

Surviving Crisis: Learning from Lived Experience Podcast

We created a podcast series with the aim of supporting staff who work with people in mental health crisis.

The series – ‘Surviving Crisis: Learning from lived experience’ – consists of five episodes, each 20-30 minutes long and covering different themes.

The episodes have been developed using insight from frontline health and care staff, who were asked in advance to share their thoughts and opinions on what they would like to hear discussed.

The five episodes can be found on our [Leeds Mind Spotify](#) and on the [West Yorkshire Suicide Prevention Website](#), with episode one taking a look at what staff might want to ask a person with experience of suicidal ideation that they feel they can't ask in every day work.

Listen [here](#)

Contents



West Yorkshire
Health and Care Partnership



Surviving Crisis: Learning from Lived Experience

A Leeds Mind Suicide Prevention podcast

Inspiration and Aims

The inspiration for the project was twofold. Firstly, it was to understand what questions staff had for those with some sort of direct relationship with suicide and suicidal thoughts. Secondly, to provide an informed response to those questions from the perspectives of people with lived experience relating to suicide

Originally, there were talks about hosting a live event (human library/Q&A style) where staff could ask volunteers questions about crisis. However, there were some concerns that this could be triggering and may not be the most effective format.

We then decided to create a podcast, for which where staff could submit questions and thoughts, and these could be discussed during the podcast episodes.

We aimed to create a resource that lived beyond the lifespan of this project and could help practitioners, support staff, change makers and influencers understand the service user experience and what change we believed needs to happen to save more lives.

We wanted to take advantage of a rare opportunity for people with lived experience to directly address staff and to better understand the questions and issues staff had when dealing with a person in crisis.

Initial ideas

We began by co-producing the wording of the questions to send to frontline staff. Our coordinator then distributed these to various frontline staff.

In the wake of receiving the responses we then broke down what we thought the most important themes and common characteristics of the responses were.

- 1** Is there anything that you would want to ask a person with experience of suicidal ideation, that you feel you can't ask in your everyday work?
- 2** What ideas/tips/advice that you are advised to give out do you feel works for people in crisis most effectively?
- 3** Does anything worry you about having a conversation with someone who is suicidal?
- 4** Accessing services – ‘what do you see as a barrier to accessing crisis services? What do you think would encourage people to access crisis services?’
- 5** From a professional perspective, do you feel that you face any barriers/frustrations to offering support to someone in crisis?
- 6** Based on your lived (and/or) professional experience, what changes would you like to see in crisis services?
- 7** Think about crisis situations you've been part of previously. Was there anything you found difficult about it? Is there something you would like to ask someone with lived experience about that could help you in the future?

Creating the podcasts

The podcasts were recorded both over video call and in person to ensure accessible involvement for volunteers.

Our coordinator then edited the audio content into one file and these were uploaded onto Spotify.

“One challenge faced was that while we wanted it to overall be a positive message, there was one particular response the group found troubling and I firmly stood by the fact we should address the negative as well as the positive...”

... felt like I was heard when I raised this and the group agreed overall and we incorporated both the good and bad into the final podcast.”

“I was really nervous about the podcast I contributed to and it was really hard to do. However, the coordinator was brilliant at putting me at ease and I was able to say what I've been wanting to say for years. After I'd added my bits I got a really big complement about being articulate, able to speak with real feeling and meaning and that I was a 'one take wonder'. None of these things I could have imagined about myself up until this point.”

Output

Based on the questions submitted by the frontline professionals, the volunteers produced a 5 episode podcast series with the following titles:

- Ep.1** Is there anything that you would want to ask a person with experience of suicidal ideation, that you feel you can't ask in your everyday work?
- Ep.2** What ideas/tips/advice that you are advised to give out do you feel works for people in crisis most effectively?
- Ep.3** Does anything worry you about having a conversation with someone who is suicidal?
- Ep.4** Barriers to accessing crisis services.
- Ep.5** Recommendations for change and our visions for the future

Each episode runs for about 20-30 minutes and features a diverse range of the volunteers discussing their perspectives on the questions submitted.

[Spotify](#)

[Sound Cloud](#)



Promotion



The West Yorkshire Health & Care Partnership suggested using their Soundcloud account as the hosting platform. The volunteers asked for us to host on Spotify as well to maximise the reach.

Some national organisations that promoted our podcasts included:

- [Voiceability](#).
- [National Suicide Prevention Alliance](#)
- [NSUN](#)

Total Listens

69 - Spotify

241 - Soundcloud

(**At time of report**)

Some Yorkshire organisations who promoted our podcasts included:

- Yorkshire Autism AIM Equity Project
- Gamcare Yorkshire & Humber
- [Restorative Justice West Yorkshire](#)
- Community Matters Yorkshire
- [West Yorkshire Health & Care Partnership](#)

Some organisations beyond Yorkshire that promoted our podcasts included:

- Proud to Care North Lincolnshire

Whilst the promotion and response to the podcast has been largely positive, the engagement with the podcast has tailed off towards the end of the series.

Impact

Impact on volunteers:

Volunteers enjoyed the process of creating the podcasts on the whole and many felt they found their voice during this process.

“After I'd added my bits I got a really big complement about being articulate, able to speak with real feeling and meaning and that I was a 'one take wonder'. None of these things I could have imagined about myself up until this point.”

“It was exceptionally interesting to hear directly from staff...as they could be completely honest without fear of any repercussions. This gave me very valuable insight into the people that work for these services and their behaviours and attitudes towards those in crisis.”

Key Messages:

- 1 Focus on the individual patient and be person centred.**
Don't make assumptions about people and make people feel listened to and validated. This will foster a sense of hope in people.
- 2 Normalise 'bad days' and realise that people have different baselines on what their 'normal' is.**
It's okay to not be okay all the time, and staff normalising this can make it that little bit easier to get through difficult times.
- 3 Please always believe people – when they are brave and strong enough to approach services,**
it's important to believe, listen and validate their experiences in that moment.
- 4 Consider reframing language when talking about mental health to a strength-based approach, rather than from a deficit perspective.**
For example, reframing a pain-scale to a comfort scale. Positive language can encourage and empower people on their mental health journey.
- 5 Exercise professional curiosity when working with people in crisis.**
Explore the nuance in people's personal situation, and create an appropriate response/follow up based off that, rather than a set of predetermined criteria.
- 6 As a staff member, it isn't all on you.**
Spend time with someone in crisis to explore what options are available to them, and what they feel would support them the best. This will look different to everyone.

7 Call for staff to consider if they feel they may have been desensitised to mental health crisis.

Staff have a significant role to play in supporting vulnerable people and this should be done with care and compassion.

8 Recommendation to staff to be mindful that it could be hard for people in crisis to trust them right away.

Try to make people feel as at ease as possible to build a rapport and trust.

9 First impressions count.

A negative first encounter with a service can make people in the community feel like services aren't for them, and prevent them from accessing support in the future.

10 Community members understand that a lot of the issues around accessing crisis services is a consequence of cuts to public services and austerity, not the fault of individual staff.

However, staff do play a significant role in crisis services, and there are things staff can do within their personal practice that can make mental health support more meaningful and accessible to people in the community.

11 Genuine empathy and support from staff doesn't go unnoticed, and is appreciated by those accessing crisis services.

We are on the same side.

12 More support and training should be available to staff, so they have the emotional capacity to support people in crisis.

Community members can sense when someone is 'fed up', and this can make people feel like a burden.

13 People are complex – a crisis service alone won't make someone well.

People need wrap around, holistic, person-centred report. A better joined up approach of services within West Yorkshire could be lifesaving.

What we hope will be the impact...

The podcasts have had a significant reach and a positive response.

We hope that the podcasts can be utilised as an ongoing training tool that new and existing frontline staff in the health and social care field can learn from. We hope they offer staff a different perspective on supporting those in crisis. We also wish to offer solidarity to those struggling to navigate support and services when in crisis.

“There is nothing better than learning from someone with lived experience to help inform practice and the way forward.”

“The more we can do to close the gap and make a more positive experience for everyone, the better the mental health of people accessing services will be in the long term.”