The 10th Shared Learning in Clinical Practice Symposium: 
Connecting with People Suicide Prevention and Mitigation

The 10th Shared Learning in Clinical Practice Symposium held at UniSA’s City East Campus in May 2018 presented an innovative and up-to-date discussion of the interface between trauma informed practice and the Connecting with People suicide prevention and mitigation program in South Australia. The symposium was attended by 81 participants and built upon earlier Shared Learning in Clinical Practice themes of person centred care and the consumer’s self-experience to formulate fresh thinking in compassionate practice. The event was strategically aligned with NSQHS Standard 5 Comprehensive Care and the South Australian Suicide Prevention Plan 2017-2021. The event received overwhelmingly positive feedback through evaluations completed at the end of the day. The symposium discussion and debate was contributed to by carers, practitioners and policy makers. It was presented as a joint initiative between UniSA’s Mental Health and Suicide Prevention Research Group and SA Health.

Right: The Hon. John Dawkins MLC, Head: Premier’s Council on Suicide Prevention providing the Opening Address at the 10th Shared Learning in Clinical Practice Symposium, University of South Australia City East, 29 May

Trauma-Informed Practice

Trauma may include interpersonal violence (e.g. sexual, physical or emotional abuse), neglect, loss, terrorism, natural disasters, and/or witnessing others experience these same traumas. For many, the experience of such events is usually repetitive, intentional, prolonged and severe, which means that the impact of trauma can be pervasive. Instances where trauma is multiple or prolonged are described as complex trauma experiences. Individual trauma that results from an event, series of events, or set of circumstances is one that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotion, or spiritual well-being.

It is acknowledged that individuals who have experienced trauma tend to represent the greatest proportion of people accessing mental health, forensic health and drug and alcohol services. Estimates suggest that up to 90% of public mental health consumers have been exposed to multiple trauma experiences. This is supported by the Adverse Childhood Experiences study, which reinforces the link between childhood trauma, biological and neurological brain changes and long term adverse health outcomes.

A trauma-informed practice approach is one that works from the fundamental principles of trauma awareness. That is, working to avoid re-traumatisation by empowering consumers and staff in decision making, safety, trustworthiness, choice and collaboration as well as building of strengths and skills. Trauma-informed approaches are based on the understanding and belief that symptoms and experiences related to trauma are coping strategies developed to manage traumatic experiences. Consideration of behaviour through a trauma-
informed lens means making revisions of (for example) aggressive or hostile consumer responses that might previously have been viewed as negative or ‘deliberately difficult’, or so called ‘uncooperative’ behaviours.

**Suicide Prevention – Connecting with People approach**

*Connecting with People* is an internationally recognised, evidence-based suicide and self-harm mitigation and prevention training program. Developed by UK Psychiatrist Alys Cole-King, it has been considered and designed for clinical use to assist individuals vulnerable to, and/or experiencing suicidal distress.

*Connecting with People* is founded on the premise that suicide is preventable and can be mitigated when clinicians have the appropriate knowledge, attitudes, skills and confidence and access to tools for intervention. The *Connecting with People* philosophy places compassion, empathy and collaboration at the heart of every encounter with a person at risk of suicide. The program provides training in the use of a suite of compassionate, person-centred clinical tools, and offers a standardised language to describe the nature and intent of suicidal thoughts, enabling greater clarity, accuracy and consistency to practice by clinicians. *Connecting with People* approach is by its very nature a paradigm shift in the way suicide is considered. It is marked by clinicians engaging in comprehensive assessment, safety planning and suicide mitigation with a series of evidence-based and peer-reviewed clinical tools to support clinical assessments and assist with the identification of, and response to suicide risk. It requires clinicians to work in a person-centred way to identify their own risk factors, triggers, needs and strengths, imparting hope and encouraging them to seek and accept support.

Symposium attendees noted the key aspect of understanding suicide related distress through sensitive enquiry. More than a dozen studies have been published in recent times that have unanimously found that asking people in mental distress or people participating in research about suicide ideation does not have an iatrogenic effect, such as leading to an increase in suicide ideation. On the contrary, there is some evidence that acknowledging and talking about suicide may, in fact, reduce rather than increase suicidal ideation.1

In 2017 Dr Alys Cole-King, the founder of *Connecting with People* was recipient of the prestigious Ringel Service Award from the International Association for Suicide Prevention. This award is for distinguished service in the field of suicidology, presented to individuals who have been involved in the development and implementation of evidence-informed and best practice suicide prevention and are acknowledged as a leader in the field as confirmed by opinion leaders (in academic, practitioner, voluntary and/or community sectors) nationally and internationally.

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Safety Planning

A key consideration in effective suicide prevention is having effective systems to support collaboration with consumers, carers and families to safely respond at times of distress, thoughts of self-harm or suicide, or have self-harmed. Safety planning is considered international best practice in indicated suicide prevention strategies as tools to help mitigate suicide risk. A safety plan document is co-created collaboratively by a consumer and clinician. It typically consists of written statements and sources of comfort, distraction and support that consumers can use to alleviate suicidal urges or other safety crisis. One widely used model of safety planning intervention utilises the following six key steps: (1) recognise warning signs of an impending suicidal crisis, (2) employ internal care and coping strategies, (3) utilise social contacts as a means of support and distraction from suicidal thoughts, (4) contact family members or friends who can help resolve the crisis, (5) contact mental health professionals, and (6) reduce the potential use of lethal means.

Symposium Feedback

At the conclusion of the symposium, 52 attendees completed an evaluation questionnaire to help organisers better understand their experience and perception of the symposium. The evaluation comprised four rating scale questions and five open-ended questions asking attendees to describe their motivations for attending, how they benefitted from attending, which messages resonated strongly with them and which areas they would like future symposia to address. When asked whether the symposium was relevant to their role, 100% agreed (strongly agreed and agreed combined). 100% of respondents agreed that the symposium had made a positive contribution to their professional development (agreed and strongly agreed combined). 100% strongly agreed that the symposium had held their interest and 100% of respondents agreed that the symposium was of a good standard. None of the respondents disagreed or strongly disagreed with any of the four statements. This feedback is consistent with past symposia and is an excellent result.

Open-Ended Feedback

Complementing the positive responses to the rating-scale questions, attendees also responded to the open-ended questions. Data were similarly encouraging and supportive of the event. Below are some sample answers participants provided in response to four evaluation questions:

Question 1: ‘What motivated you to come to the symposium today?’

- “I was very excited when I read the program. Diversity, robust discussion and practical tools.”
- “The ability to hear the quality speakers and learn more about current practice shifts in this area. To be able to improve my practice.”
- “To learn more about CwP, the role of compassion in suicide mitigation and how lived experienced can contribute to improving and implementing this.”

Question 2: ‘What was the most beneficial to you about today’s symposium?’

- “The case studies putting Connecting with People into practice.”
- “Panel discussion 3 – Lived Experience and safety planning. The hearing of direct experiences of care planning from people with lived experience.”

“Trauma informed practice. The knowledge that change is finally on its way regarding how workers respond to people in distress.”

**Question 3: What is the important take home message about CwP that you have gleaned from today?**

- “The importance of integrating Connecting with People strategies into regular practice. The importance of having an authentic conversation and having permission to take as long as required to engage in this conversation.”
- “It’s more than just forms/paperwork. It is relationship based, highly relational, deep connection with those experiencing unbearable distress.”
- “Safety plans need to be co-produced with consumer and staff.”

**Question 4: What words best describe the necessary leadership required in your workplace to enable the above take home messages to be put into practice?**

- Statements that get communicated throughout the mental health service to work this way.
- Compassion and openly demonstrating the authentic ability to be compassionate towards others.
- Providing time for trauma informed support and reflective practices.
- Leadership marked by deep consumer understanding, kindness and hope, courage and authenticity.

**Acknowledgements**

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The planning team for the symposium was: Professor Nicholas Procter (chair, organising committee), Alan Scarborough, Annette Jones, Bernie Stefan-Rasmus, Dr Conrad Newman, Emily Blackman, Ian James, Jane Ellis, John Strachan, Lynne O’Sullivan, Melissa Gibson, Dr Monika Ferguson, and Vanessa Browne.

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**Future Symposia**

Discussions have commenced for the 11th Shared Learning in Clinical Practice Symposium. You can register for an email advertisement for the 11th Shared Learning in Clinical Practice symposium by writing to mentalhealth@unisa.edu.au. Announcements and early bird registration will also be advertised on Twitter at @MHResearchUniSA.
The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice (SLICP) is a policy relevant and service delivery focussed collaboration to promote best practice in mental health and suicide prevention. The strategic purpose of the initiative is to demonstrate through research and practical example, how much consumers, carers, clinicians, policy makers and academic faculty can achieve working together. Deep discussion, deep connectivity and diffusion of the insights are central to its philosophy. With a nursing focus and multidisciplinary in composition, the aim of each publication, podcast, film, social media communication and symposium is to capture and spread new ideas and know-how in mental health practice and challenge traditional ways of thinking. Shared Learning in Clinical Practice updates are regularly posted on Twitter at @MHResearchUniSA.

Further information is available from:
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Mental Health Podcasts Series

The Mental Health Podcasts series is a joint Communities of Practice initiative between people with lived experience, nurse leaders from SA Health and academic staff from the University of South Australia's Mental Health and Suicide Prevention Research Group. It is designed to share fresh thinking in contemporary mental health practice and will involve hearing the voices of consumers, carers, practitioners and policy makers revealing what they think, feel, say and do to achieve best practice.

Nine podcasts are currently available to stream or download on the Mental Health and Suicide Prevention Research Group website, and feature a variety of interviewees and topics including:

- Support groups
- Becoming a mental health nurse
- Care across hospital and home
- Peer work in community rehabilitation
- The Strathalbyn & Communities Suicide Prevention Network
- Carers’ perspectives
- Recovery, participation and care planning
- Peer specialist work in acute mental health care
- Cognitive behavioural therapy in community mental health nursing

To read more about the Mental Health Podcasts Series and listen to the episodes, visit the Mental Health and Suicide Prevention Research Group website: http://www.unisa.edu.au/Research/Sansom-Institute-for-Health-Research/Research/Mental-Health-and-Suicide-Prevention/Initiatives-and-Resources/Podcasts/.