

**Community of Practice for Lived Experience Peer Workers in Suicide Prevention:
Intersections, Impacts, and Sustainability**

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Abstract

Background: Suicide Prevention (SP) peer work is a promising yet under-researched field. SP peer workers are individuals with a lived experience (LE) of suicide who are employed to support people experiencing acute suicidal distress. Little is known about how to sustain SP peer workers in their emotionally demanding work. The present study is the first to explore the experiences of SP peer workers engaged in a Community of Practice (CoP) established by the Illawarra Shoalhaven Suicide Prevention Collaborative (ISSPC). *Method:* Eight participants elected to participate; all were currently or previously employed as SP peer workers. This qualitative study incorporated both semi-structured interviews and a focus group to understand how these CoP meetings were received, if they met the initial objectives of the initiative, and how the CoP could be improved. Interview transcripts were analysed using Reflexive Thematic Analysis (RTA) and Dialogical Inquiry (DI). *Results:* Three central themes were identified: (1) Celebrating the Humanistic Principle of Suicide Prevention Peer Work, (2) Appreciating the Inherent Expertise of Suicide Prevention Peer Work, and (3) Hopes and Imaginings for Future Communities of Practice. Each theme offered unique perspectives about the challenges of SP peer work, and how the CoP helped participants navigate these challenges in a supportive and informative environment. *Conclusion:* The findings indicated that an inter-organisation, peer-driven structure encouraged ongoing engagement with the CoP. This novel study contributes to the literature base identifying what factors determine safe and sustainable participation in the SP peer workforce.

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List of Abbreviations

APS	Australian Psychological Society
CoP	Community of Practice
DI	Dialogical Inquiry
ISSPC	Illawarra Shoalhaven Suicide Prevention Collaborative
LE	Lived Experience
RTA	Reflexive Thematic Analysis
SP	Suicide Prevention

1. Introduction

An estimated 65,000 Australians attempt suicide every year (Australian Bureau of Statistics, 2022). One in six Australians between the ages of sixteen and eighty-five have considered or attempted to take their own life (Suicide Prevention Australia, 2022). Within Australia, 88% of psychologists reported increased service demand in 2021 (Australian Psychological Society [APS], 2022a). Concerningly, wait times to see a psychologist exceed three months, and one in three psychologists cannot accept new clients (APS, 2022b). There is a drastic undersupply of psychologists across Australia, and the federal government has only met 35% of its ideal workforce target for psychologists (ACIL Allen, 2021; APS, 2023). Psychologists are bearing the brunt of this increased demand, working an average of 17 unpaid hours per week (APS, 2022a). It is unmistakable that there are insufficient psychologists to support individuals experiencing suicidal crises. Psychologists are burnt out, exhausted, and struggling to satisfy the increased service demand (APS, 2023). As such, new methods to support individuals in suicidal distress are essential. For those one in six Australians aged sixteen to eighty-five, alternative support methods may be the difference between life and death.

1.1 An Underutilised Resource: Suicide Prevention Peer Workers

Peer support is a historical yet often unacknowledged method of mental health care (Davidson et al., 2012; Hameed Shalaby & Agyapong, 2020; NSW Government, 2020). Contemporary peer work developed under the premise that individuals with a lived experience (LE) of hardship or mental illness can effectively support others with similar LE (Davidson et al., 2006; Hameed Shalaby & Agyapong, 2020). Peer workers can specialise in different types of peer work, including, but not limited to, suicide prevention, eating disorders, family violence, and veteran support (Byrne et al., 2021).

Suicide Prevention (SP) peer workers may offer a humanistic and person-centred response to the suicide crisis (NSW Ministry of Health, 2020; Van Zanden & Bliokas, 2022). SP peer workers are individuals with a LE of suicidality who are now employed to support people experiencing suicidal distress (National Mental Health Commission, 2023). SP peer workers are a specialised subset of the broader peer workforce (Byrne et al., 2021). While all peer workers use their LE professionally, SP peer workers are specialised in supporting service users through suicidal crises (Byrne et al., 2021; Gillard & Holley, 2014; NSW Ministry of Health, 2020). As such, SP peer workers often support service users with more acute psychological distress presentations than general peer workers (Hawgood et al., 2023). Increasing the availability of SP peer workers will alleviate the pressure on psychologists and ensure individuals experiencing suicidal distress can access help faster (Roses in the Ocean, 2023).

There is emerging empirical evidence for the efficacy of peer work interventions (Banfield et al., 2020; Francia et al., 2023; Hurley et al., 2018; Tinland et al., 2022). A systematic review found that peer support increased measures of hopefulness and recovery in individuals with a severe mental illness (Lloyd-Evans et al., 2014). Peer workers were regarded as highly approachable, accessible for long-term support, and potentially more trustworthy than clinicians (Francia et al., 2023). They are also uniquely positioned to aid and role model recovery to service users (NSW Health, 2022). SP peer work is also positively regarded by clinicians and service users (e.g. Gibson et al., 2023; Schlichthorst et al., 2020; Van Zanden & Bliokas, 2022), and was associated with a decreased risk of suicide in vulnerable subgroups (Bowersox et al., 2021).

Peer work practice can be challenging to sustain (Huisman & van Bergen, 2019; Scanlan et al., 2020). Peer workers experience negative attitudes from clinicians, professional burnout,

and low pay (Ahmed et al., 2015; Rebeiro Gruhl et al., 2016; Scanlan et al., 2020; Vandewalle et al., 2016). SP peer work can also be emotionally draining, stressful, and challenging to compartmentalise (Hawgood et al., 2023; Huisman & van Bergen, 2019). Expanding research on supporting SP peer workers in their emotionally demanding roles is crucial (Schlichthorst et al., 2020). Hawgood et al. (2023) is the only study to examine what factors determine the sustainability of SP peer work. Participants in this study highlighted a need for specific self-care skills for individuals with a LE of suicidality. They also desired greater system-level support, including flexible workplace arrangements and adequate compensation. Active, ongoing support, as opposed to infrequent, one-off support, was also imperative. Most saliently, participants hoped their workplace(s) would endorse and encourage this ongoing support.

If SP peer workers are not supported to maintain their professional and personal well-being, attrition rates may increase, and the individuals who access peer support services will be at risk. The present study aims to address this research gap and learn more about specific, operationalisable strategies to sustain SP peer workers.

1.2 The Community of Practice

A Community of Practice (CoP) is a support forum formed by individuals with a shared professional practice (Wang et al., 2008; Wenger, 2011). A CoP allows practitioners from similar domains to share resources, establish a sense of community, refine professional skills, and foster inter-organisation connections (Mandiberg & Gates, 2017; Wang et al., 2008; Wenger, 2011). A CoP is also advantageous for mutual support and informal information exchange, particularly between novice and expert practitioners (Johnson, 2001; Li et al., 2009; Mandiberg & Gates, 2017).

Mandiberg and Gates (2017) is the only study to evaluate an online CoP for mental health peer workers, however this CoP was *not* SP-specific. They noted that peer workers often exist in a unique middle-ground between being a service provider and a service recipient, which is often isolating for the peer worker. As such, the CoP effectively exposed participants to like-minded peers from other organisations to help reduce feelings of isolation. It is important to note that Mandiberg and Gates (2017) used a naturalistic research design, meaning inferences regarding the efficacy of the CoP were made without direct input from participants. The naturalistic design may limit the exactitude of their findings.

The Illawarra Shoalhaven Suicide Prevention Collaborative (ISSPC) established an online CoP to support SP peer workers' personal and professional well-being. The objectives of the ISSPC's CoP were to build connections across the SP peer workforce, provide opportunities for learning and reflection about SP peer work practice, and advocate for the unique value of SP peer work. Whilst the CoP is mainly comprised of SP peer workers, clinicians and allies of SP peer work occasionally attend as well. To the researchers' best knowledge, there has been no attempt to evaluate a CoP for SP peer workers. The present study addresses this research gap by appraising a CoP specifically dedicated to SP peer work.

1.3 Co-Design Research

Co-design research involves a partnership between “*conventional*” researchers and individuals with LE (Bellingham et al., 2022, p.11). The present study was co-created with the ISSPC; the ‘conventional’ researchers were Ava Riddell and Dr. Anna Sidis, and the individuals with LE were SP peer workers. As such, SP peer workers were actively involved in planning, analysing, and distributing this research. Co-design empowers people with LE to have greater agency over how they are portrayed in research (Bellingham et al., 2022). It was developed in

response to criticisms that researchers fail to include the communities they draw their data from in research design (Durose et al., 2012). Put simply, co-design is done *with* participants, not *to* them (Bellingham et al., 2022). Co-design is comparable to Participatory Action Research, which aims to partition research benefits back to the participants and participant communities that help co-create data (Baum et al., 2006; Kindon et al., 2007; Pettican et al., 2023). Similarly, co-design seeks to elevate LE perspectives to help meet the needs of the broader LE community (Bellingham et al., 2022). In accordance with a co-design framework, a Project Team partially comprised of SP peer workers was established to ensure LE expertise informed the creation and dissemination of this research.

1.4 Dialogical Inquiry

Dialogical Inquiry (DI) is a novel, qualitative methodology prioritising multivocality in data interpretation (Wells et al., 2021). DI allows multiple investigators to interpret qualitative data collaboratively without prioritising one researcher's interpretation over another (Wells et al., 2021). It validates the existence of multiple truths, meaning contradicting interpretations of qualitative data can exist harmoniously without the compulsion to achieve consensus (Sidis et al., 2023; Wells et al., 2021). According to DI, all researchers have an inherent epistemic stance that will influence how they interpret qualitative data (Fassinger & Morrow, 2013; Wells et al., 2021). Epistemic biases can be negated by involving a diverse team of researchers, some who are internal and some who are external to the community of interest (Fassinger & Morrow, 2013). As such, the present study established a Project Team of multiple investigators from different backgrounds to collectively analyse de-identified qualitative data.

1.5 The Project Team

The researchers and the ISSPC established a Project Team to endorse a co-design framework and facilitate a future dialogical analysis. The Project Team consisted of members of the ISSPC, researchers from the University of Wollongong, and SP peer workers from the CoP. The Project Team and the researchers worked in continuous partnership throughout the design, analysis, interpretation, and dissemination of the research. The Project Team met online, once a month, for a one-hour consultation, and were regularly consulted via email. The central aims of the Project Team were as follows:

- i. To create a self-sustaining CoP that benefits from the research it is co-creating*
- ii. To provide feedback on and evaluate the progress of the research*
- iii. To expand the scope and availability of SP peer worker research*
- iv. To remove stigmatising language and prioritise LE perspectives*
- v. To ensure individuals with LE have agency over how they are described in research*

1.6 Theoretical Framework

1.6.1 Qualitative Research

The present study employed a qualitative research design to focus on SP peer workers' shared and unique experiences in a CoP. Qualitative research seeks to explore and understand the social reality of participants through a flexible and reflective approach (Mohajan, 2018). Unlike quantitative methods, which tend to investigate statistical frequencies, qualitative methods are concerned with ontological questions that investigate 'what' is occurring, thus making it ideal for exploring data with unclear or uncontrollable variables (Black, 1994). Qualitative methods emphasize individual differences and perspectives and are ideal for collecting detailed information with few participants (Black, 1994; Howitt & Cramer, 2010). The subjective nature

of qualitative research is suitable for an inductive research approach, as themes are generated directly from participant data without pre-imposing theory or suppositions (Azungah, 2018).

1.6.2 Knowledge Co-Construction

Data analysis enforced the Constructivist paradigm, which is predominantly associated with qualitative research methods (Adom et al., 2016). Constructivism denotes that reality is subjective, and everyone's subjective 'reality' will reflect their previous experiences and interactions (Tenny et al., 2017). As such, knowledge is not considered passive or apolitical (Lee, 2012). For this reason, the primary researchers of this study should be treated as immovable, confounding variables that will inevitably influence how data is interpreted. The primary researcher was a fourth-year Bachelor of Psychology (Honours) student. The research was supervised by a clinical psychologist with a background in supporting adolescents with experiences of suicidality. The results of this study, therefore, may be considered a co-construction of knowledge between participant(s) and researcher(s), which do not necessarily reflect an ontological truth (Adom et al., 2016; Lee, 2012).

1.7 The Present Study

To date, no study has evaluated a CoP for SP peer workers. The present study will address this significant research gap by examining how SP peer workers experienced a CoP created by the ISSPC. If the CoP can support and sustain SP peer workers in their emotionally demanding roles, they may be less inclined to exit peer work practice. Maintaining and sustaining the SP peer workforce would broaden the scope of mental health services available and, as a result, reduce pressure on psychologists (APS, 2022b). As such, research on developing comprehensive, efficacious CoPs is mutually beneficial for SP peer workers, the people they support, and the broader mental healthcare system.

2. Method

2.1 Participants

Convenience sampling was used to invite individuals currently or previously employed as SP peer workers, who had attended the CoP on at least one or more occasion(s). The sample comprised of 8 participants (2 male, 5 female, and 1 non-binary) between 20 and over 59 years of age. Years of employment in a SP peer work role ranged from under 2 years to over 20 years. P1, P2, P4, P6 and P7 had attended the CoP 4-5 times, P8 had attended 6-7 times, and P3 and P5 attended more than 8 times. All participants entered SP peer work after a personal experience of suicidality. Most had been bereaved by suicide, and some had also cared for someone following a suicide attempt.

2.2 Procedure

This study was approved by the University of Wollongong Human Research Ethics Committee (HREC: 2023/037). Invitations to participate were emailed through the administrative lead and chair of the CoP. A short video was also sent to previous and current CoP participants explaining the purpose of the research. The video featured researchers Ava Riddell and Dr. Anna Sidis, as well as a former member of the CoP who had previously participated in research led by Dr. Anna Sidis. Interested participants were placed in contact with the researchers and were provided with the Participant Information Sheet and Written Consent Form. Participants could provide consent via a Qualtrics survey or via written signature. After obtaining written consent, participants were asked to complete a short Qualtrics survey to collect demographic information, years of SP peer work experience, and the number of times they attended the CoP.

After demographic information was obtained, a convenient time to interview each participant was arranged. Semi-structured interviews ranged between 37-72 minutes and were conducted online via Zoom. The interview questions were reviewed by the Project Team to ensure they were appropriate and to remove any inadvertent stigmatizing language. Interview questions were emailed to participants one week prior to the interview. Questions included; “*Can you describe a memorable discussion at the CoP?*” and “*What recommendations would you make to improve CoP meetings?*” (see Appendix D for the full interview schedule). Questions were asked verbally by the researcher to the interviewee. Interviews were semi-structured so that the researcher and participant could deviate from the interview guide where deemed necessary. Semi-structured interviews are advantageous for exploring any unanticipated findings in further detail through information probing (Adeoye-Olatunde & Olenik, 2021; Dearnley, 2005). Open-ended questions were used to elicit information-rich, detailed responses (Dearnley, 2005). Semi-structured interviews were audio recorded and saved on an encrypted secure server.

Interviews were transcribed manually by the researcher verbatim. According to Halcomb and Davidson (2006), verbatim transcription is ideal for familiarising the researcher(s) with their data. Furthermore, Bourdieu (1996) notes that even the smallest nuances of grammar and punctuation can influence how a transcript is interpreted. As automatic transcription services often fail to encapsulate the many nuances of human speech, manual transcription was deemed most appropriate to preserve transcription integrity. As per the recommendation of Wellard and McKenna (2001), audio recordings were retained and regularly listened to throughout the analysis. Continual review of audio recordings promotes the discovery of new information that may not be evident upon the first review (Mishler, 2003).

Following interview transcription and initial thematic analysis, focus group prompts were generated based on the initial interview themes. These prompts were submitted to and approved by the University of Wollongong Human Research Ethics Committee, and were independently reviewed by the Project Team. Lambert and Loiselle (2008) recommend combining individual interviews with focus groups to promote more trustworthy results. The focus group functioned as a secondary method of analysis used to confirm, clarify, and elaborate upon the initial interview themes. The focus group invitation was extended to any SP peer worker who had attended the CoP, regardless of whether they had previously been interviewed. It was hoped that the focus group would function as an informative resource that SP peer workers could access to learn about the potential benefits of the CoP. One participant (P8) elected to participate in the focus group without previously being interviewed.

As explained by Mackay (2022), focus groups are only appropriate when participants already meet regularly outside of the focus group. He argues that when participants who are unknown to each other meet in a foreign environment, they may offer unusual responses. As such, an online focus group was justified because participants already met online on a monthly basis at the CoP. According to Mackay (2022), direct questions are also undesirable because they *assume* an answer. Posing a direct question to a participant may pressure them to give a response when they might not necessarily have one, thus creating invalid answers that exist solely within the context of a specific research question. As per Mackay's (2022) recommendation, focus group 'prompts' were generated, rather than focus group 'questions'. Participants could agree or disagree with the prompts or choose to not respond entirely. Some prompts included "*I feel invited to discuss relevant topics surrounding suicide prevention, suicidality and mental health at the Communities of Practice*" and "*The Communities of Practice benefits from involving*

people from multiple organisations” (see Appendix E for the full focus group schedule). Focus group discussions were audio recorded, saved on an encrypted secure server, and transcribed manually by the researcher.

Reflexive Thematic Analysis (RTA) was conducted on interview and focus group transcriptions (Braun & Clarke, 2006, 2019). Following RTA, DI commenced on interview and focus group data (Wells et al., 2021). The primary researchers and the Project Team met online on two occasions for 90 minutes to review interview themes, investigate de-identified quotes, and discuss varying interpretations of results (see Appendix G and Appendix H to view the DI meeting agendas). The first meeting occurred before the focus group; the second meeting occurred after. In line with a co-design and DI framework, a copy of the results was also emailed to participants to review. Participants were encouraged to raise any clarifications or concerns and could do so via return email. This ensured the researchers had interpreted participant perspectives accurately. P2 and P3 offered feedback via return email; they clarified the definitions of ‘activating’ and ‘means restriction’ from the Glossary of Terms (see Table One) and noted one quotation that they felt was poorly contextualised.

2.3 Data Analysis

2.3.1 Reflexive Thematic Analysis

RTA is a data analysis method used to identify and explain patterns or themes in qualitative data (Braun & Clarke, 2021a). In their widely cited (2006) seminal paper, Braun and Clarke describe RTA as a practical, flexible, and theoretically sound qualitative analysis method. Epistemological assumptions of RTA are that data interpretation is inherently subjective, and that all data analysis will reflect the qualitative paradigm of the researcher(s) in some capacity (Braun & Clarke 2019, 2021a). RTA is advantageous for generating unanticipated results,

summarising large data sets, and identifying similarities and disparities within participant responses (Braun & Clarke, 2006).

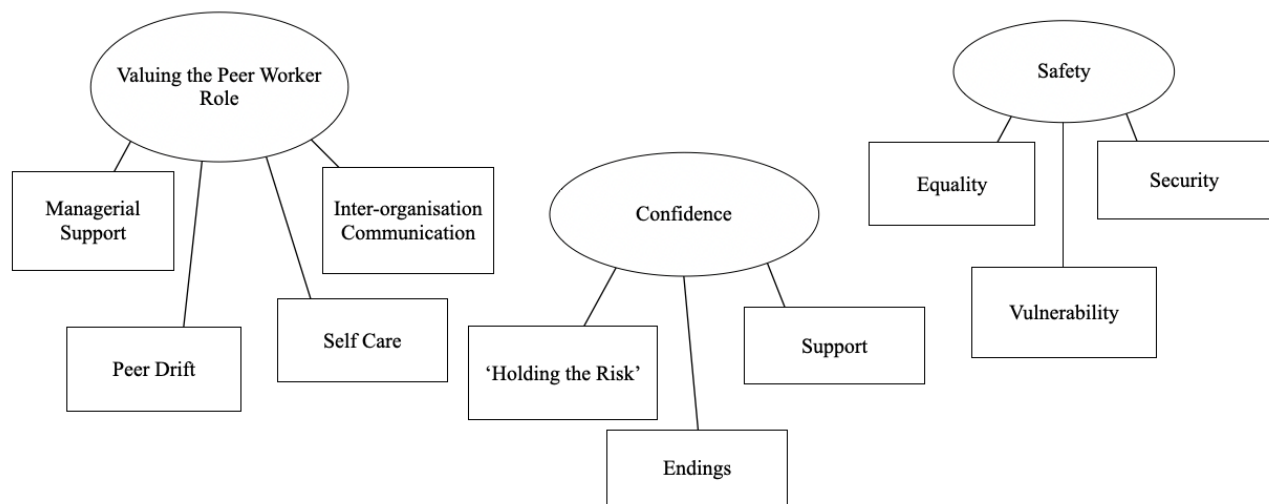
For interviews using RTA, Braun and Clarke (2013, p.50) recommend no more than 6-10 participants for a small research project. According to Fugard and Potts (2015), 6-10 participants provide enough data to identify patterns clearly, but do not generate an unmanageable amount of data. Five participants elected to participate the focus group. According to Anderson (1998), mini-focus groups (3-5 participants) are ideal for subject matter requiring in-depth discussion about detailed personal experiences. As data collection involved participants giving detailed recounts of the CoP, five participants were deemed appropriate relative to the subject matter of the focus group.

RTA can be broken down into six stages (Braun & Clarke, 2006, p.87). Stage 1 is “*familiarising yourself with your data*”. This involves transcribing data, re-reading the data, and noting down initial analytic themes. Stage 2 is “*generating initial codes*”. This stage involves labeling and organizing data into potential codes. Codes are more specific than themes, and multiple codes often exist under a broader theme. Stage 3 is “*searching for themes*” which involves organizing initial codes under potential themes. Stage 4 is “*reviewing themes*” and involves checking if initial codes are appropriate under their respective theme(s). This also involves developing an initial ‘thematic map’ of the initial themes and sub-themes. An example of an initial thematic map that was used for the present study is given below in Figure 1 (for more examples, see Braun & Clarke, 2006). This map should be refined throughout each subsequent stage of analysis. Stage 5 is “*defining and naming themes*” which involves ensuring themes are cohesive, and creating clear classifications for each theme. The final stage is

“*producing the report*” which involves the selective inclusion of information-rich, relevant data that relates to the research question.

Figure One

Initial Thematic Map



2.3.2 Dialogical Inquiry

DI functioned as a secondary method of analysis, after RTA. The Project Team met on two occasions for approximately 90-minutes to collectively analyze interview and focus group data. The aim of these meetings was to broaden the range of data analysts beyond the primary researcher. In the interests of participant confidentiality, and due to the time constraints of a short-term Honours project, sharing raw transcript data with the Project Team was deemed unethical and unfeasible. Instead, a refined document including de-identified quotes and some initial thematic mapping was emailed to the Project Team one week prior to each meeting (see Appendix G and H). During both DI meetings, Project Team members discussed differing interpretations of de-identified quotes, suggested emergent themes, and offered corrections to language. LE perspectives were prioritised in these meetings to further endorse a co-design framework.

3. Results

A ‘Glossary of Terms’ is included in Table 1. Table 1 defines any terminology SP peer workers use that readers may be unfamiliar with. Participants and the Project Team reviewed these definitions.

Table One

Glossary of Terms

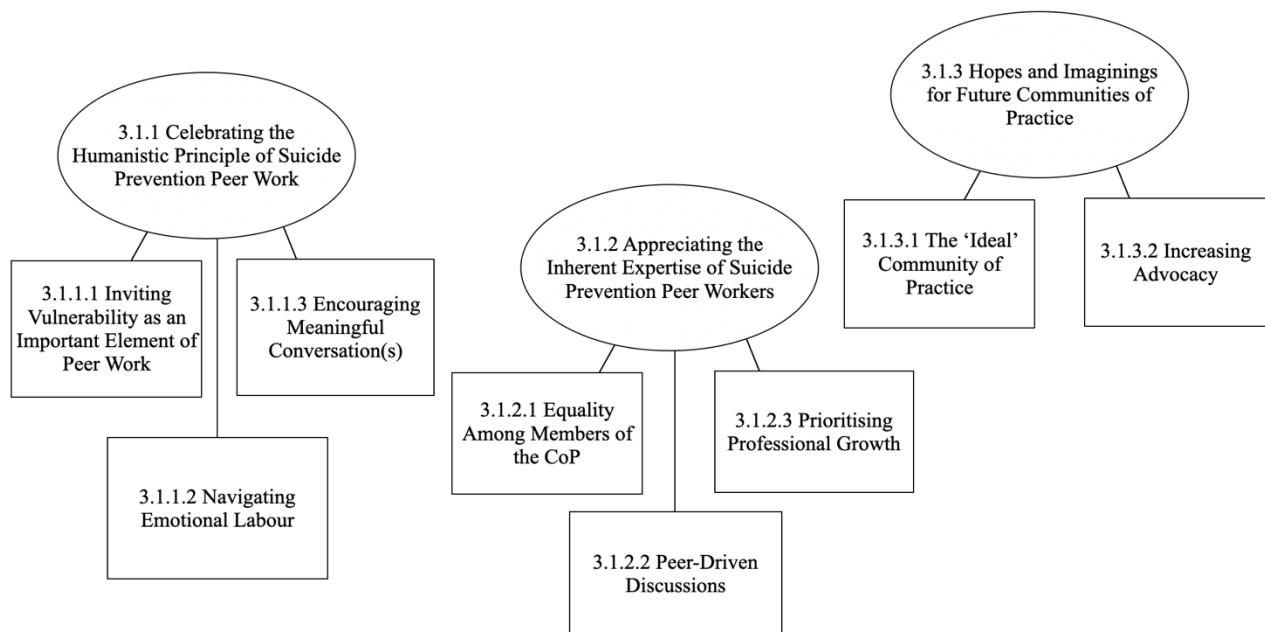
Term	Definition
Activating	<p>A strength-focused term used as a more empowering alternative to the word ‘triggering’.</p> <p>If an individual finds subject matter to be ‘activating’, it is usually a personally, socially or culturally sensitive topic that should only be discussed with the individual’s consent.</p>
Means Restriction	<p>In SP contexts, means restriction refers to limiting access to both lethal and non-lethal means by which someone might harm themselves.</p>
Emotional Labour	<p>In the context of this research, emotional labour involves SP peer workers sharing personal stories and experiences with their clients.</p>
Peer Drift	<p>Peer drift refers to SP peer workers adopting clinical roles. This may involve:</p> <ol style="list-style-type: none"> 1. A SP peer worker formally exiting their role as a SP peer worker to become a clinician and/or 2. A SP peer worker operating beyond the professional scope expected of a SP peer worker, usually because they lack professional support.

3.1 Emergent Themes

Themes were generated based on the experiences of the eight diverse CoP attendees who participated in the semi-structured interviews and a focus group. Following RTA and DI, three central themes and eight subthemes were derived. See Figure Two for a conclusive thematic map.

Figure Two

Conclusive Thematic Map



3.1.1 Celebrating the Humanistic Principle of Suicide Prevention Peer Work

The humanity that SP peer workers express when sharing their LE of suicidality distinguishes SP peer work from other clinical approaches (Byrne et al., 2021). Participants explained how the CoP emphasised their humanity as a professional strength worthy of celebration, rather than a personal weakness that implies fragility.

3.1.1.1 Inviting Vulnerability as an Important Element of Peer Work. Participants described the CoP as an empathetic environment where their professional competence was not questioned during periods of vulnerability. Participant 2 acknowledged the emotional aspect SP peer work, and how it is unreasonable to expect SP peer workers never to experience difficulties navigating this:

“The Communities of Practice provides a place where you can just acknowledge as well what's difficult about the work, and it's not gonna turn around and become used against you as, you know ... ‘Maybe you can't cope with this work?’. Like, you're never gonna get that from the Communities of Practice ...” [P2]

SP peer workers have a mutual understanding of what it is like to support someone through a suicidal crisis. As such, they also understand that *“having difficulties with managing the work”* [P2] is expected, especially when supporting clients through suicidal distress. This mutual understanding allowed participants to express their professional vulnerabilities without worrying that their fellow peer workers would scrutinize their professional competency. As such, participants felt comfortable being candid and uncensored when discussing their professional vulnerabilities in the CoP:

“For me, I've seen people not coping and it hasn't made an ounce of a difference. In fact, it's actually added value to the discussion because they're speaking a truth ... that may not have been apparent if they were as guarded as they could've been”. [P4]

Participants admired how experienced SP peer workers would guide and support newer SP peer workers in the CoP. Participant 5 (a SP peer worker with 6-10 years of experience), explained how they were deliberately vulnerable in the CoP to encourage newer SP peer workers to do the same:

“... I intentionally like, will you know, am deliberately quite vulnerable sometimes if given the right circumstances in the Community of Practice, to encourage that as well.”

[P5]

Expressions of vulnerability validated the unique challenges of SP peer work and created a sense of togetherness amongst those who attended. Participant 6 shared their “priceless”^[P6] experience of expressing their professional vulnerabilities in the CoP:

“... a lot of times I would be struggling with something, or worried I was doing something wrong, in terms of you know, how I may have shared lived experience or ... feeling that I was responsible for people and couldn't switch off. Being able to reflect that in a group setting, and hear people say yeah, me too, me too. That's priceless.”^[P6]

3.1.1.2 Navigating Emotional Labour. SP peer workers routinely support clients through acute suicidal distress. As a result, SP peer workers often have strong connections with their clients, especially when their client's LE of suicidality is similar to their own. The emotional labour that SP peer workers exert during these client interactions can be challenging to manage, especially for new SP peer workers. Participant 5 explained:

“... a big part of what peer work is, is emotional labour, so really teaching people and validating that emotional skill-set that they have, and giving them the confidence around using that ...”^[P5]

Many participants found it challenging to end client relationships at the beginning of their peer work careers. They sincerely cared for their clients and worried about how they would manage without their support. Participant 6 felt “terror”^[P6] at the prospect of leaving their clients over holiday periods like Christmas. Participant 3 recounted their experience of ending a client relationship at the beginning of their peer work career:

“I remember supporting somebody for a year and a half in a twelve-week program ... I found it so hard to navigate through finishing off that relationship, and it was more about me ...” [P3]

Ending client relationships was one of many challenges participants encountered throughout their peer work practice. The CoP helped participants navigate these emotionally laden challenges in a nurturing and supportive environment:

“... sometimes you’re like, why can’t I navigate this? ... I couldn’t ‘cause it’s hard and we’re humans and we’re messy, and being able to talk authentically about that in the CoPs really great ...” [P3]

Other participants felt relieved attending the CoP after an intense day supporting people through a suicidal crisis. The CoP restored them and left them feeling supported by their peers.

Participant 6 described their experience:

“... I might’ve had like four consumers before a CoP meeting ... and I’ve just heard distress, distress, distress, distress, and I’m feeling heavy and like my soul’s been drained. Being able to pop into the CoP space and getting the love and support is just filling that tank back up.” [P6]

SP peer workers should not have to navigate the challenges of their emotional labour(s) alone. Participant 5 asserted that those who manage SP peer workers must address the unique emotional component of peer work to support the SP peer workforce adequately:

“... we equally need to build capacity amongst those who manage peer workers ... they recognize that there is more to professional development of peer workers than just teaching skills and knowledge. There is an emotional component from having them connected in with their networks that is unique to that profession.” [P5]

3.1.1.3 Encouraging Meaningful Conversation(s). Participants appreciated how meaningful topics were addressed in a considerate and sensitive manner at the CoP. Means restriction was raised by several participants as a topic of discussion that they found particularly impactful. Participants valued hearing different perspectives on this somewhat taboo topic.

Participant 1 explained:

“... it was such a powerful conversation, and it was centred around means restriction ... the flow of the conversation was amazing. It was quite a large meeting so there was quite a few different perspectives to hear ...” [P1]

Means restriction can be a confronting topic to raise, especially among individuals with a LE of suicide. Participant 3 emphasized the importance of creating a safe environment when facilitating these sensitive and potentially activating conversations, both in the CoP and with clients:

“One of those conversations that are really hard to bring up, that's because of that, that we need to. It's just creating safety when you do so.” [P3]

Participant 2 elaborated further, describing these meaningful discussions as *“beautiful”*. [P2] Whilst a ‘beautiful’ discussion about means restriction may initially sound juxtaposing, it was the CoP’s ability to facilitate genuine conversation in a considerate way that Participant 2 believed was truly beautiful:

“... we’ve had some really beautiful conversations, really honest and considered conversations about means reduction ...” [P2]

Participants appreciated how their peers identified when they were operating beyond the professional scope expected of a peer worker and beginning to peer drift. For this reason, participants felt that the CoP bettered their *professional* well-being. Participant 8 explained:

“I think it's really good when someone in the CoP actually gently points out, you know, that you're drifting. Not directly saying it bluntly, but you just sort of start to think, oh yeah, okay. It's nice when that happens.” [P8]

Similarly, participants also appreciated how the CoP helped sustain their personal well-being. Participant 7 explained how their peers noticed changes in their demeanour during a period of burnout. This attention to personal detail encouraged meaningful conversations about well-being in the CoP:

“... I hadn't been sustaining myself really well ... the CoP gives you a chance for, I think any opportunity for more people to notice your signs of fatigue or, that your patterns have changed ...” [P7]

3.1.2 Appreciating the Inherent Expertise of Suicide Prevention Peer Workers

The CoP solidified LE as a professional expertise that should not be devalued in the presence of clinicians or other mental health professionals. The CoP challenged the internal belief that LE expertise is less valuable than other types of expertise. The CoP assured SP peer workers that their LE of suicidality qualifies them to support people experiencing suicidal distress.

3.1.2.1 Equality Among Members of the CoP. Whilst allies of SP peer work are welcome to attend CoP meetings, their perspectives are not privileged over SP peer workers. Participants frequently referenced a specific CoP that a highly influential ally attended. Participant 1 fondly recounted their experience of the meeting:

“... if there was going to be a moment where there was, you know, let's all give the floor to somebody who's special, that probably would've been it, and it was still run exactly as

it always is, where everybody's voice was given an opportunity to be heard and given equal weight, which I just, I really admire that. That's really important for me.” [P1]

This situation made it evident to SP peer workers that there was no hierarchy in the CoP. Participant 4 recalled their experience of the same meeting, emphasizing how they felt personally empowered by the interaction:

“... [de-identified individual] rocks up and we're all the same ... I think that's a really significant part for me, the equality, otherwise, you wouldn't be able to put yourself out there ...” [P4]

Other participants spoke more broadly about the egalitarian dynamic of the CoP. Regardless of who was in attendance, SP peer workers could hold space just as resolutely as their non-peer counterparts:

“... often we'd have you know, like team leaders, service managers, clinical leads, people in positions of authority, or you know, higher up in the managerial landscape, but in those meetings, we were peer workers and people.” [P6]

3.1.2.2 Peer-Driven Discussions. The value of LE expertise was made explicit through the peer-driven structure of the CoP. Participant 5 explained that “... a lot of the topics that were discussed were led by the group”. [P5] Members would identify an “area of interest” [P5] or a “knowledge gap” [P5] to focus on at each meeting. Participant 2 described an instance where the group voted for the next topic of discussion:

“... we've actually been maybe split between two topics and sent it out prior to the meeting, and like voted on it, so we've done it that way.” [P2]

The peer-driven structure of CoP meetings ensured they were relevant to SP peer work. Participant 2 recalled how the CoP chairperson(s) would note down any areas of interest and try to incorporate them into a discussion at the next CoP:

“... that one keeps coming up, let's do that next.” [P2]

New and experienced SP peer workers directed the focus of each CoP meeting. Newer SP peer workers felt their perspectives and recommendations were prioritised, even in the presence of more experienced SP peer workers. Participant 1 described how this distinction empowered them at the beginning of their SP peer work career:

“... right from the very first meeting I went to, I was asked to contribute, I was asked my opinion, and it was given respect and weight, and that's pretty monumental. I've not had that experience in anything else before.” [P1]

Participants felt that having a space led by SP peer workers, for SP peer workers, was vital for generating authentic conversations about peer work practice. Participant 3 related this to having a peer-dedicated space:

“I think the dedicated part is a big bit, that's a big bit in it, is that it is for peer workers. Led by peer workers. And that these are issues that peer workers are facing, rather than us having a space that's shared with other disciplines. I think it's important to keep it our own.” [P3]

Ultimately, a peer-led CoP was described as more empowering than a discipline wide CoP. An externally regulated CoP was considered overly bureaucratic and lacking LE input. Participant 3's experience of a peer-led CoP was contrasted against Participant 5's description of an externally regulated CoP:

“... some of the original ones were very directed by guidelines set out by the Ministry of Health, and you can imagine ... as enjoyable as a wet rag.” [P5]

3.1.2.3 Prioritizing Professional Growth. Whilst many participants attended the CoP for “*connection*” [P6] and “*support*”, [P8] they also attended to develop and refine their peer work practice. SP peer workers enjoyed attending the CoP to reflect upon their peer work practice and how it could be improved:

“... it's a learning and it's a stretching space, and it's a really safe space to have that too. I've sat in quite a few meetings and I've gone, oh wow, what has been said has led me to a place of self-reflection, of thinking, and it's led to adjustments of my peer work practice when I was working in peer work, for sure.” [P6]

Participants agreed that learning and growth cannot flourish in judgmental environments. Participant 3 praised the CoP for promoting openness and authenticity amongst participants:

“... being able to speak safely about what comes up for us, without feeling like you're going to be judged is huge.” [P3]

This was not to say that constructive criticism was discouraged in the CoP. On the contrary, participants appreciated helpful feedback and criticism, as long as it was not punitive.

Participant 5 explained:

“... they're able to contribute to the conversation, but equally able to constructively receive feedback from the group, in a way that's helpful ...” [P5]

Criticism allowed SP peer workers to reflect on and develop their peer work practice. Whilst all participants were open to constructive criticism, some strongly encouraged it.

Participant 2 was very comfortable being challenged by their peers:

“I’ll be challenged and called out, and it’ll come out some way ... ‘Why did you do it like that?’ or ‘that was kinda weird’ ... I feel like that’s okay too.” [P2]

The openness participants felt to receiving feedback could be linked back to trust.

Participants trusted that feedback was offered to support them; not berate them:

“... where I feel less experienced, or perhaps out of my depth, I have feedback. I can go to a place where I can get feedback, and it’s a sounding board, and all of that requires trust.” [P1]

Participant 7 explained that *“everyone in the room pretty much was at a different organisation”* [P7]. Participant 4 noted that this allowed them to *“reflect on things that I can do better”* [P4], and according to Participant 2 *“... the more organisations that are represented ... the more we benefit”* [P2]. Moreover, hearing perspectives of SP peer workers from different organisations inspired participants to refine their professional practice in new and creative ways:

“... [hearing from others] builds that creativity within myself to say hey, there’s an opportunity for us to branch out, or work better with, or there’s a gap that needs to be filled here.” [P5]

3.1.3 Hopes and Imaginings for Future Communities of Practice

The ideal CoP looked slightly different for each participant. Whilst all participants spoke very highly of the CoP, participants offered some recommendations to improve the CoP in its current form. Other participants spoke more broadly about systemic issues they would like to examine in the CoP.

3.1.3.1 The ‘Ideal’ Community of Practice. Participant 1 believed that boosting attendance would increase the diversity of perspectives in the CoP:

“I really wish we could get more and more people in ... we don’t want echo chambers. It’s good to get lots of different opinions ...” [P1]

Participant 7 also expressed mild frustration with low attendance:

“I think sometimes the attendance can be pretty crappy. There’s a lot of us. You can have some weeks where there’s heaps of us in there, and then some weeks where there’s only three or four that have logged in.” [P7]

Participant 6 expressed that they would love to have CoP meetings that gather in person, rather than online:

“It’d be so great if they could be in person.” [P6]

Participant 2 would like to have some CoP meetings in *“neutral territory”* [P2], which would involve not having *“meetings in our offices with others listening.”* [P2] Participant 2 also suggested offering *“captions and citations”* [P2] in the online format to improve accessibility.

Participant 4 would like the CoP to address *“the concept of suicide and First Nations people in Australia.”* [P4] Participant 4 believed the peer workforce would benefit from considering how death and suicide are conceptualized in other cultures:

“... if we can learn from them [First Nations people], what could we take away that we could change about our own society, and what impact would that make on the loss of life through suicide?” [P4]

Participants were passionate about whether attending the CoP should be mandatory for SP peer workers. Rather than making CoP attendance mandatory, Participant 2 believed *“... it should be mandatory for managers and organisations to know what a Community of Practice is.”* [P2] Participant 6 also noted that CoP attendance should be encouraged by *“your managers and your team.”* [P6] Participant 8 elaborated on the importance of managerial support:

“It really needs to come from management. You know saying things like, we’d really like you to go to this ... and why.” [P8]

Participants agreed that mandating attendance was an unsuitable solution for increasing attendance. Participant 5 explained how mandating anything related to SP peer work disempowers SP peer workers:

“... mandating something goes completely against the peer values of empowerment. So building that empowerment within peer workers where they recognize and see the value of Community of Practice, to me, is much more important than mandating their attendance.” [P5]

3.1.3.2 Increasing Advocacy. Many participants felt that the CoP unified SP peer workers from different organisations to advocate against broader systemic issues affecting peer work practice. The CoP strengthened SP peer workers’ collective efficacy to *“feel safe to advocate”* [P2] for change within their respective organisations.

“... seeing people from multiple organisations, it gives us a chance to ... kind of be on the same page about things, and all kind of be advocating for the same stuff with each other”
[P7]

Discussions about systemic issues affecting SP peer workers arose organically during interviews. The assuredness that participants radiated when discussing these systemic issues could be linked back to resoluteness. The CoP empowered participants to feel more resolute in their beliefs about peer work practice. Participant 2 explained:

“... by essence, peer workers are agitators and advocates and change-makers, so it would be surprising to me if people didn’t regularly come to the Communities of Practice and feel more resolute in their beliefs about peer work.” [P2]

It should be noted that many participants raised systemic issues beyond the scope of the present study. These systemic issues included “*pay differences*” [P7] between SP peer workers and clinicians; “*peer drift*” [P2, P4, P5, P8]; labelling people with LE as “*sufferers*” [P5]; and the importance of having “*lived experience leadership*” [P2] and “*lived experience governance*” [P2] embedded into health organisations.

The researchers, Project Team, and the SP peer workforce more broadly encourage policymakers to reflect on the following quote from Participant 7:

“... I don’t have any issues with the support I feel, the groups I’m in, the work I do. I have issues with the systemic side.” [P7]

4. Discussion

4.1 Study Overview

The present study was the first to explore the perceived positive and negative impacts of a CoP for SP peer workers. Semi-structured interviews and a focus group indicated that connecting with other SP peer workers was highly beneficial for participants. Furthermore, participants could discuss the challenges of SP peer work without worrying that their professional competence would be questioned by their peers. RTA was used to investigate similarities and disparities between participant recounts of the CoP, and DI was chosen to minimise the epistemic biases of the primary data analyst. We identified three central themes: (1) Celebrating the Humanistic Principle of Suicide Prevention Peer Work, (2) Appreciating the Inherent Expertise of Suicide Prevention Peer Work, and (3) Hopes and Imaginings for Future Communities of Practice. While the themes concur with previous research, they also illuminate some unique perspectives pertaining to SP peer work.

4.2 Principal Findings

4.2.1 Celebrating the Humanistic Principle of Suicide Prevention Peer Work

Participants found it beneficial to discuss stigmatised topics in the CoP, such as suicide, suicidality and means restriction (Dreier et al., 2021). This finding corroborated Huisman and van Bergen (2019), who found that SP peer workers were motivated to share their LE of suicide to destigmatise the topic and promote health-seeking behaviours. Expectedly, participants felt it was unproductive and perhaps ironic to avoid discussing suicide, means restriction, and suicidality in the CoP. Instead, they expressed it was imperative to discuss these topics in a considerate and sensitive manner. This distinction was consistent with Byrne et al. (2021), who acknowledged the importance of creating a safe space when discussing a SP peer worker's LE of

suicide. Dreier et al. (2021) mirrored this distinction, but also emphasised the inappropriateness of overprotecting people with an experience of suicide from discussing their own LE. Some participants reflected this sentiment, expressing frustration with the unfounded assumption that SP peer workers are fragile and need protection. Nonetheless, recalling one's LE of suicide is a unique and emotionally demanding element of SP peer work that employers must acknowledge to sustain the SP peer workforce (Roses in the Ocean, 2023). The literature is in support of this recommendation, indicating improved consumer outcomes when SP peer workers are supported to utilise their LE professionally (Van Zanden & Bliokas, 2022).

Whilst SP peer workers are employed to use their vulnerability and humanity professionally (Byrne et al., 2021), many participants found it challenging to compartmentalise the emotional demands of their work. The emotional demands of SP peer work are well documented in the literature (Hawgood et al., 2023; Huisman & van Bergen, 2019; Vandewalle et al., 2016). In line with this research, many participants found it challenging to establish boundaries with their clients as they cared for their wellbeing. This shared challenge was linked to the research of Huisman and van Bergen (2019), who associated overinvolvement in SP peer work with the blurring of personal boundaries. As such, Rebeiro Gruhl et al. (2016) identified the importance of training peer workers to set and maintain appropriate personal boundaries. Whilst the CoP did not formally train participants in boundary setting, participants described instances when their peers prompted them to take a break when their caseload was too high. In line with this observation, Hawgood et al. (2023) concluded that establishing mechanisms to recognise when SP peer workers are overburdened by their practice is crucial to sustaining the SP peer workforce.

Ultimately, participants admired how experienced SP peer workers would support and guide less experienced SP peer workers in the CoP. This informal information exchange between novice and experienced practitioners (i.e. SP peer workers) is considered a salient benefit of a CoP (Johnson, 2001; Wang et al., 2008). Experienced SP peer workers also modelled new skills and behaviours to their less experienced colleagues, promoting learning through observation (Li et al., 2009). This finding was concurrent with Lave and Wenger (1991), who initially conceptualised a CoP as a forum where knowledge is acquired through social processes.

4.2.2 Appreciating the Inherent Expertise of Suicide Prevention Peer Work

Being “*non-directive*” is a core principle of peer work which involves empowering service users to self-direct their own recovery, rather than have an external ‘expert’ prescribe treatment (ImROC, 2013, p.8). Whilst this principle was defined in relation to the peer-client dyad, it also seemed to relate to the peer-driven structure of the CoP. Per this principle, participants felt most empowered when they *self-elected* the focus of each CoP meeting, rather than having the focus imposed by external regulators. This observation echoed the recommendation of Bellingham et al. (2022), who asserted that LE voices *must* be elevated to address and respond to the needs of LE communities. As such, inviting SP peer workers to self-direct the subject matter of the CoP further validates LE as a legitimate expertise that is equivalent to other formal qualifications, academic or otherwise (Byrne et al., 2021).

Interestingly, the peer-driven structure of the CoP could also be related to the peer work principle of “*self-determination*”, which involves promoting the agency of service users (Byrne et al., 2021, p.23). When relating this principle to SP peer work specifically, it is essential to note that many individuals with a LE of suicidality have had involuntary or unpleasant interactions with the acute mental health system (Roses in the Ocean, 2023). Perhaps the peer-driven nature

of the CoP was valuable to participants because they had an understanding, whether first-hand or vicariously, of how disempowering it can be to interact with services that strip people of their agency.

Regular peer-to-peer contact was meaningful to participants, as many had limited opportunities to reflect with other SP peer workers within their respective organisations. This finding was mirrored by Vandewalle et al. (2016), who found that peer workers often feel professionally isolated, especially when working within multidisciplinary teams. Considering that SP peer workers are often geographically dispersed or exist in small numbers (Coordinare, 2021), it was unsurprising that an opportunity to co-reflect with like-minded peers appealed to most participants. Furthermore, many participants reflected upon their professional practice by listening to how SP peer workers from other organisations supported their service users. Participants were comfortable with any constructive criticism that arose throughout this story-sharing. The willingness of participants to share and receive constructive feedback in the CoP could be linked back to trust (Byrne et al., 2021) and the non-judgemental nature of the CoP (Coordinare, 2021). As SP peer workers are trained to be open, trustworthy, and non-judgemental with their clients (Coordinare, 2021), it was unsurprising that they also exhibited these attributes in the CoP.

Whilst it was professionally productive to connect with other SP peer workers, participants felt more *personally* impacted by the egalitarian nature of the CoP. Regardless of who attended, everyone was offered equal opportunity to contribute to meetings and have their perspectives heard. Interestingly, these egalitarian power dynamics were remarkably similar to dialogical therapies (Guilfoyle, 2003) and even DI (Wells et al., 2021). Dialogical approaches have “*egalitarian intentions*” (Guilfoyle, 2003, p. 334) that seek to mediate power imbalances

between diverse groups of people. By endorsing an open-dialogue approach to knowledge generation, the CoP encouraged new *and* experienced SP peer workers to contribute to discussions without rank (Wells et al., 2021). This lack of hierarchy assured newer SP peer workers that their LE expertise was just as valuable as their more experienced colleagues.

4.2.3 Hopes and Imaginings for Future Communities of Practice

Poor accessibility was identified as a potential barrier to participation in the CoP. Whilst participants suggested incorporating captions and citations to ameliorate this concern, this proposition was not mirrored by Mandiberg and Gates (2017). It should be noted that the ISSPC's CoP was predominantly video-based, whereas Mandiberg and Gates' (2017) CoP was a blog-style website with message boards. As such, a comprehensive combination of video *and* text-based functions may be most suitable to improve the accessibility of an online CoP. As per the recommendations of Mandiberg and Gates (2017), managers and policymakers should still prioritise text-based functions to accommodate participants who do not have a personal computer. Individuals who only have access to public computers (e.g. a library computer) may find it challenging to engage in a strictly video-based CoP (Bellingham et al., 2022).

Expectedly, participants identified low attendance levels as a downside of the CoP. Nevertheless, the prospect of mandatory CoP attendance was deemed undesirable as participant's felt it would undermine the peer work values of empowerment and autonomy (Coordinare, 2021). It would also wrongfully reinforce the historically dominant perception of people with LE as 'victims' or 'patients' who are incapable of self-advocating for their own wellness (Mead et al., 2001). Rather than making a CoP mandatory, participants hoped it would be compulsory for *managers* of SP peer workers to ensure their employees are aware of the CoP and how they can attend. Greater organisational support, whether that be through managers, policymakers, or both,

may be integral for increasing CoP attendance. This support could begin with actively involving peer workers in managerial settings (Ahmed et al., 2016).

It is essential to note that participants repeatedly raised systemic issues affecting SP peer workers, such as poor compensation. These systemic issues were raised organically and without prompting from the researchers. According to Mackay (2022), information that an interviewee offers independent of a direct question is much more valid than information provided in response to a direct question. The rationale for Mackay's (2022) perspective is that information provided in response to a direct question is less likely to exist outside the context of that specific question. Whilst systemic issues were supported by the literature (Ahmed et al., 2015; Scanlan et al., 2020), most of these issues were omitted from the results as they did not relate to the CoP specifically. As such, these concerns undeniably warrant further investigation in a study with a broader investigative scope.

4.3 Limitations

The present study has several noteworthy limitations. Firstly, convenience sampling is often considered the least rigorous sampling strategy as participants are recruited based on their accessibility to the researcher (Marshall, 1996; Smith & Noble, 2014). As such, the self-selected sample may represent a subgroup of SP peer workers who were more engaged in the CoP. Those who did not elect to participate may have had different perspectives that were not reflected in the findings. Additionally, social desirability bias may have influenced participant responses, leading participants to respond in ways they felt were more socially acceptable (Bergen & Labonté, 2020; Grimm, 2010; Patrício & Júnior, 2022). Factors such as body language, eye gaze, and facial cues may have also been obscured by the online format of the interviews and focus group

(Greenspan et al., 2021). Unfortunately, this limitation was not reconcilable as participants were geographically dispersed (Rupert et al., 2017).

Subjectivity is an inherent and irreconcilable element of qualitative research (Ratner, 2002). The final themes were formulated based on data the primary researcher deemed most relevant to the research aims. This inevitably meant that data deemed ‘less relevant’ was excluded from the final research report. The subjective judgements of the primary researcher also had negative implications for DI. As raw transcripts could not be shared with the Project Team, the primary researcher had to select the data that they felt was most important to collectively analyse. As a result of this selection bias, some potentially valuable insights may not have been captured in the final report. Future replications should consider conducting a more rigorous and comprehensive DI analysis on each raw transcript.

Considering that this study was co-created with the ISSPC, the impact of involving stakeholders in the research process and analysis must also be acknowledged. The primary researcher may have inadvertently felt pressured to interpret the findings in ways that the Project Team were more likely to concur with, or in ways that reflected positively on the ISSPC.

Lastly, it should be noted that the present study did not meet data saturation, which is when no new themes or codes emerge during thematic analysis (Braun & Clarke, 2021b; Tuckett, 2004). Failure to reach data saturation reduces content validity and makes replicating the research more challenging (Fusch and Ness, 2015). Future replications should recruit more participants until no new insights can be found.

4.4 Strengths

The present study had an array of unique strengths that should be acknowledged. Foremost, a co-design framework ensured LE expertise informed the design, analysis, and

dissemination of this research (Bellingham et al., 2022; Durose et al., 2012). Incorporating LE expertise was an uncommon strength of the present study as historically, people with LE have had little control over the words used to describe them in research (Bellingham et al., 2022). As such, people with LE were consulted throughout the research process to reconceptualise norms regarding how researchers conduct research with LE communities.

An additional strength of the present study was the deliberate partitioning of research benefits back to the LE communities that helped co-create this research, as consistent with Participatory Action Research (Baum et al., 2006; Kindon et al., 2007). This was foremost achieved by sharing the preliminary research findings at the ISSPC's '*Connecting Together*' end of year event. The preliminary findings were presented as a research poster that is accessible under Appendix F. The primary researchers also guaranteed that this research would not be placed behind a paywall and would remain accessible to LE communities. Lastly, SP peer workers from the ISSPC were also invited to attend the secondary focus group *irrespective* of whether they had participated in the interviews. Whilst the focus group was foremost a method of data collection, it also functioned as an educational opportunity for SP peer workers to learn about the CoP and its potential benefits.

Finally, a salient strength of the present study was the minimisation of researcher bias through reflexivity and DI (The University of Melbourne, n.d.; Wells et al., 2021). Reflexivity is when a researcher acknowledges and monitors how their personal biases and past experiences affect how they conduct and analyse research (Kuper et al., 2008; Seale, 1999). As such, the primary researchers critically reflected upon their influence over the research, and explicitly acknowledged their epistemic stance in the final report (see Section 1.6.2.). DI also minimised

researcher bias by expanding the breadth of data analysts beyond the primary researchers (Wells et al., 2021).

4.5 Implications and Future Directions

The current study offers meaningful implications for developing and implementing CoPs for SP peer workers. Factors such as the peer-driven structure and the egalitarian nature of the CoP could be linked back to the guiding principles of LE peer work, as outlined by Byrne et al. (2021). As such, policymakers and stakeholders should deliberately design CoPs in accordance with these guiding principles to eliminate potential tensions between the CoP and peer work values. The importance of a peer-driven CoP also has broader implications for policymakers and managers of SP peer workers, namely the importance of consulting LE perspectives when deciding how to support and sustain the SP peer workforce.

The present study contributes to a developing body of research utilising a LE-informed approach to research design. Co-design research exists on a spectrum of collaborative research approaches (see Bellingham et al., 2022, p.5). At the bottom end of this spectrum are research methods that exclude LE perspectives; at the upper end of this spectrum are research methods that involve and elevate LE perspectives, such as co-design. Above co-design research, however, is *co-production* research, which aims to continuously involve LE perspectives throughout *all* stages of the research process, in an even greater capacity than co-design (Bellingham et al., 2022). This would involve *employing* LE researchers in a paid capacity, and ensuring LE researchers comprise at least half of the Project Team members to address power differentials. Future research should endorse a full co-production design to ensure LE research can be more responsive to the needs of LE communities.

Participants were adamant that systemic issues such as peer drift and LE stigma needed greater attention from policymakers and managers of SP peer workers. Whilst these issues did not specifically relate to the CoP, they have significant implications for the sustainability of peer work practice. Given that little is known about barriers to participation in SP peer work, future research should identify the existing barriers that may make SP peer work difficult to sustain (Hawgood et al., 2023). Future research *must* address and rectify these issues to promote the development of successful and supportive CoPs for SP peer workers.

4.6 Conclusions

The present study marks the first exploration of a CoP dedicated to SP peer workers. The findings indicate that a peer-driven, inter-organisation CoP is conducive to the professional growth of SP peer workers. Practical recommendations to improve accessibility and attendance levels also emerged as significant factors. The themes identified in this study can be used by policymakers to inform guidelines for supportive and sustainable CoPs. This research makes a highly novel contribution to the identification of support strategies that could potentially nurture sustainable, ongoing participation in the SP peer workforce. Furthermore, the present study highlights how the incorporation of LE expertise can enhance the validity and rigour of qualitative research. Future research should endorse a full co-production research design by involving LE perspectives in an even greater capacity.

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Appendices

Appendix A: Participant Information Sheet

Participant Information Sheet Version 2

Title: Community of Practice for Lived Experience Peer workers in Suicide prevention: intersections, impacts, and sustainability.

1. Purpose of Research

This is an invitation to participate in a study which aims to explore the experience of lived experience peer workers involved in the Community of Practice (CoP). The CoP program allows lived-experience peer workers to connect with other peer workers, provide mutual support, and discuss their shared experiences. This study is interested in how the CoP might sustain peer workers in the practice of suicide prevention and evaluate the CoP model more broadly. This research is part of a student Honours project by Ava Riddell, supervised by Dr. Anna Sidis.

2. Researchers

- Dr Anna Sidis, School of Psychology, Faculty of Arts Social Sciences and Humanities, University of Wollongong (Contact: asidis@uow.edu.au)
- Ava Riddell, School of Psychology, Faculty of Arts Social Sciences and Humanities, University of Wollongong (Contact: apr570@uowmail.edu.au)

3. What will the study involve?

If you consent to involvement in this study, you will be invited to do:

- An audio recorded interview. In this interview, you will be invited to reflect on your experiences of the CoP, and how this related to your role as a lived experience peer worker in suicide prevention. Please see example questions below. Participants will be contacted via email to arrange a convenient time for them to meet with the researchers. The interview will take approximately 60-90 minutes.
- An audio recorded focus group. After the initial interview, you will be invited to a secondary focus group where some initial themes from the interviews will be shared and the group will be asked to reflect and discuss these themes. Participants will be contacted via email to arrange a convenient time for them to meet with the researchers. The focus group will take approximately 90-120 minutes.
- As part of participation in this project you will also be asked to complete a short survey to collect demographic information. The survey will take approximately five minutes to complete.
- All study participants will also be offered an opportunity to review and comment on the results of the analysis (this is optional).

4. What kinds of questions will be asked?

We are interested in understanding your experience of the CoP meetings. This may include how the CoP has or has not allowed you to build connections across the suicide prevention peer workforce, how the CoP has or has not allowed you to reflect on your role as a peer worker, and how the CoP has or has not advocated for the unique value and contributions of suicide prevention peer work.

Some questions may include:

1. What aspect of the CoP was most meaningful to you?
2. Would you recommend other lived experience peer workers attend a CoP? Why or why not?
3. What recommendations would you make to improve CoP meetings?
4. How do you keep yourself well and sustained in this practice? How did the CoP influence this?

5. Are there any risks associated with this study?

Participation in this study is voluntary. Some themes discussed during data collection may be distressing to some participants. If distress occurs, you may discontinue participation and withdraw consent. If you become distressed, data collection will be paused, and researchers will confer with you about your willingness to continue. Dr. Sidis will be available to provide support should any participants experience distress.

Alternative support contacts are below:

- Lifeline: 13 11 14
- NSW Mental Health Line: 1800 011 511
- Beyond Blue: 1300 22 4636

6. Withdrawal of data

Transcribed data may not be able to be withdrawn after the analysis stage of this study. If you wish to withdraw your data, please let the researchers know within one week of data collection. Please note that due to the collaborative nature of focus group discussions, any information collected in the focus group is unable to be withdrawn.

7. Confidentiality

All demographic data, audio recordings and transcripts will be held on a University of Wollongong secure server. Only the researchers involved in this study will have access to this material.

All data is protected to conserve your privacy and anonymity. Participants will be de-identified through coding (i.e. you will be referred to as participant 1, 2, or 3, etc). You will also have the opportunity to review your information before this research is finalised and published.

8. Benefits to being involved in the study

Participants will be able to reflect on their experience in the CoP and contribute to research that will help future CoP facilitators to construct more relevant, supportive CoPs. More broadly,

participation in this study may help preserve the sustainability and wellbeing of the peer mental health workforce by improving the quality of CoP meetings.

There is no funding for this research, and there is no payment for participation. Please note that your relationship with Illawarra Shoalhaven Suicide Prevention Collaborative will not be adversely affected should you choose not to participate in this research.

9. Will I have access to the results of the study?

Participants may request a copy of the finalised study, and/or any published material.

Participants will also be offered to review and comment on the results of the analysis prior to finalising the report.

10. Ethical review and complaints?

This study has been approved by the Human Research Ethics Committee of the University of Wollongong. In alignment with this approval, the research will be carried out according to the National Statement on Ethical Conduct in Human Research (2007).

This statement has been developed to ensure ethically good and respectful human research. If any concerns or complaints arise in regard to the research, please direct complaints to the UOW Ethics Officer email on uow-humanethics@uow.edu.au.

11. How to participate?

If you would like to participate, please fill in the consent form provided and return to Ava Riddell via email apr570@uowmail.edu.au

Ethics Reference: HREC V2 [2023/037] Dated March 2023

Appendix B: Written Consent Form

Consent Form For: Peer Workers Involved in the Community of Practice (CoP) program
(Version 2)

Research Title: Community of Practice for Lived Experience Peer workers in Suicide
Prevention: Intersections, Impacts, and Sustainability.

I have been given information about this study and had an opportunity to ask Ava Riddell or Dr Anna Sidis any questions I may have about the research and my participation. If I have any enquiries about the research, I can contact Dr Anna Sidis (asidis@uow.edu.au) or Ava Riddell (apr570@uowmail.edu.au)

By signing below, I am indicating my consent to:

- Provide my demographic information
- Take part in an initial semi-structured interview that will take approximately 60-90 minutes
- Participate in a follow-up focus group after all initial interviews are conducted at a time that is convenient for all CoP members that will last approximately two hours.
- Having de-identified direct quotes from the interviews and focus groups written and published in this honours thesis and in research articles or presentations

I understand that:

- Participation has the potential to become distressing, in which case I can discontinue participation and/or withdraw consent.
- I understand that the interview and focus group will be audio recorded
- My recorded data may not be able to be withdrawn following the commencement of the data analysis stage.
- The data collected from my participation will be used for the purpose of a student Honours thesis and may be published in a peer-reviewed journal, or presented at relevant events or conferences and I consent for it to be used in that manner.
- The findings from my participation may be presented in a presentation to other lived experience peer workers and anyone else who may be interested in this research, and I consent for it to be used in that matter
- If any concerns or complaints arise in regard to the research, please direct complaints to the UOW Ethics Officer email on uow-humanethics@uow.edu.au.

Please Type Your Full Name Below

Signature (Please Sign Here)

Ethics Reference: HREC V2 [2023/037] Dated March 2023

Appendix C: Demographic Survey

Title: Community of Practice for Lived Experience Peer workers in Suicide Prevention:
Intersections, Impacts, and Sustainability.

Thank you for agreeing to participate in this interview and focus group, and complete the information requested below. Should you have any questions about this study please contact Ava Riddell (apr570@uowmail.edu.au) and/or Anna Sidis (asidis@uow.edu.au 02 4298 1301)

Demographic Information

Q1. Please select the appropriate range for your age in years

- Less than 20
- 20-29
- 30-39
- 40-49
- 50-59
- Greater than 60

Q2. Please select your gender

- Male
- Female
- Non-binary/other

Q3. If you selected Non-binary/other, please specify below (optional)

Q4. Please select the amount of time you have worked as a Lived Experience Peer Worker

- Less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- Greater than 20 years

Q5. Please select the amount of times you have attended a Community of Practice (CoP)

- Once

- 2-3 times
- 4-5 times
- 6-7 times
- 8+ times

Appendix D: Interview Schedule

Title: Community of Practice for Lived Experience Peer workers in Suicide Prevention:
Intersections, Impacts, and Sustainability.

Interview Questions

1. Can you tell me a bit about your experience as a lived experience peer worker? What drew you to this work?
2. Can you describe a memorable discussion at the CoP?
3. What aspect of the CoP was most meaningful to you?
4. Would you recommend other lived experience peer workers attend a CoP? Why or why not?
5. What recommendations would you make to improve CoP meetings?
6. Are you able to keep yourself well and sustained in this practice? How did the CoP influence this?
7. Did becoming a part of the CoP influence your practice?
8. What do you imagine and hope for in relation to your work as a lived experience peer worker in suicide prevention?
9. Is there anything else important to you that we might not have spoken about yet in relation to the CoP?

Appendix E: Focus Group Prompts

Focus Group Prompts

These prompts will be presented to focus group members for discussion. They can either agree or disagree with the prompt, and discuss their reasons for doing so with other lived experience peer workers in the focus group.

1. A dedicated Community of Practice reflects the value of lived experience peer work
2. The Communities of Practice guards against Peer Drift*
3. I feel invited to discuss relevant topics surrounding suicide prevention, suicidality and mental health at the Communities of Practice (means restriction, ending client relationships, Christmas, etc).
4. The Communities of Practice benefits from involving people from multiple organisations
5. The Communities of Practice empowers me to manage and appreciate the complexity and uniqueness of lived experience peer work
6. Attending a Communities of Practice should be mandatory for lived experience peer workers

*Note: peer drift is when lived experience peer workers leave their roles as peer workers to move into more clinical or medical-based roles

Appendix F: 'Connecting Together' Research Poster

COMMUNITIES OF PRACTICE: INTERSECTIONS, IMPACTS, AND SUSTAINABILITY

Researchers Ava Riddell and Dr. Anna Sidis from the University of Wollongong have partnered with the Illawarra Shoalhaven Suicide Prevention Collaborative to evaluate a Community of Practice (CoP) for Lived Experience Peer Workers. This poster outlines the progress of the research to date.

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OBJECTIVES

1. Evaluate the **relevance** of a Community of Practice (CoP) for Lived Experience Peer Workers
2. Identify how CoP's can be improved to best **support** Lived Experience Peer Workers
3. Understand how participants **experienced** the CoP

METHODOLOGY

- **Co-design** research
- **8 participants** currently or previously employed as Lived Experience Peer Workers in suicide prevention
- Participants participated in a semi-structured **interview** and/or a **focus group**
- Qualitative data was analysed using Reflexive Thematic Analysis and Dialogical Inquiry

RESULTS

1. CELEBRATING THE HUMANISTIC PRINCIPLE OF LIVED EXPERIENCE PEER WORK

Welcoming Professional Vulnerability
Participants felt invited to share what they found challenging about peer work

Encouraging Relevant and Meaningful Conversation(s)
Discussions in the CoP were applicable to peer work practice

Navigating Emotional Labour
The CoP helped participants manage the emotionality of peer work

2. APPRECIATING THE INHERENT EXPERTISE OF LIVED EXPERIENCE PEER WORK

Equality
Everyone in the CoP was equal. No perspective was given priority over another

Peer-Driven Discussion
The CoP was peer-driven. It was important to participants that they could direct the subject matter of each CoP

Prioritising Professional Growth
The CoP developed participant's professional skillsets and inspired developments in their peer work practice

3. HOPES AND IMAGININGS FOR FUTURE COMMUNITIES OF PRACTICE

The 'Ideal' Communities of Practice
Participants discussed how they would improve the CoP. This included increasing attendance and making meetings more accessible

Increasing Advocacy
The CoP invited participants to advocate against systemic issues impacting Lived Experience peer workers

THE PROJECT TEAM

The Project Team consists of representatives from the Illawarra Shoalhaven Suicide Prevention Collaborative, Lived Experience Peer Workers, and researchers from the University of Wollongong. The Project Team meets once a month to evaluate the research progress. The **function** of the Project Team is:

- To create a self-sustaining CoP that **benefits** from the research it is co-creating
- To provide **feedback** on and evaluate the progress of the research
- To expand the **scope** and availability of LE peer worker research
- To remove **stigmatizing** language in research and the CoP

WANT TO KNOW MORE?

Please note that this research is still in **progress**. As such, results are likely to change.

If you are interested in this research and have further questions, please contact **Ava Riddell** via her email at **apr570@uowmail.edu.au**

Appendix G: Dialogical Inquiry Analysis Agenda Meeting One

Four Main Themes Summary

○ Confidence

- 1. Feeling comfortable 'holding the risk' (holding uncertainty)
 - *"The communities of practice has given me some space to learn how to cope with that. Learn how to hold that in strength and not, when I say hold it in strength I guess what i mean is being able to live with that."*
- 2. Christmas and Endings
 - Learning how to do difficult things like end client relationships
 - *"I found it so hard to navigate through finishing off that relationship, and it was more about me, um, so I felt that, I found that conversation really really helpful um, really useful..."*
- 3. Knowing you are not alone/other lived experience peers workers have the same struggles
 - A few participants spoke of realizing the whole system wasn't actually on just their shoulders, when sometimes it feels that way
 - Particularly important for geographically or culturally isolated peer workers

○ Safety

- 1. Not having struggles weaponized and competence/capacity questioned
 - *"The communities of practice provides a place where you can just acknowledge as well what's difficult about the work, and its not gonna turn around and become you know, a used against you as you know 'are you doing okay? Maybe you can't cope with this work?'. Like, you're never gonna get that from the communities of practice, because we understand that having difficulties with um managing the work is part of it..."*
- 2. Difficult discussions conducted in safe spaces
 - Every participant so far has mentioned the discussion around 'means restriction' being quite impactful
 - *"The second one was around talking about means restriction, yeah and that was really meaningful. One of those conversations that are really hard to bring up, that's because of that that we need to, it's just creating safety when you do so."*
- 3. Vulnerability

- *“Im an extreme introvert so I generally don’t like reaching out, um, but I let my guard down in this sort of forum, to do that, like in the community of practice”*
- *“In terms of being an influencer for wellness, they definitely are, because they enable conversations about what is difficult about the work and they don’t shy away from that.”*
- I think the ability to be vulnerable is linked in with not having struggles/professional capacity weaponized at work
- 4. Everyone is Equal
 - *“All I’m just trying to say is that it was, if there was going to be a moment where there was a um, you know let’s all give the floor to somebody who’s special, um, that probably would’ve been it, and it was still run exactly as it always is where everybody’s voice was given an opportunity to be heard and given equal weight, which I just, I really admire that. That’s really important for me.”*
 - Many participants spoke about how happy they were that they didn’t feel like there was a hierarchy in the Communities of Practice
- **Validating and Valuing the Peer Worker Role**
 - 1. Importance of Managerial Support to Attend the CoP
 - *“When I am supported as a peer worker to go to places like the Community of Practice from manager or from my organisation, I feel like my role is valued and my role is um, there’s, its kind of future proofing my career in the field.”*
 - 2. Peer Drift
 - *“We’ve had discussions about how we can maintain our role as peer workers or designated roles rather than shifting into a clinical model”*
 - Frequently mentioned
 - 3. Inter-organisation Interaction/Communication
 - *“I value them all, um, I think for me the big thing is that interaction. Yep the ability to interact with other peer workers. Outside of the organisation that you’re working into as well is a big thing.”*
 - 4. Peer-Led
 - Being able to vote for topics seemed meaningful, and being able to suggest topics that were relevant seemed to be appreciated and valued by the peer workers
 - 5. Self-care that was Actionable and Helpful
 - I.e. specific, actionable self care beyond ‘taking a bubble bath’, etc.
 - *“There’s some things around self care can be like, um, they can also be quite paternalistic as well, like you know are you having your bubble bath*

and doing your journal its like, um, so we talk about things that we do, practical things we do in our day...we spoke about taking time to have open blocks in your calendar, where you don't have any bookings in..."

○ **Improvements**

- 1. Communities of Practice Conference
 - One participant suggested that in an ideal world, it would be great to have a conference where lived experience peer workers could go and discuss issues affecting lived experience peer workers over a number of days, maybe once a year
 - A way to encourage systematic change in the peer worker role
- 2. Mandatory Attendance
 - One participant mentioned that they believed attending a Community of Practice should be a part of the lived experience peer worker job description
 - A type of personal development for lived experience peer workers
- 3. Considering What Death and Suicide Mean In Aboriginal and Torres Strait Islander Communities
 - One participant suggested they would like to possibly discuss this at a future CoP meeting
- 4. An Opportunity to Meet Live/In-Person
 - Meeting in neutral territory (i.e. not offices and work spaces)
- 5. More People Attending and More Diverse Groups Attending
- 6. Gain More Managerial Support and Support From Stakeholders

Focus Group Prompts to Review

1. The Community of Practice has helped me feel like my role as a Lived Experience peer worker is valued
2. The Community of Practice protects against Peer Drift
3. I feel safe discussing challenging topics at the Community of Practice (means restriction, endings, Christmas, etc).
4. The Communities of Practice benefits from involving people from multiple organisations

5. The Communities of Practice helps me cope with any uncertainty that may accompany Lived Experience peer work
6. Attending a Communities of Practice should be mandatory for Lived Experience peer workers

Appendix H: Dialogical Inquiry Analysis Agenda Meeting Two

- **1. Celebrating the Humanistic Principle of Lived Experience Peer Work**
 - The humanity that LE peer workers express when sharing their LE distinguishes LE peer work from other mental health services. Participants explained how the CoP redefined their humanity as a professional strength worthy of celebration, rather than a personal weakness that implies fragility.
- 1.a. Welcoming Professional Vulnerability
 - Welcoming environment where professional capacity was not questioned during periods of professional vulnerability
 - Could express themselves more freely than they may be able to in their respective organizations
 - More experienced peer workers would inspire newer peer workers by sharing their own vulnerabilities
 - Expressions of vulnerability united participants - knew they weren't alone
 - Quote Examples:
 - *"... it's a place to be normal and a place to be vulnerable, and you know, if you're not working well, if you're struggling on that day you can just basically be that way ... not every workplace has the ability to do that ..."* [P4]
 - *"... I intentionally like, will you know, am deliberately quite vulnerable sometimes if given the right circumstances in the Community of Practice, to encourage that as well ..."* [P5]
- 1.b. Encouraging Relevant and Meaningful Conversations
 - Did not shy away from sensitive conversations, but conducted them in considerate ways eg. means restriction
 - Participants felt invited to discuss systemic issues - eg. peer drift
 - Authentic conversations around personal and professional well-being
 - Quote Examples:
 - *"One of those conversations that are really hard to bring up, that's because of that, that we need to. It's just creating safety when you do so."* [P3]
 - *"I think it's really good when someone in the CoP actually gently points out, you know, that you're drifting."* [P8]
 - *"... I hadn't been sustaining myself really well ... the CoP gives you a chance for, I think any opportunity for more people to notice your signs of fatigue or, that your patterns have changed ..."* [P7]
- 1.c. Navigating Emotional Labour
 - LE peer workers use emotionality in greater professional capacity

- The emotional element of LE peer work can present its challenges, particularly for new peer workers
- Support ending client relationships
- CoP energized them after an emotionally draining day at work
- Quote Examples:
 - *“... a big part of what peer work is, is emotional labour, so really teaching people and validating that emotional skill-set that they have, and giving them the confidence around using that ...” [P5]*
 - *“ ... I found it so hard to navigate through finishing off that relationship, and it was more about me ...” [P3]*
 - *“... I might’ve had like four consumers before a CoP meeting ... and I’ve just heard distress, distress, distress, distress, and I’m feeling heavy and like my soul’s been drained. Being able to pop into the CoP space and getting the love and support is just filling that tank back up.” [P6]*
- **2. Appreciating the Inherent Expertise of Lived Experience Peer Work**
 - LE expertise is equally as valuable as other forms of expertise, academic or otherwise. This overarching theme encapsulates how the CoP solidified LE as a professional expertise that should not be de-emphasized in the presence of clinicians or other mental health professionals.
- 2.a. Equality
 - Everyone was treated as an equal in the CoP
 - No voices were prioritized over another
 - Newer peers asked to contribute as much as experienced peers
 - Quote Example:
 - *“... if there was going to be a moment where there was, you know, let's all give the floor to somebody who's special, that probably would've been it, and it was still run exactly as it always is, where everybody's voice was given an opportunity to be heard and given equal weight, which I just, I really admire that. That's really important for me.” [P1]*
- 2.b. Peer-Driven Discussion
 - Participants appreciated being able to direct subject-matter in the CoP
 - Peer-led CoP created more authentic conversations about peer work practice
 - Some described government-led CoPs as undesirable
 - Quote Examples:
 - *“I think the dedicated part is a big bit, that's a big bit in it, is that it is for peer workers. Led by peer workers. And that these are issues that peer workers are facing, rather than us having a space that's shared with other disciplines. I think it's important to keep it our own.” [P3]*

- *“... some of the original ones were very directed by guidelines set out by the Ministry of Health, and you can imagine ... as enjoyable as a wet rag.”*
 - Is this okay to include?...
- 2.c. Prioritising Professional Growth
 - Opportunities to develop and refine professional skill-sets
 - Constructive criticism was welcome
 - Participants were inspired by the practices of peers from other organisations
 - Quote Examples:
 - *“... it's a learning and it's a stretching space, and it's a really safe space to have that too. I've sat in quite a few meetings and I've gone, oh wow, what has been said has led me to a place of self-reflection, of thinking, and it's led to adjustments of my peer work practice when I was working in peer work, for sure.” [P6]*
 - *“I'll be challenged and called out, and it'll come out some way ... 'Why did you do it like that?' or 'that was kinda weird' ... I feel like that's okay too.” [P2]*
- **3. Hopes and Imaginings for Future Communities of Practice**
 - The ideal CoP looked slightly different for each participant. Whilst all participants spoke very highly of the CoP, participants offered some minor recommendations to improve the CoP in its current form. Other participants spoke more broadly about systemic issues they would like to examine in the CoP. These recommendations will support the ongoing pursuit of creating a CoP that will best sustain the LE peer workforce.
- 3.a. The ‘Ideal’ Community of Practice
 - Greater attendance
 - In-person
 - Have a meeting in “*neutral territory*” [P2]
 - Mandatory attendance is unsuitable, but “*should be mandatory for managers and organizations to know what a Community of Practice is.*” [P2]
- 3.b. Increasing Advocacy*
 - CoP unified peer workers from different organizations to advocate against broader systemic issues
 - *“... seeing people from multiple organizations, it gives us a chance to ... kind of be on the same page about things, and all kind of be advocating for the same stuff with each other...” [P7]*
 - Important note on broader systemic issues:
 - *The researchers would like to note that participants consistently raised systemic concerns relating to LE peer work more broadly throughout data

collection. Whilst these concerns did not directly relate to the CoP, the way in which these concerns organically entered into conversation highlights a need to examine this content in future research. Some of these systemic issues included, but were not limited to, “*pay differences*” [P7] between LE peer workers and clinicians; “*peer drift*” [P2, P4, P5, P8]; labeling people with LE as “*sufferers*” [P5]; and the importance of having “*lived experience leadership*” [P2] and “*lived experience governance*” [P2] embedded into health organizations.

- The results section concluded with the following reflection:
 - The researchers, Project Team, and the LE peer workforce more broadly encourage you to reflect on the following quote from Participant 7: “... *I don’t have any issues with the support I feel, the groups I’m in, the work I do. I have issues with the systemic side.*” [P7]

Glossary of Terms for Project Team and Participants to Review:

I asked some of my friends to read some of the results, and most of them did not know what terms such as ‘activating’, ‘means restriction’, ‘peer drift’, and ‘emotional labour’ meant. I thought it would be useful, therefore, to have a glossary of terms in my results section of words that readers may be unfamiliar with, to help contextualize the results. Please see the initial definitions below that we can refine together as a group:

Glossary

Term	Definition
Activating	A strength-focused term used to replace the word ‘triggering’. If an individual finds subject matter to be ‘activating’, it is usually a personally sensitive topic that should only be discussed with the individual’s consent. In the context of this research, an ‘activating’ topic is usually associated with a participant’s LE of suicide.
Means Restriction	In suicide prevention contexts, means restriction refers to limiting access to the means by which someone might harm themselves. This may include limiting access to weapons, alcohol, and prescription or non-prescription drugs.
Emotional Labour	Emotional labour is emotionality used in a professional capacity. In the context of this research, emotional labour often involves LE peer workers sharing LE with their clients.
Peer Drift	Peer drift is when LE peer workers adopt more clinical roles. This may involve:

1. A LE peer worker formally exiting their role as a LE peer worker to become a clinician and/or
 2. A LE peer worker operating beyond the professional scope expected of a peer worker, usually because they lack professional support.
-