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REPORT



Reasons for living among those with lived experience entering the suicide prevention workforce

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ABSTRACT

This study explored reasons for living among those with lived experience of suicide entering the suicide prevention workforce. The study recruited 110 participants from two *Roses in the Ocean* training programs (79% female, mean age 46.5). Responses to open-ended survey questions about reasons for living were analyzed using qualitative content analysis method. Connection to others and service were the most commonly stated reasons for living. Other categories included orientation toward future, life, self, pleasure, and spiritual reasons and values. These findings can be used in further research and design of support programs for peer specialists.

Over the last two to three decades the mainstream mental health services have been including more peer-support in the care offered, understanding the unique value it brings (Fuhr et al., 2014). However, peer-based interventions in mental health do not have specific suicide-prevention components and suicide-related outcomes are not measured (Bellamy et al., 2017). The inclusion of those with lived experience of suicide, or peer-specialists, is only a recently welcomed development in suicide prevention (O'Connor & Portzky, 2018). The present study uses a broad definition in which lived experience of suicide is: “having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide” (Roses in the Ocean, 2016).

Those with lived experience can undertake a multitude of different roles in the suicide prevention workforce: co-design, development, implementation and evaluation of suicide prevention programs; policy advising and organization expert advisor roles, speaker engagements for awareness-raising, research and direct support of others at risk of or bereaved by suicide (Suomi et al., 2017). Inclusion into the suicide prevention workforce can have direct benefits to people with lived experience, since engaging in paid work, in particular in a cooperative environment, can be a vital part of recovery (Bergmans et al., 2009). However, the need for training and support for peer specialists is

clear (Huisman & van Bergen, 2019; Pfeiffer et al., 2019) and guidelines for these based on the mental health field (Gillard et al., 2017) does not fully meet the needs of those with lived experience of suicide. First, preparatory trainings need to focus on suicide-specific safe language, because the research has demonstrated that failure to discuss suicide safely can increase suicide risk and stigma (Joiner & Silva, 2012). Second, self-care and ongoing support need to include specific components for suicidality, because work as a peer specialist can be emotionally taxing and trigger own suicidality and past feelings of despair (Huisman & van Bergen, 2019). Third, the balancing of the personal needs and the professional boundaries may be more difficult for those with lived experience of suicide. Suicidal clients are frequently seen as “difficult” and peer specialists need to gain a lot of trust to overcome the reluctance of other colleagues to refer these clients (Pfeiffer et al., 2019). Out of fear to not be seen as incompetent some peer specialists never discuss their own stories with colleagues (Huisman & van Bergen, 2019), and this fear of stigma can interfere with seeking out support in a timely fashion.

Due to these difficulties with the personal—professional boundary, resilience focused suicide-specific support may be more appealing to those with lived experience within the workforce compared to a more psychopathology focused approach. Focusing on a

person's reasons for living (Linehan et al., 1983) is one such approach, since a higher number of reasons for living protects against both suicidal ideation and suicide attempts (Bakhiyi et al., 2016).

A number of different reasons for living can be identified ranging from fear of suicide to coping beliefs (Linehan et al., 1983), while family and future plans seem to be the most significant ones among suicidal individuals (Jobes & Mann, 1999). It is not clear, though, whether existing taxonomies of reasons for living (Jobes & Mann, 1999; Linehan et al., 1983) capture the specific reasons for living salient to those with lived experience of suicide engaging in suicide prevention. Reasons for living mitigate suicidal ideation though increasing the perception that life is meaningful (Heisel et al., 2016) and decision to engage in the suicide prevention field is closely linked to meaning-making (Benjamin & Pflüger, 2019). However, such specific reasons for living are not included in the existing scales (Linehan et al., 1983). Therefore, the present study took a qualitative exploratory approach with the aim to identify and describe the reasons for living among those who have lived experience of suicide and want to engage in the suicide prevention workforce. The article followed COREQ guidelines for reporting qualitative studies (Tong et al., 2007).

Method

Participants and design

This explorative qualitative study includes participants from two Roses in the Ocean (n.d.) training programs for people with lived experience of suicide. The first, *Our Voice in Action*, is an introductory two-day capacity building workshop designed to prepare participants for a range of suicide prevention activities, such as advisory and reference groups. The workshop includes reflection on own experience to identify key aspects relevant to suicide prevention, as well as training of practical skills necessary to work within different contexts (e.g. effective communication and consultation, conflict resolution, critical thinking and self-care). The second one, *Voices of In-Sight*, is more advanced, focused on effectively structuring and communicating a lived experience story safely for greatest impact and influence, with a significant practical/rehearsal component. It also covers an overview of current knowledge about suicide and suicide-safe language, as well as self-care during the process. Participants at these programs were recruited after completing an online registration form promoted via

social media. Subsequent to this, participants were supported through a screening process. The purpose of it is to assist the person to determine their own readiness to participate in training and ensure they have support networks and self-care strategies in place. All attendees at all *Our Voice in Action* and *Voices of In-Sight* training workshops ($n=22$) delivered between March 2018 and August 2019 all across Australia were invited to participate. From 128 participants invited, 110 (85.9%) agreed and responded to the survey.

Procedure

The data reported here were collected as part of an ongoing program evaluation study that aims to examine the impact of Roses in the Ocean's Training programs on Lived Experience workforce using a pre-post survey design (for full account see Hawgood et al., 2018). The question analyzed here was added to the pre-training survey specifically to explore the reasons for living among the participants entering the training to examine possibilities for future support; it was not used to evaluate the training and thus was not reported elsewhere. Paper-and-pen questionnaires were used to collect the data, which were given during the training prior to its beginning. The full survey included multiple questionnaires evaluating knowledge and attitudes toward suicide, well-being and empowerment, as well as open-ended questions about the training experiences. Ethical clearance was obtained for this evaluation study from the Griffith University Human Research Ethics Committee (GU HREC 2018/315).

The present study focuses on the open-ended question in the pre-training survey focusing on reasons for living. The question was as follows: "Please describe your three most important reasons for living (any further comments can be provided in the indicated open space below)".

Analysis

The data were analyzed using the qualitative content analysis method according to Elo and Kyngäs (2008). An inductive-deductive approach to developing the coding framework was used. Initial, inductive, coding was done alongside data collection. To lessen the bias of prior knowledge, the first coding framework from part of the data was developed by a research assistant, who had little familiarity with the reasons for living research. The process was started by rereading reasons for living multiple times and grouping similar ones. Then, a label describing the content of the code was

Table 1. Categories of reasons for living, frequency of their use and their examples.

Category	<i>n</i> (%)	Examples of participants' statements
Connection to others	99 (90%)	"I have family and friends I love sharing my life with." "Spend time with our children and our grandchildren." "There are people who love me."
Service	48 (44%)	"To make a difference with my lived experience." "My life story may be the reason someone else still has their life." "My work and ability to assist others from my experience."
Orientation toward future	35 (32%)	"I don't know what's around the corner, I don't want to miss out on what could be." "I want to die happy, having a long and fulfilled life." "There are so many more experiences I want to have." "I have important things I need to do/achieve." "Hope that the best is yet to come." "See the sun come up tomorrow."
Life	32 (29%)	"Even though life can be hard, the good bits are good." "I love my life." "Life itself – it's a gift."
Self	22 (20%)	"For me." "I am worth it." "Because I want to." "I'm here for a reason."
Pleasure	13 (12%)	"Enjoy all the wonderful little things in life." "Seeing the world in its beauty." "Restoring motorcycles."
Spiritual reasons	7 (6%)	"My faith." "Soul growth." "Freedom."

created together with a short description. Similar codes were then grouped into categories. While coding all the data the framework was constantly reviewed to ensure its comprehensiveness to cover all reasons for living and that the codes were internally consistent and not overlapping with each other. The initial framework was reviewed comparing it with existing taxonomies of reasons for living (Jobs & Mann, 1999; Linehan et al., 1983) to inform the merging of codes into categories, making this a deductive process.

The second author refined the coding framework and coded all the reasons for living. Then the first author coded all reasons for living using this framework separately. The disparities in coding were discussed and the coding framework was amended for clarity. All reasons for living with unmatching coding were blindly coded by a third person (research assistant) and if no consensus was reached, these were further discussed among the researcher team.

MsExcel v16 was used for data coding and SPSS20 was used for calculations. Inter-rater reliability was calculated using Cohen's kappa, $\kappa = 0.93$, indicating almost perfect agreement (McHugh, 2012). Chi-square test was used to compare the frequency of endorsement between categories according to respondents' gender and type of lived experience.

Results

Participants included 87 females (79%), mean age 46.48 (SD 11.92). They were predominantly Caucasian ($n = 89$, 81%), 12 (11%) identified as First Nations

persons; 64 (58.2%) were from regional and rural areas. More than half were working full or part time ($n = 75$, 68.2%), 27 (24.6%) were unemployed or not in paid labor force. Majority of the sample ($n = 50$, 45.5%) had an undergraduate degree or higher qualifications, further 31 (28.2%) were in the process of getting a university degree. All participants had lived experience of suicide, some in multiple ways: 65 (59%) had suicidal thoughts in the past and from those 19 (17%) continue to have these thoughts; 48 (44%) had attempted suicide themselves; 19 (17%) cared for someone who was suicidal; 48 (44%) were bereaved by suicide.

In total, participants provided 318 reasons for living that were classified into eight categories: connection to others, service, orientation toward future, life, self, pleasure, life, and spiritual reasons. Frequencies of each category and examples of how the participants described the reasons for living in each category are outlined in Table 1.

Connection to others

The vast majority of participants referred to significant others in their lives when stating reasons for living; some in two or all three reasons for living. They either named the specific people or wrote about the love and support they receive and offer them. Connections mentioned by most participants related to the family ($n = 94$, 85%), either as a whole, or specific people in it: 44 (40%) mentioned children and/or grandchildren, 16 (15%) partner, 3 (3%) siblings and 3 (3%) parents. Connection to friends or colleagues

was mentioned by 30 (27%) participants. Six (5%) mentioned pets. Eleven (10%) referred to connection to other people in general: connection to the whole community, experience of being connected to others or mentioned specific people without telling whether they were family or friends.

Service

Close to half of participants stated that service to others was one of their reasons for living. These included using own experience to help others and have a positive impact on the community, wishes to make a change in general terms or impact a specific area related to suicide prevention. This category included as well responsibility to others with the work they do.

Orientation toward future

A third of participants referred to the future in their reasons for living. This included a general wish to see the future, recognizing uncertainty and showing curiosity in it. Other participants mentioned hopefulness, that future will bring something better, or expressed a wish for future experiences. Some also mentioned more specific plans and goals they want to achieve. The wish for self-development in the future was also noted.

Life

Participants noted that life itself was a reason for living, some also specifying that they loved life. This category also included specific beliefs about life. Such beliefs described it as something positive, enjoyable and worthwhile.

Self

Participants stated that they wished to live for themselves or noted aspects of self, such as self-worth. This category also included beliefs about self, which mostly referred to being worth it, being alive and having a purpose.

Pleasure

In this category, participants noted pleasant activities, including their hobbies. Some specified enjoyment or fun in general terms. Beauty and observing it was also mentioned.

Spiritual reasons and values

This category refers to religion and spiritual beliefs, as well as values in general terms, such as love and freedom.

Frequencies of each category according to type of lived experience and gender is presented in Table 2. Connection as a reason for living was slightly more frequently mentioned by females than by males (93.1 vs. 78.3%; $\chi^2(1, N = 110) = 4.45, p < 0.05$). Those who were bereaved by suicide slightly more often named connection as a reason for living compared to those who were not (94.3 vs. 82.5%; $\chi^2(1, N = 110) = 3.93, p < 0.05$).

Discussion

The current study aimed to describe the most important reasons for living among those with lived experience of suicide entering the workforce of suicide prevention. The three most prominent reasons for living were connection, endorsed by the vast majority of participants, followed by service and orientation toward future. Comparing these reasons for living with those listed in existing taxonomies (Jobes & Mann, 1999; Linehan et al., 1983), it is clear that Service stands out as uniquely important for those with lived experience entering the suicide prevention workforce. The Responsibility category in Jobes and Mann (1999) study has some semblance, but it is far less frequently mentioned (13%) and more orientated toward obligation, work, and fear of disappointing others. Service in this study, however, refers to a more positive construct; a wish to contribute to the society by make a change and directly helping others. For the group in this study using their experience to meaningfully participate in the suicide prevention field in itself can be a recovery-promoting experience. However, this brings an important issue regarding self-care. Working as peer specialists can be emotionally taxing due to blurred boundaries between identities (Huisman & van Bergen, 2019) and stigma (Bergmans et al., 2009). If a person described above would start feeling overburdened by their duties, the option to discontinue working in the suicide prevention field could be seen as a loss of one of the important reasons for living. Further research is needed to examine, how such individuals navigate this dilemma.

Previous studies have named fear of suicide, social disapproval and moral objections as reasons for living (Linehan et al., 1983; Moody et al., 2015). Surprisingly, none of the 110 participants in the present study related to these reasons for living in their

Table 2. Frequency of reasons for living categories according to type of lived experience and gender.

Participant characteristic	Reasons for living N (%)							Total
	Connection	Service	Future orientation	Life	Self	Pleasure	Spiritual reasons	
Suicidal thoughts in the past								
Yes	56 (86.2%)	29 (44.6%)	23 (35.4%)	17 (26.2%)	17 (26.2%)	7 (10.8%)	4 (6.2%)	65
No	43 (95.6%)	19 (42.2%)	12 (26.7%)	15 (33.3%)	5 (11.1%)	6 (13.3%)	3 (6.7%)	45
Current suicidal thoughts								
Yes	15 (78.9%)	9 (47.4%)	7 (36.8%)	5 (26.3%)	2 (10.5%)	1 (5.3%)	2 (10.5%)	19
No	84 (92.3%)	39 (42.9%)	28 (30.8%)	27 (29.7%)	20 (22.0%)	12 (13.2%)	5 (5.5%)	91
Previous suicide attempt								
Yes	42 (85.7%)	24 (49.0%)	16 (32.7%)	12 (24.5%)	11 (22.4%)	6 (12.2%)	2 (4.1%)	49
No	57 (93.4%)	24 (39.3%)	19 (31.1%)	20 (32.8%)	11 (18.0%)	7 (11.5%)	5 (8.2%)	61
Being a carer for suicidal person								
Yes	44 (91.7%)	21 (43.8%)	14 (29.2%)	16 (33.3%)	9 (18.8%)	6 (12.5%)	5 (10.4%)	48
No	55 (88.7%)	27 (43.5%)	21 (33.9%)	16 (25.8%)	13 (21.0%)	7 (11.3%)	2 (3.2%)	62
Bereaved by suicide								
Yes	66 (94.3%)	29 (41.4%)	23 (32.9%)	20 (28.6%)	12 (17.1%)	10 (14.3%)	6 (8.6%)	70
No	33 (82.5%)	19 (47.5%)	12 (30.0%)	12 (30.0%)	10 (25.0%)	3 (7.5%)	1 (2.5%)	40
Gender								
Female	81 (93.1%)	37 (42.5%)	28 (32.2%)	24 (27.6%)	16 (18.4%)	11 (12.6%)	6 (6.9%)	87
Male	18 (78.3%)	11 (47.8%)	7 (30.4%)	8 (34.8%)	6 (26.1%)	2 (8.7%)	1 (4.3%)	23
Total	99	48	35	32	22	13	7	110

accounts. The expressed reasons for living were more life-affirming, linked to pleasant experiences and enjoyment, possibility of having a future and seeing life as of value in general. Most of such reasons for living in the inventory are aggregated under only one category “Survival and coping beliefs” (Linehan et al., 1983); therefore, the present study offers a much more nuanced picture. These findings indicate the Reasons for Living Inventory (Linehan et al., 1983) might fail to capture the reasons for living relevant to peer-specialists in suicide prevention and its use in further studies for this group is contraindicated.

There is no surprise that, similarly to previous studies (Deuter et al., 2020), connection was by far the most prominent reason for living in participants’ responses and family, in particular children, was the most important type of connection. Almost all participants with lived experience of loss of suicide named connection to others as a reason for living, but this was not necessarily the case for other groups. The experience of loss itself and social isolation felt during grief after suicide may make connection a very salient reason for living (Jordan, 2001). Finding relationships where they do feel understood—such as support groups and connecting with others with similar experience—has been found to be really helpful to those bereaved by suicide (Ross et al., 2019). Still, connection to others seems to be more endorsed as a reason for living among females than males, and this difference may need to be appreciated in the support approaches of those with lived experience.

Some limitations of the study are noteworthy. First, the study looked at only three stated reasons for living, briefly described by participants in an open-ended survey question. A more in-depth study expanding on how these reasons for living assist people in going through day to day challenges would be useful in providing further guidance on the best ways to support people with lived experience entering the workforce. In addition, findings about the differences among reasons for living in different subgroups by gender and type of lived experience requires further replication due to small sample size and the fact that the sample was predominantly female. Finally, the sample did not include any gender diverse individuals, a group which may have unique reasons for living and face specific issues when entering the suicide prevention field (Moody et al., 2015). Despite the limitations, this study provides a first overview of the reasons for living important to peer experts in suicide prevention that can be used in further research and design of support programs for this group.

Disclosure statement

Bronwen Edwards is the CEO of Roses in the Ocean. No potential conflict of interest was reported by the other authors.

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