

OT CONVERSATIONS THAT MATTER: THE PODCAST
Episode 39: Occupational Therapy Beyond Surviving into Thriving

Transcript by Michèle L. Hébert, Nadine Larivière, Kim Hewitt-McVicker, Canadian Association of Occupational Therapists

Justine Jecker: CAOT acknowledges the enduring and vibrant presence, culture, history, and inherent rights of First Nations, Métis, and Inuit peoples across Canada on whose traditional territories CAOT's members and staff live and work. Welcome to Episode 39 of OT Conversations that Matter the Podcast. Today's episode entitled Occupational Therapy Beyond Surviving into Thriving will be led by our Addressing Suicide Prevention Occupational Therapy Practice Network at CAOT. This bilingual network is bringing forth our first Frenglish/franglais episode on the podcast to discuss the CAOT Position Statement led by Kim Hewitt-McVicker relevant to this topic. This work comes after years of advocacy and numerous publications. I am your host, Justine Jecker, and very grateful to welcome Michele Hébert and Nadine Larivière to self-introduce for this podcast.

Michèle Hébert: Hello Justine, it's great to be here. I am the Founder of Buds in Bloom/ Bourgeons en Éclat, which is a Registered Charity for neurodiverse children and their families. Our team mitigates family distress using short-film, technology and mentorship. I have over 29 years as a paediatric occupational therapist, and I hold a PhD in Rehabilitation Science leading research at the University of Alberta. So, with families, service providers and decision-makers, our research team is co-creating a new military family strengthening program across Canada. In both of these roles, my volunteer role and work role, I help address the compounding adversities that families face when raising a neurodiverse child or youth.

Nadine Larivière: Bonjour Justine! Alors, je suis l'acolyte de Michèle, je suis aussi ergothérapeute et de mon côté, je le suis depuis 30 ans. Je suis professeure à l'Université de Sherbrooke, au Québec. Je m'implique dans le réseau canadien sur la prévention du suicide depuis environ 7 ans. Je travaille principalement en recherche avec des adultes qui vivent avec un trouble de la personnalité limite ou un trouble dépressif et anxieux, et je m'intéresse à leur participation au travail. Du côté de l'enseignement, j'enseigne sur la santé mentale à la relève en ergothérapie.

Justine Jecker: Welcome both of you to the podcast. Today we are going to engage in a topic that may be triggering for some individuals. If you are thinking about suicide or know someone who may be in danger themselves, we encourage you to contact 988, Canada's Suicide Crisis Helpline. La prochaine conversation parlera de suicide, un sujet qui peut bouleverser. Si vous pensez au suicide ou connaissez une personne qui vous inquiète, nous vous invitons à téléphoner au 988, ligne d'aide téléphonique en cas de crise de suicide.

I am so grateful that the two of you reached out on behalf of the network to engage in this important topic.

Nadine Larivière: Michèle, how likely is it that a mechanic is on the side of the road when your car breaks down? Unlikely, right?

Michèle Hébert: Hahaha quel drôle de question! C'est peu probable à moins que mon mari soit dans la voiture avec moi! He's a mechanic!

Nadine Larivière: I ask this question because the neat thing about this topic is that we are all socially responsible for one another.

Michèle Hébert: Ya, ya, I see where you are going Nadine. We all have what it takes to be that mechanic on the side of the road, equipped to help.

Nadine Larivière: That's right, we are all socially responsible to prevent suicide. Worldwide, you know, every 40 seconds, sadly, someone dies by suicide.

Michèle Hébert: Yes, and 1 out of 10 people living in Canada, specifically, experience thoughts of suicide at some point in their lives. And based on suicide rates per country in 2024, Canada is right in the middle, so unfortunately far from the nations with the lowest rates. Globally, rates range from as high as over 87 deaths by suicide to as little as less than 1 per 100K annually. Canada's rate is about 12 per 100K per year, so, with a population of about 39 million, that means about 4,680 people who die by suicide annually in Canada, deeply affecting about, you know, close to 46,800 persons.

Nadine Larivière: Who estimated these numbers?

Michèle Hébert: Yes, that's the World Health Organisation.

Nadine Larivière: Suicide is a delicate, sensitive part of the human experience that remains taboo, and often carries shame or blame. It's not only an individual experience but one that affects the social circles of persons and communities. It can be felt and experienced by anyone at some point in their life when there is a loss of several reasons for meaningful living. Fortunately, we are seeing great efforts to understand it better and provide helpful interventions in many countries around the world.

Justine Jecker: Thank you both for laying the foundation and helping to better understand what is happening globally and in Canada when it comes to suicide. I'm wondering, as a society, what is a solution to suicide prevention?

Michèle Hébert: That's a great question Justine. You know, I'd say off the top of my head, I'd want to say to focus on living and thriving, instead of mainly focusing on preventing suicide. And who better to do that than the experts in living and thriving occupational therapists! So, I remember a mentor of mine always said, 'What you focus on expands!', so if we focus on suicide, we might miss the most important piece: living.

Nadine Larivière: And I would add to that, that occupational therapists bring people solutions for living and thriving. As one person summarised from a focus group we held in 2022, “Occupational therapists help people to live, not only to stay alive”. And occupation matters in our everyday lives because it fulfills essential psychological, social, spiritual, and physical needs and can help to buffer the contemplation of suicide. Now, some of us that are part of the network, conducted a survey, couple of years ago, and more than 85% of 585 Canadian occupational therapists practicing in various settings shared that they provided suicide intervention in their occupational therapy career. So, that means that occupational therapists have a central role to play across the continuum of care and at all societal level.

Michèle Hébert: Oui, puis Nadine, ça me fait penser aux familles, aux clients, aux communautés, aux organismes de prévention du suicide, les institutions universitaires, les décideurs - the policymakers. You know, it’s a societal matter, it makes me think of all these different levels. And earlier Nadine, you were mentioning ‘occupation matters’, and I’m thinking some audience members may not know what that means.

Nadine Larivière: Yeah, you’re right. An occupation—in our way of thinking about it— it’s not just a paid job it’s really what we do to occupy our time like cooking, gardening...

Michèle Hébert: ... aller à la bibliothèque, nager, chanter dans une chorale...

Nadine Larivière: ... reading, writing...

Michèle Hébert: faire du bénévolat.

Nadine Larivière: Wouldn’t it be fun Michèle to go through the entire alphabet to create a comprehensive list of occupations for all ages and stages?

Michèle Hébert: Yes! That can be the topic of a future Podcast!

Nadine Larivière: You know, you and me Michèle, shared with our audience where we have been practicing occupational therapy. It has led us to be there with persons at the different stages in the suicide continuum, so providing a safe space for someone in high distress to share what they are going through; assess their needs in a time when suicide is more invasive in their daily life; offer interventions about life promotion through meaningful occupational engagement and balance. We are thus very sensitive to all affected by suicide and wanted to network as a group to collectively, as occupational therapists all over Canada, to share good practices, to develop and promote useful resources, and collaborate to advance knowledge. One of our latest and very important projects was to produce a position statement.

Justine Jecker: Thank you both Nadine and Michèle for these insights. And this position statement follows the work of a role paper and toolkit that were also developed in recent years. Maybe you can share a little bit about how this Position Statement come to be?

Michèle Hébert: Yes, sure thing Justine. I would suggest actually, before diving into some nitty-gritty on how the position statement came to be, I'd like to share the Vision. Would that be okay?

Nadine Larivière: Absolutely.

Michèle Hébert: So really our vision is that all people have access to occupational therapy to thrive in meaningful occupations that promote living, prevent suicide, and improve quality of life.

Nadine Larivière: Magnifique! And, the Position Paper is designed for a wide audience, including decision makers and policymakers, so not only occupational therapists.

Michèle Hébert: And you'll probably remember Nadine, the working group initially positioned itself by collectively generating the vision that I just shared and formulated a framework that really guided our conversations, writings, revisions. We easily invested at least a couple of years of developing the fundamental elements of co-creating the Position Statement.

Nadine Larivière: Yes, and I would add that an important discussion that took place led to our intentional choice for universality and promoting living and thriving for all. We intentionally chose a universal lens for anyone in Canada, rather than concentrating specific group that our often referred to in the literature, such as, indigenous peoples, military service members or public safety personal.

Michèle: Tout à fait, Nadine. And you know, we, our working group unanimously shared the goal of being inclusive. And avoiding the inadvertent exclusion of any one group that might actually be in our blind spot. So we also chose a life-span perspective to acknowledge and address that suicidality happens at almost any age, from childhood to late adulthood. And that risk, for thoughts of suicide really truly, relates to personal and individual issues. But risk also is influenced by occupational features, like job loss, relationship breakdowns, environmental context like family and community. Donc le risque est vraiment multifactoriel et il n'y a pas de profile type.

Nadine: You are absolutely right. You know, at this point, I'm wondering Michèle, que dirais-tu que l'on nomme qui a fait partie de ce groupe de travail ?

Michèle Hébert: Yes I love that, let's do that. So we really divided in three main teams, founded on three main questions so - Why is this important? What can we do about it? And How can we contribute and make a difference? So our dynamic group was composed of you, myself, Kim, Theresa, Marc, Heather, Debra, Cathy, Lorie and Mansi, occupational therapists, OT representatives from education, frontline clinical practice, research, leadership and across/up and down the country, and everywhere from entry level to retirement.

Justine Jecker: And that's so inclusive! Thank you to both of you for sharing the considerations that went into formulating the position statement as well as all of the people that have been involved. Could you speak a little bit to the infrastructure that was used & why it was so important to the group?

Michèle Hébert: Yes, another relevant question there Justine. To help understand, I'll just give one example. Simon Sinek's Golden Circle' probably one of the central pieces with the Why? How? What? Questions with the importance of starting with our 'Why', because without a clear 'Why', then of course the 'How' will be meaningless or uninspiring, and the 'What' wouldn't even matter. Really, people care about Why we do what we do. And Sinek highlights another poignantly with example with Martin Luther King where he says, King gave a 'I have a dream' speech that really touched, moved and inspired people to follow and change the world as we knew it. King's speech wasn't 'I have a plan!' speech. Which would be kind of dull. So, there's another framework. Nadine?

Nadine Larivière: I was going to say, our second framework was the national competency framework that was published, the revised version was published at the time when we were really right into the creative process of developing the position statement.

Michèle: Oui exactement, c'était ces deux éléments fondamentaux qui ont fait en sorte que nous avons ces groupes. So we had those three key questions that led to the three sub-committees. Nadine, what committee were you on?

Nadine: Well, I was on the "What" committee, meaning that we were focusing in our group that focused on the aspects of occupational therapy that are critical to engage with the suicide prevention continuum.

Michèle Hébert: I think I remember being on the 'Why' committee. So, our group was discussing more, more focused on the meaning and value of occupation.

Nadine Larivière: It's funny, your hesitation Michèle, because that is a little blurry because we worked so much together as a collective on all of the process and all of the elements, that we kind of forget which specific piece we worked on. But as a group it was always very important to co-construct the development and dissemination of the position statement paper. So, with regards to the dissemination, it was really important to us to get involved to get it out there. So, we launched it on World Suicide Prevention Day, recently on Sept 10, 2023. We are of course, going to share it in other venues such as the CAOT conference, we've done it a couple of times and will do it again this year with all participants who engaged in the process and development of paper.

Michèle Hébert: Yes, and as both of you know, Nadine and Justine, that whole process led to this podcast! And you know, importantly, our work really wasn't translated from English into French. Rather, this Position Statement was co-constructed throughout in both English and French, and this back-and-forth exchange actually shaped the language and improved the clarity of terms. So, for example, the title

shifted because the meaning in French was more representative and truer to our statement, so the English version was then changed.

Nadine Larivière: Absolutely, you're right. Our aim was to be as inclusive as possible in the development of the paper, as we've mentioned. So once the first draft was created, giving the reader enough to picture the direction of the paper, invitations were sent to all CAOT networks and partners in suicide prevention community to engage them in enriching the position statement.

Michèle Hébert: And ultimately, our work led to 5 calls to action.

Nadine Larivière: Right, so I'm going to say them in French.

Michèle Hébert: Ok, je vais suivre en anglais.

Nadine Larivière: En français, throughout this podcast. Ok, action number 1. Promouvoir l'adhésion à la vie par l'entremise de l'ergothérapie.

Michèle Hébert: L'action numéro 1, advocate for life through occupational therapy.

Nadine: Action numéro 2, promouvoir un accès équitable aux possibilités occupationnelles, de pouvoir réaliser des activités significatives.

Michèle Hébert: Call to action number 2, promote equitable access to occupations to increase living opportunities.

Nadine: Action numéro 3, intégrer la prévention du suicide, l'intervention et la postvention dans la formation en ergothérapie et dans le développement professionnel et ce, dans tous les contextes de pratique.

Michèle Hébert: Call to action 3, train occupational therapists in any clinical or practice setting to be prepared for suicide prevention, intervention, and postvention. On this, lots of people get what suicide prevention and intervention mean, but some might actually wonder what postvention means when thinking about the care continuum. Nadine, can you speak to that.

Nadine Larivière: Yes, yes absolutely. So postvention generally speaking, what it means is the phase where we are supporting loved ones of a person who died by suicide.

Michèle Hébert: Ya, and it's again, really really important to remember that for every person who dies by suicide, about 10 other people will be deeply affected by the loss.

Nadine Larivière: That's absolutely right. So that leaves us to talk about now our 4th action. Alors notre 4^{ème} appel à l'action, faire pression pour un accès systématique à l'ergothérapie afin de promouvoir

l'engagement dans des occupations significatives et promouvoir l'adhésion à la vie.

Michèle Hébert: So to lobby for systematic access to occupational therapy to promote life through occupational engagement. And that makes me think of how occupational therapy is really cost-effective.

Nadine Larivière: Right, last, our 5th main action is to - financer l'intégration de l'ergothérapie dans les initiatives sociales et de santé afin de faire la promotion des occupations au-delà de la survie.

Michèle Hébert: Call to action 5, fund occupational therapy to automatically be part of social services and healthcare, so that the focus shifts away from solely surviving to authentically living with fulfillment. You know, something that occupational therapy gives access to and does well.

Nadine Larivière: Yes. Exactly.

Justine Jecker: Thank you both. Merci beaucoup, for clearly articulating the five calls to action, en français and English for the profession. For those of you who haven't seen the Position statement, one of the elements that is very beautiful and symbolic and is represented as well in the logo of your practice network, is the butterfly. I'm wondering if you could you explain the symbolism of the butterfly on the O of the logo?

Michèle Hébert: Sure, I'll get started on that one Justine and Nadine could add to it. The logo represents the CAOT Position Statement, titled *Occupational Therapy to Prevent and Support Recovery from Suicide* and with that shared vision of hope through occupation.

Nadine Larivière: Les couleurs qui ont été choisies sont importantes parce que c'est pas tout le monde qui connaît cette signification. L'orange et le jaune dans le papillon représente les couleurs sur la prévention du suicide au Canada.

Michèle Hébert: And the butterfly itself represents hope and the possibility for change. And the butterfly that's resting on the OT shows the connection between hope and occupation.

Justine Jecker: That's really really beautiful, I'm wondering at this point, for OTs/OTAs not typically identifying in mental health or in suicide prevention, how can they be a part of this process?

Michèle Hébert: Such Such an important and relevant question. So if you don't feel equipped to have a conversation when a client feels hopeless, or mentions wanting to give up on life, you know, saying to yourself like 'I'm no mental health expert' or 'I'm not trained to help', think of it this way instead. Do you need to be an ambulance technician or a medical doctor to help someone who has a car accident or falls unconscious? No! Anyone, including children, have what it takes to step in and call for help. Our instinct as human beings is to help. Suicidality is the same. We all can offer help like First Aid for the soul.

Nadine Larivière: Thanks, Michèle. And I will reinforce here, when someone confides in you about their thoughts of suicide, you can really take it as a compliment. Why? Because they trust you and they want your help. So, be courageous and focus on listening. Say nothing, just listen. And in those times, for us, what we want to share or suggest is to try to avoid saying things like 'You'll be ok!' or 'You'll shake it off or feel better tomorrow!' You wouldn't say this to someone who was just in a car accident. Right? What do you think Michèle

Michèle Hébert: No exactly, pas du tout. On dirait pas ça. So, instead, just be there as Nadine was saying, and listen. Even if you don't know in that moment, what to do, what to say, just be present and listen, and be honest with them. Tell them you want to help and that you care, you're not sure how. So stay with them, call a helpline or 911. Just, in the same way that you call for help in a car accident or when someone has a heart attack, this too is a medical emergency, and you need to do something. Don't assume someone else who's better trained than you will take care of it, you know make the call. No. You've got this.

Nadine Larivière: Il est important de poser des questions sur le risque suicidaire à la personne en détresse : Pensez-vous à vous enlever la vie? Avez-vous des plans?

Michèle Hébert: And you don't have to have all the answers. You know, try to do it the 'perfect' or the 'right' way.

Nadine Larivière: Exactement. We are all human, we all care. We all have an impact because we care. Donc, nous pouvons toutes et tous contribuer car nous voulons venir en aide aux personnes qui en ont besoin.

Justine Jecker: I love these final thoughts of supporting the concept of first aid from the soul. We have covered so much ground in this episode today talking about an incredibly important topic and life experience that many Canadians are connected to. I am very grateful to both of you, Michèle and Nadine, for sharing your knowledge and process of the suicide prevention, intervention, and postvention and the position statement with us today, and showcasing how we can all be a part of the solution. If listeners have any questions, please do connect with the Addressing Suicide Occupational Therapy Practice Network. We have also linked in the episode description all the resources mentioned here today. So thank you very much for your time and we look forward to hear from our listeners about how they receive this podcast. Merci beaucoup!

Michèle: Derien, it was a real pleasure to be here.

Nadine: Merci.

Resources and References

1. [Suicide rate by Country \(World Population Review, 2024\)](#)
2. [CAOT Position Statement- Occupational Therapy to Prevent and Heal from Suicide \(2023\)](#)
3. [Prise de position de l'ACE : L'ergothérapie pour prévenir le suicide et soutenir le rétablissement \(2023\)](#)
4. [Simon Sinek's TED Talk on Why? How? What?](#)