

Podcast: *A World Where LivingWorks*
Episode 4: 'Putting Care in Healthcare'

Transcripts

Intro

Welcome to *A World Where LivingWorks*, stories of science and survival bringing together our heads and our hearts to build a suicide safer world, talking openly about suicide is so important but we also recognise that listening to this series may bring up some tough emotions, if so please talk to a trusted family member, friend, or local support service about how you are feeling.

Visit livingworks.net and click on "FIND SAFETY" for international crisis services, we are there to help you.

This podcast is brought to you by LivingWorks, a network of local suicide first aid trainers in your community and communities around the world. Visit livingworks.net to find out how you can play your part in suicide prevention.

Kim Borrowdale: You're listening to *A World Where LivingWorks* and I'm your host Kim Borrowdale.

First of all I'd like to acknowledge the traditional owners of the beautiful land wherever you are listening and of our guests today, and I would also like to acknowledge everyone out there who have been impacted by suicide, acknowledge the pain it brings to our lives, and the desire to make positive change for us all to live well.

Today's episode is all about suicide prevention in healthcare professions, how can we better support those working in health to build skills and understanding when it comes to suicide prevention for patients and their families.

What about health workers themselves, how do we find the balance between education and ensuring they have the skills to save lives in a compassionate way, while also helping to support their personal mental wellbeing.

I'll be talking today with Chey May Long, President of Singapore Association of Social Workers. May has been instrumental in strengthening suicide prevention in Singapore through increasing the number of professionals trained in these skills as well as advocating for suicide first aid training as part of institutional learning and development, welcome May.

CML: Thank you for having me.

KB:: Also with us is Dr Jacqueline Smith, Assistant Professor and Director of Mental Health and Wellness for the Faculty of Nursing at the University of Calgary in Canada. Dr Smith is particularly passionate about the value of suicide education in the healthcare field especially nursing where interaction with people is all about relationships and understanding the social determinants in health of individuals and their families, thanks for joining us Jacqueline.

JS: Thank you, Kim.

KB: First of all for our listeners, I think they'd be really interested in just hearing a little bit more about yourselves, about your professional background and what's your why, why focus on suicide prevention? Perhaps if we can start with you Jacqueline.

JS: Ok, well thanks Kim, it's really great to be here and as the Director of Mental Health and Wellness in the Faculty of Nursing, there is certainly an understanding that psychological health and safety in the workplace is/as a priority and I'm really proud that this new position that I was asked to take on about a year ago, came from our Dean of Nursing Dr Sandra Davidson who's a strong advocate of mental health and wellness, as is our University of Calgary in general. We actually have a campus mental health strategy and the intention is to build our community of caring, where talking about mental health and wellbeing is encouraged and that stigma around mental illness is reduced and support is assured, so for the community in general.

And I think there is something really unique about the university setting and there's just innate tensions and stress for I think, faculty, staff and students, so in my position I'm supporting the psychological health and safety of faculty, staff, and students and as a nurse I also worked in the Paediatric Emergency Department prior to becoming an academic and unfortunately I witnessed a lot of mental distress, suicides, and distressed individuals and families as well and I'm just really encouraged by this conversation and this podcast today because I think what we need to do is, we need to talk publicly about the issues—globally with mental health and mental illness, mental health/wellness, I mean all of that.

Within Canada, one in five Canadians will experience mental illness within their lifetime so this is a significant issue and for some reason we have a double standard, physical health issues seem to be a priority and mental health suffers so I think this open, public conversation is so important and I think nurses work with a vulnerable population, when we are talking about the social determinants of health, I mean people who are ill are positioned as being vulnerable and I really appreciate the fact that you highlighted nurses taking care of patients and families in a healthcare setting but just by nature of our work, nurses have also become vulnerable to that environment and to the stress that comes along with it and there are a number of studies coming out right now that are positioning of nurses with high psychological distress, so I'm thrilled with the opportunity to talk more about ASIST and how we're positioning it within our faculties, thank you.

KB: Great, thank you. We'll come back to that in more detail because I'd be really interested in hearing your thoughts on those risk factors and vulnerabilities as a profession and what you're doing about supporting people with that.

And May, tell us a bit about your background and work at the moment.

CML: I'm a social worker by training for the first part of my work I was initially working in Ministry of Defence and the clientele then was national servicemen who have to serve in the army and we man a hotline, even in that place of work, I suppose that was my early exposure as a social worker in terms of coming across people who had thoughts of suicide and things like that. Of course subsequently the last part of my career has been in the healthcare and of course right now as I'm speaking with you as the President of Singapore Association of Social Workers.

For me I am often concerned about how the group of the fraternity of social workers and then how the profession of...this helping profession to also attend to people with needs and mental

health issues and when I was working in the Department of Medical Social Workers, every day we received referrals about people attempting suicide and things like that, so it was important to ensure that my team of staff then to be more equipped with this topic and to be more confident and so this was how I was personally having this, a wish, to build a community of caregivers and depending on whichever background they are from and I think the ASIST, I came across ASIST and I think that this is a wonderful program, it's actually like first aid and even in healthcare, nurses, social workers, doctors would need it.

In a way I have been using my connection and influence to try to have more people be more equipped in this so that we can reach out to more people in the community.

KB: That's great and both nurses and social workers, I mean those professions work across so many different cross sections of the community, different roles as you said, you were talking about, May, about starting in the Defence system, one of our podcasts is talking about retired and active service personnel and lots and lots of complex issues to discuss there, let alone people, patients coming into just into a regular emergency department and nurses facing any range of issues.

How do you, in terms of education, have you seen a shift in your professions training in these sort of things and understanding the risk factors and protective factors when it comes to suicide and the complexity of it in terms of who they're coming across each day in their professions? Jacqueline, maybe you'd like to start.

JS: Sure, I have to say I'd been in the profession for probably 35-plus years and it's unfortunate that we haven't had direct training as nurses in ASIST and it always seems like the mental health rotation is always an option and as a result our nurses are not, I don't think, adequately prepared for what they are seeing and I mean we're in the midst of a global pandemic now, like incredible stress we're experiencing a mental health crisis and there is no better time, again I'm really proud of the fact, I think it was back in 2016 our university formally adopted a Campus Mental Health Strategy, back in 2018, the Faculty of Nursing formally adopted the Campus Mental Health Strategy, so we then became very invested.

Now a really exciting thing that happened is one of our nurses, so we have lots of different grant opportunities at the university for undergraduate nursing students as well. One of our undergraduate nursing students had an experience where a friend had suicidal ideation and it really alarmed her and she felt ill-prepared but yet did every that she should have and after that experience she decided to apply for a grant to look at bringing the ASIST training into the undergraduate nursing program during a bit of a pilot and many applications come into this and she was awarded this grant, it was \$55,000 and it was to deliver ASIST to undergraduate nursing students, that's when I became involved because the dean asked me to support this and we set it all up, we were running sessions with 30 students and it was a two-day session on a weekend and just really successful and the students were saying, wow.

The Centre for Suicide Prevention was quite involved with all of this, we approached them and said, we are very impressed with what's happening with this grant and we'd like to evaluate it and they were wow, research, you want to partner, like an institution, an educational institution, they were quite excited, so what happened is we went back to the Campus Mental Health Strategy, they invested just under \$10,000 to help us with that, we are now using that original grant money to evaluate it. In the middle of all of this when COVID hit and we started seeing an escalation in suicide behaviours and concerns, mental health escalation, the City of Calgary,

Alberta, where I'm living, they put out a call for grants and wanted it to support mental health and wellness and so we decided we're just going to keep going, like things are happening and we applied for money to have our nursing instructors trained in the ASIST program so that we could incorporate it into the undergraduate nursing curriculum, we would have the sustainability because it's expensive and that's another thing, it's expensive to go through this training so, for the City of Calgary granted us another just over \$50,000 to train four of our instructors, that is where we are at right now.

It started with an undergraduate nursing student who recognised the need, the students were really seeing value in this, we approached the Centre for Suicide Prevention, they said let's evaluate it, our campus said, yep we want to be a part of this and now the city does as well.

It was very interesting, I just want to tell you, the person who is overseeing the city grant, I had a conversation with her one day and she said, as soon as I saw your application it caught my attention, she said because I am graduate of the University of Calgary and she said, I wish when I was a student there, that I had ASIST training because I saw a lot of people who were vulnerable and who were at risk and she said, to be able to bring this into a university setting is amazing, that's our story. I got goosebumps talking about it, it's really caught the public eye and again that public conversation is so important and we're talking about a very, very serious issue and it's just really exciting.

KB: That is a fantastic example of that leadership model with student lead, which is beautiful, for that to come from a student is fantastic because what better way to engage the student population than with another student and for the university to then run with that and give you the time to be able to focus on it and then, beautiful opportunity with the city support as well, so that's really great, I think that's encouraging too for other professions or nurses in other jurisdictions to actually take those opportunities to the faculty and to the leaders of their institutions because your story shows that, that one seed of an idea can now grow into, you actually having instructors on campus so that you can keep that going forever, with every intake.

JS: You're right and ultimately our goal is that every nurse, we enroll about 150 nursing students a year into our program but our goal is that every nursing student that is graduating will also have certificate in ASIST and I know that our faculty has become a template for that Campus Mental Health Strategy and we're being viewed as leaders in this area as well too, again what better profession and I understand social work as well as nursing, we are healthcare practitioners, we are frontline workers, we're working with that vulnerable population, it's a thrill to see that it's happening.

KB: That's great, and May, how did you first get involved in looking into ASIST and what sort of things have you seen in the social work landscape, particularly with people coming through into the profession?

CML: Well in terms of first perspective, we have many nurses, social workers similarly in Singapore we don't have so many social workers, so in a healthcare setting often we base it on certain referrals and the scope of our work as a medical social worker is to look at the psychosocial care and things like that.

You know when I hear Jacqueline talk about bringing it forward, I also some discussion in terms of what point should we be training our social workers in mental health and also in suicide intervention.

Similarly for social work, in a way when we are in the undergraduate they study a lot they need to be equipped with a whole lot of knowledge and all that, it is an elective, I don't think mental health is like a course that every social worker has to go through, so subsequently I find that it is more helpful while some may be open and you see the angle it comes from and also a practitioner, right, in a hospital we actually see people attempting suicide and all that coming in, so together with a group of the chief social workers we decided to put it in a training road map, post qualification and this one now, we all have this agreement that we will be sending our social workers post qualification, part of the continuing education that you need to be equipped with how to work with family violence cases, you know suicide intervention and prevention and this is currently where we are at now and usually also, to be realistic when we see ASIST, after the training, they need to, in terms of application, they need to be supported and I find that for them to internalise some of the knowledge and skillsets, it is important to also have a more senior person to be with them right, because post training, attending the workshop, we find it kind of sinks it in and is more effective in that manner.

Interestingly, in Singapore, because nurses are also very busy and in fact are really the frontline and LivingWorks has also a range of programs. In Singapore we find that the safeTALK in a sense more receptive to some of the people because of the demand on the doctors and nurses, we also conduct safeTALK and this starts off with some interest and awareness and because their main role is identify, and then we can come in.

In healthcare we also have a lot of peer support programs, in the past years where many of us, also train in psychological first aid and peer support, and this how we weave it into the mental health and a group of mental professionals with the psychologist and all that to support people. So in this COVID situation we see a need and in fact a lot of people raise hands to provide the National Plan Hotline where we're all trained in psychological first aid to man a national hotline because the whole population is being affected and we know that they have many needs, not just practical, financially, as much as the government comes into to provide financial assistance but the psychological wellbeing and things like that, it is how we put in place.

I got feedback from the social workers and even clinical psychologists, who have gone to ASIST, they found it very helpful in the role to man the hotline, things like that, so that's the journey we had.

KB: And in terms of that role at the moment, May, are they also supporting healthcare workers themselves? Do you have social workers who are then supporting the nurses and the doctors at this time because depending on the coronavirus situation, they have increasing levels of trauma that they are seeing in their day jobs, I'm just...

CML: Sure, at the hospital, like I was saying, more than 10 years ago nationally we, at the Ministry of Health, we were very intentional to grow the peer support program in every hospital, so we actually have resources to allow every hospital to build that capability and social work is part of that to also support that program. Peer support, you can easily find, in a typical hospital where you have a team of peer supporters and we do inhouse training to prepare people so in the event whether you're a nurse, doctor you then have a peer support program within it and ASIST, like this, in a way another part of it right, because we know not all suicidal people have

depression and not all depression have suicidal right, this is where we put in place different schemes and programs to support.

In terms of supporting people who are right now at the forefront of COVID, wearing PPE day in day out, besides an internal support program, we also extend external, you don't know that people because of the stigma, they're still, because of confidentiality that people might not want to turn inwards, so we do have people who, and that's where the association also have some of these contacts, and we also work with other providers, you want to encourage NGO who also have this kind of, who run hotlines to that extent, together with our human resources educator that when you publicise that you have a formal and also an informal, just to reach out to people whichever platform that they are comfortable with to then seek help.

I've got feedback that, it's probably advertised and publicised then you'll have more calls and there are people who call in and to have express thoughts of suicide and things like that that need to be supported.

KB: Wow, in both of your countries, actually I'm interested, not just your personal opinion as opposed to an academic perspective what the culture around talking about suicide and thoughts of suicide seems to be? Do you see a good level of help seeking? Is it still a taboo subject? How do you think things have shifted in what you've seen over the years in both of your countries? Maybe Jacqueline, do you have any thoughts on that?

JS: It's a really good question, I think we're probably starting to talk more about it as we're looking at people, like actors and actresses, I'm at a loss for words, but people in the public, celebrities, yes. We're starting to hear more about celebrities and I think that's opening our eyes and for me, I think people have to have some form of an experience with mental health, or addiction or with suicide in order to really understand it and when they start hearing other people's real life stories, I think it's opening up the conversation, it is for sure. I think again speaking publicly, like an academic setting with our Campus Mental Health Strategy it's very intentional, when we start having programs that are targeting mental health and wellness and that are funded, we start to see an uplift in that conversation.

We very sadly have a huge problem with the Indigenous populations in Canada and we're seeing elevated levels of suicide, we definitely hear more about that, I think there's a shift, we're starting to talk but there's so much more conversation that is needed, we do have organisations like the Centre for Mental Health and Addiction and a lot of government funded programs as well too and it's about, I think, May said this as well, it's about prioritising this, instead of making this an optional subject, we have to elevate it and look at, it's a reality and how it's taking people in our population, in our workplace, and in our communities and in our countries, I think the more we talk about it the more accepted it will become and it's having to really look at mitigating that organisational stigma, you know, the cultural stigma, the internal/external stigma, there is so much of that as well, it just needs to be broken down, we need to disentangle the complexity of all of that and I think podcasts like we are doing today are helping with that.

KB: What are your thoughts May?

CML: As a trainer I am qualified since 2008 and as I conduct the ASIST workshops over the years, I start as in practice, and you know in Singapore it is also in a very multiracial society, although the majority are from a Chinese background because of where we are, you know. Singapore is...my father is from China, he came from China and he settled in Singapore. Now

sure I observed that over the years, although certain religions they are against it, but you and I know that it happens across all ethnicity, across all religions, but the comfort in talking about this topic, I would say that I have observed, it is better now and I once invited social workers from Malaysia, right, they are Malaysian social workers and of course their religion is against about this, so, it's interesting to note that I invited them to ASIST to say ok, even in a comfort level in asking, are you thinking of suicide, are you thinking of killing yourself, there is some discomfort even for this topic but I think there is a shift and there is an acknowledgement, people are beginning to be more open with their generation, even amongst healthcare, even social workers, psychiatrists, we do know we also have stress and issues and you know because of the work that we do they do at times need a break.

In general, more people are a bit more comfortable talking about and acknowledging that they do have, they need a break to cope with certain of their personal issues and in fact seeking help with other mental health externally and internally is slightly a bit more open. I've seen my younger social workers are more open about that as well, right, but I don't have stats, I personally did not do the research in it, but it's also very personal.

It is also helpful that we have National Council of Social Services, this is a council that looks after all the 450 what we call NGO-equivalent and they conduct a lot of... trying to do public awareness, all these efforts are very helpful for this to happen and we need to continue this effort as well, to make it maybe to and we all have a role, everyone of us, right, to practice it and to allow people to see that it is ok to talk about it, right and so I wish more of us can also be more open in talking about this topic and that's the beauty of this course about ASIST, you know, really helping people to examine their own attitude and I notice that not everyone is really comfortable and not everybody can be a trainer in ASIST. Over the past year, we have maybe wasted, if you are not clear about it but you find that you struggle in conducting the training, it's fine.

KB: Definitely and what you were talking about before with safeTALK training in the format of that you actually do talk about some of those personal assumptions or values and beliefs that sort of underlying in how you react to someone who maybe having thoughts of suicide and what make you maybe subconsciously miss something or avoid it, which I find fascinating because it really is that human thoughts and values and their whole social context that takes them into this suicidal conversation when you are caregiver, so really interesting to go through those conversations in training.

CML: But I must say that even in ASIST you have this segment about connecting with your feelings and thoughts and I see in terms of the openness right, people are really, really in that kind of setting, really comfortable talking about it now, at least in the group, right. I'm just seeing that trend and I hope this will continue, yeah.

JS: I agree with that too, that people are starting to talk more about emotional, you know, the psychological health and safety as the new language and you are starting to see it, especially within the workplace, I think that's really promising. You know it's interesting, I met with the team today because next week I'm doing a presentation on emotional wellness and emotional regulation because of COVID, it's now become a webinar and about a month ago I was interviewed for it, just in preparation and there was like 120 people who had signed up and I thought, oh that's a good number, like today there's 250 people who have already signed up, that was really encouraging because I think people are starting to look at how they can manage their emotional health and wellbeing and ultimately I was looking up a stat as we were talking

and suicide is one of the top 10 causes of death in Canada, it is a serious problem, we do have an organisation that is called the Mental Health Commission of Canada and they're looking at it and looking at interventions, different ways of sharing that information as well, online, in person, modules and training for just the general public and for healthcare practitioners as well but the bottom line is that, you know, the diagnosis of a mental health problem or illness is often what precedes the risk factors from suicide, I think we're definitely seeing more initiatives to really, again, open up that conversation.

CML: And maybe to add on, as Jacqueline talks about, I'm also reminded in Singapore, we are also slowly opening up and we do have a community mental health strategy, or a mental health strategy, where we realise that you really need to have more people and train even more lay people in terms of, not just about suicide prevention/intervention but to identify the various kinds of symptoms and signs, right and also be aware of programs but with the community mental health, we need to reach out in the community. Singapore is one of the fastest aging societies as well, right, I'm going to be one of them by 2030, I'll be 65 and so we are urgently trying to put in place a kind of structure in the community and I think this is one part that we really need to try to, I'll still continue this fight to weave it in and to use every opportunity to make sure people are aware of this and also incidentally tomorrow I'm also talking about, we have a medical social worker webinar as well, and the topic is about leadership. Now I must remember to highlight this example into the talk tomorrow.

KB: Yes, yes. What about, we are seeing the talk increasing, we're seeing the sort of willingness to look into our own emotions and understand how we're feeling, how, you're both long term advocates for health and wellbeing and suicide intervention training, how do you actually take it from talk to systematically building the skills and confidence. If I was a nurse or a social worker or just a member of the community, what do I do next, like how do I take it from an active participant in society and willingness to building those skills?

JS: I think that's really important question Kim, and I do think that accurate information about suicide is so important in order for us to identify those who may need the support and again I'm really excited that we systematically now, we are taking it into the undergraduate nursing program, so that nurses can get that accurate information, I think to support themselves, I think through the experience of academics and their studies and then through the work that they will eventually be doing in the hospital. The fact that we're going from introducing it into the undergraduate nursing curriculum that they can use as students and then as clinicians but also introducing it formally into the curriculum by training for instructors, there is something happening in that transfer of knowledge of that accurate certificate knowledge from the experts is, I think is the key and that systematic uptake as well, and to hopefully you know, when we're talking about a system we hope that as a faculty it will become something that other faculties want to take in, will elevate the prioritisation of this within our university setting as well, and we're publishing a paper on this, we're evaluating it, we're going to document it and publish it as well too and I'm a big KT person so you don't want it to just have it sit in a magazine on somebody's shelf, you want to present it as well too, we'll publish it but we'll also present the findings and I know that the Centre for Suicide Prevention is very excited about that possibility as well, it's putting it into the a peer-reviewed academic journal, so that it can be disseminated as well and evidence-based practice or evidence informed I think is so important and I think unfortunately sometimes that's the kind of academic credibility that is needed to move forward interventions such as this, as important as it is, I think it has been stymie a little bit by, like we talked earlier stigma and all that, organisational culture, but we're bringing it to the forefront here, through academia.

KB: Part of the purpose of this podcast is to share these lessons from different jurisdictions so that another teaching faculty or someone interested in nurse education or nurses or social workers will listen to this and think, actually we could do that or where is it in our educational processes and systems at the moment because whether it's the start like you said or at the end of their graduate program May, like your social workers, where is the appropriate place and if it isn't there, why not. What about you May, how do you think people can take action to move from talk to the actual skills development?

CML: I'm trying hard to find somebody who shares the kind of passion and vision and activation right, it's not just about dreaming it's about really doing it and because I have a full-time day job and even this president is volunteer, so we all only have 24 hours and I'm quite happy to see that because the program is also good, so from two solo trainers in ASIST, I have grown after these years to more than 20 over, do we need more and I've very clear, it's not just about the number, I'm also looking for people who can take this and bring it forward and grow in different sectors, like what this podcast in a way is doing, because in school, all our children especially at school as a student, in many countries and in Singapore as well, and we really see young people, you know, the schools, the teachers, the strategies should be finding champions at different places to believe in it and want to do it and talk to people of influence, right.

From one you can go collective leadership and collective action and even to the lay person or any citizen I have been talking about it, in the association, we have a training, just a family resource, a training centre and this is where, from only one place to train, I have brought it into four or five, right, I was just getting the figures so that the earlier model but I must acknowledge everybody is into have this energy or similar to this, I will still be persistent to find, identifying the right person who really believes in this and I'm seeing some hope in that because the people that have gone through it and I know people personally fly over because we don't have a local training centre for ASIST, they have to fly to Australia or another place to invest and do their own training, so I have been trying to involve these people.

Now I've realised that some of them in their own effort without connection it would feel, you need to be in the community and this is where I am right now, holding that together and trying to grow leaders to spread that even further, right, but that will take time because in Singapore I realise the model, most of us have full-time jobs, we can't take it further, you need people who perhaps when I retire I'll have a bit more time to do this even further, you know. I must say I don't do the training as much because of my role and all that but this has always been the part. If you want to bring it to the community, right, initially they're not advertising because, the public also needs and the beauty of the ASIST is you're supposed to use this to train a hairdresser, right, somebody, anybody, a taxi driver, they have opportunities to talk about this and in fact I still want to try that part, because as you do your hair, one hour there, it's a very interesting time and things like that, how do we spend that in conversation, the thing I am trying to partner, and what Jacqueline in the academia, right, there is room for improvement over there, but I need to ensure that the head of the department must buy into it and then it will grow. So the structure has its limitations because they have their own other, you know, it's so, undergraduate program, everybody has their agenda and things like that. But I'm not losing hope, I see more and more people interested in this, this is where I am hoping to really find the right people.

JS: I really love that champion language because it's so important and Kim, what that made me think of is and we're starting to hear more people share their personal experience with suicide as well too, and I'm thinking again that brings it to the real life story and I think that might, may

be a really effective way to keep that conversation going as well as people have the courage and the strength and been able to let go of all that stigma and just want to share their story to support other people, I think that's so important and I love that collective idea as well too, the collective leadership and the collective action.

It's the top down, you have to have the buy in from that leadership like what's happening at the university you know, we do have a Campus Mental Health Strategy and we have the Dean of Nursing who is really supportive of this and now they've appointed me into, you know the Director of Mental Health and Wellness and I think it's happening but I think that's really important May, that top down leadership as well and the champions, and the real life experience.

CML: And I suppose for myself, I just took on this role as a Chief Patient Officer, I'm setting up my office, give me time, I'm trying to again grow another arm of influence and let the clients and patients, and it's a partnership model, I suppose we can then develop and make it into a bit more formal.

KB: What you said earlier May too, about not everyone becomes an ASIST trainer either but you know sometimes it's about letting your role as that connector to a social worker or to a nurse or to a ASIST trained person rather than everyone be an ASIST trainer, looking at the different levels of interest and capability I guess in that structure.

CML: Now even as we speak I right now am also in contact with the Presidents of the Allied Health Professionals, I haven't done that, it's still an interest, there is precedence about this and we can weave in, so as we talk, now this is very exciting, because you see from an idea, we need time to, so currently for myself it's just so many things out there that I've got in mind but this is how we start a conversation, once people are interested you latch on, go to the one who is more keen to fly and cover and support that person and then connect them and this is where, I suppose for me, it takes a certain attitude and mindset because I have heard some of the real stories, I think different countries promote or expand it in a different manner, sometimes you have the ministries right, I attempted that but you see from a ministry angle, you can be amongst the community and it can just be just pockets of people but just grab whatever it is and that's how you spread the efforts of that.

My approach in Singapore maybe a bit, I'm not the first to do ASIST but I claim credit and knowledge for doing it and championing this and as I grow in my career the influence also widens, as a president, I'm in contact with people and this how grabbing the opportunity but I think this is also very important to really find a few key and just spread that network, yeah, so I will after this phone call, after this I am going to write it down to also approach it and have a conversation with the other presidents too.

JS: And I would just add as well too, as a researcher, there is a real push now to have patient advisory committees on any form of research and most of my research is with mental health and addiction and again bringing in people who have lived the experience to be a part of the planning, like KT planning, anything that we're doing to have their voice in the planning, I think is critical, it's critical, we can't assume, yes there is accuracy in information but I don't think there is anything more accurate than somebody who actually has lived it and who experienced it and who can advise in the dissemination of that information as well too, so we can't overlook a patient advisory committees.

CML: Agreed

KB: I'd love to spend all day talking with you two, I feel like I could but I think we might bring it to a close shortly but before we go, I wanted to ask a final question about thinking about your area of work and fostering mental wellbeing and human connection both from a workplace perspective and profession perspective what's one thing, one moment, one approach that you're most proud of in your work in this area? It's a tough one I know, sorry.

JS: Well Kim, I actually think I spoke to it already, it's that domino effect what happened with, starting with the student and I mean, so powerful to see a student see the importance of this and to have her get money to support it and then to have the university look at it and think wow, and now the City of Calgary has given us money to train our instructors, so that whole cascade effect that happened, that began with a undergraduate nursing student is powerful and I think representing the unique position of undergraduate nursing students and nurses in general and the importance of ASIST training in our profession, I'm really proud of how that has evolved and the fact that it's ultimately going to result in every undergraduate nursing student having an ASIST certificate when they graduate.

KB: Amazing, fantastic. It's so good to see that grow from that one idea. And May what about you?

CML: Well me as I look back, I am glad that I persisted because there are so many moments that, you know, formal/informal many and I'm proud that I'm persistent and I'm patient to do this and not give up and continue to find the right training, the right people and the fact that together, you know we collaborated with another hospital to conduct the two local T4T right, we cannot initially I send people out, I think conducting a T4T, our dream now is to see in Singapore, how we can grow there. I'm proud that I persisted, I persisted and being patient and still did not give up and I think that is crucial as I said, a champion part but right now it's involving more people for it to go even further and succession planning really to take over this top job.

KB: You need multiple Mays.

CML: And this is where I spread it out, right, and I suppose I'm still very hopeful about this, it will succeed, it can succeed, I do have some regrets, how come it's not as fast as other countries and things like that but it doesn't mean slow, we are not successful, the sustainability is crucial, right, you do not want to see this going off and even when the champions, the originator of this and how they have built from, I always remember, it was in Canada it has happened and how it has grown into such a big community.

KB: And is there anything else you would like to add in terms of your experiences or advice you'd like to give to people?

JS: I really love, May I'm learning a lot from you today, I love that language of sustainability as well too, and again I will tie that into the conversation with what's happening, when we introduce it into curriculum and transfer that to frontline healthcare workers we are creating a sustainability, that will continue then in their personal lives as well as their professional lives, and the fact that we have four instructors now, nursing instructors in the T4T, in that formal training as well too, that is sustainability and it's financial sustainability as well too, when we invest in those four people who can deliver it over and over again and my guess is that potential to other faculties as well too, this is a training that isn't exclusive, ASIST is for anyone, so these

instructors will have the opportunity to provide training to all those who are interested, again I think that sustainability is really important, we have to look at ways where we can create that and really move that forward, you're giving me ideas as well too, I'm thinking about the sustainability of them, we've got four instructors, let's share them, share them with the other faculties across the university.

CML: From two to 20 over, if one person was to identify one you have 40 and 40 bring one on but it's not just about growing the number of trainers so the marketing part of it, I spent some time to pursue marketing management and constantly seeing how the training we have can be weaved into this aspect as well, that is crucial.

I'm quite protective over who comes in to become a trainer because I think that it is really crucial, if we go from a profit-making model and if the quality is also not there, I would be very concerned, the program is good because and I know it's not my job but I must say I do pay a bit of attention, trying to engage, almost behaving like a consultant trainer, although I am not but because of what I've done I think that's really crucial, the program must speak for itself, otherwise the program, if the quality is not good and you get refused and no amount of this kind of conversation, it's not the number of people it's the right people is of crucial importance, yeah that's all I have to say.

KB: Absolutely, very good points, thank you so much for your time and insights today Jacqueline and May, I really appreciate it, I've loved talking to you and I know people have loved listening, so thank you very much.

JS: Thank you.

CML: Thank you for giving us this opportunity.

JS: Encouraging conversation for sure.

Ending

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