



# UNITED TO PREVENT SUICIDE OPERATION REFRESH REPORT

Spring 2025  
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# INTRODUCTION

This report aims to summarise contributions made by United to Prevent Suicide members to an engagement project run over the Summer of 2024. Operation REFRESH consisted of 6 events (3 online and 3 in person workshops in Aberdeen, Glasgow and Edinburgh) as well as an online survey. These opportunities were promoted by our mailing list and social media channels and attracted engagement from a total of 124 people.

The survey and workshop discussions were framed around 7 questions which form the structure of this report, covering the following topics:

## MEMBERSHIP | MOTIVATIONS | EXPECTATIONS IDEAS | STRENGTHS | BARRIERS | SUPPORT

The material gathered has been organised thematically, regardless of where the contribution came up in the engagement (e.g. if someone mentioned an important strength they had while discussing the support they need, this will appear in the Strengths section). None of the contributions or comments cited here should be taken as verbatim quotes but should instead be read as first person paraphrases. As far as is possible, identifying features have been removed from the text.

# MEMBERSHIP

Q1.	Are you currently a member of the United to Prevent Suicide social movement?	
Not Sure	14	15.05%
No	23	24.73%
Yes	56	60.22%

United to Prevent Suicide has only recently started to refer to members as members. At present, the only marker of membership would be having signed up to the newsletter. As such it is not surprising that a significant minority of survey respondents were unsure of their membership status or believed themselves not to be members even if they had found the survey through receiving a newsletter.

Nevertheless, it was good to see a number of new people reporting that this was their first engagement with United to Prevent Suicide as this implies that our communications are reaching beyond our mailing list and that there is potential for growth.

Discussion of membership status led to broader conversations about the nature of the social movement at our events. This included a strong theme that there needed to be a clearer understanding of what the social movement is and what it is not, and what membership means in practice.

## Comments included:

- *I didn't know when I signed up if that meant that I was a member*
- *Needs to be more than just a membership in name and there needs to be an infrastructure around it*
- *The movement needs to be offering people something concrete in terms of incentives or development programmes*
- *I'd like to know: What is a social movement, what power do members have, and what can they do?*
- *It's something that I keep hearing about in strategy circles but not at a grassroots level so I want to hear more about how we're going to get started*
- *When you say social movement what do you mean and how do you explain that to your average Joe?*

Conversations indicated that members would be keen for there to be more structure around their membership and understood that this might involve better collection of data about our members such as where they live and what type of activity they want to take part in.

There was also a strong sense that membership had to mean being part of something bigger and had to offer some benefits such as training and support. These themes are picked up elsewhere in this report.

The question of what a social movement is came up repeatedly alongside the issue of membership. There is significant uncertainty about what the model of social movement means for the activity United to Prevent Suicide undertakes. In some cases this ambiguity is leading to real frustration among members and potential members about the need to make real progress and deliver on the prevention of suicide.

Nevertheless, members appreciated the work that is currently being undertaken to re-engage and re-energise United to Prevent Suicide and there remains obvious good will and enthusiasm towards making it a success. A move away from top-down organised media-focussed campaigns, towards a community development approach which brings in a variety of voices and ideas would support this.

## MOTIVATION

Q2.	Why are you interested in the subject of suicide prevention?	
Other	2	2.22%
I work in the mental health field	24	26.67%
I work directly in suicide prevention	25	27.78%
I have attempted suicide	26	28.89%
I know someone who has attempted suicide	38	42.22%
I have a professional interest in suicide prevention	40	44.44%
I know someone who has been bereaved by suicide	41	45.56%
I know someone who has suicidal thoughts	42	46.67%
I have been bereaved by suicide	43	47.78%
I have personally experienced suicidal thoughts	52	57.78%

Q3.	What would motivate you to take part in social movement activity with United to Prevent Suicide?	
Other – please type	3	3.23%
Feeling empowered	33	35.48%
Developing skills	57	61.29%
Learning more about suicide prevention	58	62.37%
Meeting others who care about this issue	60	64.52%
Taking action to affect change	72	77.42%

Understanding our members' relationship to the subject of suicide and suicide prevention is really important to understanding the range of experiences that motivate the actions people want to see taken. As the survey results show, there is a real mix of both personal and professional exposure to suicide, with a high proportion of our members having either been bereaved by suicide or having experienced their own suicidal thoughts and behaviours.

Firstly, this tells us that the United to Prevent Suicide membership is a huge repository of lived and living experience with deep understanding and knowledge of suicide and its impact.

Secondly, we can see from the fact that people have selected multiple options in the response to this question that people's relationship to the topic of suicide does not neatly fit into boxes of personal, professional, direct or indirect. We know from conversations at our events that many people working in this area are motivated by individual and family experiences of suicidality, that many people who have been bereaved struggle with their own suicidality, and that these experiences can overlap and inform one another. This complexity should be respected and reflected in all our work.

### Some attendees at events said:

- *Break down silos between personal and professional interest in the subject because many professionals were inspired to take up their careers because of personal experience and many people with personal experience are taking on peer support and work-related roles. People want a space where they can bring all their knowledge and be honest*
- *There's great stuff happening with experience panels and so on but we have to work on a wider scale for there to be a tipping point in how Scotland talks about suicide*
- *There are lots of people who have retired from professional roles in suicide prevention or who have moved on in their careers but still want to stay engaged*

In terms of what people are hoping to get out of being part of United to Prevent Suicide, we can see from the survey results that “taking action to affect change” and “meeting others who care about the subject” were significant motivations for people, with a substantial proportion of respondents also indicating that developing their knowledge and learning new skills was important to them. This would indicate that an action-oriented and development-focussed approach would best meet the needs and wants of members.

### **Connection was an incredibly strong theme in these conversations too. Attendees told us that:**

- People like the fact that the movement is open to everyone in Scotland as they are keen to make connections across geography and walks of life
- There is a general sense of wanting to be part of something bigger and a desire to be doing something more
- Wanting to be around people who are interested in and able to talk about the topic of suicide as it can be lonely to care about something that other people find hard to acknowledge
- One person in particular hoped that a social movement model might help overcome some of the challenges in the public policy and service delivery landscape to help promote real collaboration and co-operation. People are interested in models of collaboration and co-operation as there is a sense that the mental health sector involves too much competition for funding and complexity at a local level
- People are interested in structural change and see the social movement model as a good way to work on issues of inequality and how unresponsive the mental health care system is to communities' needs. Further direct and targeted engagement with marginalised groups would be necessary to understand what United to Prevent Suicide's role might be when engaging with self-organised work in these communities

### **From conversations with attendees at our events, we also learned that:**

- Some people were hoping that the movement could be a source of information so they could stay on top of all the activity taking place in suicide prevention
- A sense that particular groups need to be advocated for within the suicide prevention landscape (see more details under Ideas)
- Others spoke about wanting to turn their story into something powerful
- People want to break down stigma – **the more people who are talking about suicide the better, and this seems like a good vehicle for that**
- Somebody described the need to map the huge patchwork of activity taking place across Scotland so that people can find different ways of getting involved and harness that collective energy

# EXPECTATIONS

Q4.	How do you expect the United to Prevent Suicide social movement to work?	
Other	2	2.22%
Programmes to develop members' leadership	28	31.11%
Networks of members who share an aspect of their identity (e.g. LGBT+ people, or disabled people)	35	38.89%
Networks of members who share an aspect of their experience (e.g. bereaved people, or parents)	46	51.11%
Networks of members who live in the same local area	57	63.33%
Regular newsletters promoting opportunities to get involved	62	68.89%
In person meetings and events	62	68.89%
Programmes to develop members' knowledge and skills	67	74.44%
Online meetings and events	71	78.89%

When asked about the kind of activity United to Prevent Suicide would run, online and in person events were very popular, along with a programme of member development (which chimes with discussion about membership and motivation).

Survey respondents were asked about the potential for three different types of subgroups: those organised around geographical location, those organised around some aspect of identity, and those organised around some aspect of experience. Of these, local groups proved the most popular and identity-based groups less so. It should be noted however, that a bigger and more diverse sample of survey respondents may have prioritised identity-based groups more as a vehicle for further work on inequalities.

## Meetings and events

Regarding meetings and events, there was a clear steer from attendees at events to embrace a hybrid approach. It was recognised that virtual options would allow us to span a greater geographical area and can be a good option for some types of access needs. Alongside this, the benefits of in person events were recognised particularly in terms of movement building and members forming strong relationships.



## Members spoke about a range of different types of events that United to Prevent Suicide could run, including:

- Learning sessions to increase members' knowledge about suicide prevention
- Training sessions for both suicide intervention skills and campaigning skills
- An AGM that would focus on movement building and setting priorities
- Conferences that could bring together members with policymakers and service leads
- Networking events to support members' relationships with one another
- Creative workshops that combine craft and activism

## Groups

At our events, attendees told us more about how local groups might work. People said that, ideally, local groups would be more self-sustaining with their own relationships to key stakeholders and planning their own activity, but with some centralised support to be able to contribute to national campaigns. People talked about local groups becoming an important part of the feedback loop between communities, councils and their Local Suicide Prevention Leads, and the national landscape of policy and practice.

Regarding interest or identity –based groups, attendees at events told us that it would be good to focus on groups where there are higher rates of suicide, but we mustn't forget that anyone can be at risk, and for example, while it is essential to address suicide rates among men, that doesn't mean women aren't living in distress. This was linked to concern about lack of resources or capacity leading to the prioritisation of some groups and the forgetting of others.

One suggestion that was raised at events included that groups should be action-oriented, meaning that instead of investing energy into creating segmented subgroups for the sake of it, effort should be concentrated on creating opportunities to work on specific issues relevant to different groups and then create the membership network around delivering this work.

As one person explained: *I'd love it if the movement could help people find concrete actions to take and projects to get involved with - because the size and scale of the issue can feel very disempowering.*

## Training

The desire for United to Prevent Suicide to offer a package of knowledge and skills development to its members was a strong theme throughout the engagement work and came up in conversations about why people joined, what they expected to be available, how they thought change can happen and what activities the social movement should prioritise.

## It was clear that people would value a training offer that combined three distinct strands:

- Knowledge about suicide and suicide prevention including access to recent evidence and research findings
- Skills in suicide prevention including safe interventions, self-care and signposting
- Campaigning skills in tools such as public speaking, storytelling, social media, graphic design and campaign planning

Conversations at events suggested that United to Prevent Suicide could commission or borrow from existing training packages, but also design its own material that put lived experience and interactive or experiential learning at the heart of training.

### People told us that:

- An educational offer to members is essential
- Intervention is a life skill that UtPS should make more available
- People have skills and experiences to share which others can learn from
- Giving people the right language can boost their confidence and help break down stigma
- If United to Prevent Suicide had a “train the trainer” model, the ripple effect could be huge

### Leadership

When discussing how decisions should be made within the movement, there was general agreement that this should be member-led, but more tentativeness about what form this should actually take. Concepts of consultation, democracy, participation and delegation were used. This existed alongside recognition that some duties (such as administration, finances, communications and co-ordination of activity) are best performed through dedicated staff capacity. However, this should always be “adding value” to members’ energy rather than making top-down decisions.

### Attendees said:

- *It's important that United to Prevent Suicide amplifies our voices so we don't have to shout so loudly all the time*
- *Whenever I've been involved with things that are top-down they completely miss the point and we should aim to be as democratic as possible*
- *We need to be mindful that people can't take on too much as volunteers and proper structures should be in place to support those who step up*

### Organisations

There was a small amount of discussion at events about the role of organisations within United to Prevent Suicide. It was generally agreed that the movement should not be used as a “badge” without some form of accreditation, but it wasn't clear what values and behaviours such a scheme would benchmark. There was a strong feeling that organisations, particularly media corporations and public sector bodies like the DWP, are key stakeholders in preventing suicide, but there may need to be a review of whether a model of affiliation is most appropriate.

# IDEAS

Q5.	What kinds of projects would you like to see United to Prevent Suicide run?	
Other projects	6	6.52%
Creative campaigns	39	42.39%
Producing new physical resources (e.g. leaflets, cards, badges, pens)	52	56.52%
National events	57	61.96%
Producing new digital resources (e.g. graphics, videos, documents)	57	61.96%
Supporting existing community campaigns	60	65.22%
Media campaigns	67	72.83%
Local events	71	77.17%

As with other survey questions, many of the suggested answers for this question proved popular with respondents. Echoing the desire for local groups, local events came out on top. The need for media campaigns to raise awareness and beat stigma were also seen as important. In addition, producing both physical and digital resources, running national campaigns and supporting existing campaigns all received support from over half of respondents. Additional comments left in survey also indicated that “lobbying” (e.g. of politicians and policymakers) should be considered a distinct and important strand of activity for United to Prevent Suicide.

**This would seem to suggest that members are keen to use a variety of actions in efforts to prevent suicide. People who attended our events also told us that:**

- Activity needs to be visible and tangible so that people feel inspired to participate
- We need a structured approach that lays out what we are trying to achieve, by when and for whom, with bite sized actions people can volunteer for
- Co-production with lived experience and survivors is key

Survey participants were also asked: **Do you have any specific ideas for projects you would like United to Prevent Suicide to run?** and this was discussed at our events. The below represents the themes that came through.

## Campaigning and Messaging

Many people were keen to see a new national campaign to raise awareness about and bust stigma around suicide. Some thought that this could be coupled with promotion of United to Prevent Suicide as a social movement that anyone in Scotland could join.

There was substantive discussion and commentary about the kinds of narrative such a public engagement campaign might promote, some of which was contradictory. For example, some people appreciated the power and simplicity of the “just talk” messages, while others felt that this puts too much responsibility on the suicidal person or is ineffective in the face of stretched mental health services.

There was general agreement that campaigns that give people tips and tools for asking about and supporting someone with suicidal thoughts and behaviours would tackle stigma while also facilitating positive interventions.

Some people named campaigns they would like to see United to Prevent Suicide collaborate with or borrow from, including: Small Talk Saves Lives, Life Hack, Time to Talk and See Me.

Some people told us that they would like to see a national campaign that used TV and radio advertising in order to normalise the subject. Others were more interested in the power of social media, however, some did say that social media was not a healthy space that they interacted with very often.

Alongside this discussion were comments about inappropriate messages from elsewhere in the media including news reporting and fiction narratives. People seemed to agree that engagement with broadcasters and publishers should include elements of campaigning and education to encourage reform.

## Targeting

Many of those who responded to the survey and attended our events were passionate about engaging with particular parts of their communities they felt experience higher risks, different triggers, or who required a different approach. The list below illustrates the variety of targeted work United to Prevent Suicide members are interested in undertaking. They are listed in a random order to avoid inferred prioritisation. It is likely that with broader engagement with a more diverse sample of members, an even longer list of potential target communities would emerge.

- Faith groups
- Farmers
- Men
- LGBT+ people
- Migrants and asylum seekers
- People living with dementia
- Fire and Rescue service workers
- Paramedics
- Autistic and neurodiverse people
- Remote and isolated communities
- Remote and precarious workers
- Young men
- Parents
- Bereaved parents
- Bereaved children
- Young people

## Improving Services

Many of our respondents and event attendees raised concerns about the capacity of primary care, mental health services, emergency and crisis intervention and community-based services. The lived and living experience of people who contributed showed that this is an urgent priority for many.

### People told us that there needed to be:

- Some kind of Scotland-wide project to improve A&E crisis teams and 24/7 availability of staff trained specifically to respond to crisis calls
- Better support for people who have attempted suicide or who are on a journey to recover from suicidal thoughts and behaviours. **People need long-term support to rebuild their lives.**
- Peer led peer advice, information and support sessions at the local level

## Lobbying

As mentioned above, many respondents and attendees told us that lobbying politicians and policymakers should be a core function of United to Prevent Suicide's activity. Many people put forward suggestions for policy areas where the social movement could support members to have their voices heard.

### These included:

- Treatment pathways for mental health crisis
- Issues relating to disability, social security and austerity
- Loneliness and isolation
- Proposed law on Assisted Dying
- Drug deaths and drug-related harms
- Violence against women and girls including domestic abuse and intimate partner violence

Members talked about how they had engaged with consultation processes and other policy development opportunities around issues like these but that the feedback loop with civil servants was poor. Some suggested that United to Prevent Suicide could be a vehicle for facilitating better dialogue between policymakers and the interested public.

## Creative Projects

A number of interesting conversations took part at our events regarding the relationship between craft, activism and healing. Many people told us how engaging in a creative project was an approachable and accessible way to join and feel part of a group, and when that work also has meaning and impact, the rewards are doubled. People told us how it was easier to talk when their hands were busy, and how producing something tangible made them feel proud.

"Craftivism" is a well-known tool in community organising and particularly popular in movements engaging with stigmatised subject areas. United to Prevent Suicide should explore options for using craftivism in our activities as a way of bringing connection, telling powerful stories, and having impact.

### Some of the things people told us were:

- Creativity is a great way of people connecting. Makes it a bit freer and uses a different part of brain.*
- I want to see art related projects*

- *We should organise local music and arts events*
- *I'd like there to be simple actions people can take to reach out to people in distress, and creating them could be part of our activism – like friendship bracelets, cards, things you can send digitally...*

## Health, Wellbeing and Self Care

People also told us that they would like more support from United to Prevent Suicide to manage their own wellbeing, or to act as a resource to direct other people to. There was some discussion about how the social movement should focus on structural and societal change and not become a peer support network which duplicates what is already being done by other organisations, but it was felt that some basic advice and signposting was an important safeguard for members engaging with our work.

### Some suggestions included:

- Better signposting to sources of support on the website
- Information about sports-related projects to improve wellbeing
- Guidance on how to support someone struggling with suicidal thoughts and behaviours
- More information about common and complex mental health problems including PTSD

## Local Outreach and Collaboration

Many of our survey respondents and event attendees were keen for United to Prevent Suicide not to reinvent the wheel and to ensure we are engaging with existing projects, campaigns and initiatives.

For many this included work on a local level including reaching out to schools, colleges, faith groups, businesses and so on in order to find new places to talk about suicide and its prevention.

### People told us that:

- *We need an on your doorstep holistic approach*
- *I'd like to see local community members being trained to do talks at local schools/businesses*
- *Doing work in schools seems particularly important. There has been a devastating spate of suicides in one of our local secondary schools and while there are local charities working on suicide prevention here, doing more (even creatively) to make it feel possible for people to seek out help when they need it feels vital.*
- *We should develop good links with public health and social care at a national and local level*
- *Partner with major events like TRNSMT or football*
- *Do campaign/group sessions along with Scottish Welfare Football Association*

# SKILLS

Q7.	What skills and strengths could you bring to the social movement?	
Other	0	00.0%
My platform	23	25.84%
My contacts	25	28.09%
My story	41	46.07%
My time	55	61.80%
My skills	57	64.04%
My knowledge	58	65.17%

Responses to the above survey question suggest that over half of those who answered felt confident offering their time, knowledge and skills to the movement. People were also asked: **Please tell us more about the skills and strengths you could bring to the social movement.** which was also discussed at our events. Below, the answers people gave have been organised thematically.

Please also note that survey participants were asked for consent to contact them regarding the contents of their responses. This means that while the below represents a paraphrased snapshot of the skills and strengths our members identified, a fuller record has been retained and can be followed up on where opportunities arise.

## Lived and Living Experience

It is clear from Operation REFRESH that members of United to Prevent Suicide recognise the power of their own experience and knowledge and skills it has afforded them. Some spoke of the understanding they had gained about mental health and mental services, others spoke of the compassion and empathy they had developed through their own experiences, and still more identified their own stories as having the potential to breakdown walls of silence and stigma. All of this is can have huge impact and the social movement must find a way to direct this vast well of knowledge into activity individual's find meaningful and rewarding.

In answering this question from the point of view of lived experience many survey respondents and event attendees gave details of their own exposure to mental health crisis, self-harm, suicide and bereavement. It would not be appropriate to reproduce those accounts here, but it is important to give a heartfelt thanks to all those who reflected on those difficult experiences while participating in this project. It is also important to honour that candour by United to Prevent Suicide committing to the creation of more spaces where these stories can be heard.

### A snapshot of comments and contributions includes:

- I have experience of speaking publicly
- I want to use my voice
- Willingness to talk about alcoholism
- I can write about my own experiences
- I like being in front of people and am happy to talk about my previous experience
- Being bereaved by suicide and having experienced suicidal ideation, I am confident in sharing my personal experience and what I have learned
- Awareness of my multitude identities and the point of view of a person on the autism spectrum
- Having been bereaved by suicide I feel I have knowledge that may help

### Interpersonal skills

In addition to a number of interpersonal skills those who explicitly mentioned lived experience identified, a number of members told us about important strengths they had relating to communication and supporting others. These are incredibly valuable skills to a social movement looking to empathetically engage with a stigmatised subject and it's good to know many those who participated in the project want to use these skills.

#### Here are some of the things people told us:

- Responding with time, space and compassion
- Helping people to access services when they need them
- Courage to talk, knowledge to reassure, offer a safe space
- Patience, empathy, excellent communication and problem solving skills
- Happy to talk to others and listen to them

### Professional skills

As noted above, many United to Prevent Suicide members have a professional relationship – either direct or indirect – to the subject of suicide and suicide prevention. This meant that in answer to this question, and during conversations about strengths at our events, many members were able to identify specialist knowledge, skills and training that they might be able to deploy in the course of activity with the social movement.

#### For example:

- *Qualified, experienced, mental health peer support worker*
- *Operational experience of an emergency service's response to suicide in policy and practice*
- *I am a trained mental health nurse so my skills in communication, organisation and leadership could be useful*
- *I am confident in delivering workshops locally. I run a Wellbeing charity and can bring all of the skills required that it takes to manage and run it*
- *ASIST, safeTALK, suicideTALK, Wave after Wave trainer*



- *Psychotherapist and mental health trainer, can bring knowledge and skills learned and experienced through these roles*
- *Domestic Abuse counsellor and therapist and Specialised in suicide prevention as a psychologist*
- *Charity work engaging with 12 – 18 year olds*
- *Trained mental health first aider*
- *Academic background*
- *Pastoral care and counselling in mental health settings and networks with caring/support orgs*
- *I am a retired consultant psychiatrist and was involved with policy*
- *I used to be the disabled officer for a trade union and have mental health first aid*
- *As a person bereaved through suicide who works in the media I'd like to use my voice and platform to raise awareness now that I feel more in a position to do so*

Additionally, many people told us about the specific networks they might be able to tap into, including: men mental health spaces, locality specific projects, marginalised groups with several mentioned disabled people's spaces, sports development, and trade unions.

## Influencing skills

Although not often described in this way, many people told us about their skills that could be defined as “influencing” or “campaigning” skills. Given the nature of the activity our members want United to Prevent suicide to undertake, these are likely to be a great asset in our future work.

### For example, people said they had experience of:

- Co-production and making policymakers listen
- Campaign design
- Letter writing campaigns and online petitions
- Public speaking; face to face meetings
- Delivering workshops
- Brand strategy development from a marketing background
- Advocating for social justice with experience of grassroots organising
- Organising skills
- Networking, Public speaking, Engagement and Participation strategies, Advocacy

## Creative skills

Related to the above, though valuable in it's own right too, a number of survey respondent and event attendees identified themselves as creative people with specific creative skills that could be put to use by United to Prevent Suicide.

### These included:

- Graphic design
- Creative skills in storytelling
- Art and craft skills
- Banner making
- Writing and creative writing, including for social media

# BARRIERS

Q9.	What barriers do you face in participating in United to Prevent Suicide?	
It's confusing or there's too much jargon	3	3.80%
I find the subject distressing	11	13.92%
Other	14	17.72%
I don't have time	24	30.38%
I don't feel confident in my knowledge or skills	25	31.65%
I don't know how to get involved	37	46.84%

Many survey respondents left comments in the "Other" textbox for this question and participants were also asked: **Please tell us more about the barriers to might face in participating in the social movement.** This subject was also discussed at our meetings and the contributions made are organised thematically below.

## Information & Opportunities

Many people told us that they did not have any barriers relating to their own circumstances or needs and would be willing and able to participate in United to Prevent Suicide activity if they were directed or invited to do so. This is a fair challenge given the lull in activity over the last year and indicates that members are keen to take on new opportunities which we should promote to them.

- *I have not received enough information*
- *I have not major barriers, just need to know how to get involved, and what I can offer in support*
- *How can I help? As I'm willing to help*
- *I don't know how I go about getting involved and would worry I wouldn't have enough time that you might expect*
- *I haven't found that there were many opportunities to participate*
- *I don't know how to get involved*
- *Bring lots of skills but don't know how to voice them, or what the expectations are*

## Time

A significant proportion of people who engaged with this question raised issues around the availability of time (and by extension, energy) to participate in voluntary activities, especially those that can be emotionally taxing.

People raised a number of personal circumstances with us that would limit their time. Many people were juggling a number of factors at once.

- Can be limited with time due to hectic work schedule
- Self employed so time is limited as I work long hours to make a living
- I work full time, run my own business and support two close family members with significant mental health challenges
- Childcare and studying
- Caring responsibilities and the need to manage my own health

It is always good practice to be mindful of the time those participating in our work can offer, and this is particularly relevant given the nature of the subject matter and the potential it to be emotionally draining. United to Prevent Suicide should offer bite-sized opportunities to engage and where longer term commitments are necessary these should be well-designed and managed to prevent forms of burnout.

## Knowledge & Confidence

Some of our survey respondents and event attendees vocalised concerns about their own knowledge and preparedness to participate in spaces aimed at preventing suicide.

### People told us that

- *I actually don't know much about the subject*
- *I'd be scared to give wrong advice*
- *I need to have sufficient knowledge on this topic so I can confidently speak out*
- *It is difficult keeping up to date with everything*

This would suggest that opportunities to develop knowledge and skills would support members' involvement, however the following quote would also suggest we should be wary of creating a perceived threshold for engagement: "My past experience has been impacted by a sense of not being considered suitably qualified from an academic perspective."

## Trauma

Given the substantial proportion of our membership who told us they had personal experience of suicidal thoughts and behaviours or who had been bereaved by suicide, it is important to be reminded that many will struggle to hear about and talk about the subject of suicide and for some this will be triggering and potentially dangerous.

- *I may be triggered by the discussions*
- *I'm concerned about upsetting/triggering someone when discussing suicide. My own issues with depression and anxiety means I sometimes have difficulty sticking to commitments.*
- *My lived experience causes ups and downs... There are so many routes/ charities and organisations working in the suicide prevention space. I want to support them all. Wish it could all be more joined up.*

- *Not being emotionally equipped to deal with trauma*
- *People can very easily reach burnout with this kind of thing*
- *Understanding what I can safely do*

Managing our messaging to be mindful of this and never asking anyone to share too much will is therefore essential.

## Stigma

Equally important to the above, is recognising that for some the subject of suicide is still huge stigmatised and can carry deep feelings of shame. This can be a barrier to people speaking out, even when they want to, or taking other forms of action even where it doesn't involve personal storytelling.

### For example, people told us that:

- *Communication is difficult. I live in a fairly small town where there is still stigma*
- *I'm bereaved through suicide and have suffered negative reactions from some people towards me because of that which limits my social network*
- *Think I would prefer just to offer ideas than to be publicly involved due to the negative responses I have received although in the minority it has curtailed me doing the public things I used to do so would prefer a backroom job*
- *Suicide is a death that leaves those left behind with a lack of support due to stigma and blame*
- *Shame*

## Accessibility

Many people who engaged with Operation REFRESH talked about the barriers they faced when attending in person events. We have noted above comments made about a hybrid approach being more accessible, but it is worth reflecting on the different forms of inaccessibility people face so that we can be more inclusive in all our activity.

Firstly, many people mentioned their disabilities including visual impairment, mobility impairments and communication needs. Others mentioned their neurodiversity including autism and ADHD. More than one person described themselves as housebound.

Secondly, many people described how they had significant caring responsibilities for children and other family members, sometimes due to that person's suicidal ideation. This creates a time barrier (as noted above) but can also prevent attendance at events or generally limit people's capacity to be involved, which in turn becomes very isolating.

A third group mentioned physical access due to geographic location. A number of people described their remote or rural location as barrier to reaching in person events but also in relation to reliable internet connections for online events. A general criticism was raised regarding the concentration of events in the Central Belt, but still others recognised that poor public transport infrastructure elsewhere made cities attractive locations to bring people together.

Finally, a number of people raised the issue of financial barriers, particularly in relation to in person events which can incur travel, accommodation and care costs.

# SUPPORT

Q11.	How could you be supported to participate more in United to Prevent Suicide?	
Other	3	3.53%
Easier ways to take forward my ideas	19	22.35%
Better signposting to sources of support	44	51.76%
Getting to know other members better so we can support each other	47	55.29%
Help to develop my knowledge and skills	49	57.65%
Easier ways to volunteer for specific activities	51	60.00%

Many of the responses and contributions we received to this question in the survey and at our events picked up on themes that have been outlined elsewhere, including the need for:

- More clarity over what being a member of a social movement means
- More information about opportunities to engage and what they entail
- More options for online and in person engagement
- Better communication via the newsletter – little and often
- Avoiding short notice for those who need to arrange transport, childcare and personal care
- More bite-sized opportunities to engage
- Better signposting to support for members and those they support

People also mentioned needing to feel a sense of progress and asked United to Prevent Suicide to:

- Celebrate success and wins, however small
- Highlight positive work going on around the country in a non-competitive manner
- Share case studies and best practice where innovation is taking place

Above all, the need for United to Prevent Suicide to provide training and opportunities for people to connect were seen as the most important forms of support.

## Training

### Contributors said:

- ◉ *I would love more training*
- ◉ *Being able to access materials I could download and share. Online webinars with skills based topics to educate me in the most up to date work around suicide*
- ◉ *I am a lifelong learner so anything where my knowledge of the subject would be broadened would help*
- ◉ *All the evidence base and research findings, the more information we can give the better*

## Connection

### Contributors said:

- ◉ *To meet others of like mind so we could discuss meaningful points of view*
- ◉ *Open up deeper engagement channels to meet with others who are passionate about the subject*
- ◉ *Be part of a group*
- ◉ *Contact with others who live locally*
- ◉ *Getting together in-person and bouncing ideas of others*
- ◉ *Creating shared experiences*
- ◉ *Build positive connections*
- ◉ *List of the kind of roles that people could take on and volunteer for such as leaflet drops, speaking at your community centre etc.*

# CONCLUSION

**We would like to thank everybody who took the time to contribute to this work. Everything you have told us has contributed to making United to Prevent Suicide and stronger and more effective social movement. Keep an eye out for more information coming soon about the projects we are running in 2025 and 2026 – we can't wait to see you again!**