

Trauma Informed Suicide Prevention: The International Association for Suicide Prevention Triple i Virtual Conference

Over the past week the International Association for Suicide Prevention (IASP) has hosted a series of discussions via conference webinar on suicide prevention with several speakers linking their presentations to the COVID-19 pandemic. At its core, discussions have considered community-based approaches to suicide prevention, how to create impact in suicide prevention, trauma associated with pandemic, and skills necessary to help mitigate the onset or worsening mental health impacts.

These topics are timely and have direct relevance to events in Australia. According to the most recent Australian Bureau of Statistics data and informed opinion, three quarters of a million Australian children are likely to be experiencing employment stress in the family as a result of COVID-19. This is in addition to around 615,000 children whose families were already dealing with job stress, a situation that may well be compounding. The stress and anxiety facing parents who have lost their jobs, combined with social isolation and educational disruption, are likely to put many children at a significantly increased risk of poorer education and health outcomes.

Recent Australian Bureau of Statistics data also reveals the official unemployment rate jumped from 6.4 per cent to 7.1 per cent last month. The data show 227,700 jobs were lost in May, following 607,400 job losses in April, bringing the total number of job losses since March to 835,100. Youth unemployment (15-24 years old) officially hit 16.1 per cent in Australia last month — the highest level since mid-1997.

Professor Keith Hawton from the Centre for Suicide Research, University of Oxford, spoke on the impact of COVID-19 pandemic and its mitigation on mental health of children and young people globally, including risk of self-harm and suicide. Some key issues are summarised below.

Short term impacts	Longer term impacts
Fear of infection → self and especially others Lockdown → entrapment → reduced contact with friends → loneliness → family tensions and arguments School closures → reduced schooling and consequent disruption and anxieties Increased anxiety, depression; increased problems for those with specific conditions e.g. autism spectrum disorder, ADHD Lockdown and physical distancing → reduced care for physical and mental health problems	Reduced socialisation → adverse impacts upon psychosocial social development Reduced schooling → educational set back and may lead to reduced future employment prospects Impact of employment, under employment and financial problems on families Bereavement due to COVID infection Greater impacts on children and adolescents from socially disadvantaged backgrounds

Hawton, K (2020) Self-harm in children and adolescents: key issues, presentation to *International Association for Suicide Prevention Triple i Virtual Conference*, online, 16-19 June 2020.

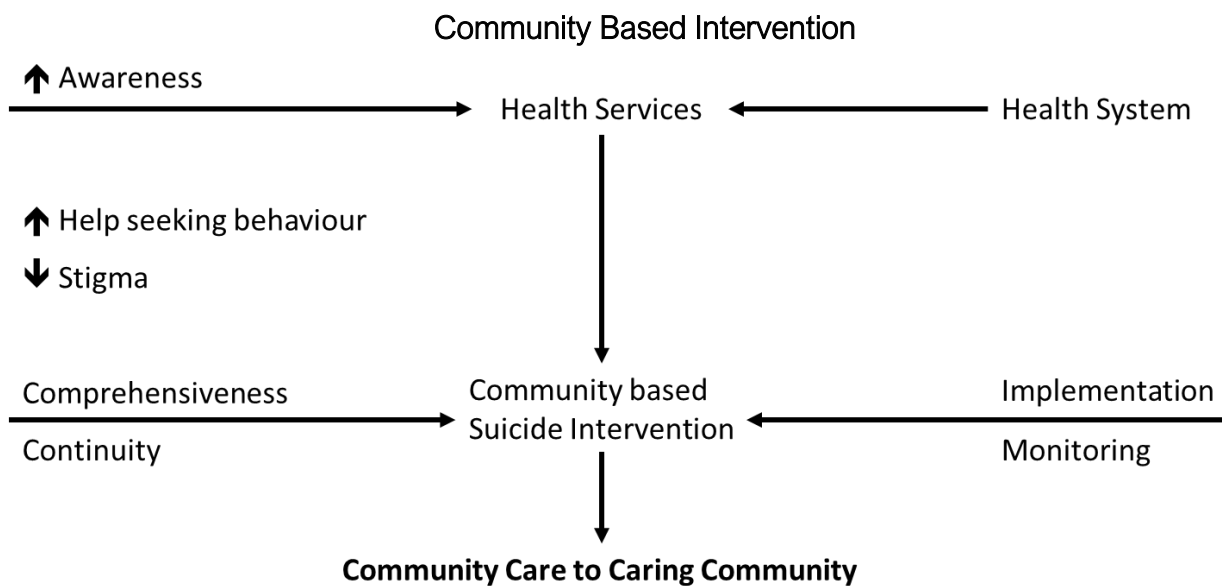
Structural support through adequate social security payments and a tangible safety net, combined with early intervention and continuity of care, continues to be crucial. A recent communique from Australia's National Suicide Prevention Adviser placed emphasis upon enhanced and coordinated response across health and related

services, ensuring an effective response for people who have presented in suicidal distress and/or following a suicide attempt or self-harm presentation. This also includes universal access to evidence-based aftercare; accelerating alternative service models that better suit people’s needs; an investment in developing the clinical and non-clinical workforces; and ensuring a focus on the role of alcohol and other drug services, the peer workforce and Aboriginal Community Controlled Health Organisations. In the wake of severe financial crisis, the call is for better support for families and friends along the full continuum of suicidal behaviour.

This means ensuring support for natural and chosen families, friends and significant others when someone is in suicidal distress and following a suicide attempt. It also includes extending the reach and quality of postvention and bereavement support options across community settings for people impacted by suicide.

Community Support and Intervention

Speaking at the Triple i Virtual Conference Professor Lakshmi Vijayakumar discussed community-based suicide prevention efforts, including suicide prevention networks, needing to seamlessly move within their own social and cultural context.



Vijayakumar, L (2020) Community Intervention for Suicide Prevention, presentation to *International Association for Suicide Prevention Triple i Virtual Conference*, online, 16-19 June 2020.

Taken in combination with each other, these insights coincide with work currently underway in SA through a virtual support network. The current virtual network is designed to help mental health workers in the government and non-government sector to connect with and support consumers and their loved ones to address situations caused or exacerbated by COVID-19 and its mitigation.

Self-care Support for Frontline Workers

The IASP has developed guidelines for those working in the field of suicide prevention. The challenge of sensitive topics and strong emotions of the people we care for are likely to impact upon us all. Workers need to make sure to take good care of ourselves. This is especially the case when we face a situation with which we can easily identify.

Self-care is therefore an essential part of mental health work. To maintain that, you can:

- Balance work and leisure time. Make sure to engage in pleasant and calming activities, such as having your own interests and hobbies, spending time with family and friends, doing things you enjoy.
- When facing a difficult situation involving a client, talk about it with your manager/supervisor, colleagues or other trusted people. Alternatively, write down your feelings in a personal diary.
- Be aware of your own emotions and circumstances and take actions that you can manage.
- Engage in self-reflective practices that help you build your personal wellbeing and resilience.
- Note down your moments when you feel the work was done in a good way. Let these notes motivate you when things are difficult.

(Adapted and expanded from information from the IASP Triple i team.)

The *Connecting with People* website <https://www.stayingsafe.net/home> provides additional information and resources around self-care, staying safe and safety planning.

The Shared Learning in Clinical Practice Philosophy

Shared Learning in Clinical Practice 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 people with lived experience and their 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 can be found on Twitter at [@MHRResearchUniSA](https://twitter.com/MHRResearchUniSA).

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.

Eleven 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 recovery practice; becoming a mental health nurse; care across hospital and home; peer work in acute and community care; recovery; and carers' perspectives.

To read more about the Mental Health Podcasts Series and listen to the episodes, visit the Mental Health and Suicide Prevention Research Group website: <https://www.unisa.edu.au/research/mental-health-suicide-prevention/initiatives-resources/mental-health-podcasts/>.