

**Mi
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Lived experience as resource

Strengthening mental health promotion & suicide prevention through civil society innovation



Rickard Bracken, Secretary general

Who we are

Mind is an independent non-profit working for mental health.

We provide:

- Crisis & emotional support (phone/chat)
- Parenting support
- A moderated online peer community (Mind Forum)
- Knowledge & advocacy built on lived experience and research



A Mind conversation is not therapy

- A safe space (anonymity + confidentiality promise)
- Empathic stance (presence, curiosity, openness, belief in the person's own resources)
- Active listening
- No fixing / no unsolicited advice (avoid "fixer/cheerleader" traps)
- Right escalation when acute risk

How we train & support

- Pre-service program: self-study + workshops + intro shifts
- Training content: safe space, empathy, active listening, talking about life & death, self-awareness
- Ongoing: check-ins, group supervision, continuous learning



What we meet in our hotlines

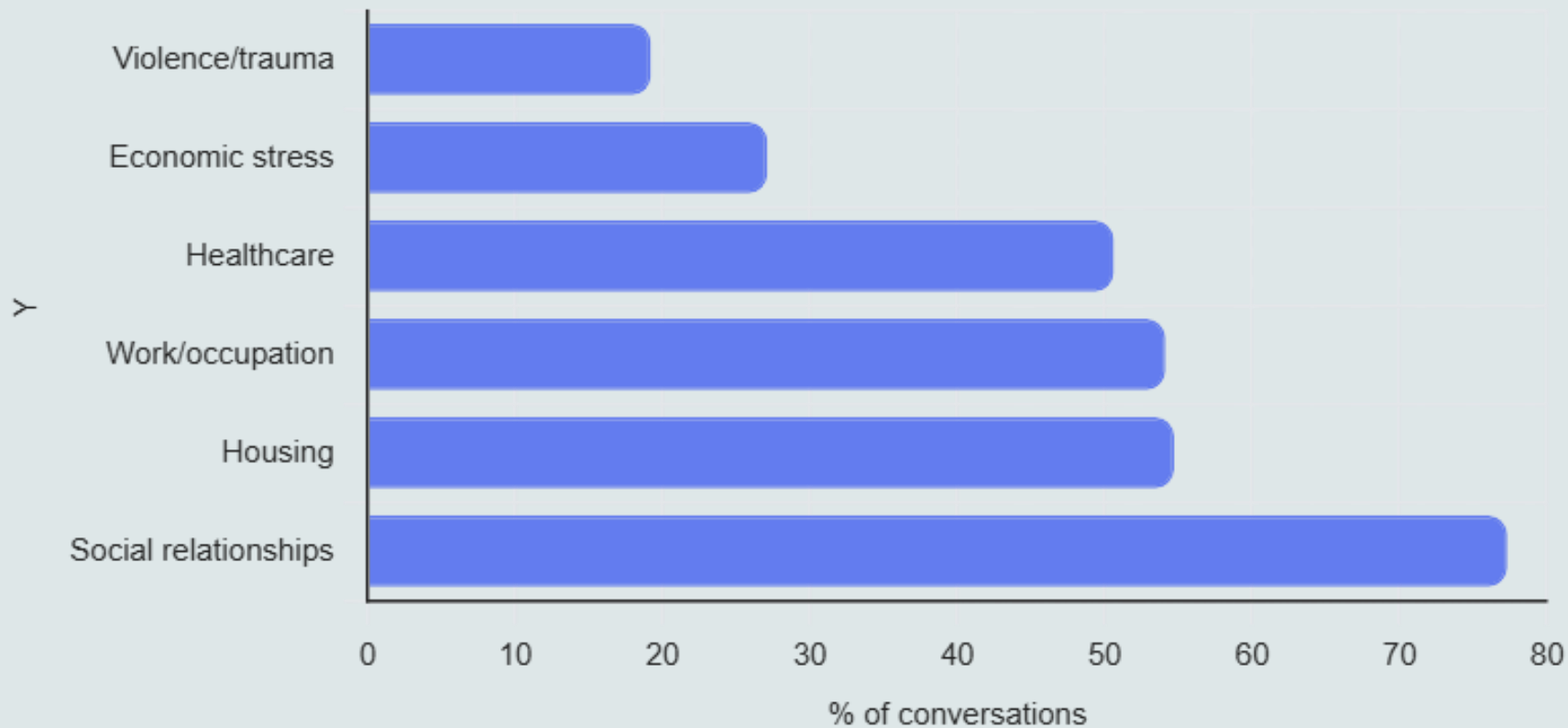
- Suicidal thoughts & acute crisis
- Loneliness / lack of social support
- Trauma & violence exposure
- Long-term stress & exhaustion
- Economic stress
- Dissatisfaction / barriers in healthcare

Turning support-service data into action

With 80,000–90,000 conversations each year, we can

- use data from our support services to carry out advocacy work,
- provide evidence for dialogue on how healthcare and social services can improve their interventions
- and strengthen our own work. We now also have the technology to make full use of the data being generated

Insights living conditions



These conversations reveal the “social determinants” inside emotional crisis

- Social relations are often central
- Economic, housing, safety, work and access-to-care co-occur

We believe our data can identify:

- Emerging trends (who is struggling, with what, when)
- Risk clusters (loneliness + economic stress + trauma)
- Barriers to care (what people say stops them from seeking/receiving help)
- Unmet needs outside healthcare scope (social support, safety, navigation)

What we see

- Challenges must be tackled together
- Support to work should become a natural and integral part of psychiatric care.
- There is a clear criticism of the way the healthcare system works. These experiences need to be taken care of and contribute to the development of care and social support
- Social relations are the gold of a society. Civil society makes an invaluable contribution to creating meaningful contexts for people struggling with loneliness.



What civil society uniquely contributes

- Low threshold, voluntary, human
- Flexible capacity (volunteers)
- Non-clinical support that reduces isolation
- A complementary layer next to care, not a competitor



A shared agenda

Call to action:

- Build **formal partnerships** with civil society helplines and communities
- Use **anonymized lived-experience insights** as part of your prevention work
- Let us together explore how data driven insight can **improve service design and quality of care**



Thank you!

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