Facilitation Guide

WHAT I WANT YOU TO **KNOW**

A FILM BY SUICIDE PREVENTION SCOTLAND

Suicide Prevention Scotland.

Welcome & introduction

Our facilitation pack is designed to help people who work in suicide prevention lead meaningful, engaging discussions about the themes raised in the film.

The content is difficult, and deeply personal. It includes discussion of suicide, bereavement, substance use and childhood trauma.

If you are hosting a screening or using this in any learning & development settings, make sure that people understand what they are about to watch.

We recommend giving people the opportunity to step away if they are concerned that it may be distressing.

How to use this guide

- It is designed for facilitated group screenings - community groups, workplaces, and practitioners
- We suggest that you pick a small number of questions which follow, rather than working through all of them to allow for a deep conversation
- The pack is designed to be flexible. Some people will reflect more on the personal questions, others toward the ones about services and systems

Before the screening

- We suggest having two people lead the session, one of whom can provide listening support if required. That person should be introduced before the session begins
- The group should agree there's no pressure to speak (or share any personal experiences) in the discussion. Participants should be careful of others in the group before sharing information which may be upsetting to others
- Watch the film in full without stopping. If you're viewing in person, put the lights off, and wait until the credits have finished. It's also useful to allow for some quiet time before the discussion. It may be helpful for people to take five minutes

Straight after - grounding

- Start with something low-stakes before discussion, e.g. "What's one word for how that's left you?" or even, "How is everyone feeling?"

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What Phil wants you to know

Phil doesn't just want you to watch this film and see a powerful story. He wants every person who sees it to consider how we respond in these types of situations, because suicide can affect anyone.

These are Phil's '**What I want you to knows**'.

I want you to know that suicide doesn't end the pain, it passes it to someone else. It creates huge waves of grief and guilt.

I want you to know that these people can often be the life and soul of the party, the ones everyone else lean on when they're struggling. They might just need the same back.

I want you to know that asking someone if they're ok once isn't enough. If you're worried, you need to keep asking, even when they say they're fine.

I want you to know that when a young person goes through something traumatic, the support can't stop once the moment has passed.

I want you to know that mental health (which I call 'mind health') deserves the same urgency as physical health but this doesn't feel the case right now.

I want you to know addiction isn't a character flaw. It's usually somebody struggling with trauma.

I want you to know that when someone seems angry, it's usually not anger; it's despair. Services need to respond with time and compassion, not judgement.

I want you to know support shouldn't only turn up once someone's in crisis. I didn't get real help until I was already there myself. It should have come a lot sooner.

I want you to know you can survive this. I didn't think I would. Now everything I'm doing comes from what I wish someone had done for Fraser, Harry and for me.

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Key discussion questions

We suggest asking three of four questions to help frame a discussion. We've organised this section using the principles of **Time Space Compassion**, which are central to our work in suicide prevention in Scotland.

Time

- To be heard and listened to
- Timely response
- Sticking with people over time
- Being there through change and transitions

Key talking points

Fraser received limited support in the years that followed his mum's death. Throughout this period there were changes and transitions he had to manage

- What could have been done differently that might have helped Fraser?
- Where have you seen examples of this type of support being done well?
- How do we build in the idea of 'sticking with people' through these types of changes
- How can we offer a way back into support when people may have become disconnected?

Phil describes waves of grief and guilt that continue long after Fraser's death

- How do we stay alongside people bereaved by suicide over the long term, not only in the immediate aftermath
- What helps someone find a way back to support if grief resurfaces months or years later

Phil feels he was seen as an angry dad rather than a distressed one. He was perceived by some as a problem, and felt his feelings were not validated

- What do we need to consider so that when someone is told their child (or another loved one) has died by suicide, it is done compassionately, in a timely way and ensures their feelings are validated?
- What approaches might have helped ensure Phil felt heard and listened to?
- How can we help people working in support services understand that sometimes anger is the only way people can express their distress while ensuring they feel safe to be able to provide support?
- Phil only got an appropriate response once he was in crisis. What would a timely response look like before that point?

Space

- To seek help
- That feels safe and accessible
- To share and make sense of things
- That supports respect, equity, trust and relationships

Key talking points

Fraser risked being seen as trouble rather than as someone struggling with trauma and grief

- What would a good space look like, a place where he might have been safe to say what he was experiencing and how it was making him feel?
- What makes your setting the type of place where someone would feel safe to reach out?
- What could you do to make it even better?

As Phil says, asking once isn't enough.

- How do we give people the confidence to ask about suicide and to ask again, even if they say they are ok, because we're worried about them?
- What can you do to help people feel safe to say yes?

Phil talks about mental health not being treated with the same urgency, and how hard it can be for men to speak

- What stops people talking openly about suicide, mental health or addiction, and what helps break that silence
- Beyond services, where in your community could someone feel safe to speak, and what part could you play in creating that space

What can we do to help young men feel safe to share and make sense of things when it appears they are experiencing difficult moments in their lives? What can society do, too?

Compassion

- Kind, respectful, sensitive and giving support
- Trauma and crisis informed
- Clear on what people can expect
- Taking time for my own time, space and compassion

Key talking points

'Addiction isn't a character flaw, it's usually somebody struggling with trauma,' Phil says

- How does your setting respond to substance use? Does it recognise this as a response to trauma

Phil's anger was despair

- What would it take to respond to trauma and crisis with compassion rather than judgement?
- How does your setting respond to behaviour that might be perceived as difficult?

Debbie carried her own grief while holding Phil together and Phil met judgement rather than support

- How can we properly support those who are doing the supporting?
- What would trauma- and crisis-informed support look like for a whole family affected by a suicide, not just the person in front of us?

Closing well

- Where can we find hope in this story?
- What is your biggest 'take away' and will you do something differently as a result?
- Remind people to take care of themselves

You can find more advice and information at **suicideprevention.scot**.

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