



Report of the Professional Issues Forum on **Suicide Prevention and the Role of Occupational Therapy** Fredericton, NB CAOT Conference May 2014

Introduction

One out of every twenty people report thinking about suicide at any given moment (Canadian Census, 2005). As occupational therapists we regularly interface with the intimate details of clients' everyday living when people experience occupational challenges. Thus occupational therapists are inevitably poised to receive messages when everyday living has been interrupted by thoughts of suicide.

Tryssenaar (2003) has initiated guidance through discussion of the importance of intervening and role of occupation in supporting clients to move away from suicidal ideation. Specifically, Tryssenaar identifies the need for a response and engagement when the issue of suicide is present. Commonly accepted key documents by our profession also build infrastructure around various issues and can be applied to the issue of suicide. The CAOT Position Statement on Client Safety (2011) recommends occupational therapists adopt the Canadian Patient Safety Institute's (CPSI) safety competencies. These safety competencies direct occupational therapists to "manage safety risks; anticipating, recognizing, and managing situations that place clients at risk". Furthermore, the Mental Health Commission of Canada's "Toward Recovery and Well Being: A Framework for a Mental Health Strategy for Canada" also supports a response to suicide, as it speaks to the need for equitable and timely access to care and for all people managing mental health problems are actively engaged and supported (2009).

As holistic practitioners, occupational therapists consider the impact of mental health in all client interactions and therefore are well positioned to ensure clients have access and supportive care when suicide is part of a client's picture. There is a pressing and ongoing need for occupational therapy to build confidence and capacity to address suicide and the 2014 Professional Issue Forum aimed at exploring the opportunities and resources available.

Initiative

To explore opportunities and resources available for occupational therapy to build confidence and capacity to address suicide.

Rationale for Implementing Initiative

Suicide prevention is a responsibility we all share. One out of every twenty people report thinking about suicide at any given moment (Canadian Census, 2005). As occupational therapists, we regularly interface with the intimate details of clients' everyday living when

people experience occupational challenges. Thus occupational therapists are inevitably poised to receive messages when everyday living has been interrupted by thoughts of suicide. While there is not yet a clear position statement or standards to outline the occupational therapist's role, we can extrapolate from key documents the rationale and pressing need to build our capacity and appropriate responses to suicide in our practice.

Recent activities

In fall of 2011 an [Act Respecting a Federal Framework for Suicide Prevention](#) was introduced to the House of Commons (Albrecht, 2011) with bill fully passing in June, 2012. CAOT sponsored a webinar on occupational therapy and suicide prevention in May 2012.

Purpose:

1. To explore and document the role occupational therapists can have in suicide prevention and intervention.
2. To introduce practice opportunities in the field of suicide prevention and the resources that exist to support these practices.
3. To expose CAOT members to best practices in suicide prevention.
4. To foster strategic partnerships with stakeholder groups interested in the advancement of suicide prevention and intervention.

About the Participants:

Professional Issue Forum Organizer:

- Giovanna Boniface, B.Sc. (Bio), B.Sc. (OT) is the Managing Director of CAOT-British Columbia Chapter. She is also a University of British Columbia Master of Rehabilitation Science student. Giovanna can be reached at gboniface@caot.ca.

Professional Issue Forum Facilitator and Panelist:

- Kim Hewitt is an occupational therapist working with the Canadian Mental Health Association (Waterloo, Wellington, Dufferin).

Panelists:

- Tana Nash is the Executive Director, Waterloo Region Suicide Prevention Council.
- Greg Frankson is a spoken word poet, Cytopoetics.

Student presenters:

- Heather Vrbanac is a Master of Occupational Therapy student graduating from McMaster University in November 2014.
- Ryan Collins is a Master of Occupational Therapy student graduating from McMaster University in November 2014.

Professional Issue Forum Assistant:

- Lara Belagamage is a Master of Occupational Therapy student graduating from the University of British Columbia in November 2014.



(Ryan Collins, Heather Vrbanac, Greg Frankson, Tana Nash, Kim Hewitt & Giovanna Boniface)

Summary of Panel Presentations:

PowerPoint slides- Suicide Facts - <http://www.caot.ca/pdfs/PIFSlideShowFactLoop.pdf>

Tana Nash

- Tana Nash shared insights about the realities of suicide in Canada by highlighting the various factors that create what she referred to as “the perfect storm” or the conditions that influence someone dying by suicide. Statistics were shared to illustrate the gravity of this issue such as suicide being the 9th leading cause of death in Canada, killing more men than prostate cancer, every year.

PowerPoint presentation slides- Tana Nash - <http://www.caot.ca/pdfs/2014-PIF-Tana%20Slides%20CAOT.pdf>

Heather Vrbanac and Ryan Collins

- The duo shared the results of a study they have been involved with which aimed to answer the question: How ready, willing and able are Canadian occupational therapists to address suicide prevention, intervention and post-vention? Their mixed-method investigation indicated a trend that despite occupational therapists being willing to respond to suicide-related issues in their practice, they do not feel prepared to do so. Consequently, the preliminary findings of this study

suggests exploring what occupational therapy can do as a profession to increase suicide prevention preparedness – an important subject to investigate considering that it has been reported that approximately 90% of occupational therapists will provide suicide intervention at some point in their careers.

PowerPoint presentation slides- Heather Vrbanac and Ryan Collins - <http://www.caot.ca/pdfs/2014-PIF-Heather%20and%20Ryan%20Slides.pdf>

Greg Frankson

- Greg Frankson provided a personal perspective on the issue of suicide by sharing his story about growing up with depression and reflecting on the importance of art and personal expression as part of developing resilience and moving towards recovery. He concluded his panel presentation by reciting the poem “The Voice Within.”

Kim Hewitt

- Kim Hewitt provided a clinical perspective of suicide prevention which she framed using four vantage points based on her clinical experiences within an early psychosis program, a pain clinic, working with students, and as a suicide prevention workshop facilitator. A major take-away from her presentation was the importance of using meaningful occupational engagement as a tool for suicide prevention, intervention and post-vention.

PowerPoint presentation slides- Kim Hewitt - <http://www.caot.ca/pdfs/2014-PIF-Kim%20Slides%20CAOT.pdf>

The session then transitioned into small group discussions after the very poignant music video for the song “Arizona I miss you the most” by Newfoundland-born Brian Byrne was played (<https://www.youtube.com/watch?v=INk9S5Qwnbs&index=1&list=RDINk9S5Qwnbs>).

Summary

Attendees were asked to reflect on the panel presentations during the roundtable discussions. Many valuable points were brought up by attendees during the roundtable discussions including the important role that occupational therapists play in utilizing occupational engagement as a preventative measure for individuals at risk for suicide. Increased recognition of the inherent interconnection between suicide prevention and OT core beliefs realized by group. Another point emphasized by attendees was the importance of shifting the perception that suicide only falls within the realm of mental health practice when in reality it is prevalent in physical health settings, as well. Barriers to effectively addressing suicide in practice were also highlighted as feeling ill-prepared to address suicide-related issues with clients and feeling restricted by practice setting and the associated operational limitations of being “siloe” into a specific practice area. Suggestions were made to integrate mandatory suicide prevention training to mirror the current requirements around first aid training as a way to ensure clinical competency.

The session concluded with resident poet, Greg Frankson, summarizing key ideas in a spoken-word performance which was a synthesis of what he heard during the panel presentations and the roundtable discussions. His moving collection included three beautiful poems and three very powerful haikus.

Recommendations

This forum provided an opportunity to discuss the role of occupational therapy in suicide prevention. A call to action was voiced by delegates requesting support from CAOT to make occupational therapy an essential service for individuals at risk for suicide. A well-laid out action plan with leadership from CAOT was proposed as a first step. Hope for plan to target suicide across the continuum from prevention to crisis intervention to intervention to postvention itemized. Addressing the apparent gap between providing appropriate client care and feeling competent to do so was also underscored as an important next step for reinforcing the role occupational therapy has in suicide prevention.

Summary of Roundtable Discussion:

Seven (7) roundtables with a total of 54 participants took part in the roundtable discussion.

Roundtable participants were asked to discuss and document responses to the following questions.

Question 1 How is occupation important to this issue? For prevention, intervention and post-vention?

- *Meaning*
- *Occupation gives meaning and purpose*
- *Occupation is about living*
- *Enabling a healthy community*
- *Occupation is life*
- *Occupation provides hope*
- *Occupation provides self-efficacy*
- *Meaning- confused about meaning of life; their meaning in their lives*
- *Hope and self-efficacy to transform state of despair*
- *Occupational engagement brings hope*
- *The meaning of life is such an important aspect in addressing suicide*
- *Hope can change from despair*
- *Occupation is core essence and meaning*
- *Occupations can facilitate people in crisis*
- *OT can help transfer from despair to "Yes, I can"*
- *Smallest achievement creates hope*
- *Our belief, our recognition and reinforcement of the smaller parts, activity analysis*
- *Lack of occupation leads to occupational deprivation*
- *Must ensure people have meaningful occupation*
- *We are in a caregiving profession*

- *Reasons for living and reasons for dying*
- *Lack of occupation is loss of occupation and can lead to suicidal thoughts*
- *Prevention: identify key issues/concerns*
- *Intervention: establish rapport/trust*
- *Post-vention: engaging in occupation, building mindfulness for self-care for the lifetime*

Question 2 - What is the greatest barrier for the profession for suicide prevention/intervention?

Participant responses included:

- *How do we thoughtfully provide support to colleagues?*
- *Haven't thought of it*
- *Fear-stigma of addressing it*
- *Competing priorities*
- *Have not been called to task*
- *Don't believe all OTs think exactly the same (not everyone may want to go down this path)*
- *Discourse in society "took the easy way out", "the person is weak"*
- *Fear/vulnerability*
- *We haven't been called to task*
- *We haven't been talking about it*
- *How to we help colleagues who have been touched by suicide?*
- *Stigma*
- *Lack of awareness*
- *Fragmentation between systems*
- *Have not thought of it*
- *Why is it not like first aid training?*
- *Fear, fear of unknown*
- *Stigma within profession*
- *Lack of awareness*
- *Competing priorities*
- *Not talked about*
- *Barriers to taking action*
- *Difficult to measure*
- *If we can't identify and define what we did, how do we spread the word that it works?*
- *Lack of resources*
- *Sustainability/re-admission is a barrier, so post-vention becomes difficult*
- *Stigma*
- *Lack of resources, won't see all clients who could benefit*
- *Programs discontinued*
- *Lack of community initiatives to maintain, foster and continue occupational engagement*
- *No therapeutic alliances*
- *Having ways to appreciate the effects of OT in facilitating the cascade effects that will positively influence a person's life*
- *Resources are lacking*
- *Occupational engagement is a growth and takes time and it is hard to foster in the limited number of minutes*

- *Stigma*
- *Fear*
- *Therapist confidence*
- *System barriers*
- *Lack of communication*
- *Fragmentation of system*
- *Quick turnover in acute care*
- *How do we know we are making a difference?*
- *Not enough Mental Health OTs in system*
- *Not enough front line workers*
- *Short timeline of hospital stays*
- *Taking responsibility can be scary and taxing on a personal level*
- *Hard to ask the question*
- *Silos in practice areas*
- *People don't want to know what OTs have to offer*
- *Lack of experience and fear*
- *Time (based on setting)*
- *Working in isolation*
- *Helplessness*
- *It's OK not to know*
- *Prevention takes time*
- *Access*
- *Funding*
- *Awareness*
- *Recognition*
- *Systems/structural interventions*
- *Scope of practice*
- *Therapist confidence*
- *Lack of documentation in reports*
- *Stigma*

Question 3 - Please discuss your initial comments/feedback for the actions CAOT should take related to the issue of suicide prevention and the role of occupational therapy:

Participant responses included:

- *Make it more talked about and important*
- *All health care professionals to have suicide training*
- *Change language*
- *Turn red flags to opportunities/invitation/openness*
- *Position statement*
- *Develop a vision, strategy on how to get there*
- *It is a basic competency*
- *Work it into accreditation*
- *Keep it manageable and to what are the basics we need*
- *Bringing knowledge of suicide into our toolkit*
- *Provide leadership*

- *Training kit*
- *Website*
- *Best practices*
- *Position statement*
- *Could be worked into accreditation process*
- *Disseminate information*
- *Basic training of suicide awareness, intervention, crisis, post-vention and prevention*
- *Everyone should have training*
- *CAOT should take leadership*
- *Need to do this thoughtfully*
- *Transition from acute to community roles*
- *What we do is very important*
- *Education of other professions*
- *Advocacy around the importance of transition/roles*
- *OT is not to deal with boredom*
- *Position CAOT in prevention*
- *Target community centres*
- *OT schools should provide suicide intervention training*
- *Courses/programs to increase skills*
- *Basic resources on CAOT website*
- *Knowing where to get help*
- *Courses*
- *Webinar on suicide prevention (annually)*
- *Keep talking about it*
- *COTO module*
- *Increase education*
- *Train the trainer*
- *Focus on programs within schools*
- *Mental health first aid as a requirement*
- *Rural communities need more resources*
- *Social media*
- *Awareness of cultural differences*
- *Create “apps”*

Question 4 - What do you need to support your practice in this area:

Participant responses included:

- *Why isn't it a mandatory course in schools?*
- *Just coming to this session*
- *Awareness*
- *Access to information*
- *Boast of our skills in this area*
- *Skills to be able to support clients, colleagues*
- *Education*
- *Increased awareness*
- *Leadership*

- *Talk about it*
- *Resources*
- *Water cooler talk*
- *Course for school?*
- *Pre-conference workshops*
- *Publish on this topic*
- *OT schools need to provide explicit training in suicide prevention/treatment and post-vention (ACOTUP?)*
- *Should it be a CAOT competency?*
- *Pre-depression primary care in community centres, workplaces, other*
- *Health promotion should be a starting point*
- *Primary care involvement*
- *Upstream involvement*
- *OT schools should support education*
- *Position statement*
- *Education of other team members re: OT roles*
- *Increased education*
- *Increased training*
- *Assist-applied suicide intervention skills training*
- *Include in OT curriculum*
- *Social media*
- *Awareness of “invitations” from clients*

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Resources

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Poetry

Every Forty Seconds by Ritallin

every 40 seconds suicide takes a life
and the health of the planet is in peril
the depression of reality leads to
a reality that depresses some people's
hopes of what is possible
when we give in this life

some struggle to live
as the jumbo jet of our issue
crashes against prejudice and ignorance
every month human cargo
leaves us from this regrettable plane
as a perfect ten depart
day by day
we cannot run away from the scope
of how deeply we are impacted
suicide touches all age groups
and three of four who die are men
it's a cancer in our population
more deaths than through disease of
the prostate leaves us prostrate
at the enormity of the challenge

since the time of antiquity
the proper treatment of mental illness
has at its best taken into account
the varied ways recovery can be achieved
within the professions more change
continues to transform the conversation
to prevent death in the first instance
and the creation of the bereaved
training compulsory in nature
falls like dominoes into new places
to link knowledge with practice

and link the at risk with assistance
but these developments came only
as the result of broader comprehension
created through the efforts of activism
pursued with dogged persistence

every 40 seconds suicide takes a life
and the health of the planet is in peril
the depression of reality leads to
a reality that depresses some people's
hopes of what is possible
when we give in this life

but the true gift of our humanity
comes through experience
we share right down to the marrow
and though those who have gone
are those we miss most
we best honour and remember
through creation of new paths
that overcome mental strife.
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Second Chances by Ritallin

we don't get a second time when suicide
has taken away the opportunity
at second chances
and at first impression
the signs may be there
if we know how to read them

sometimes they come
as scrapings of delusions
drawn before our faces
that demand we abandon
our biased occlusions
we see that people reach out
seek help in myriad ways
not always explicitly expressed
as we work in the day to day
do people truly want to die
or do they want to stop living
the way that they live
at the point we learn not to deny

it presents itself more
when you have more to give
the recognition that there is
space to address the grey
can be the spark and key
to the discovery of new hope
discussions that buy time
for a client to come to see
other avenues to create ways
to positively learn to cope
people say that in situations
of crisis they'd tell a caring person
a family member or friend
because we've learned through life
these are the people to turn to
when it's our very lives
upon which revelation depends
so the clinical is not primary
but still clearly important
drill down to the pain to find
meaning behind actions
trust your gut in those moments
things feel strange or not real
to determine if something is
redirection or unintended distraction
from the pre to the post
find invention of support
from a place of compassion
that intervenes with strength
and in the process discover
from the moment of crisis
to the achievement of recovery
it matters not the length
of the journey to a place where
when we connect as humans
to create bonds of trust
and find true peace inside
every step is a victory
every sharing a triumph
every life has deep value
that cannot be denied.

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On Task by Ritallin

the word suicide is a heavy one in Canadian society
and there is stigma associated with mental illness
that impairs our ability to get over ourselves
to reach forward and help people in work and life
and identifying the issues at play is not to say
that one must have all the answers immediately on hand
the competency is not in being the all-knowing
but in knowing all the ways to find resources
occupation on this issue focuses on reasons for living
to trump through our hope any reason for death
the therapy that is based on even a glimmer of hope
can provide a beacon to follow
as clients seek strength to keep taking a new breath
we can break down false divides between
the physical and the psychological
rely on training given to all no matter professional focus
to be quick in response so clients aren't left waiting
for this is the place in which support can break down

in the profession is there fear of talking about suicide
or in addressing it in a fulsome and forthright way
to succumb to misunderstanding even as we are aware
of gaps created by systemic barriers and clinical bias
there is a lack of self-confidence in the family of clinicians
being able to properly address the issues at play
compounded by lines of connection within the therapeutic
frayed or broken that require both care and repair
speaking openly and directly without use of euphemisms
respects the experience of clients and cuts to the chase
so issues can be addressed in their time not always with speed
but with compassion and integrity for folks in distress

holistic approaches work in the world of OT
working with others to maintain that focus is crucial
helping clients move seamlessly between aspects of recovery
across professions and settings must be core to reach goals
associated with inner strength and the ability to interact
with other people no matter what stresses or challenges exist
in the lives of clients working to move ever forward

to focus on education to fill the gap is one option before us
the aid first given on mental health resuscitates the desire
for more frequent and compulsory accessible development

of competency and skill for practitioners nationwide
it's important to examine all OT settings together
learn from other stakeholders and groups
who work in areas similar in mission and in scope
collaborate for improved results in treatment for all

we prepare for a future in which people will be equipped
to become leaders in suicide prevention and intervention
so others can look to OT to find inspiration to make changes
that create safety and prosperity for clients in care.

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Haiku

one intervention
minimum in a career
suicide happens.

OTs are willing
but preparation is weak
time to close the gap.

improving practice
in active intervention
can only save lives.

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