

Scotland's Suicide Prevention Action Plan



**National Suicide Prevention Leadership Group
Every Life Matters Suicide Prevention Action Plan
Academic Advisory Group**

Lived Experience Panel Engagement Report

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1. Introduction

The National Suicide Prevention Leadership Group (NSPLG) was established in September 2018 by the Scottish Government to support the delivery of Scotland's suicide prevention action plan (SPAP: *Every Life Matters*). Membership reflects a broad range of delivery partners involved in suicide prevention and from key national (leadership) agencies and includes those with lived experience of the impacts of suicide. To help inform and guide the NSPLG, a group of individuals from a diverse range of professional and social backgrounds, all with experience of either suicidal behaviour or suicide bereavement, was recruited in September 2019 to form the Lived Experience Panel (LEP), initially for a two-year period. The Academic Advisory Group was asked to explore the work of the LEP during the first two years of the SPAP from the perspectives of LEP members, Delivery Leads (DLs) and others who work closely with DLs. The study that we carried out has two objectives:

- i. To identify the strengths and limitations of existing practices to recruit, select, support and involve LEP members.
- ii. To understand and enhance the contribution of the LEP to the implementation of suicide prevention in Scotland.

2. Methods

Based on advice from the University of Glasgow Medical, Veterinary and Life Sciences (MVLS) Ethics Committee, ethical approval was not required, and therefore not sought, for this study.

Nevertheless, every effort was made to ensure adherence to the highest ethical standards at all stages, in order to ensure the wellbeing and protect the anonymity of survey participants, and meet University requirements about the storage of, and access to, sensitive data.

Two separate but complementary surveys were developed: one for members of the LEP (see appendix 2) and DLs and others who work alongside DLs (DL+; see appendix 3). Questions were carefully phrased in order to reduce the risk of different interpretation between the two groups. The survey was expected to take approximately 30 minutes for completion by LEP members and 15 minutes by DL+ members.

The surveys were designed and launched using Online Survey Systems. Participants were recruited using targeted sampling methods. A list of intended participant contact email addresses were provided by the LEP co-ordinator and survey invitations circulated by the AAG. The surveys remained open for 21 days, with reminder emails sent on a weekly basis and a final email sent the day before the survey closed. Invitation emails included a brief explanation as to why the individual was being contacted and a single weblink directing prospective participants to the relevant survey. The initial survey screen included a hyperlink to a participant information sheet, privacy notice, a list of support services and a consent form. Participants could only commence the survey if they agreed to all statements in the consent form (see appendix 1).

Both surveys were anonymous and required completion within a single visit to the website (any discontinuation resulted in the immediate and permanent deletion of data). Once the recruitment period was completed, all submitted data were downloaded from the survey platform via Excel and pdf documents. Data analysis was conducted in Excel. Although participants were not asked to provide any identifiable information, any such information offered within the free text boxes of the survey was removed during the early stages of data analysis.

3. Results

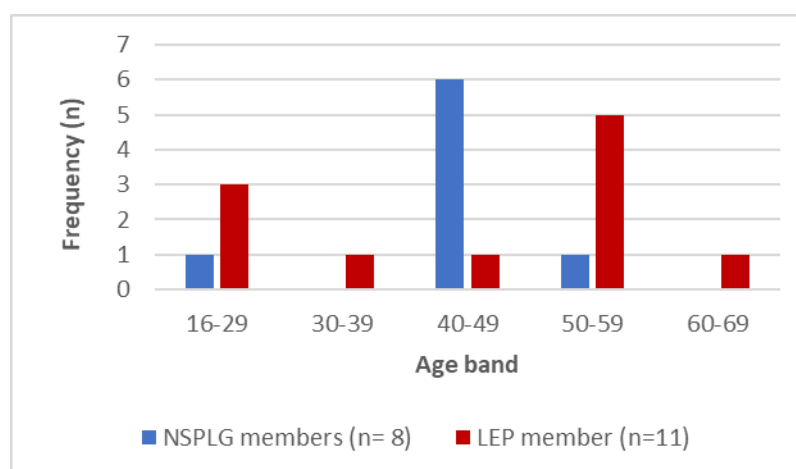
All survey items were voluntary, as was reflected by the varying number of responses per item.

3.1 Participant sample

Fourteen LEP members and 12 DL+ were invited to participate in their respective surveys. Eleven LEP members and eight DL+ submitted responses. It should be noted that participants did not answer all items; hence, there was a varying number of responses per item (see appendix 4).

Summaries of participant age bands for the groups are summarised in figure 1. The majority of DL+ members were in their 40s, while the LEP respondents were found in all age groups.

Figure 1 Participant age groups



3.2 Motivations and perceived requirements to join the Lived Experience Panel

Ten of the 11 LEP members joined the LEP to help inform the development of suicide prevention strategies on a large scale (i.e., local or national level):

“I felt strongly that I could use my lived experience of suicide to try and inform policy and to influence services for the better.”

The remaining LEP member wanted to improve bereavement support. All LEP members felt there were deficiencies in existing provision, which they believed they were well positioned to identify and guide:

“My experiences from then until now, at the age of [XX], make me think that not enough has changed, and so I wanted to be a part of pushing for the changes that are needed.”

These sentiments were also expressed by six DL+ members who felt that the role of the LEP was to draw upon their own experiences to guide and inform suicide prevention strategies:

“To provide insight, opinion and deeper understanding in an area which might be unfamiliar to some.”

One of these six DL+ respondents expanded upon their answer by describing the personal characteristics they believed were required from LEP members (in addition to their experiences):

“Lived experience panel members also need to be tactful and good listeners, able to respect others views and get on with different characters.”

One remaining DL+ member focused on the importance of attendance at meetings:

“Fulfilling this role involves committing to attending regular meetings of the Lived Experience Panel and to participate in other activities/engagements, where appropriate”

3.3 Recruitment process

Survey questions exploring experiences of recruitment to the LEP were only asked of LEP members, as very few DL+ members were involved in the LEP recruitment process. Only two LEP members commented on the advertising stage. One LEP member felt the LEP positions were under-advertised:

“I almost missed the applications due to lack of advertising”

The other suggested that a meeting between prospective LEP members and DLs might have been advantageous.

“An information event may have been useful prior to applications being submitted, bringing together delivery leads and the academic group.”

Almost all (n=10) LEP members indicated that the interview stage was a positive experience and expressed gratitude about the reassuring atmosphere of the interview panel.

“The interview process was very good, friendly but thorough.”

“The panel leads done an amazing job at creating a safe place for the panel members to open up and talk about their experiences.”

Only one participant felt the interview stage was challenging.

“It did still feel a little like a job interview with a successful or unsuccessful outcome. It is hard to feel you have been ‘unsuccessful’ when you are offering your experiences of suicide to help.”

However, the same participant acknowledged that interviewing was a necessary part of recruitment.

There were mixed views regarding the overall efficiency of the selection process. Three participants indicated that communication from recruiting staff was efficient whereas another person expressed the view that this could have been done more swiftly. Additionally, three participants felt that, after being recruited to the LEP, greater support was needed to aid their assimilation into the panel:

“There appeared to be 2 recruitment stages- I was involved in the second which felt a little odd as the panel had already started and others had met and formed relationships.”

“Looking back, I should have asked more questions at the start.”

3.4 Involvement and communication

LEP members reported that they were typically contacted at least once every month in connection with their membership with LEP (see figure 2) and that they spent between 2 to 8 hours per month on LEP work (see figure 3). However, one participant stated:

“It is impossible to put an average number of hours on how much someone is involved as it can vary greatly from one month to the next or depending on what the member has been involved in.”

Figure 2. Perceived frequency of engagement of LEP-related tasks

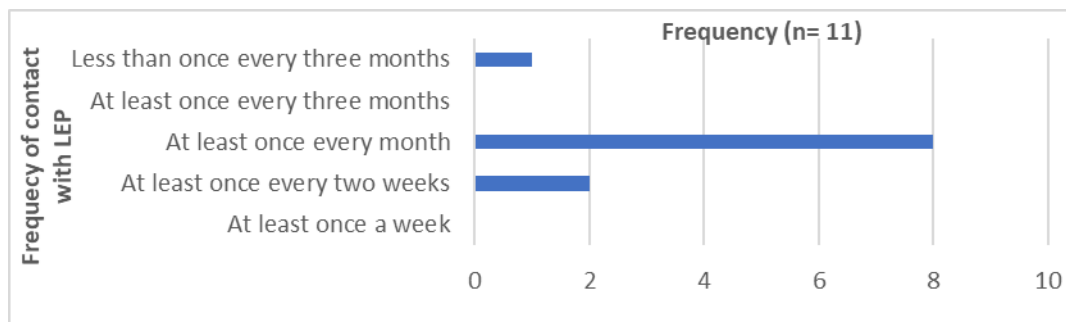
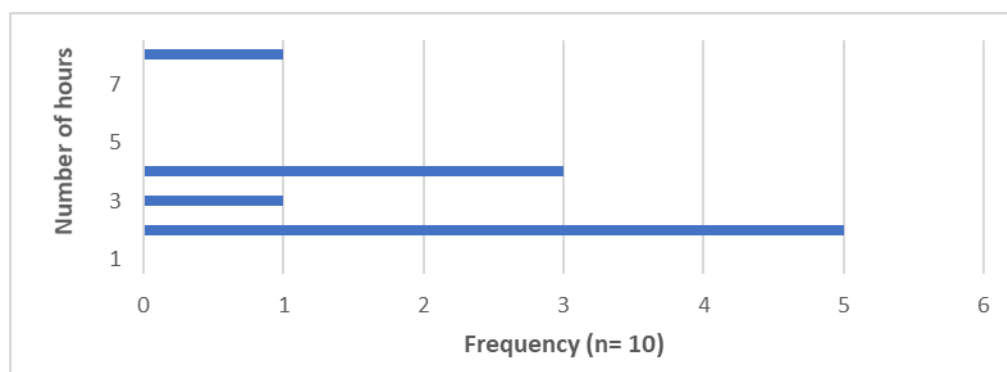
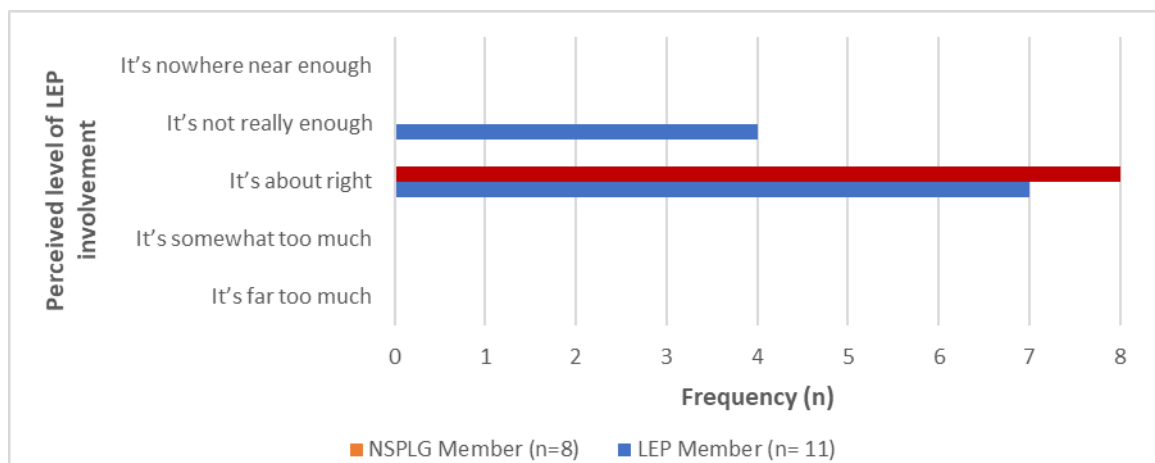


Figure 3. Number of hours LEP members spend on tasks per month



The majority of LEP members (n= 9) had been involved in tasks beyond attending meetings. These tasks most commonly included providing input to the development of the Action 4 Bereavement service (n=3) and/ or sharing their experiences to support the United to Prevent Suicide campaign (n= 3). Despite these additional tasks, no LEP members felt their level of involvement was too much: most described it as ‘about right ’(n=7), while four considered that they would have preferred to do more (see figure 4). All DL+ felt that their level of involvement was about right.

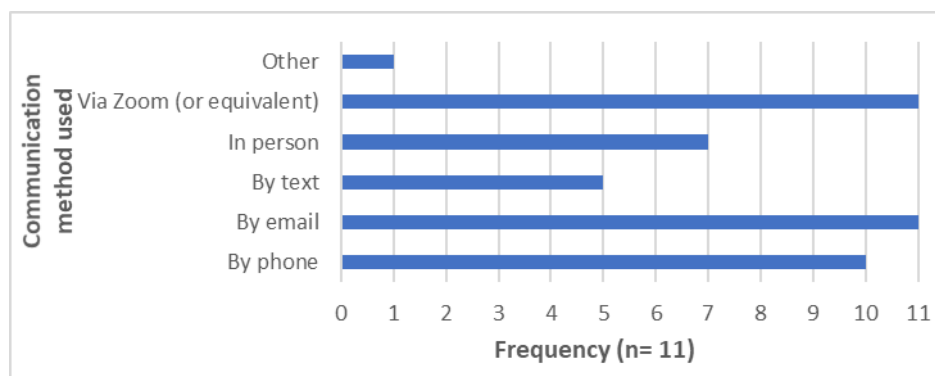
Figure 4. Opinions of LEP involvement among LEP and DL+



3.5 Method of communication

All LEP members had been contacted by Zoom (or equivalent) and email (n=11; see figure 5) at some point for LEP-related tasks. One LEP member indicated that attendance at meetings was also a method of contact about LEP matters. In contrast, only two DL+ recorded how they contacted the LEP, with both stating this was via the LEP co-ordinator (without specifying the exact means).

Figure 5. Methods used to communicate with LEP members



3.6 Online meetings

Due to the COVID-19 pandemic, Scotland imposed social distancing guidelines which came into effect shortly after the establishment of the LEP. Consequently, the majority of LEP meetings were held online. All LEP members outlined at least one benefit of having meetings online. The most commonly reported benefit was the reduction in travel (n= 7), while secondary benefits included greater inclusivity of LEP members across geographic regions (n=3):

“Zoom meetings offer an easy way to get everyone together easily considering the geographical spread of the panel members”

increased convenience (n= 3):

"It can fit around a busy schedule, 'It provides additional flexibility, especially for those who have to travel to Glasgow"

and financial gains from the reduced travel (n=1). Two participants considered that the breakout room feature of video conferencing platforms improved the effectiveness of the meetings:

"The smaller meeting that we have had or when we have been split into groups have been far more effective."

A further two participants were grateful for online conferencing, which allowed LEP participation while social distancing restrictions were in place.

Despite these benefits, LEP members reported some discomfort sharing their views when not meeting in-person (n=3):

"It can be detached and impersonal. It is difficult to speak freely to a computer screen."

and strains on networking opportunities (n= 3):

*"The personal interaction and background conversation cannot be replicated online"
"It's also difficult to have a proper "chit chat" with the others."*

Further limitations included technical difficulties (n= 2), time constraints compared to in-person meetings (n= 2), and less effective emotional support (n= 2).

Two LEP members expressed a preference for the reintroduction of in-person meetings:

"Although we have managed to continue with using Zoom, I tend to think it would be better to have proper meetings."

"Going forward (assuming Covid restrictions allow) it would be really good to have some face-to-face meetings as well as using zoom."

It was also observed that these challenges in online meetings were more apparent when there was a larger number of attendees (n=2):

"The larger zoom meetings are not as conducive to quality in-depth discussions, 'in large meetings [we] cannot have a full discussion."

3.7 Meeting organisation

Meeting preparation: Eight LEP members reported that it was either 'quite easy 'or 'very easy 'to access materials and resources relating to past or present meetings (see figure 6). Two LEP members felt that accessibility to meeting materials was quite/very difficult, specifically with meeting minutes:

'This is one of the things I have found difficult when you have been unable to attend a meeting but there are no actions or minutes so difficult to catch up with what has been said.'

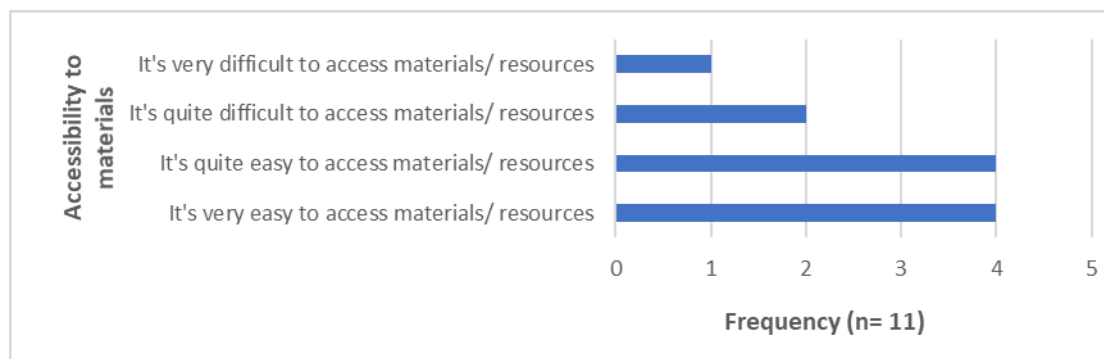
This was further supported by five additional LEP members who, despite describing the accessibility of materials as easy, stated that meeting minutes were not always circulated, especially following meetings on Zoom:

“When you have been unable to attend a meeting but there are no actions or minutes so difficult to catch up with what has been said”

Only one participant offered a possible solution:

“it might improve things if all materials and minutes were in a central place which members had access to so that we could go back and look over things if need be. It would also keep a record of everything that had happened in meetings in one place. It would allow members who may have missed a meeting a chance to catch up on what happened.”

Figure 6. Perceived ease of access to meeting materials or resources among LEP members



There were mixed views among both DL+ and LEP members about the management of meetings, with only a few feeling that meetings were well run (DL+= 4, LEP= 2). Improvements suggested by LEP members included having smaller, more focused meetings or specialised discussions (n=4):

“More smaller meetings where each can give detailed input might be more constructive”

A common theme in the LEP and DL+ feedback about the conduct of meetings was the need to manage contributions made by individual attendees to ensure all voices were heard:

“[The meetings] are generally well run, and everyone given the opportunity to contribute. On some subjects, some voices tend to dominate a little’

“It is very hard to get your point across in an online meeting as some people tend to take over and don’t give others a chance to speak”

Although comments from both LEP and DL+ indicated that LEP co-ordinators were aware of the need to manage LEP member contributions during meetings, there were suggestions that more needed to be done:

“Although the co-ordinator was attempting to ensure everyone had some input I did leave feeling some people didn't say much if anything”.

DL+ also made adjustments by limiting their meeting agendas to accommodate the quantity of information the LEP were able to share: (n= 2):

“I learned to take a smaller amount of material to the panel at one time”.

“Some voices who have a lot to say but are not powerful enough to be heard above the others in the group...although the co-ordinator was attempting to ensure everyone had some input I did leave feeling some people didn't say much if anything.”

No further feedback was gathered from DL+ relating to the running of these meetings. Other observations from LEP members included meetings over-running (n=3) and time spent on introducing agenda topics (n=1):

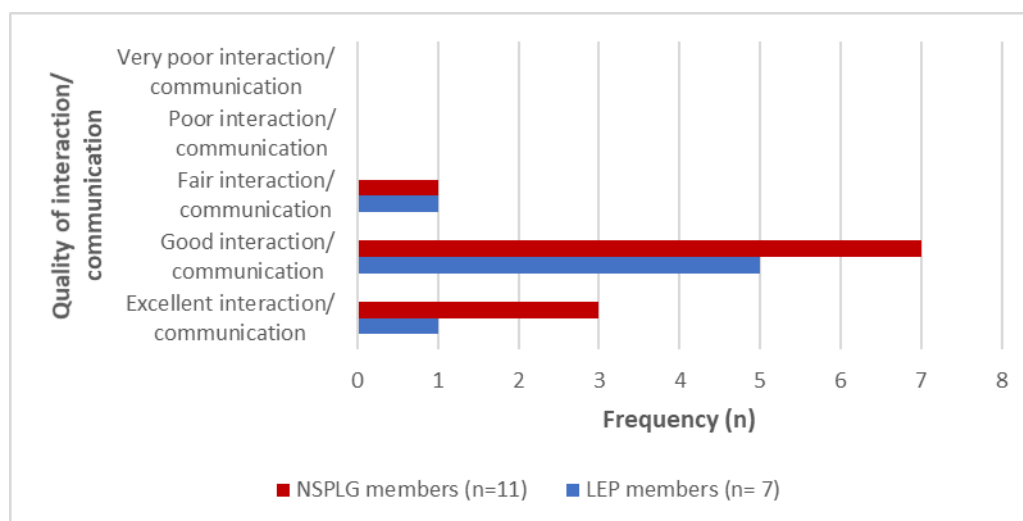
“Sometimes we get information for meetings outlining the meeting content and then speakers go over in depth the same report and then there is no time for discussions, which is the purpose of the panel.”

3.8 LEP & DL+ interaction

All eight DL+ had collaborated with, or received input from, a member of the LEP and six had attended at least one meeting with a LEP member. Seven DL+ had been involved in the planning of meetings with LEP members, including developing pre-meeting paperwork (e.g., agenda, n=4) to help guide meeting, or to present information to the LEP (e.g., summarising results, n=3, or introducing themselves, n= 1). Additional tasks mentioned by participants were for advocating LEP involvement (n=1), chairing meetings (n=1) and presenting ideas to the LEP (n=1).

From the LEP perspective, interactions between DL+ and LEP members included LEP members sharing their stories (n=3), providing input for the advancement of Action 4 (n= 3), and campaigning for United to Prevent Suicide (n= 3).

Figure 7. Quality of interaction and communication between LEP members and Delivery Leads, as perceived by the LEP and DL+



All LEP and DL+ members felt that their interactions were positive (see figure 7) and reported no negative experiences. LEP members who indicated that interactions were excellent (n=3) highlighted the development of a good relationship between the LEP and DL+ members:

"I have always felt I have been respected and valued as a member and with my lived experience"

LEP members who reported interactions or communications as 'good' felt they were listened to positively throughout their engagements with DL+ (n=3).

DL+ described the LEP as:

"[An] Engaging group of people"

"[The] Friendship and a sense of team togetherness was evident and this led to a really positive experience of dealing with the lived experience group."

Half (n=4) of DL+ had received feedback from LEP members, with two indicating this was typically via the LEP Coordinator.

DL+ also reported that they had received some negative feedback from LEP members:

"There was some disappointment if not all of what was suggested could be incorporated into the developing service but it was generally very positive."

It would appear that LEP members were comfortable enough to voice their honest opinions, whether positive or negative, with DL+.

Although not the same group as those who received feedback, five of the eight DL+ had provided feedback to the LEP. This feedback most commonly followed when a task objective had come to a close (e.g., a study had been finished, a final decision had been agreed) (n= 2):

"I've provided them with qualitative (e.g. comments on social media, emails) and quantitative feedback (e.g. number of times stories have been read, shared etc.)"

Only three DL+ stated how they communicated this feedback (via the LEP co-ordinator, n= 2; to LEP members directly, n=1), although the precise means used were unclear.

Areas of improvement for communication and interaction between LEP members and DL+ were predominantly related to administration, including being missed from emails (n= 2) or the purpose or the outcome of meetings being unclear (n=2):

"I had came off a couple of the calls with no idea what information they were looking for from us."

Other issues included timeliness of LEP involvement (n=1);

" On some occasions (like the logos, strapline) [the] project was already down the track and it would have been better for all if LEP were consulted earlier"

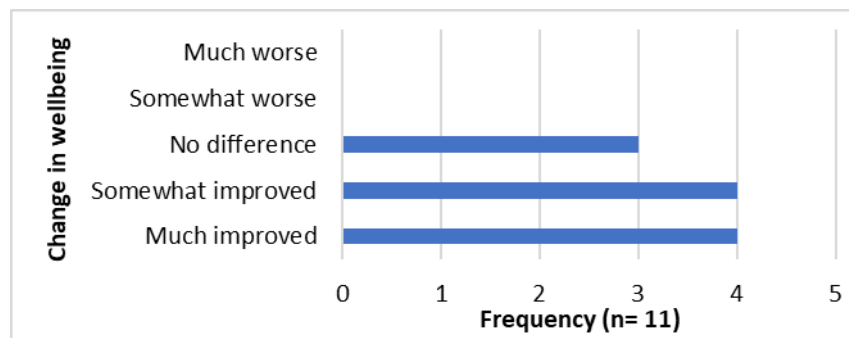
Or the preference for routine updates (e.g., newsletters).

3.9 Wellbeing and support

No LEP member indicated any concern around the confidentiality of views expressed at LEP meetings. The majority felt that their membership had made a positive impact on their wellbeing, while three members reported no change (see figure 8). One LEP member shared their appreciation of post-meeting debriefs:

“There is always a short 5/10 minute call after a meeting to catch-up and where the panel lead makes sure that everyone is okay.”

Figure 8. Impact of LEP perceived level of emotional or practical membership on self-reported wellbeing members

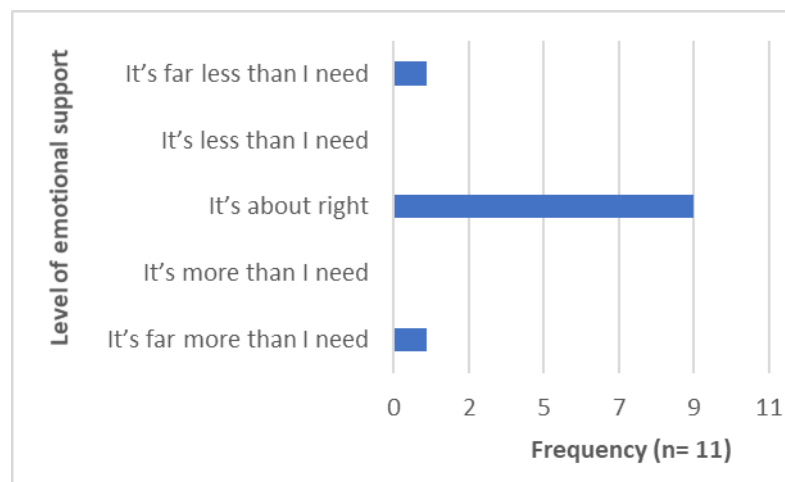


The majority (n= 9) of LEP members felt that the level of emotional or practical support they received from the LEP co-ordinator and other members of the LEP was about right (see figure 9). Only one participant expanded upon their view:

“I feel minimal distress at discussing these subjects within the group, so I need very little support, personally.”

The LEP member who felt the emotional support available was less than was needed had nonetheless stated that their membership had a positive impact on their psychological wellbeing and had been a positive outlet for their grief.

Figure 9 Support received from LEP Coordinator/other LEP



The level of emotional support within the LEP was further illustrated by LEP members who drew parallels between the LEP and therapeutic support group (n=5):

"You feel you belong to a bigger network of those with similar challenges and experience[s]"

"I have felt listened to, and part of improved support for those bereaved by suicide"

"This has almost been like therapy for me."

Responses regarding the challenges of being a LEP member reflected the need for this psychological and emotional support. LEP members reported that there was a need to have the confidence or 'readiness' to share their stories (n=4):

"At times it can be hugely challenging as there is an element of reliving the trauma of past experiences which can cause you to question the past and your own decisions."

Some indicated a need to psychologically prepare for, and recover from, such conversations (n=2). Indeed, this was not exclusively about sharing their own stories. For some participants, hearing others' experiences was emotionally challenging as well (n= 3):

"Facing the heartache of other members, seeing others suffer through grief."

"Feeling the pain of other panel members"

One participant felt that it was important to have clear boundaries around any potential therapeutic function of the group:

"While [forming friendships] is natural, as relationships develop it is important that members don't feel pressured to be a support for anyone on the group who is struggling as this is not what the group is for."

3.10 Overall LEP contribution and experience

Most LEP members (n= 7) felt that 'sharing their story' had positively influenced how DLs had approached the Actions of the SPAP.

"Our personal stories have been taken seriously and mattered, and have changed the direction of proposals when necessary"

Two LEP members felt that their leading contribution was ensuring that the views of lived experience are respected (n= 2)

"I think we have championed strongly the need for LE voices"

Specifically, LEP members felt they had helped to reduce stigma and improve communication around suicide (n= 3) and had ensured that approaches were relevant and effective (n=3):

"I think the primary contribution has been to make sure that what is being developed is relevant to those that it is aimed at helping."

100% of LEP members felt that the COVID-19 pandemic had impacted on their experience as a LEP member in some way.

This contributed to LEP members' sense of achievement (n= 5):

"Great satisfaction in knowing that our work is making a difference."

"I feel that we've made a genuine a difference in how the updated suicide prevention program is being developed, and that was my goal."

These contributions were confirmed by all DL+ (n= 8), who described the LEP as having a significant role in supporting the delivery of the SPAP:

"From what I can gather I think the Lived Experience Panel have been instrumental in the development of all 10 Actions of Every Life Matters."

Six DL+ respondents indicated that the LEP had influenced Actions or NSPLG implementations for the better, and should be included in similar initiatives in future:

"[The LEP is] a fantastic asset which should be recognised as best practice".

However, one DL+ acknowledged the complexity of developing a LEP while another felt that the LEP was "a difficult thing to get right" and that further local and national representation was required. One LEP member was unsure what their contribution had been to the SPAP, and one felt their greatest contribution was to the United to Prevent Suicide campaign, without going into further detail.

3.11 Suggestions for changes

Nine LEP members responded to the invitation to suggest changes relating to their role. Three members called for a dedicated opportunity to offer suggestions on how the LEP was run:

"An interim review to give written feedback and suggestions as to how the panel is operating and possible improvements?"

Two LEP members suggested that there should be a term limit for LEP members:

"I think that the panel should rotate, perhaps a two-year post is about right. Even annually could be good, especially as people do drop out over time."

Other suggestions related to: improved guidance on engaging with social media (though no elaboration was offered); improved meeting structure (i.e., smaller meeting agendas and more time for discussion); improved access to meeting materials (e.g., an online hub for the storage of meeting minutes and agendas); and more opportunity for networking and rapport-building opportunities with fellow LEP members (i.e., informal conversation between agenda items).

In contrast, DL+ suggested changes related more to the representativeness of the LEP (n=1):

'Difficult to determine whether the lived experience is a good balance of those who have had suicidal thoughts and those who have lost someone to suicide as the perspectives may be different'

and that more information should be given to LEP members to improve their understanding of the strategy underpinning the SPAP (n= 1):

“At times I wondered how much the LEP had oversight and understanding of the strategy, various actions and how they interplay.”

4. Discussion

The findings indicate that the LEP has proven to be an effective committee for the advancement of the SPAP. Feedback from LEP members and DL+ suggest that collaborations between the LEP members and DL+ has been overwhelmingly positive and fruitful.

The majority of LEP members have been involved in tasks beyond attending LEP meetings, with most being contacted on at least a monthly basis and satisfied with their level of involvement. Some DL+ and LEP members believed that a minority of voices could dominate meetings at times, and LEP members reported that this was particularly challenging during online meetings. However, there was evidence that this problem was being addressed, with meeting chairpersons trying to give every LEP member the opportunity to speak. Due to the breadth and depth of contributions volunteered by LEP members, some DL+ would reduce the agenda to focus on limited topics. Consequently, some LEP members felt that small, specialist meetings would be more advantageous than larger ones. Furthermore, LEP members suggested that routine updates (e.g. newsletters) of progress on Actions towards which they have contributed would be beneficial. Other suggestions included the provision of clear objectives and intended outcomes of DL+-LEP meetings and ensuring the circulation of emails to all relevant LEP members.

In general, meetings were considered well-run, although they could occasionally overrun or start times might be unclear. Furthermore, several members of the LEP stated that meeting minutes were not always circulated, leading to confusion when preparing for subsequent meetings. To aid the smooth running of future meetings, suggested changes included storing meeting agendas, times and minutes in an online ‘hub’ (e.g. OneDrive, Dropbox).

Advantages and disadvantages of online meetings were identified. Some LEP members recognised the necessity of their use given the global pandemic. Benefits of the online conferencing methods including time saved from commuting, greater inclusivity of individuals living beyond a commutable distance and the use of online ‘break-out rooms’ improving meeting efficiency. However, these benefits were offset by challenges in establishing a rapport with other LEP members which would help to foster friendships and to create an atmosphere in which experiences and opinions on agenda topics could be raised comfortably and confidently. We suggest that, in future, a blended approach may be more effective, with occasional in-person meetings (when permitted) to help foster relationships and provide an opportunity for more in-depth discussions. Despite the challenges in remote networking opportunities, being a LEP member was considered to have a positive (majority) or neutral (minority) psychological impact, with some describing their involvement in the LEP as having a supportive or therapeutic effect similar to being a member of a specialised support group.

In terms of LEP composition, both DL+ and LEP members expressed the need for greater inclusivity and more balanced representation between rural and urban members, as well as between those who have engaged in suicide behaviours themselves and those who have been bereaved by suicide. Although LEP members were overwhelmingly positive about the recruitment experience, some

suggestions for improvement were made, including conducting LEP recruitment in a single 'phase' and limiting the term of LEP membership to one or two years, then renewing the LEP with new members.

4.1 *Limitations*

All LEP members felt that the COVID-19 pandemic, which had created unprecedented upheaval in working and living conditions in Scotland (as elsewhere), influenced their experience on the LEP. Thus, the experiences of the Scottish suicide prevention LEP may not reflect those of other lived experience panels operating without social distancing. Furthermore, only two-thirds of DL+ and just over three-quarters of LEP members invited to participate in the study submitted a survey response. The extent to which the views of the samples can be generalised to all DL+ or LEP members is unknown. Additionally, due to a technical error, some members of the LEP were unable to submit their responses. Although this error was resolved early in the recruitment phase, LEP members who experienced this error may have been reluctant to re-submit their answers. Sample sizes were small, responses were varied and sometimes partial, as demonstrated by incomplete LEP feedback on the different stages of recruitment (advertising, application, interview, joining the panel). Finally, the research methods applied in this study were not appropriate for the in-depth exploration of participants' experiences, which might have generated more nuanced or controversial views.

4.2 *Conclusions*

The evidence presented here suggests that the LEP has been a useful resource for the NSPLG to work towards the Actions of the *Every Life Matters* Suicide Prevention Action Plan. Future panels would benefit from a blend of remote and in-person interaction, and small meetings with a focused, limited agenda intended to give all attendees the opportunity and confidence to make meaningful contributions to discussions and decisions.

Appendix 1. Consent form

Please read each of the following statements carefully. Please click 'I agree' at the bottom of the screen only if you agree to all statements below.

1. I confirm that I have read and understood the Participant Information Sheet (v.1 22.02.2021) for the above study.
2. I confirm I have read and understood the Privacy Notice (v.1 20.02.2021)
3. I have had the opportunity to think about the information and ask questions, and I understand the answers I have been given.
4. I understand that my participation is voluntary and that I am free to withdraw at any time during my survey participation, without giving any reason, without my legal rights being affected.
5. I understand that once I click 'finish' at the end of the survey, my answers will be submitted anonymously and cannot be withdrawn from the study.
6. I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.
7. I confirm that I agree to the way my data will be collected and processed and that data will be stored for up to 10 years in University archiving facilities in accordance with relevant Data Protection policies and regulations.
8. I understand that any information I provide may be quoted during dissemination of the study research and that this will be done anonymously and with all identifiable information removed.

By checking the following box, you are indicating that you agree with all the above statements of this consent form and wish to voluntarily take part in this survey (☐ check box).

End of consent form

Appendix 2. Lived Experience Panel (LEP) survey items

Question number	Question
1.	Why did you apply to join the Lived Experience Panel? Please give your reasons. <i>Free text</i>
2.	What was done well? <i>Free text</i>
3.	What could have been done better? <i>Free text</i>
4.	How often are you contacted in connection with your membership of the Lived Experience Panel? <i>At least once a week</i> <i>At least once every two weeks</i> <i>At least once every month</i> <i>At least once every three months</i> <i>Less than once every three months</i>
5.	In an average month, how many hours do you spend working in connection with your membership of the Lived Experience Panel? ___ <i>hours</i>
6.	How do you feel about this level of involvement with the Lived Experience Panel? <i>It's far too much</i> <i>It's somewhat too much</i> <i>It's about right</i> <i>It's not really enough</i> <i>It's nowhere near enough</i>

7. What are the different ways you have been contacted in connection with your membership of the Lived Experience Panel? (Choose all that apply)
- by phone*
 - by email*
 - by text*
 - in person*
 - via Zoom or equivalent*
 - other (please describe)*
 - (Free text)*
8. What do you feel are benefits of the Lived Experience Panel meetings being held online?
- Free text*
- 8a. What do you feel are the disadvantages of holding meetings online?
- Free text*
9. Apart from attendance at meetings, have you been involved with the Lived Experience Panel in other ways?
- Yes*
 - No*
- 9a. If yes, please describe any tasks you have undertaken or responsibilities you have taken on.
- Free text*
10. How do you feel about the availability of materials and resources prepared for, and following, meetings you have attended? For example, meeting agenda and previous meeting minutes.
- Response (choose one):*
- It's far too many materials and resources*
 - It's somewhat too many materials and resources*
 - It's about right*
 - It's not really enough materials and resources*
 - It's nowhere near enough materials and resources*
- 10a. Please expand upon your answer.
- Free text*

11. How do you feel about this amount of involvement in the planning of Lived Experience Panel meetings?
Response (choose one):
It's far too much
It's somewhat too much
It's about right
It's not really enough
It's nowhere near enough.
- 11a. Would you recommend any changes to the way the Lived Experience Panel operates?
Free text
12. What are your views about the running of Lived Experience Panel meetings? E.g., Have they run on time? Has everyone had an opportunity to contribute? Have the topics covered in the meetings been appropriate? Please tell us in your own words.
Free text
13. Do you have any concerns about confidentiality when you express your views at Lived Experience Panel meetings?
Yes
No
- 13a. If yes, please describe your concern(s).
Free text
14. In your experience, how well have the Lived Experience Panel and Delivery Leads interacted/communicated with each other?
Excellent interaction/communication
Good interaction/communication
Fair interaction/communication
Poor interaction/communication
Very poor interaction/communication
15. Please give example(s) to support your response.
Free text.
16. Based on your own experience, what have been the main benefits of being a member of the Lived Experience Panel?
Free text.

17. Based on your experience, what have been the greatest challenges of being a member of the Lived Experience Panel?
Free text.
18. Based on your experience, what have been the most important contributions made by the Lived Experience Panel to the implementation of the Suicide Prevention Action Plan ('Every Life Matters')?
Free text.
19. Has your experience as a Lived Experience Panel member made any difference to your emotional and mental well-being? (Select one option)
Much improved
Somewhat improved
No difference
Somewhat worse
Much worse
20. Have you expressed your views (about anything to do with the Lived Experience Panel) to the panel co-ordinators?
It's far more than I need
It's more than I need
It's about right
It's less than I need
It's far less than I need.
- 20a. Please describe your experience of this.
Free text.
- 20b. How could this be improved?
Free text.
21. Based on your experience, are there any changes you would suggest about the role of Lived Experience Panel member?
Yes
No
- 21a. If yes, please expand upon your response.
Free text.

22. Do you think that the COVID-19 pandemic has had an impact on your experience as a LEP member?

Yes

No

22a If yes, please expand upon your response.

Free text.

23 How would you describe the level of emotional or practical support you have received from the LEP co-ordinator and other members of the LEP?

It's far more than I need

It's more than I need

It's about right

It's less than I need

It's far less than I need.

23a *If the support you have received is more or less than you need, please tell us more*

Free text.

24 *Please indicate your age band.*

16-29

30-39

40-49

50-59

60-69

70+

Appendix 3. DL+ survey items

Question number	Question
1.	Members of the Lived Experience Panel are expected to draw upon their personal experiences to help inform the development of prevention strategies. In your view, what does fulfilling this role involve? <i>Free text.</i>
2.	Have you attended any meetings(s) of the Lived Experience Panel? <i>Yes</i> <i>No</i>
2a.	If yes, what are your views about the running of Lived Experience Panel meetings? E.g., Have the meetings run on time? Has everyone had an opportunity to contribute? Have the topics covered in the meetings been appropriate? Please tell us in your own words. <i>Free text.</i>
3	Have you been involved in the planning of Lived Experience Panel meetings, e.g. development of the agenda or preparation of papers or other materials? <i>Yes</i> <i>No</i> <i>Not applicable</i>
3a.	If you answered 'yes', please describe your involvement. <i>Free text.</i>
4.	Have you collaborated with, or received input from, a member of the Lived Experience Panel? <i>Yes</i> <i>No</i>
4a.	Describe the nature of the collaboration. <i>Free text.</i>
4b.	What has been your experience of this collaboration? <i>Free text.</i>
4c.	Have you received feedback from (member(s) of) the Lived Experience Panel regarding this collaboration? <i>Yes</i> <i>No</i> <i>Not applicable</i>

- 4ci. If yes, please describe the feedback.
Free text.
- 4d. Have you given feedback to (member(s) of) the Lived Experience Panel regarding this collaboration?
Yes
No
Not applicable
- 4di. If yes, please describe the feedback.
Free text
- 4e. In what way, if at all, did working with (member(s) of the Lived Experience Panel influence the planning or implementation of your Action? E.g., Did their input change your approach in anyway or change timescales?
Free text
5. Overall, how do you feel about the level of your involvement with the LEP and its members?
It's far too much
It's somewhat too much
It's about right
It's not really enough
It's nowhere near enough
6. In your experience, how well have the Lived Experience Panel and Delivery Leads interacted/communicated with each other?
Excellent interaction/communication
Good interaction/communication
Fair interaction/communication
Poor interaction/communication
Very poor interaction/communication
- 6a. Please give example(s) to support your response.
Free text
7. Considering the work of the Lived Experience Panel as a whole, how would you describe its contribution to the implementation of the Suicide Prevention Action Plan 'Every Life Matters'?
Free text
- 8.. Do you have any other comments relating to your work with the Lived Experience Panel?
Yes
No

9a. If yes, please share them below.
Free text

10. Please indicate your age band.

16-29

30-39

40-49

50-59

60-69

70+

Appendix 4. Number of responses survey

LEP		DL+	
Question number	Number of responses (n)	Question number	Number of responses (n)
1	11	1	8
2	11	2	8
3	10	2a	6
4	11	3	8
5	10	3a	8
6	11	4	8
7	12	4a	8
8	11	4b	8
8a	11	4c	8
9	11	4ci	4
9a	9	4d	8
10	12	4di	5
10a	8	5e	7
11	11	6	8
11a	11	7	7
11ai	8	7a	8
12	11	8	8
13	11	9	8
13a	0	9a	3
14	11	10	8
15	11		
16	11		
17	11		
18	10		

19	12
20	11
20a	8
20b	5
21	7
22	11
23	11
23a	1
24	11

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