide within this community, and that stories of suicidality amongst migrant and CALD communities are “hidden”. They felt it was necessary to use the word “suicide”, in alignment with the Alt2Su principles. They worried that this kind of “adaptation” might lead to “muddling of purpose” and suggested space was needed to explore the complexity of setting up groups in the “multicultural space”. They 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.

Rapid Literature Review note: It was challenging to find relevant literature specific to CALD communities. There were, however, several studies suggesting that people from culturally and linguistically diverse backgrounds were not always well-served by mainstream mental health services (e.g. Wang & Iwamasa 2018, O’Brien *et al* 2020, Otake & Tamming 2021, SPA 2021). It was common for studies to conclude that co-design with the relevant communities was needed, due to diversity within and between communities, as well as a need for culturally-responsive services (e.g. SPA 2021). However, there was also research

that suggested co-design methodology itself needs to be adapted when working with cultural and linguistic diversity (O'Brien *et al* 2020).

Young people

While there were participants in this evaluation who identified as young people, and participants who worked in youth-specific support roles, no participants spoke specifically about involvement in youth-focused Alt2Su groups.

Men

Two participants suggested there could be an emerging need for a men-specific Alt2Su 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, including 'masculine fellas out there that had that lived and living experience'. The participant wondered:

> *"how many of those fellas are following LELAN? So I wonder how we would recruit them or get there? Yeah. And I asked that question, because I don't know. But there's LELAN and its branding, and does it resonate? And 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 a space for further discussion.

Family members

Tensions emerged at various points in the evaluation in relation to the Alt2Su model and its intersection with family members of people who have experienced suicidality (or who have died by suicide).

This theme was shared earlier in relation to a family member in the Alt2Su facilitator training, who was bereaved by suicide, describing suicide as "selfish". An evaluation participant expressed that this negatively impacted the training group. As discussed in the Second Interim Report, the evaluation team felt it was important to contextualize that while this perspective being expressed may well have been distressing for participants in the training, this dual lived experience will likely be "in the room" in trainings, sessions or groups, since people bereaved by suicide are much more likely to experience suicidality themselves. At the time of the Second

Interim Report, the evaluation team suggested that this be understood in the context of different perspectives being “in the room” in training.

However, in the third phase of the evaluation, this theme emerged more strongly and with additional nuances. We now recommend that this intersection may need to be more actively explored.

For example, one participant spoke of “othering of carers” as a barrier to participation (they identified both as having their own direct lived experience of suicidality, and as a carer of someone who experienced suicidality), noting that this “can happen within the lived experience community”. While recognising that “there are issues with carers” for many people, they felt like they needed to “set aside” their experiences as a carer during the training, and in hindsight felt the experiences were “all connected”:

> *"So which part of me am I bracketing out? So to be honest, last year, when I did the training, I felt I thought I needed to bracket that part of me, but I can't bracket that part of me because it's so interwoven and interconnected."*

This participant noted that they had discussions with parents who have lost children to suicide and found the language of Alt2Su had helped these parents come to shift their understanding of suicidality:

> *"Yeah, it's tangible, the the heaviness that these parents have, the weight of the guilt, you know, which is just part of the human condition, you could have done more, is it my fault, etc, beginning to shift and seeing it differently. So there's, you know, because parents also become, you know, suicidality, you know, the rates of suicidality by parents is huge. So, that's what I mean, it's interconnected, you can't put a barrier there."*

One participant spoke of how they were attracted to Alt2Su both for their own suicidality, but also curious about whether it could help their family member who experienced suicidality as well as themselves.

Another participant spoke of how people who care for others experiencing suicidality may experience their own suicidality. For example, their caring experiences may lead them to lose their careers or have other significant life impacts, leading to their own suicidal experiences. Another participant spoke of the challenges for many people who have a family member who has either expressed their own suicidality or taken their own life, that this may then impact their own ability to identify that they too have their own experiences of suicidality. For example, one participant reflected:

> *“[After the suicide of a family member, decades ago] I spend a lot of my time taking care of other people and not actually really coming to terms with the stuff that goes on with me is not normal. It might be normal within, you know, the lived experience of suicide community, but it's not, you know, I need to acknowledge where I sit with that. … And then all of a sudden, in the last five or so years, I've been in this space working and also volunteering and learning. And so it's a different world for me, really.”*

Another participant (who had experienced their own suicidality) spoke of a family member recently being suicidal, and their own resulting complex identity as not just a carer, but “both and”:

> *“I have a family member who came very close to suicide earlier this year, and I'd never previously identified as a carer, but it was like, Ah, this sort of capacity to be both/and and yeah, the, the threads can be much more complex, I think.”*

Rapid Literature Review note: family/carers were outside of scope for the Rapid Literature Review, but in hindsight, it may have been generative to include the intersection between direct and family/carer lived experience to learn if others have found ways to navigate this space without sacrificing the integrity of the approach centring direct lived experience.

Adaptations of the Alt2Su approach

As the evaluation progressed, a growing number of participants spoke of “adaptations” to the Alt2Su model in the South Australian community. There were various perspectives about these adaptations, ranging from one participant speaking of desiring *more freedom* to adapt the Alt2Su model - to “take the concept and innovate on it” - through to concerns about co-option and loss of fidelity, with one participant lamenting that some of the questions that are being asked (including, most likely, some of the questions shared in this Report) are underpinned by a logic designed to preserve the status quo:

> *“I think that's what the kind of logic of that question often is, you know, how can we stay within the ways of doing that we always do things but just change them a little bit.”*

One of the recommendations of this Report is that this terrain be explored further (including when “adaptations” may in fact undermine the Alt2Su approach).

Service-adjacent Alt2Su groups

Some Alt2Su groups are facilitated adjacent to another service, either a mental health or local community organisation (typically operating under clinical governance). This was a site of ongoing learning and negotiation for many participants. For example, one evaluation participant noted that there was one occasion when a staff member from the adjacent service had called an ambulance for an Alt2Su group attendee, which led to LELAN staff coming to the service and engaging around boundaries (because Alt2Su groups are a protected space).

Another complexity identified was potential complexities around “choice and control” and the strict voluntariness of Alt2Su group attendance. One participant shared that staff members in a service - who were very supportive of Alt2Su - had perhaps “railroaded” people attending their service into coming to the Alt2Su group (albeit with good intentions) or that people were attending Alt2Su groups out of a sense of loyalty to a particular staff member at the service, which went against Alt2Su’s central principle of choice and control.

Many other learnings from service-adjacent Alt2Su groups are woven throughout this report, as they were inseparable from more general learnings.

Changing the focus from suicidality

One of the contexts in which significant adaptations have emerged is an Alt2Su group in a regional context. The location was selected as one of the “trial” sites, so there was an intention to maintain the Alt2SU model as faithfully as possible. However, an Alt2Su group ran for about a year, with no attendees (“which was either a good thing or a bad thing”), despite significant publicity and planning efforts. In response, they dropped down to a single facilitator after five months, and then stopped the group altogether after “about a year,” when it was deemed no longer feasible. Not long after, a request from a member of the community led to an anxiety and depression group starting instead, and this group has had steady attendance ever since. Suicidality is sometimes spoken about, but it is not the main focus. It was suggested that the term “suicide” was too exposing, which was a barrier in a small town (approximately 1000 people). One evaluation participant stressed the importance of allowing the community to determine their own needs:

> *“I think it was just changing the name, letting the community come to us and tell us what they wanted. And if they did bring up the word … I was just there to go, yeah, cool. No worries. Let's talk about it. And yeah, it seems to be working really well. … I think we just broadened, broadened it, and then allowed the community to build what it was that they wanted, rather than us tell them maybe what that looked like."*

A few facilitators in other contexts also raised the possibility that there might be a stigma related to Alt2Su groups being “suicide” groups, and that this may put people off attending. They felt that this name possibly didn’t reflect that the groups are actually a place to talk about anything without judgment. One facilitator mused that “the name itself just doesn't lend itself to care, human, you know, like the connection, like all the things that we know, it is.”

A suggestion to expand who can facilitate Alt2Su groups

A small number of evaluation participants challenged the requirement that Alt2Su facilitators need to have their own personal lived experience of suicidality to be able to hold the space. One participant described this as a form of “gate-keeping” in relation to the training:

> *"[Name] who's our other facilitator, he would say he hasn't had suicidal thoughts, and they almost didn't let him go. They weren't going to certify him. No, I don't think that's right. I think that they've got that wrong, because he's actually amazing at this, and he does it really well. And he gets approached by a lot of people. So that is something that I think is not quite right."*

The evaluation participant elaborated that it might be worth reconsidering this requirement around lived experience:

"I think what we've stepped away from is that you have to have had suicidal thoughts to be able to be empathetic to somebody else who is struggling. And that may be as part of this model. That is a shift that we could say that potentially you wouldn't have needed to have had suicidal thoughts to hold space for somebody."

These suggestions have a specific context - a demographic-specific Alt2Su group. While the person who attended Alt2Su facilitator training did not have their own personal lived experience of suicidality, they *were* a member of the specific community. So this suggestion to consider expanding who can facilitate Alt2Su groups likely relates to an expanded conceptualization of who people would consider their "peers" (discussed in more detail later), in the context of demographic-specific Alt2Su groups. The evaluation team suggests this re-conceptualization warrants careful consideration, as the "peer" dimension of the Alt2Su approach was often described as a central (if not *the* central) transformational component of the approach. One possibility might be to lean further into learnings from communities for whom "peer" has a more expansive meaning, such as First Nations, trans or autistic communities, where shared communal belonging may be as salient (or moreso) than suicidality specifically.

Offering Alt2Su one-on-one

Another adaptation that has emerged is offering the Alt2Su approach one-on-one. This was suggested as a possibility by several evaluation participants. One noted that when he shared that Alt2Su groups were available, people experiencing suicidality often responded that they "don't do groups".

In one context, the Alt2Su approach has been used not just in groups, but in holding space for individuals, as needed. One evaluation participant told a story about using the Alt2Su approach in responding to a family's concerns about a young person. The trained Alt2Su facilitator actively asked the young person whether they were experiencing suicidality and then held extended one-on-one space for the young person to express themselves (for nearly 2 hours). The young person then articulated that they wished their parents would be able to have these kinds of conversations with them, so the facilitator supported the family to be able to do this. A few weeks' later, a family member commented that while the young person still had bad days, they were "changed" and was now able to speak about their feelings.

Telephone support

Another "adaptation" context was the use of Alt2Su principles in the context of a telephone support line. The organization running the telephone support line had formally signed off on a "dignity of risk" principle, so that telephone support workers no longer need to undertake risk assessments. However, the evaluation participant stressed that while they use the Alt2Su principles, they do sometimes still need to escalate:

> *"We do sometimes need to escalate, we do sometimes need to call that ambulance. But by using the Alt2Su principles, I am asking someone what they need, giving them agency and autonomy. ... So they at least know what's going on instead of just ending a call with us and then having an ambulance or or police turn up when they don't know."*

This participant elaborated that Alt2Su principles are not in complete opposition to ensuring risk assessments, that the two can be combined, such that people do not need to "fear that you're going to be in court because you haven't used risk assessment protocols". This participant also suggested that the Alt2Su approach be shared with "clinicians and medical staff" who could incorporate the approach into their own work, stressing that "Alt2Su doesn't compromise, you know, completely go against using a risk assessment model."

A "hybrid" Alt2Su group

The final example of an "adaptation" was described as "a hybrid" and involved both a "standard" Alt2Su group, as well as space to spend time together gaming/role playing (an "extra bit"). One of the people involved spoke of being uncertain whether the group should be explicitly "marketed" as a gaming group, or in other ways that were relevant to the identity of one of the facilitators, and thus attract people who are specifically drawn to those elements, or whether the group should be "marketed" more generically as an Alt2Su group open to all.

Worries about the Alt2Su approach

Participants in this evaluation expressed various worries in relation to the Alt2Su approach. None of these were expressed as criticisms per se, but rather as challenges they were grappling with. We have grouped these into two clusters - risk-averse worries and protectiveness towards the Alt2Su approach.

Risk-averse worries

Grappling with potentially "validating" or "normalizing" suicide

A small number of participants expressed grappling with the nuances around Alt2Su's allowance of discussions of suicidality; they articulated worries about the potential possibility of validating or normalizing suicidality, when this may not align with their values. This was not expressed as a criticism of the Alt2Su approach, but as a "struggle" to reconcile these fears.

For example, one participant in the evaluation shared their concerns that the Alt2Su approach may in some way "validate" the idea of suicide, whereas they are committed to always offering an alternative to suicide, and space to explore alternatives:

"I think what I struggle with is the, from from going through the training and things, how, sometimes if somebody is sharing about their suicidal ideation, that, you know, there's this, you know, this thinking that somehow you just not wanting to validate going down a path that that could. Yeah, they could end their life. I think that, yeah, I really struggle with that. Because, yeah, like … I always want to provide an alternative, not providing a helping way, like not to say that we've got a solution, but having having a space where they can explore alternatives."

This participant concluded, clearly grappling with the complexities, "because I think there should be a safe place to talk about thoughts. But I think that not all thoughts are equal, if that makes sense?"

Another participant spoke to a similar theme, offering a different conclusion, that Alt2Su is not about “normalizing suicidal ideation, but humanizing it.”

Grappling with not personally intervening

Several participants spoke about struggling to reconcile the Alt2Su approach with their own understanding that they *should* intervene - personally rather than professionally - if someone is expressing suicidal intent.

For example, one facilitator of a service-adjacent Alt2Su group spoke of their discomfort at the idea that an Alt2Su group attendee could express their intention to suicide immediately after the group and “there be no follow up”:

"Well, you know, in this group, if one of us is having suicidal ideation, would, you know, does this mean, like, my understanding of the, of the [Alt2Su] Charter is that you could, you know, someone could express that and leave, and there would be no follow up?"

For this participant, there was also a connection with the notion of potentially “encouraging suicide”:

“that's where I don't agree with the idea that someone could disclose - if they specifically disclosed - in good conscience, I couldn't be like, oh, you know, like, I would, I would have to follow up… I think in terms of like, feedback, I think, for me, it's just really important. And to me, it's all in the name, you know, when I went through the trials, like alternatives to suicide, it's not, you know, it is suicide or encouraging suicide."

They elaborated that this distinction was critically important to them, that Alt2Su groups were there to offer *alternatives* to suicide, adding, “if anything, [Alt2Su] should motivate people to keep living.”

Another participant spoke of a mismatch between what was said in training around coronial constructions of responsibility and what they have witnessed elsewhere (specifically, in their studies they had been given different information than offered by the Alt2Su training), and felt that the Alt2Su training could have attended more closely to the local specificities. Another

participant spoke about being confused by a “contradition” in the training between the stated non-interventionist Alt2Su values and the stories shared by trainers, including one expressing appreciation that they had been prevented from completing suicide:

> *"One thing that stuck with me is how they said that they had acted and had a non-fatal attempt. And how, well, somebody had stopped them from making a fatal attempt and how, you know, even, and how they were glad that that had happened, and they were glad to be alive now. But even with that experience, they would not try and stop someone from ending their life. And I thought, wow, like, that's a pretty, I mean, yeah, contradiction, but also, like, maybe you can say that, because you have had that experience. But I don't know, you know what I mean?"*

Several participants spoke of their own discomfort anticipating that an Alt2Su member might take their own life, and worries about how they might feel if this were to happen.

Need to further clarify “duty of care” for organizations and funding bodies

Another participant spoke to a (potentially related) hesitation around what they described as “the duty of care components”. They were not questioning the Alt2Su model *per se*, but suggesting more *clarity* was needed to ensure organizations and funding bodies would feel confident in how peer workers addressed this issue, in this “new space”, and more structures like supervision and support around facilitators:

> *“the concern is around the peer duty of care, but just the actual, you know, the program and the way that it's run. So if that can be, well, structured in a way of what those principles mean. And I think that helps funding bodies, organizations to feel comfortable adopting these types of programs, yeah. When though, when that's really clear, because I think there's definitely still learnings, you know, it's a new space. So, you know, in terms of like, you know, what is appropriate for, you know, supervision, you know, those types of practices, just more broadly, ensuring that there is the support and the wraparound support needed for those that are actually facilitating and all of those things. So you know, that we'll continue to learn, and I guess that will evolve.”*

Such concerns are explicitly addressed in the Alt2Su Charter and elaborated on in documents like the Lived Experience Governance Framework (Hodges, Leditschke & Solonsch, 2023), but the evaluation team have recommended that this issue of duty of care/*responding to “risk”* within the Alt2Su approach needs to be further discussed, workshopped and clarified, as this was a theme for many evaluation participants.

Related attitudinal barriers in the sector

As well as speaking to their own concerns about the Alt2Su approach, some participants raised concerns that they believed were held more widely in the sector.

For example, some participants noted that non-clinical, peer-led approaches are not always trusted by larger systems: “anything that is peer-designed, led or evaluated is so powerful and

systems haven't been brave enough to do this." Another reflected that while it was clear that Alt2Su better aligns with "what the community needs", they didn't think their understanding of Alt2Su is widely understood in the sector, and that "there's still a lot of people who find it really, really challenging", with a lot of barriers they are not willing or able to get across. Another reflected that they thought "it's very hard for clinicians to get their head around the fact that it's a non clinical model and that it will be effective".

One participant pointed to the importance of "educating clinicians" about the approach, adding that, in their experience, new initiatives often involve

> *"continually going to mental health services. And, you know, talking about what you're doing, reminding people that your service exists,... just that sort of constant gentle reminder of, you know, this exists, this is how we can be useful to you."*

They noted that it made sense for there to be a "piece of work" about clinicians' and clinical services' apprehensions about the model "and how you frame it in terms of risk and risk assessment. Yeah, I can imagine that'll be something to work through". They also expressed a desire for greater partnership between Alt2Su and the public mental health system, despite the risk aversion of the latter. They noted this could potentially be "blue sky thinking", but they pointed to the PHNs' involvement in this project, and noted that this demonstrates "a real positive shift" and gives them "a lot of hope for the future and people being open to alternatives and peer led things."

Two evaluation participants spoke of conversations internal to their organizations around how models might be implemented that don't and shouldn't adhere to the same principles as clinical governance, and how challenging this has been to manage from a contractual perspective.

Protectiveness towards the Alt2Su approach

Worries about who the facilitators are

One participant expressed that they felt the distinction between lived experience in the mental health context and lived experience of *suicidality* was not sufficiently attended to. That is, they worried that there may be people who are drawn (or encouraged) to facilitate this space who do not have their own personal lived experience of suicidality, which they felt was an important distinction.

Another, more nebulous, hesitation was related to interpersonal trust: when asked if they would refer people to Alt2Su, one stakeholder initially said "absolutely, absolutely", before expressing a hesitation, related to who was holding the space:

> *"there's a part of me, though, that would want to know, who's the holder of that space? Which again sounds a bit precious. But yeah, I would ... I wouldn't blindly do it. I'd want to know who's the holder and that space ... have some sense of of of them."*

This stakeholder then paused again to self-reflect, adding "that sounds awful, I can't believe I've said that", noting that this comment perhaps suggested a sense of gatekeeping at odds with the

intent of Alt2Su. However, another evaluation participant expressed a similar reservation, describing “a trust issue” with “letting people off and running with this stuff,” due to the potential for people “not using their lived and living experience of suicidality appropriately.” This participant also critically reflected upon their own fears, and asked (rhetorically) “How dare I judge others’ capability and capacity to be able to do this really effectively?” They concluded that they felt “soothed” on this point by the knowledge that very few people who have attended Alt2Su groups have died by suicide, noting that “it’s soothing to know that this stuff is a lot friggin less risky than some of the other crap that we make people go through.”

The evaluation team suggest that perhaps ambivalences (like these expressed by these two evaluation participants) may be difficult to speak aloud, and may need to be afforded more space for discussion, reflection and mutual learning.

Worries about co-option of the Alt2Su approach

A few participants spoke about their own concerns around adherence to the Alt2Su approach. For one participant, this was related to a fear about Alt2Su facilitators going “off-track”; they suggested some kind of framework to ensure fidelity is maintained:

> *"I think maybe there needs to be some kind of framework or something where, you know, you're the facilitator, or the overseer, the project manager kind of checks back and make sure that, that all of the principles are being met so that it can be successful."*

Three other participants (separately) spoke at length about their concerns about the potential for the Alt2Su approach to be adapted in ways that undermine central elements. One spoke of services adopting only some of the principles or values, describing initiatives as “inspired” by Alt2Su, while retaining coercion. They stressed the critical importance of “strict adherence” to the principles and concerns that “blurred lines” would compromise clarity. One spoke to a risk they foresaw, noting that fidelity was especially important given that people have or will take their life within these communities, and that “fear can create reversion back to the status quo”.

Another participant expressed concern (“a big fear”) that the approach was going to be co-opted as clinicians and NGOs become more interested, potentially running groups with a clinical lens:

> *“I think is a big fear that I think that the interest that we've got in Alt2Su recently, has been more from clinicians and executives and managers, and NGOs, which is really great. I really want to see like policies changing to get rid of risk assessment, which is sort of the questions that they're asking if we don't do risk assessment, what do we do? But I am concerned that we're going to start seeing these sort of duplicate Alt2Su looking groups that are run slightly with a more clinical lens or not really, truly to the [Alt2Su] Charter. So I'm concerned about co-option and yeah, and the fidelity of the approach.”*

Another participant spoke of fears that services are beginning to use the Alt2Su model “to get some funding”, without sticking to the principles:

"I'm picking up that there are lots of Not For Profits, and also governments hearing this is good work. And then they kind of pick up the principles. I'm seeing people probably putting up submissions and winning funding, and they [are] kind of doing Alt2Su inspired work. And I was leaning in and asking them, but you can't say it's inspired, if you are going to call the authorities, if they come to your safe space, for example, and declare that they, you know, they really are intent on taking their life that is not up to service by you know, so I'm seeing some emerging stuff that concerns me"

This participant elaborated that they were concerned that there were some ways in which Alt2Su could potentially be "a little bit chaotic", and that this could "actually backfire really, seriously", and they urged care in strategically and politically protecting Alt2Su:

"So I just think that Alt2Su is such a precious concept and community that it needs to be protected. And we need to be careful about it strategically and politically. Because, you know, we're talking about social justice, we know how the health system is this monolithic thing, who are going to you know, people are invested in that, are going to try and maintain the status quo. And while the door may be edged a little bit open at the moment, … the minute something goes wrong, they're going to blame what is seen as completely alternative and Alt2Su is quite alternative, really, at the edge of the continuum. …And that's what worries me just from a political and strategic point of view."

Related attitudinal barriers in the sector

Just as concerns were raised around concerns in the wider community in relation to risk-aversion, some participants raised the issue that people experiencing suicidality who have had negative (risk-averse) experiences previously may struggle to trust that this approach will not replicate those experiences:

"There's just this in distrust of things that are not known or different or, you know, can we count on the fact that you're not going to call the police or you're not going to do a risk assessment."

Findings related to Alt2Su trainings

Alt2Su training consistently praised

Overall, participants consistently spoke very highly of the Alt2Su facilitator training. One participant described the trainers as "very competent in their knowledge and so willing to share that", another adding "the two presenters that presented it, they were just so capable." Another appreciated that the trainers were "open and vulnerable", while another spoke of the trainers approaching challenges in the training group with "empathy and curiosity."

Participants also expressed appreciation for the connections they made in the training group. One participant expressed that they felt a sense of belonging in the training, that it helped them find words for what they already believed:

"I absolutely loved the training, it was just one of those very few moments in my life where I thought, oh, boy, I've landed, you know, like, I really belong here. Really, this is so you know, like it put into words what I believed and hadn't articulated yet."

Another participant expressed appreciation for the diversity in the training group, and LELAN's active role in fostering this diversity:

"And admiration for LELAN's work in creating a diverse training group, including a range of ages, sexualities and cultural and linguistic diversity, as well as people from regional areas."

The training as challenging

Several participants found the training challenging. For example, one spoke of the training as "difficult, in a way that facilitated growth." Two participants who had not done peer work before spoke of a specific challenge in the training - learning for the first time how to speak about their own experiences "to use with others." One spoke of this being "exhausting":

"normally at work, you kind of compartmentalize everything, but here it is, you know, you're meant to bring your experience to the table and use it to help people. That felt very exhausting, you know, for the first time to try and do something like that."

Another participant noted that the training itself was "exhausting because it was long days" but added that this was their experience of trainings more generally. There was a suggestion that spreading the training out over a longer time period might make it less exhausting.

Varied confidence levels for facilitating after the training

Facilitators varied in terms of how confident they felt about facilitating groups after the training. One spoke of feeling "cautious", because they knew the theory but hadn't done it in practice. Another expressed appreciation for the acknowledgement in the training that it was OK to find it challenging and that everyone was new to it.

A third participant expressed high confidence, saying:

"I walked away from that training fully prepared, that if they'd said to me, you know, seven o'clock in the morning, you've got to run a support group. Yep, no worries, I would have been quite happy to have done that."

Similarly, another participant expressed that they felt comfortable facilitating straight after the training, although they wondered if they were potentially an "outlier" in this regard, as they had "less imposter syndrome than most people" as well as previous facilitation experience . They also noted that, as a facilitator, the model itself was comforting, noting:

> *"how flexible and accommodating the model is, that it's, you know, it's not so rigid. And that you can be curious and that you can, you can, you know, flip things around and say to the group, or what do you think about that? What do you think we should do? So, yeah, I felt a lot of comfort in that in, you know, not having to have the right answers."*

They suggested that other facilitators, especially those without previous facilitation experience or who are less self-confident, may have felt less comfortable facilitating Alt2Su groups straight out of the training, and suggested that perhaps some more practice (in addition to the practice session in the training) might give those people more confidence.

Suggested changes to the training

Some relatively minor suggestions were made for changes to the training, including:

- the inclusion of more comfort food: "pizza and burgers when we're doing really emotional like a hard labour" (in preference to "healthy", vegetarian food);
- more applied activities, such as practicing facilitation;
- content around the "anatomy" of an Alt2Su group, so that facilitators could understand who was there and what the group could look like;
- more time for practicing the Alt2Su approach after the training, noting that this would have increased confidence for less confident (or less experienced) facilitators;
- the training could be delivered over a longer time period (e.g. one day/week over three weeks), with one participant describing the training as "exhausting", although they noted this may not yet be logistically feasible;
- more materials to "take away", such as sheets with the Alt2Su values and Charter, or a guide for facilitators and attendees explaining the purpose of groups, its values and processes;
- more flexibility for facilitators, e.g. self-paced learning, catching up when a facilitator misses a session.

Some more significant challenges identified related to the training include: diverse worldviews amongst participants in the training; family members in the training and a suggestion for more attention to be paid to responding to "risk" and responding to a suicide in an Alt2Su group

These are each discussed in more detail below.

Diverse worldviews amongst participants in the training

One participant reflected on some discomfort that arose in the group in the context of diverse experiences of the mental health system: "While the training itself was brilliant, and I'm really connected with the facilitator, the trainers... there are always going to be difficulties within the lived experience community, because everyone comes with a different approach." They elaborated that there was an element of defensiveness from participants who came with a more medicalized understanding of their own experiences:

> *“But it was interesting in that room that it felt like people who have those, those experiences were more forceful is not the right word. But like, they're more likely to kind of say, well, that's the right answer. And there was less of a nuanced conversation, and it almost feels accusatory, because I think it was a defensiveness around ‘this is my diagnosis, I have to take my medication to feel better. You know, your experience sort of challenges that reality for me, and so I'm going to be a bit defensive about it.”*

Another participant reflected (potentially referring to the same dynamic in the training) that for some attending the training, there may have been a “big jump” if their experiences with clinical mental health services had been positive, and describing some participants in the training as “defensive” in relation to participants whose experiences of clinical mental health services were less positive.

Family members in the training

Another challenge was noted that one of the participants in one of the trainings was a family member bereaved by suicide, and that this participant had argued during the training that suicide was “selfish.” One participant in the evaluation felt that this negatively impacted the training group.

The evaluation team felt it was important to contextualise that while the expression of this perspective may well have been distressing for participants in the training, this dual lived experience will be “in the room” in trainings, sessions or groups, since people bereaved by suicide are much more likely to experience suicidality. Thus, we suggest this experience may relate to the nuances of how diverse experiences are held alongside each other (including, for example, those with more positive experiences of mental health services). Thus, one possible recommendation may be more explicitly overting the nuances around Alt2Su welcoming a diversity of perspectives into the room, while also ensuring these diverse perspectives are shared in a way that carefully considers the needs and experiences of others in the room.

One participant noted that suicidality has been present in their family for their whole life, and that this has meant “strong risk aversion messages” that they then had to overcome within themselves.

Responding to “risk” or a suicide in an Alt2Su group

One of the evaluation participants spoke about how risk could have been explored during the training in a more meaningful way, in particular offering facilitators more skills to be able to hold and navigate concerns about risk. For example, they noted that they would have appreciated more thinking through legally and morally what it means to hold risk and responsibility around suicide, because it is easy to have “thoughts run away”, a “domino effect” internally, feeling conflicted about responsibility.
Early in the evaluation, a participant had suggested that the training needed to go beyond legal precedent to talk through the specific scenario if someone from a group were to end their life. Indeed, later in the evaluation, an attendee of an Alt2Su group did end their own life, and some

participants felt there was identified as a “gap” in the training in being fully prepared to respond to such an experience.

“When Conversations Turn To Suicide” training

In addition to training for Alt2Su group facilitators, LELAN also began to run “When Conversations Turn to Suicide” training, which shares the Alt2Su approach with people who may not themselves have lived experience of suicidality.

More concerns were expressed in relation to this training than in relation to the Alt2Su facilitator training, although it is important to note the number of participants speaking to this was low, so caution is needed in extrapolating these findings.

Some of the overarching themes in this context mirror themes elsewhere in this research - such as a need for further supports for people attending training to navigate the complexities of “duty of care”, including personal feelings of wanting to do whatever they could to support someone to stay alive:

> *"Like, I don't know, like, yes, it's the duty of care that you worry about, like, have I done my job properly. You know, have I done what my leader and my manager want me to do if this person died by suicide? Would I, you know, get in trouble for not doing all the things that I was meant to do? But obviously, there's like a very real human side to you. That would be like, What did I do everything that I would do to stop that person from ending their life because you care about them and you value their life? Yeah."*

Another theme was that this training potentially over-emphasised the contrast between Alt2Su and clinical approaches. It was suggested clinical approaches were almost caricatured, potentially under-estimating how much clinical services have changed for the better:

> *“I think sometimes it gets a bit discouraging, maybe, when you've got people talking to you about, say, Alt2Su approaches, and their hooks, or their ways of like publicizing Alt2Su, so your process is to sort of slam the medical approaches or slam clinical services. And I think clinical services have developed quite a lot in the last few years. ... Because things are a lot better."*

It was suggested it would be preferable for the focus to be on the strengths of the Alt2Su approach rather than the (perceived) deficits of clinical services:

"I think for the purpose of making maybe Alt2Su, its own strengths, and and to promote its own ways of working and ways of being is maybe to, like reduce slamming the clinical services so much. And that's not to further add to the hegemony around clinical services or anything, but I think Alt2Su has an incredible amount of strength in that approach. And sometimes if you're always comparing it kind of takes away the strength from Alt2Su. … Alt2Su need to own what they do, because what they do is incredible. And stop comparing with other services."

There was also some discussion of the complexities of people working in clinical roles having their own lived experience, which it was suggested was not recognised enough in the training:

"I think it would be very naive to assume that almost every single person in this like industry doesn't have some kind of lived experience. And I think that's sometimes that. Yeah, like [other interviewee] was saying that sort of pitting against each other"

Finally, they were also concerns that the training did not adequately address the question of translation into practice:

"we didn't really have open discussions around well, how does this show up in your practice?"

Findings in relation to Alt2Su groups

The Alt2Su model requiring two group facilitators?

The Alt2Su model requires two facilitators, but a diversity of perspectives were expressed in relation to this requirement. For some participants, this was a critically important element of the Alt2Su model, with clear benefits. For example, one facilitator spoke of the importance of co-facilitation when they were not very experienced as a facilitator:

"I could lean on maybe another facilitator who had had that experience and kind of let them lead and test, you know, where I feel comfortable."

Another spoke of a session where they were "really worried" about a participant, and "felt the heaviness there afterwards", noting that it "was really good to have another person there" co-facilitating with them. Another facilitator spoke of it taking time for them to be able to identify *what they needed* as a facilitator, and that co-facilitation supported this process, because they could sense-check and bounce off one another.

However, other participants questioned this requirement. In one context, low attendee numbers led to a formal decision that groups would only have one facilitator. In another context, a facilitator mentioned being approached by LELAN to facilitate a group by themselves (due to unavailability of any other facilitators); they felt comfortable saying no to this request, and said that this was respected by LELAN. In a third context, a facilitator was keen to offer a variation of the Alt2Su model but found the requirement for having two facilitators stifled this innovation. However, this group runs with two facilitators, and the evaluation participant noted this has been

a positive experience. Thus, there seems to be some variation in this requirement that Alt2Su groups have two facilitators.

LELAN supports for facilitators

Facilitators consistently spoke appreciatively of the supports offered to them by LELAN. One 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.”*

Another facilitator noted feeling valued (by LELAN) *as a person*, not just as someone who could facilitate a group. Another elaborated on the supports offered by LELAN:

> *“very supportive and very genuine. And I feel like it would only be [LELAN staff member] an email or pick up the phone, and [LELAN staff member]’ll be right there... I truly believe that the support will definitely be there as and when required.”*

Another echoed similar sentiments:

> *"As far as their [LELAN]’s level of support of us as people, I think it's been second to none. And it's been fabulous. They've been super supportive"*

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."*

When asked about their experience of supports from LELAN, one participant summarized “I think they did a really good job.” In particular, they expressed appreciation for “the online spaces that we’ve had, and especially in the sort of transition period between the training and sort of the full implementation”. Sessions with trainers who had previously implemented Alt2Su in Western Australia included discussions around potential scenarios, tips and barriers to starting a group, and brainstorming. Participants commented on how helpful it was to be able to engage with experienced Alt2Su facilitators. They also noted the availability of reflective sessions and the project team. When questioned further, they suggested that it might be good to have opportunities for “more engagement around, you know, the [LELAN Alt2Su] project or what’s happening”, such as project update emails, and way to connect spontaneously and network with other facilitators (eg. Microsoft Teams), which they summarized as “intimate accessible space.”

Being able to step back as a facilitator

There were varied responses to a question asking whether facilitators felt supported to be able to step back as needed.

One participant noted that LELAN provides flexibility when they cannot facilitate. Another described being able to facilitate even when they were really struggling, or having a hard time. This second participant described that they could turn up “and share that with the group and that’d be okay”. They elaborated that this was related to “the style of facilitation” in Alt2Su which “allows for that… you don’t need to be perfect and perfectly structured and the power is, you know, is shared amongst the group.” When asked to elaborate, the participant noted that this reflected their personal preference, that they knew that when they have a really hard time, they often benefit from connecting with others and “getting out of my head”, and that otherwise they would “probably sit around home and not feel great or feel worse.” In terms of LELAN’s support, they noted that they’ve always felt if they needed to “back out”, they could, adding “that feels very safe”. The participant added that they attend Alt2Su groups when they are *not* feeling acutely distressed, “for good measure, just to go to connect with other people” as well as when they have been “crying all the time” or when their “suicidal feelings that feel really big”, noting the value of connecting with others.

By contrast, one facilitator said they would have appreciated feeling more “held” in the facilitator space, and be invited into the role. They noted they would have found it helpful if more experienced facilitators supported new facilitators to come in and take on the responsibilities of the role, and passing on knowledge. However, it was unclear what LELAN’s role (if any) was in this context, as this participant also noted that it had taken them time to identify for themselves what support they might have needed as a facilitator.

This was a recurrent theme amongst some of the facilitators - that they struggled to identify their own needs and hoped that LELAN would initiate more. For example, one spoke of feeling very well supported but also some level of pressure to facilitate, recognizing the pressure was unintentional and possibly related to their own feelings of not wanting to let people down:

> *“It's felt like there's been a little bit of pressure, I guess, to facilitate a group because you feel kind of guilty... when you know, when I've said, I'll come, you know, when I've not felt great within myself, I guess the, you know, the point of the group is to bring your authentic self to it every time. But that's felt quite taxing and challenging on occasions. And I know, that's not the intention.”*

Another facilitator reflected that it’s possible there’s a tendency for groups like Alt2Su to attract what they described as “people pleasers”, who might find it hard to say no to facilitating, even when they know LELAN is not putting any pressure on them.

Other facilitators reported their own feelings of *internal* pressure, including wanting to be able to hold the space with integrity, in line with Alt2Su principles:

“I definitely feel some sort of like internal pressure to be able to like hold that space... I think it's probably more like internally driven that I want to get to a space of like, being able to really, like uphold these kind of core principles that, like I see is like, so incredible, you know, they really are. And I suppose I worry about failure like a whole, you know, I'll struggle with that.”

We suggest this may be a topic for LELAN to explore more with Alt2Su facilitators - how LELAN might support facilitators to navigate their own internal sense of pressure, and what else (if anything) might be useful for LELAN to do in this context.

Suggestions for changes

Evaluation participants suggested some minor changes in relation to LELAN’s support for facilitators, including:

- more practice sessions between the training and facilitating an Alt2Su group
- greater clarity around scheduling and expectations for facilitators to allow for flexibility in facilitation
- an open Zoom space for facilitators to check in and hold each other accountable to their own self-defined learnings, including “changes in worldview” prompted by Alt2Su
- linking up with Alt2Su facilitators in other jurisdictions
- more timely support from LELAN to establish Alt2Su groups, specifically bringing teams “up to speed” faster, in the process of establishing a service-adjacent Alt2Su group
- support from more experienced facilitators to facilitate alongside new facilitators.

On this last point - supports for new facilitators - one facilitator reflected that they were glad the first Alt2Su group they facilitated was very small so they could start “slowly, you know, like I wasn’t completely thrown in the deep end.” Another reflected that one of their learnings has been that it’s “completely OK to be a beginner.”

Intentional Peer Support training as helpful

One participant noted that having attended the Intentional Peer Support training prior to the Alt2Su training had been beneficial and helped them to feel better oriented. They described this as the “first step in formal learning”, learning the ways to support and sit with and walk beside someone and the received wisdom from their experiences.

Challenges facilitating Alt2Su groups

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.”

However, some challenges were identified by Alt2Su group facilitators. Some of these challenges are specific to Alt2Su groups, but many are common to other lived experience led groups, or to groups in general. One participant suggested that it might be helpful for facilitators

to have supervision or the opportunity to speak with other Alt2Su facilitators nationally. They noted that groups can “unlock” things in facilitators, and their worldview can change rapidly, so they may benefit from being able to discuss things more regularly.

Group dynamics

Several facilitators spoke of the challenges of particular group dynamics. One facilitator noted challenges facilitating a group where one attendee “dominates” (for example, expressing strong opinions, wanting to use a lot of the time, or experiencing very high levels of distress) while specifically noting this challenge is not specific to Alt2Su groups. Another spoke of their struggles with people taking up a lot of space, of being especially opinionated (noting this is not specific to Alt2Su):

> *"But it's like, how do you manage people who do have a tendency to take up a lot of space? Or might have a might be very opinionated? You know, how do you stop that from alienating others and participating? And I mean, that's a criticism of, of every system that we have at the moment anyway, so probably not specific to Alt2Su."*

One suggestion was that there may be scope for extra facilitation upskilling.

Another facilitator spoke of the challenges of holding space for some people’s distress while respecting the group’s and everyone’s time, e.g. when one person is dominating the space, or how to engage shy and quiet people without “coercing” them to speak (which would be at odds with the Alt2Su Charter).

One facilitator used the language of *boundaries* and *structure* in relation to how much space individual attendees took up, noting “[there are] not boundaries, sort of the amount of space that each individual takes up was a bit difficult for me, like, I like structure.” Another added other layers to this notion, reflecting that this was perhaps a *shared responsibility* within the group, rather than the sole responsibility of facilitators:

> *“around the boundary stuff, I suppose. I think maybe this is a skill for an individual facilitator... That's the other thing, though, because it shouldn't be just down to the facilitator. It's meant to be the whole group eventually takes over. And we're all facilitators together. But it's like, how do you manage people who do have a tendency to take up a lot of space? Or might have a, might be very opinionated? You know, how do you stop that from alienating others and participating?”*

Another facilitator spoke of feeling defensive when attendees declared that they were not getting what they needed from the space, but elaborated that they were then able to unpack this and recognise that they were all craving connection and community, and that this conversation opened up space to be able to explore what people did want from the group, noting that people felt safe enough to express their needs.

Impact on facilitators

While overall facilitators stressed the positive impact of facilitation on their own wellbeing, there were also experiences of facilitation taking a toll.

One facilitator spoke of hitting “burnout” at one point due to someone in the group taking up a lot of space, even becoming aggressive at times. They stressed that they didn’t feel there were safety concerns, and they were able to talk it through in the moment because the person was a regular attendee, but they did note that it took time for them to identify for themselves what they needed to feel safe and supported. This theme was present for several participants, Alt2Su groups as a site of learning for several facilitators about identifying and articulating their own needs. They noted that LELAN *was* actively supportive, but also that they themselves struggled to know what they needed from LELAN, and so this process often unfolded (necessarily) imperfectly over time.

Another facilitator noted what they described as the “inherent challenge” of running groups of this kind, that they are challenging, tiring:

> *“You’ve got to be vulnerable, and you’ve got to, you know, you got to take the mask off in a way. So I mean, it’s amazing that these spaces exist, but at the same time, like it just, it was really scary for me to be like, OK, you’re hosting tonight and you got to step in.”*

Another spoke of the variable impact of Alt2Su groups on their energy, being more or less impacted (drained or invigorated) depending on what else is going on in their life:

> *“I think, you know, if you're going to bring empathy to a situation, that you're going to end up sometimes feeling a bit emotionally drained, that's normal, but sometimes it's invigorating. It really depends on the situation and how I'm feeling on the day and what else I've got on my plate whether or not it affects me.”*

Small group numbers

One facilitator spoke of the challenge of facilitating when groups are especially small, for example, when it’s just one attendee and two facilitators.

Another also commented on lower participant numbers than would be their preference, noting that they’d “love it if, you know, heaps of people came to the group”. However, they recognised numbers would increase gradually over time, as trust builds: “it’s a slow burn ... you need to to build word of mouth, and people need to trust the group as well as a safe space. It’s early days.” Some of the other stakeholders also noted that groups such as this take time to establish and build trust.

Online groups

One facilitator spoke of a difference between online and in-person groups, with the former often being more “charged”, with people attending who are in active distress. Another said they’d

“really like to do [an Alt2su group] in person eventually” because they “just get more out of being in person with people”. However, they noted that being online worked surprisingly well “with how much I liked it and connected with people”.

Another facilitator spoke of an online Alt2Su group having been “Zoom bombed” by someone who had (the participant presumed) found the link on Twitter. The “zoom bomber” had apparently just made a lot of noise and it was “a bit unpleasant”. The facilitator noted that this was “just being another facilitator”, rather than being specific to Alt2Su. The situation had been escalated to a LELAN staff member and in response links are no longer shared on Twitter. The facilitator had expressed feeling “really supported", including having a phone number they could text, as well as an email, and that there were conversations with LELAN staff the next day addressing it. The participant commented “like, I could go to them with anything... we could work through together.”

Group finding its feet over time

Another participant spoke about how over time, the group became more able to negotiate together how they wanted to use the space, which entailed vulnerably speaking about what was *not* working, and moving through the discomfort together to find a way forward:

"And I think that's probably something that I'm seeing now as the effects of this is just we're just creating this container. And I think it takes a while to create the container. Because we're only just starting to see people kind of go like, Well, I've been in the space. And I think I trust you enough now. And I think I've been vulnerable enough. And you've been vulnerable enough. And maybe I can be like, You know what, this is not working for me and I want this or why aren't we talking about this yet? And that sort of like, cool, we're getting to that point where maybe we're going to have some disagreements now."

Findings related to LELAN’s implementation work

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.” Later, this stakeholder added:

> *“My observation is that they've [LELAN] done a fantastic job within that, you know, that they established quite a number of facilitators and developed quite a network. So, you know, they've achieved a lot. They've actually, you know, worked and advocated really hard with [one of the funders] you know .... I think with massive success.”*

Another evaluation participant reflected “I think they're doing a fantastic job on the ground here. Like I think that they're really leading change which is needed and wanted” adding “I think it [Alt2Su] has go national.”

Implementation enablers

Stakeholder support for LELAN's work

There are some strong enabling factors in the environment that LELAN has fostered around the Alt2Su establishment project, including stakeholders passionately committed to the Alt2Su approach itself and to actively supporting LELAN's establishment efforts.

For example, one stakeholder spoke about their own commitment to supporting Alt2Su, in creative ways, specifically to take the load off LELAN's advocacy:

> *"What's a way we can do this rather than just going back to wash your hands of it? But the landscape the way it is, sometimes with the system, it's hard to see like a point where you can have an in, where you can sort of go, maybe this is the boundary that we can safely push to create that longevity for it, so that it's not just LELAN, you know, having to go in there and beat the drum and always doing these things so that eventually it becomes self sustaining."*

Another stakeholder spoke of the impact of Alt2Su on their *bravery*. In response to being asked if anything unexpected had emerged from their involvement with Alt2Su, they reflected on how they felt more brave, pushing boundaries in talking about the "sticky points":

> *"I think my willingness to push boundaries a bit. In this area, the way I talk about clinical governance with the peers, particularly in [one specific context]. ... we knew we were going to have a clinical governance framework [in this context]. And we were going to have to make concessions about the ways that it would have been really, really lovely to do things because we needed to have that stuff. And some of those concessions we were very comfortable with. But ...this is significant. This is putting a lot of trust in lived experience as a discipline, to be able to do things that as an organization, I don't think they ever thought they could do. I sort of go like, Okay, well, sometimes I'm just gonna ask for forgiveness rather than permission. And if you don't like it, you don't have to have all of me or any of me. But I've got an opportunity here.*
>
> *... Because we all kind of need that bravery of community. Sometimes we need other people around us going like 'Hey, I gave it a go when it was okay and dip your toes in the water. It's fine. It's actually really okay. We can do this stuff. We can do hard things together.' So the difference for me has been how I talk about the sticky points, I think is the big one for me."*

Elements of LELAN's approach to implementation that were appreciated

In terms of specific practices that have been impactful, participants all indicated that they understood the Alt2Su model sufficiently. Some noted that while their own understanding was not necessarily "in-depth", they felt they had a sufficient grasp of it - "Not deep in it, but I feel like I get it".

One of the participants mentioned that LELAN had shared videos with them about the Alt2Su approach, from the perspective of group facilitators, and that this was very helpful for them in understanding the approach. They noted it was also helpful to hear directly from facilitators, about what Alt2Su groups are like, and the impact they have:

> *"I guess, personally, when I have been in those governance meetings, and I've heard from facilitators directly, like, that's a really kind of profound and moving experience, to be able to go on that journey, I suppose, even though when I'm not actively involved in the groups, but just to hear what it's like, and the impact that it has on them when they're reflecting. So that's been pretty amazing."*

Another spoke specifically to LELAN's process of seeking out nationally who has been doing this work, and learning from how they approached challenges:

> *"So we've been doing every bit chatting with people, as [LELAN Executive Director] has as well, you know, around the country, right? Like, how do we make this happen? Has anybody done this? Who's doing this? Did you get around this? You know? So that's currently like, I think, where, where things are, and then trying to sort of do that kind of, like, sort of, I don't know, what word would be for it like that cultural change that, you know, within the system that we work within, so that more people are aligning with this viewpoint. And I am starting to see the benefits of these kind of alternative approaches."*

Several participants praised LELAN's, and its Executive Director's work specifically, describing many different ways in which they admired how the work was approached. For example, one participant reflected, "I always admire [LELAN Executive Director] and LELAN to do something this hard and brave." Another described LELAN as "an incredibly, like, professional and well-organized ship" adding "and so I think they've done a great job in terms of, kind of, implementing, mobilizing, promoting, you know, training and supporting." They added that challenges lay with persuading funders and services, but spoke of at length about LELAN's sector-leading ("agitating") work, agitating for change and expanding possibilities:

> *"that just gives me hope that there are people like [LELAN Executive Director] that are really willing to agitate the sector, and not just to accept the status quo on things, and not everybody is willing to do that, and to really, you know, be the front runner and to ruffle feathers, because that's kind of what you have to do when you're, you know, agitating the sector that it's so embedded.*
>
> *So I think it's just, yeah, I just think it's inspiring to work with an organization that is willing to push the boundaries. And I think, you know, as we talked about before, it then just helps us to broaden our thinking as well, because we all get, you know, we all normalize, you know, thinking and activity, unless we're actually expanding, you know."*

Approaches to working through challenges

Participants described various approaches to working through challenges. One of the participants noted that the process of *working through* the issues, understanding "how we can

address them” builds more confidence. That is, confidence in adopting this approach can build as challenges are addressed, rather than confidence arising from having no challenges to address. Another noted the value of humility, including being willing to try new things:

> *“we've got to be humble, I think in the area of mental health, and we've got to continually agitate the sector that we don't have all the answers and that we need to continue to have, you know, mindset of trialing things because, yeah, what what we do have isn't the answer.”*

A participant shared another possibility: finding a “good enough” way forward in their particular context, recognising that larger conversations and systemic change take a longer time, whereas they wanted to make Alt2Su groups available to people sooner:

> *“We have, you know, looked to include or requested that, you know, part of our funding through traditional streams be utilised to provide, and suicide prevention, funding, you know, be utilised to provide LELAN. And then it's like, no, we can't not, doesn't fit the credentials, you know, the escalation and all that stuff. ... if we'd really committed to finding a way to make it work we could have, but it would have taken such a long time, and so much like shifting of mental models, that we sort of went okay, but how do we just deliver the services to people like what is good enough look like in this space?”*

Another theme was “pushing the boundaries”, to encourage bravery in the surrounding systems:

> *“And we are always sort of pushing and pushing and pushing these boundaries with commissioning bodies to get them to just be a little bit braver all the time.”*

Bringing staff together for shared learning, through “collaborative learning spaces” was another option for supporting all staff to find common language and approaches for defining these differences and understanding the value of the Alt2Su program.

One stakeholder spoke frankly about the barriers they faced within their organizational context. In response to “pushback”, they advocated a slow, one-step-at-a-time approach, rather than trying to do it all at once:

> *“We did get pushback about how much we could back something like this [Alt2Su] internally. And we got them from colleagues of ours, and we got them from funding bodies. And we got them from here and there in all sorts of different ways. And it was hard to sit with. And we probably both had a lot of times where whether we acknowledge it or not with each other, we were just going, like, ‘there's a way through this one step at a time, we will get there we will be able to advance the things that the community is needing from us in time. We just can't do it all at once.”*

Actively putting aside other learnings

Some participants spoke of the difficulty of consciously putting aside learnings from other trainings:

“You had to lay aside things that you might have previously learned in other things, because this is so different. And you had to put that, you know, counseling had to go away, because that's going to run down a medical path.”

This theme recurred in all phases of this evaluation, leading the evaluation team to propose a recommendation that this issue be explored explicitly further.

Others spoke of needing to actively lean into this newer approach, and attend to their own previous ways of thinking. For example, one participant actively revisited their Alt2Su training notes:

“I still feel that some of the like, suicide prevention stuff is like being stripped out of me, like I have to keep kind of 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. And I think maybe that’s because like my family have come from that place of really traumatised from someone’s suicide.”

Implementation challenges

Clinical governance frameworks

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."

This also related to *funding*, with many contexts tying funding explicitly to clinical governance - one participant described the funding bodies’ hands as being “somewhat tied in in that regard”. This participant spoke of clinical governance frameworks as being centrally about managing and minimizing risk. Against this backdrop, they noted that alternative approaches “where you’re empowering people to, you know, make their own decisions about these things, it does cause concern for people within the system who have been trained to manage risk”. This participant went so far as to say managing risk was “how a lot of people see their practice. ... like, if we’re not managing the risk the way that we normally do, then what’s the point?” Another spoke of clinicians focusing on risk “before seeing the person in front of them", noting that despite this risk focus, current service environments don’t actually *manage* these risk factors or build protective factors, which they noted Alt2Su groups do.

Participants also expressed frustration with the way clinical governance inhibited innovation, especially in commissioning and funding structures. Several participants noted that some mental health organizations felt that they couldn’t fund Alt2Su, due to clinical governance frameworks within their funding structures, while others spoke of finding creative ways to

navigate this terrain, stressing the need for building relational trust so that organizations could hold risk in different ways.

For example, one stakeholder summarized their frustrations with commissioning structures, as Alt2Su doesn't fit within traditional clinical governance and funding structures:

> *"My experiences around Alt2Su are probably some of the frustrations with not the model itself, but commissioners. You know, in their what's the right word, concerns or regarding governance, and also model in terms of escalation pathways and things like that, which then don't, and that was then limit, really the delivery of Alt2Su. And the opportunity for all programs are all designed to be delivered through traditional NGOs. Because there's a real, there's a significant clash there. But not so much, I think, you know, for NGOs that provide a bit of a change in thinking as well. But if you, if the commissioners won't even consider it, then that's, that's a significant barrier. So that's probably the biggest piece of feedback. And that I'd like to provide in terms of the evaluation from a [senior role], you know, within an NGO that would, that would have, that does have the desire to deliver Alt2Su that it's difficult when the commissioners won't consider because of it doesn't sit within traditional clinical governance and funding mechanisms."*

Stakeholders identified that well-developed and evidenced principles of care, and clear governance structures, remained important for the delivery of high quality mental health care. However, they explored the potential for alternative practice and governance frameworks that aligned more closely to the Alt2Su model and Charter. Stakeholders described that despite sector hesitancy towards peer-models, service partners were more willing to come to the table and discuss how models could be adapted to oversee the Alt2Su programs in practice. Stakeholders described that models such as Alt2Su "shouldn't adhere to the same principles" as clinical service delivery. An emphasis was placed on building relationships and connections between clinical staff and Alt2Su staff to find a model of working together that felt comfortable for both parties.

Similarly, one participant (who very strongly rejected clinical governance), reflected on the *relational process* of challenging these structures: "you know, we actually, we relationship enough we connected with with good humans, and we find a way [to implement the Alt2Su approach]." Another spoke of there being a lot of "goodwill orientation towards trying to, you know, push the envelopes ... so that we can create spaces that, you know, are more in line with, you know, what the community are telling us that they need and want." That is, systems change has been underpinned by "relationship" and a "goodwill orientation", in line with the values of Alt2Su.

Another participant wondered about the possibilities of a "separate peer governance framework, sitting alongside a clinical governance framework" or different components within a service government framework, noting that there would be pros and cons to either approach, but that "peer practice probably doesn't sit well under a clinical governance framework and that needs to be addressed. And, you know, as a matter of priority, probably". Another participant concluded similarly:

> *"How do these kind of alternative spaces sit or coexist, knowing that the predominant frameworks are often often clinical governance frameworks, and that there can be, you know, like a sort of a disparate kind of value space, you know, in terms of people's rights and autonomy to make decisions?"*

As has been noted, a lived experience governance framework has subsequently been developed (Hodges, Leditschke & Solonsch 2023).

Some environmental challenges were identified. Two participants described the South Australian environment itself as a barrier, due to it being "more conservative" than some other parts of Australia. Another noted the enormity of the challenge of implementing something new:

> *"I suppose the only difficulty I had with the program was like, how do we make this work pragmatically, knowing that the big wheels and the system doesn't really support this at the moment? And it's more of a practical rather than ideological kind of challenge, really."*

Another participant expressed concerns about "sustainability and embedding it within the sector", while another noted that systems change takes time, including time for momentum to build, and being able to show that it has been effective, gives a return on investment and is having a positive impact on people. One stakeholder observed that the slower-than-expected pace of the pilot project, and the challenges faced are sector-wide difficulties:

> *"I'm not concerned really about anything that that's happened, because I kind of understand implementing things is never easy. I write lots of implementation plans that have nice tidy timelines. And I don't know that I ever meet those timelines. And yes, that's just the reality of the, of the work that we do. So no, I don't have any concerns about how it's kind of been rolled out, or, or the support has been offered by LELAN."*

Power dynamics

A second barrier identified was traditional "top down power dynamics"; these were described as being "hard to disrupt." One participant elaborated that this was about "giving voice to people with lived experience", and while it's not possible to "argue with the powerful evidence of people's lives", there's a need to be "brave enough to listen to that". LELAN was repeatedly described as being "brave" in response to these kinds of challenges.

Funding challenges (and possibilities)

Funding challenges were discussed by several participants. Funding tied to clinical governance was repeatedly identified as an implementation challenge.

One stakeholder suggested that a longer period of funding would be desirable and suggested seeking funding at a national level. Another suggested federal collaboration around funding structures:

“there's some work to do collaboratively, I think by the federal level in terms of our funding structure, and you know, working collaboratively with the PHN [Primary Health Network] and in the NGOs [non-government organizations], you know, around how things can be established, so they can be delivered.”

One participant wondered if there was evidence of Alt2Su being “cost effective”, noting that this would be persuasive to funders. Another mentioned that their organization only funded “trials” when they had an underspend, which meant that they had been unable to fund Alt2Su when they first wanted to.

This raised questions about how Alt2Su might be funded in the space between being “seed funded” and before 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.

Another participant noted that some LELAN services are funded under the NDIS (National Disability Insurance Scheme), which has different funding requirements, often less rigid, than mental health-based funding.

Considering these challenges related to funding, one participant noted the significance of this project involving government funding for alternative forms of support for crisis.

Sustainability and/or scalability challenges (and possibilities)

Participants spoke to the issues of sustainability and/or scalability in various ways.

Many participants expressed a hope the Alt2Su approach could be scaled up so that more people could benefit. For example, one participant suggested a scaling up idea, with a specific Alt2Su telephone line to be developed “where I can call if I don’t feel safe calling mainstream services.”

Questions were raised about how best to approach upscaling. One participant wondered (in mid 2023) whether LELAN had perhaps introduced too many groups, and that it may have been better to consolidate a smaller number of groups first (perhaps even just starting with one initial group):

“I think we would have been better to do it a bit more like in that focus on their attention on getting one group really well established. And then from there, using the momentum of people who've been a part of the community to then get them trained up to be facilitators and then through their own group that sort of sprouts off of the initial one.”

Similarly, another participant reflected that the project was funded to create groups, whereas in an ideal world, LELAN might have started with one group and then grown organically:

> *"and you would build community and you would grow from that, and then people would be inspired and then go, oh, I want to start my own group. And so it might more organically grow as a group, or a true, you know, groundswell of people who've got great benefit from it. … It would have been nice to start really small, and really just grow in that way, as opposed to artificially creating … groups in places that suited where the facilitators were, as opposed to where maybe a community need was"*

However, this potentially contrasts with the principle of "consent and choice" (another participant commended LELAN on offering people a range of options for groups to attend), and the identified needs of specific communities. Another participant spoke of the "experiential" nature of the approach, arguing that it is "only when people come that they will be able to feel it and experience it themselves". They were wary of organizations promoting something they had not experienced, wondering if they will really "have the faith in this … amazing alternative". Another noted that it is hard for people to "grasp" the Alt2Su approach until they see it in practice, comparing the Alt2Su project to a "demonstration project" that they now understand, including how it can be rolled out and applied.

Another possibility was articulated by a participant who suggested another way to scale up might have been to deliberately seek out community leaders, or people who are well-known in communities to be the facilitators.

> *"So I wonder, had we deliberately sought out people who are well known in the lived experience community or well known in the LGBT community or whatever target demographic we're looking for? Would we have had high numbers to begin with them what we did, I mean, we're starting to get numbers now. But it was a real slow burn."*

One participant spoke directly of concerns about the approach being scaled-up, noting that this may impact the capacity for groups to be as responsive to people's preferences in seeking support (e.g. wanting to speak with a particular facilitator), while also contextualizing this as a common challenge to approaches that start small enough be responsive in these ways.

One participant spoke about the possibility of following the lead of other interstate groups, working to establish one or a small number of groups well, and using this momentum to grow more groups organically through community involvement.

Another participant spoke about the challenges to the sustainability of the whole project, including because facilitators ("being human") have many reasons for not being available every week, including sometimes themselves being in distress. This participant reflected that the workload of administering the Alt2Su project, including supporting the facilitators was more work than had been initially anticipated, and perhaps entails two roles:

"Well, it would have been ideal if we got enough funding to employ two workers actually one person to do the administrative type stuff like making sure that there's a rostering system for facilitators and that there's backups, and to do the promotion and stuff like that on social media, but another role to purely do supervision on purely run reflective circles and additional training and stuff like that. I think it really needed to be splitting that into those two roles."

One participant expressed concern about the potential impact if Alt2Su groups were not funded ongoing:

"[I] feel like if, if Alt2Su ran for a bit, and then like a year later, from now … you just stopped and it was like, this isn't viable, I imagine that'd be like lack of government funding and all that kind of stuff, which would suck right?"

Several participants spoke about the need for a co-ordinated, national approach to rolling out Alt2Su, with one expressing concern that if this is not coordinated, it "could backfire".

One participant stressed that if the approach were to be expanded, the issue of ensuring anonymity would need to be addressed more robustly. One recommendation the evaluation team has made in relation to this is the possibility of an Alt2Su group specifically dedicated to a high level of anonymity, for those for whom this is especially salient.

There was not enough data from this evaluation to either support or challenge many of these suggestions, but they are shared in case they are useful in informing future work.

There were also suggestions from various participants about how Alt2Su may be adapted to engage people with other kinds of relationships to suicidality (e.g. clinicians and/or family members). One participant noted that Alt2Su would not be able to be "mainstreamed" if it remains limited to people with lived experience:

"I was in a meeting the other day, I think it was sort of communicated that the only people who could apply the Alt2Su approach were peers. And I would say that that would not be an ideal way to go. … I think if it's only ever being driven by peers, then that's only going to put a barrier up to other people who want to work in this space. … I think you need to open up alternative approaches to the systems, or they don't have any other models to practice from."

As noted elsewhere in this Report, other participants expressed reservations about "mainstreaming" the approach, including potential co-option.

Finally, another participant spoke about how before they became involved in Alt2Su, they were more "radical" and believed peer-led alternatives needed to be outside the system. However, they have become appreciative of a shared social change journey with funders:

“how funding partners were really going on a journey together, to the point where they’re no longer just rethinking governance and risk, but everything. … And that’s been a really beautiful process to watch them change their mind. … I feel like that’s actually gonna lead to a truer and quicker, perhaps more sustainable mental health reform, than if we’d had two, sort of competing things happening, like pure work happening on the outer, not interacting with the clinical mental health system at all, and just always being adversaries to each other. I think working together is is having this beautiful, creating this beautiful social change.”

Lack of an evidence base for Alt2Su

Another barrier identified to systems change is evidence: there is “only an emerging evidence base at the moment” for Alt2Su. This is a challenge to the sustainability and scalability of Alt2Su: 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, what does the evidence tell us about, you know, what has happened.” Until there’s more evidence, there is a reliance on a “degree of trust and belief”. Another spoke to the importance of ensuring that evidence base is being built, so that it’s possible to point to why this program is important and how it does work. One participant offered another possibility: the impact of storytelling by people with lived experience: “I find, like, having the voice, that lived experience and storytelling is really important, because I find that's what, that's what people remember, and they listen to. So that's just how we are as humans, as well as having research, you know, to back you up”.

One participant identified that the anonymity of Alt2Su groups presents a challenge, because there is no standardized way to measure the effectiveness of the intervention for individuals (e.g. other interventions adopt patient-reported experience measures). Moreover, in the Alt2Su space, it is unclear what “impact” would be measured, when the groups focus not so much on reducing suicide in a mechanistic way, but on increasing connection, quality of life, choice and control etc, which are incredibly difficult to measure

Perceptions of Alt2Su as “radical”

Yet another barrier identified was that this approach can be “perceived to be radical”. This participant added that “if it’s what is, you know what the consumer or participant needs? And so that’s, I guess the thing that I struggle with”.

Individual fears

Several participants spoke to a sense of personal 'incongruence' around sitting with risk and what might happen in the “worst case scenario.” These fears potentially suggest ways forward that are at odds with the Alt2Su Charter. LELAN may want to consider a more explicit approach to navigating the cultural transition from a “risk management” paradigm, to one that centres choice and control - moving through fears together.

Another participant, a stakeholder, spoke to this fear, while maintaining clarity that a more traditional risk assessment, coercive response was not the way forward:

> *"The difficulty is just that suicide is scary for people ... How do you deal with that as a human being? I'm like, I don't have the answers that will say like, do A, B and C, click your heels, turn around three times, and you'll feel comfortable with this. But also the fix to that sort of fear is not power over. It's not a risk assessment. It's not coercion. It's not restriction of freedom."*

For example, one participant spoke about their own personal anxiety:

> *"Training covered legal indemnity, but that's not necessarily where the anxiety comes from - 'Oh, yes, don't worry, there's an indemnity' - because it's not about whether or not it's been prosecuted, it's more around the stress of being approached by... someone's family is,... they're grieving the loss. And, you know, your thoughts run away with you, and you're like, 'Well, what, if that happens, that's going to be really stressful for me, and I'm already really vulnerable, and then maybe I'll be outed' and, you know, it kind of just turns into..., has a bit of a domino effect internally."*

Two other participants expressed similar sentiments related to struggling to navigate their own fears:

"How would I react if someone like, kind of came in and said this is what they were doing, and it happened... you know, the idea of like, having to live with that, there's part of me that has sort of gone through some of those steps. And they're like, I think I would be ok. And I think, but it's really about the continuing damage. That would worry me.. 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?'" (Participant one)

"My understanding was Alt2Su, from memory, is that there is no escalation, you know, to, yeah, so yeah, that, you know, so, for me, and I've raised this and I think that's I'm not saying it's, it's a suggestion or a change. But I guess a consideration. You know, I guess a push point for me, and this is not coming from a clinical or risk point of view, I think I probably look at it from a ethical, human approach point of view is that, you know, that tension that comes where we, someone might present in a way that they do require, you know, that they're not, they may benefit from additional assistance and support and referral on, you know, where does that obligation kind of come from us just as a human being, you know? So there's that tension around, not not from power, you know, not from that, but you know, that, that just that responses as a human being to kind of keep to support kind of keeping someone safe. And I know, and but that then creates tension around self determination. And, you know, and things like that. So that's just sort of something that, yeah, there's a tension there, for me individually, you know, within within that, and I clearly put that outside the bounds of, you know, risk and escalation and things like that. So, yeah. (Participant two)

Findings related to lived experience leadership in mental health more generally

Various findings emerged in relation to lived experience leadership in mental health. A great deal of pride was expressed by people who identified as having their own lived experience, whether in designated roles or not, and they reflected on the impact lived experience leadership is having on the sector.

For example, one stakeholder spoke of being good at their job *because of* their lived experience, not despite it:

> *"I think I've seen a real shift in the understanding that comes from, I guess, what we would call more mainstream services at the fact that I, I'm not good at what I do despite my challenges, I'm good at what I do because of them, that they've actually made me what I am today. Who I am, what I do, it's all informed by that. I don't get to take the lived experience hat off. So for me, lived experience work just feels like coming home."*

Another stakeholder, in a non-declared role, spoke of the growing importance of people in non-declared roles openly speaking about their own lived experience, in reducing stigma and in supporting cultural change:

> *"I decided that it is, it would be really important for me and leadership to - in a non designated role - to kind of speak publicly about, you know, having a lived experience. One to reduce stigma and also to develop cultures within agencies that support the recognisably experienced expertise."*

However, another participant had some cautions, and spoke of having observed "lateral violence" from lived experience leaders:

> *"who are prominent in, you know, lived experience, even alternative space, alternative to EDs, and people in lofty positions, who would be, you know, the old guard in terms of lived experience in the state of, you know, I've seen really dark stuff happening. That's just awful and shouldn't be happening."*

They spoke of feeling confronted by this, but also of wondering whether perhaps it's "just human nature". It was unclear whether this was specifically about Alt2Su or about lived experience/alternative spaces more generally. This was also clearly not a reflection on LELAN's approach *per se*, but does suggest another challenge that may potentially be relevant to implementation work.

Section Four: Future possibilities

Peer-reviewed journal article

Both the evaluation team and LELAN have expressed interest in peer-reviewed publication/s arising from this report. The evaluation team remains open to exploring this possibility further.

LELAN Forum

LELAN have indicated that they will be hosting a public forum in 2024. The evaluation team looks forward to this opportunity to connect and share findings from this evaluation, as part of these bigger conversations. Depending on our capacity (and bearing in mind we are all based in Naarm/Melbourne), we would aim for one or more of our team to attend this event in person.

Knowledge sharing event (sharing the findings of this evaluation)

As noted in the Second Interim Report, if LELAN would like the evaluation team to present on this evaluation at a specific knowledge-sharing event, we would be open to doing so, at no additional cost to LELAN.

Research ethics navigation

As noted earlier, 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.

References

The Black Dog Institute 2022. *Aboriginal and Torres Strait Islander Lived Experience Centre*. The Black Dog Institute. June 1st 2022. https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/

Chamberlin, J 1978. *On Our Own: Patient-Controlled Alternatives to the Mental Health System.* Hawthorn Books, New York.

Cheesmond, N, Davies, K & Inder, K 2020. Exploring the Role of Rurality and Rural Identity in Mental Health Help-Seeking Behavior: A Systematic Qualitative Review. *Journal of Rural Mental Health* 43, 45-59. DOI: 10.1037/rmh0000109

Crofts, J, Beadle, S, Cahill, H & Romei, C 2017. *The Y-Change Project: Innovation in youth participation, youth leadership and social change*. University of Melbourne.

Gooding, P, McSherry, B, Roper, C & Grey, F 2018. *Alternatives to Coercion in Mental Health Settings: A Literature Review,* Melbourne: Melbourne Social Equity Institute, University of Melbourne.

Grey, F 2019, *Peer Workers in Open Dialogue: experiences, dilemmas and dialogues.* [Unpublished thesis] Open Dialogue UK.

Heselton, GA 2021. Childhood adversity, resilience, and autism: A critical review of the literature. *Disability & Society*, doi:https://doi.org/10.1080/09687599.2021.1983416.

Hodges, E, Leditschke, A, Solonsch, L 2023. *The Lived Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All.* Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. Mental Health Australia, Canberra.

Holley, LC, Oh, H, & Thomas, D 2019. Mental illness discrimination and support experienced by people who are of color and/or LGB: Considering intersecting identities. *American Journal of Orthopsychiatry*, 89(1), 16-26. doi:https://doi.org/10.1037/ort0000360

Jerzmanowska, N, Franks, S, Tseris, E & Finlayson, C 2022. *Exploring the experiences and impacts of a peerbased approach to responding to suicidal distress RESEARCH REPORT* University of Sydney. Available at: https://alt2su-nsw.net/wp-content/uploads/2023/10/Alt2Su-Research-Report-August-2022-Released-Sept-2023.pdf

Kennedy, H 2019. Narrative practice and peer support. *International Journal of Narrative Therapy and Community Work,* (4), 42–49. doi/10.3316/informit.846687918323533

Lyons A, Hill AO, McNair R, Carman M, Morris S, Bourne A 2022. Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among lesbian, gay, bisexual, pansexual, queer, and asexual (LGBQ) people in Australia: Correlates of suicidality among LGBQ Australians. *J Affect Disord* 1;296:522-531. doi: 10.1016/j.jad.2021.09.105.

McNair, R. & Bush, R 2016. Mental health help seeking patterns and associations among Australian same sex attracted women, trans and gender diverse people: a survey-based study. *BMC Psychiatry.* 16, 209.

Mead, S 2019 [2005], *Intentional Peer Support: an Alternative Approach*. Intentional Peer Support

Meridian: Community, Health, Action. 2021. *The role of peer-led services in improving the health and wellbeing of LGBTIQ+ people.* https://www.meridianact.org.au/the_role_of_peer_led_services_in_improving_the_health_and_wellbeing_of_lgbtiq_people, accessed June 1st, 2022.

Otake Y, Tamming T 2021. Sociality and temporality in local experiences of distress and healing: Ethnographic research in northern Rwanda. *Transcult Psychiatry* 58(4):546-560. doi: 10.1177/1363461520949670.

Patton, MQ 2008. *Utilization-Focused Evaluation* 4th Edition. SAGE.

Patton, MQ 2010. *Developmental evaluation: applying complexity concepts to enhance innovation and use.* Guilford Press.

Radford, K, Wishart, E & Martin, R 2019. *All I need is someone to talk to: Evaluting DISCHARGED Suicide Peer Support.* Curtin University, Western Australia.

Rhodanthe, L, Wishart, E, Watts, L & Hodgson, D 2022. *Clarifying the Alternatives to Suicide Approach: An Evaluation of the Theory, Values, Purpose and Practice.* Curtin University. Available at: https://connectgroups.org.au/wp-content/uploads/dlm_uploads/2023/05/Alt2Su_Evaluation.pdf

Roennfeldt, H, & Byrne, L 2021. Skin in the game: The professionalization of lived experience roles in mental health. *International Journal of Mental Health Nursing,* doi:https://doi.org/10.1111/inm.12898

Spurway, K, Sullivan, C, Leha, J, Trewlynn, W, Briskman, L & Soldatic, K 2022. “I felt invisible”: First nations LGBTIQSB+ young people’s experiences with health service provision in Australia, *Journal of Gay & Lesbian Social Services*, DOI: 10.1080/10538720.2022.2045241

Stastny, P & Lehmann, P 2007. *Alternatives to Psychiatry.* Peter Lehmann Publishing.

Suicide Prevention Australia 2021. Fact Sheet: Suicidality among culturally and linguistically diverse communities. Suicide Prevention Australia.

https://www.suicidepreventionaust.org/wp-content/uploads/2021/06/CALD-Suicide-Prevention-Fact-Sheet.pdf, accessed June 1st 2022.

VACCHO (Victorian Aboriginal Community Controlled Health Organisation) 2020. *Balit Durn Durn: Strong brain, mind, intellect and sense of self. Report to the Royal Commission into Victoria's Mental Health System.* Victoria.

Victorian Mental Illness Awareness Council. 2021. *An evaluation of the CHECK-IN peer support program.* [Unpublished]

Wang, SC, & Iwamasa, GY 2018. Indigenous healing practices and Asian immigrant women. *Women & Therapy*, 41(1-2), 149-164. doi:https://doi.org/10.1080/02703149.2017.1330917

Williams SM, Frey LM, Stage DL & Cerel J 2018. Exploring lived experience in gender and sexual minority suicide attempt survivors. *Am J Orthopsychiatry* 88(6):691-700. doi: 10.1037/ort0000334.

Appendix One: Key Terms

Key term	Definition
Alt2Su / Alt2Sui	Both Alt2Su and Alt2Sui are abbreviations used in the South Australian community to refer to Alternatives to Suicide: ● peer-led community-based groups that centre mutual connection and meaning making around suicide distress, thoughts and experiences. These groups offer non-clinical spaces where people can be honest about their experiences without fear of forced treatment, other forms of coercion, or risk assessment that shuts conversation down. ● the Alternatives to Suicide approach/philosophy more generally, as reflected in the Alternatives to Suicide Charter, and in trainings such as the *Alternatives to Suicide Facilitator Training* and *When Conversations Turn To Suicide Training.* For consistency, this Report uses the acronym Alt2Su, which is the acronym used most widely in other Australian states and internationally, but retains the acronym Alt2Sui when used in direct quotes, to respect the language used by some evaluation participants.
Alternative model	A model of responding to crisis/suicidality that centres lived experience expertise (lived experience of mental distress/crisis/suicidality and/or marginalization). There is a long lineage of describing such practices as "alternatives", including Judi Chamberlin's (1978) book *On our own: Patient-controlled alternatives to the mental health system,* and the (ongoing) "Alternatives Conference" (USA). In this context, "alternative" contrasts with clinical approaches to suicide. We note that the peer-reviewed literature uses the term "alternatives" inconsistently ("alternative" can mean anything from digital delivery of services or non-conventional funding structures, to complementary medicine).
Attendees	Attendees of Alt2Su groups.

Clinical approaches to suicide	Approaches to suicide that centre the knowledge and/or practices of mental health clinicians, for example, as defined in the South Australian *Mental Health Act* (2009). Approaches that involve non-clinical workers (e.g. peer workers) may still be considered clinical if risk management practices centre the knowledge/intervention of clinicians, including involuntary treatment under the *Mental Health Act.*
Facilitators	People who have personal lived experience of suicidality, who have been trained to facilitate Alt2Su groups, or where their role as facilitator has been negotiated with LELAN. Alt2Su groups are designed to have two co-facilitators.
Lived Experience	Various terms are used by people to self-identify when they have experienced distress, suicidality and/or crisis. We note that in the Australian context, this term is sometimes inclusive of people whose lived experience is of supporting a family member, or as a carer of someone with experiences of distress, suicidality and/or crisis. While we recognise there are both complexities and sensitivities, and that the distress, suicidality and/or crisis of an individual is often shared by others in their social and family networks, the Alt2Su approach is specifically designed for people with direct lived experience of distress, suicidality and/or crisis.
Service-adjacent	A term that is being used in this Report to refer to Alt2Su groups that have a formal relationship with a mental health service or local community group. These Alt2Su groups are located in the premises that are part of the service and the group facilitators are paid staff of the service but the Alt2Su group is otherwise separate and not subject to policies and procedures of the service more generally (such as intake procedures, record keeping or escalation pathways).
Suicidality	An umbrella term for many different lived experiences, including thinking about, planning or attempting to end one's life by suicide. The term is intended to be expansive, inclusive and grounded in self-identification.

Appendix Two: Risks and mitigation plan

The following risks and mitigation plan were identified in the Evaluation Strategy (delivered in October 2022). In the table below, each risk and mitigation plan is accompanied by an update and learnings at project completion

Risk	**Likelihood**	**Impact**	**Mitigation plan (as per Evaluation Strategy)**	**Update and learnings at project completion**
Participants do not wish to engage in the evaluation process	Moderate	High	● Develop the evaluation approach in collaboration with participants ● Engage early and throughout ● Provide clear information on who the evaluators are and why the evaluation is happening/its value ● Provide multiple avenues for engagement to give participants choice about how they participate	● Overall engagement in the evaluation was high ● In the early planning stages, it was anticipated that there may be more expressions of interest from attendees that the evaluation team had capacity for; however there was actually *very low* engagement from attendees and the project pivoted in response (by mutual agreement between LELAN and the evaluation team) ● During the evaluation extension period, there were some challenges related to participant response times, but LELAN and the evaluation team sincerely recognised people's significant life challenges and made realistic contingency plans accordingly ● Fortnightly meetings were integral to ensuring any engagement challenges were navigated effectively.

Participants experience distress arising from their participation in evaluation activities	Low	High	● Develop the evaluation approach in collaboration with participants ● Develop a clear distress protocol ● Skilled evaluators and facilitators with lived experience and expertise in lived experience evaluation	● No participants indicated distress arising from their participation ● Anecdotal feedback suggests participation in the evaluation was experienced as respectful and positive
Ethics process is delayed	High	Moderate	● Submit complete ethics application asap ● Address common HREC concerns actively in the application ● Flexible methodology can respond to delays in timeline	● The ethics process did cause a delay however the overall timelines were not significantly impacted ● One potential learning is factoring in additional time for the ethics process (which typically takes much longer than anticipated, especially when amendments are required)
Lack of capacity/ availability within the evaluation team	Moderate	High	● 3-person evaluation team allows us to respond flexibly when others' capacity is constrained ● Evaluation team has numerous connections in the lived experience and evaluation communities who can be drawn on if required	● The capacity/availability of each member of the evaluation team had fluctuated, with other commitments and personal circumstances, but the evaluation team was able to complete the entire project in-house ● The evaluation team appreciate LELAN's responsiveness and human connection, which we hope was mutual
Ineffective/ inappropriate approaches to engagement	Low	High	● Develop the evaluation approach in collaboration with participants	● Engagement appears to have been effective

			● Engage early and throughout ● Flexible methodology can respond to approaches which are not being engaged with	
Further restrictions are imposed due to COVID-19	Low	Low	● Remote methodology	● No further COVID-related restrictions were imposed
Project recommendations are not fit for purpose	Low	High	● Develop the evaluation approach in collaboration with participants ● Engage early and throughout ● Test recommendations with key stakeholders throughout the project	● It remains to be seen how the LELAN community receives the recommendations in this Final Report, but our hope is that regular communication throughout the project (including two Interim Reports) will have stood the project in good stead!

Appendix Three: Overview of earlier recommendations

The table below elaborates on which recommendations were retained from the First and Second Interim Reports (or not) in this Final Report, and why:

Recommendation in First Interim Report	**Update in Second Interim Report**	**Reflections at Final Report**
1. Dissemination of the findings from this research be prioritized, as evidence has been identified as a barrier for the expansion of the Alt2Su approach (and lived-experience initiatives more generally)	● Not a theme in second phase.	● Not a theme in third phase. ● Theme only in first phase interviews (with funders). ● Retained as a sub-recommendation, in relation to seeking long-term funding opportunities for Alt2Su.
2. Seeking long-term funding opportunities, in partnership with existing funders and others	● Not a theme in second phase.	● Theme again in third phase. ● Need identified for long term funding, to enable Alt2Su model time to establish itself. ● Retained as a recommendation.
3. Opportunities be explored for “seeing Alt2Su in practice”, particularly for system stakeholders, clinicians and funders, as a way of demonstrating to those who may not yet appreciate how the model can be rolled out and applied	● Not a theme in second phase.	● Not a theme in third phase. ● Retained as a separate recommendation (not part of a bigger theme)
4. Using the Alt2Su approach as part of the development of a peer-led ‘practice governance	● Theme again in second phase.	● Theme again in third phase. ● Not retained as a recommendation because

framework', which may support the ongoing implementation of Alt2Su in environments which require a formalized clinical governance framework;		the evaluation team note that significant work has been undertaken in this area - specifically the release of the Lived Experience Governance Framework (Hodges, Leditschke & Solonsch 2023)
5. Facilitators should be greater supported following training and ongoing, including through: (a) Access to multiple practice groups following training, with potential to connect to those running the groups interstate to provide 'low stakes' practice spaces (b) An online chat and networking space, e.g. Microsoft Teams;	● Theme again in second phase. Elaborations include: ● Access to practice groups following Alt2Su facilitator training, including potentially connecting with those running Alt2Su groups in other states, ● Additional up-skilling for facilitators, such as group facilitation skills , ● More explicit support for facilitators to explore incongruences they may feel (including personally) in relation to *risk*, specifically the principle of 'responsibility to not for' ● Greater clarity around scheduling and expectations for facilitators to allow for flexibility in facilitation while ensuring adequate support for inexperienced facilitators (for example, ensuring facilitators are 'buddied' or 'partnered' for facilitating their first Alt2Su group).	● Theme again in third phase. ● Retained and elaborated as a recommendation.
6.Continue the implementation of Alt2Su	● Theme again in second phase.	● Theme again in third phase.

into other communities and cohorts.	● A participant suggested a different approach - beginning with a smaller number of Alt2Su groups, then slowly expanding after the initial group(s) become strong. ● Insufficient evidence from this evaluation to make a recommendation either way.	● Recommendation altered to suggest the *nuances* be explored more, rather this being a question of either/or.
n/a	Clarification of the intersection between anonymity and community	● Theme again in third phase. ● Some Alt2Su facilitators struggle to be able to fully access Alt2Su groups for their own needs. ● Retained as a sub-recommendation, clarifying the Alt2Su approach.
n/a	Space to explore incongruence related to risk	● Theme again in third phase. ● Retained as a sub-recommendation, clarifying the Alt2Su approach.
n/a	Space for “unlearning” other approaches to suicide and suicide “prevention”	● Theme again in third phase, centred around the concept of “risk”. ● Retained as a sub-recommendation, as part of clarifying the Alt2Su model
n/a	More attention in the Alt2Su facilitator training to diverse perspectives	● Theme again in third phase. ● Retained as a sub-recommendation, updating the Alt2Su training.