

# Delivering a suicide awareness study day to a group of mixed professionals.

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## Summary- *Crynodeb*

This paper outlines how a suicide awareness course was set up within the School of Healthcare Science at Bangor University in 2018. It discusses the target group of professionals, course content and includes theories of learning and how this influenced the course content and delivery.

*Mae'r papur hwn yn amlinellu sut y sefydlwyd cwrs ymwybyddiaeth hunanladdiad o fewn ysgol Gwyddorau Gofal Iechyd ym Mhrifysgol Bangor yn 2018. Mae'n trafod y gynulleidfa darged o weithwyr proffesiynol, cynnwys y cwrs a damcaniaethau dysgu, a sut y dylanwadodd hyn ar gynnwys a darpariaeth y cwrs.*

**Key Words:** Suicide, psychological health, empathic skills, pedagogy

## Introduction

There were 360 recorded deaths in Wales in 2017 as a result of suicide, and 6213 in the UK in total (NCIH, 2018). It is still the second most common death of men aged 15-44 and the rates of suicide for middle aged men has risen significantly over the past decade (NCIH, 2017).

Many people are reportedly reluctant to talk about suicide openly when someone expresses their own feelings to them. They apparently worry that talking about the issues will cause it to happen when there is no evidence to support this (Public Health Wales, 2012).

Suicide is a leading cause of death globally, contributing to 804,000 deaths worldwide in 2012 (World Health Organisation, 2014), meaning a person loses their life to suicide every 40 seconds. In the UK, suicide rates increased by 6% between 2010 and 2012, and by 30% in Wales (Scowcroft, 2014). High rates of suicide may reflect individuals' incentive to obscure their true thoughts of suicide to avoid professional intervention. Busch et al. (2003) discovered that 78% of individuals often explicitly verbalise that they are not suicidal before taking their lives. Despite increased awareness of suicide as a major social and medical problem, many health care professionals who have frequent contact with high-risk patients do not have adequate preparation or training in suicide assessment techniques and treatment approaches according to Mackley (2018).

Then there is the epidemiology of suicide where recorded data and trends are available annually. Men are over three times more likely to take their own lives than women in the UK. But suicide is complex and research shows that it affects the most vulnerable and disadvantaged in society, both male and female disproportionately (Samaritans, 2018). Methods of completion, age ranges, regions of the UK, evidence, or not, of past or current mental health diagnosis are all significant issues for professionals to be aware of. For instance, the highest rate of completed suicide in 2017 was in the group of middle aged men, 45-49 (NCIH 2018).

## Background to course development

The proposed university course was spread over a day to allow time to develop themes and include more case discussion.

The university like all others has an enterprise lead whose role includes generating more awareness of contemporary and relevant courses within a framework of lifelong learning. This concept has been defined as the ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons according to Aspin (2011). As a result there is likely to be a range of learners, some familiar with current academic expectations, others who may be anxious having been out of the formal education system for some time but who nonetheless may have plentiful professional experience to bring to a particular course.

## Course content

Taking up Isaac's themes, the course has been designed to address knowledge, challenge attitudes and develop skills. Knowledge about suicide includes defining the term, including how coroners often err on the side of caution when delivering verdicts in inquests. Indeed, there has been talk that the burden of proof is set too high in coroner's inquests, 'beyond reasonable doubt' being more likely to produce alternative verdicts when using a lower threshold of 'balance of probabilities', and that this may result in the true extent of suicide in the UK being statistically reflected (Pritchard, 2017).

Theories of suicide are shared including Joiner's (2005) interpersonal supposition which highlights the consequences of maladaptive thoughts and feelings. Apparently a perceived burdensomeness, low belonging and not fearing death are significant factors. Miranda et al (2012) discuss the concept of cognitive inflexibility as a risk, with individuals having an inability to construct alternative solutions to problems being regarded as a higher risk. There is the presence of hopelessness too, and the impact this can have on completed suicide (Klonsky, 2012). It is often seen in a number of mental health conditions, including depression, schizophrenia and substance abuse.

Skills in developing rapport with individuals who may be withdrawn, agitated, threatening, experiencing thoughts of unreality, have been developed through instruction and role play. The skills emphasise the importance of developing active listening skills and avoiding the temptation of medicalising symptoms at the expense of acknowledging the individual in front of them. The emphasis on creating an engaging relationship by 'reaching out' and attempting to gain access to the lived experience espoused by Barker (2011) is developed in the group. Where it is necessary to formally write up clinical summaries including risk assessments, the course does include a section on the importance of objectivity and accuracy in record keeping, with examples from legal cases reinforcing the dangers of poorly presented patient record accounts. With regard to risk assessment, educators are well advised to consider the seminal 1983 Pokorny paper which highlighted that in 4800 psychiatric admissions to US hospitals, there were more suicides post discharge in the cases marked 'low risk' than in the 'higher risk' category. Distinguishing imminent high risk from general risk is very difficult and according to NCISH (2018), clinicians may become desensitised to risk or be over influenced by the absence of suicidal ideation at times of assessment, despite longstanding risk factors such as isolation or substance abuse.

Attitudes in challenging beliefs about suicidal behaviour focused on statements often heard 'if they are going to do it, they are going to do it' and the observation that staff cannot effect behavioural change. It is important therefore that any programmes of education around suicide awareness are framed in such a way that embraces the belief that every consultation may yield an opportunity for an individual to reflect and reframe.

Participants are also introduced to the concept of developing safety plans to help reduce risk. This may include having a strategy for an individual which may include calling certain friends or family, engaging in some purposeful activity such as exercise or a current hobby, listening to music or calling a support line from either a statutory or voluntary sector group. The principles of the Five Ways of Wellbeing (2008) have been included to reinforce the evidence base for increasing contentment alongside some seeking professional support.

## Lecturing style

Charlton et al. (2006) outline how lectures have pedagogical, practical and social benefits not easily replicated by other teaching methods. By engaging students, lecturers can develop a narrative taking them through various perspectives on a topic. By requiring students to follow a line of argument or

reasoning, a deep engagement can be promoted with analysis for example when dealing with risk assessment. Many clinicians believe that accurately predicting who is at risk of suicide is impossible with so called high risk groups having 'false positive' characteristics and so called low risk groups attracting 'false negative' status. In the sessions the possibility that some individuals regarded as low risk may conceal their true intention and that others who have so called high risk factors but remain stable is discussed. Biggs and Tang (2011) discuss how the lecturer is expected to have the capacity and ability to summarise material from different sources and help the learner in interpreting and analysing key concepts.

Gyspers (2011) suggests that motivating students to learn through the group dynamic and enthusiasm is something all lecturers should strive to achieve, and after introducing the course with the precaution that there will be few present who may not have been affected personally, professionally or vicariously, it seeks to nurture a shared understanding in a spirit that avoids gloom in what is a very sensitive subject.

In setting up the course, consideration was given to theories of teaching within a lifelong learning context. Constructivism for example, lends itself well to this as it brings together learning from many different sources including life experiences according to Kirschner et al. (2006). Constructivism is a learning theory founded in psychology which explains how people might acquire knowledge and learn. It therefore has direct application to education. The theory suggests that humans construct knowledge and meaning from their experiences. In terms of the course there were likely to be students with direct experience of suicidal behaviour, some having personal involvement, with others appearing really keen to understand more about the worrying trend in the subject area.

Constructivism is not a specific pedagogy. Piaget's (1985) theory of constructivist learning has had wide ranging impact on learning theories and teaching methods in education and is an underlying theme of many education reform movements. It is an active process of constructing knowledge using personal experience. Listening to a lecture may allow a student to construct new knowledge perhaps by recalling a challenging consultation with an individual who was feeling suicidal. They may then apply some new knowledge and use it to improve their skills in assessment or engagement for instance. They may also wrestle with personal issues they have with suicide and how these may affect their professional response to individuals they may encounter. It may be the case that a situation reminds them of a painful event in their own life, perhaps a family suicide or that of a friend. This can affect objectivity in a relationship and should be acknowledged through reflection. Learners bring valuable experience to the classroom and should not therefore be overloaded with information – too much material will encourage a surface approach, information reeled off with insufficient detail according to Biggs (1996). Bombarding the students with clinical data, theories of suicide and checklists for counselling engagement was avoided and replaced with a gentler pace of engagement which was reflected in positive feedback.

So aware of a varied mix of professionals likely to attend, some with considerable knowledge, others with less awareness but a genuine desire to learn, the course was set up to cater for all delegates.

The teaching aids included the use of PowerPoint, where information is of course reflected onto a board where students can see. Jones (2003) provides a useful critique of the use of PowerPoint, ultimately coming out in its favour as a tool for teaching and learning. He identifies one of the potential problems as being that it can encourage students to adopt a passive approach to learning, especially if the slides contain all the relevant information.

Howells (2007) suggests practical ways in which educators can maximise student engagement when using the software. These include interactive components to support the lecture notes such as quizzes, asking questions, small scale group work.

In the study day, the author made it clear that the PowerPoint slides were a reference with each attendee receiving a copy of the slides. Discretion was used in terms of which to use during the day, with no thought of delivering them one by one.

The PowerPoint slides followed the principle of avoiding information overload espoused by Leff (2017). He observes how experienced researchers often cram slides with illegible lists of data aware that some may not be able to read small print and confusing graphs.

Some slides may have had a little more information and were retained mainly for reference as they had valid information which some students may have found useful, possibly following up certain sources

post course. If a heavily worded slide was used in a session, one or two lines were highlighted in bold to help emphasise a particular point.

## Student engagement

To encourage engagement, small group work was provided – for instance asking why suicide in middle age is seemingly on the increase – how living with a chronic medical condition can increase the risk of suicidality for example. There were a couple of YouTube clips taken from well-known mainstream media outlets in the UK. One featured an interview on BBC Newsnight of rapper Professor Green recounting suicide in his family, the other demonstrating the impact of suicide on families and neighbourhoods taken from a scene where ITV's Coronation Street character Aidan ends his life.

Another feature of the day has been the clinical case discussion with scenarios shared with participants. In the initial study day the author set the clinical scene – a middle aged man recently separated from his wife and referred to a mental health team by his GP; the second being a young female presenting in the emergency department who demands psychiatric admission with a threat to end her life. The presenter went through key aspects of the assessment process, from setting the scene to formulating a risk plan. On the second occasion willing volunteers played the part of the patient whilst the author played the clinician. This seemed more authentic and feedback from the group in the form of constructive comments from some participants, making the experience more rewarding.

Knowles (2007) introduced the term andragogy to refer to adult learning and suggesting it as being the art and science of helping adults learn, having the following principles:

- As an individual matures they tend to become more self-directed.
- Adults have usually accumulated experiences that can be a rich resource for learning.
- Adults are more ready to learn when they experience a need to know something.

There was plenty of evidence of students wishing to build on their existing experience and giving the impression of 'wanting to learn'. People who want to do something usually manage to do it and if people want to learn, all is well (Race 2001).

Attendees giving appropriate eye contact, asking questions, engaging in group work, returning to class after a break in good time are all indicators of motivation.

Throughout the course, attendees frequently relate to the impact of suicide either from personal, professional or vicariously possibly through media attention.

Race (2006) discusses the issue of low motivation in adult education and provides meaningful examples of how to address challenges such as learners include talking in class, looking out of the window, using a mobile, returning late from a scheduled breaks and failing to engage in class discussion. There was fortunately little of this encountered throughout.

Teachers can increase motivation by addressing room quality, seating plans, self-appearance, sound, level of enthusiasm, understanding teaching and learning styles. Enthusiasm is infectious and needs to be transmitted (CIDDE, 2014). Natural daylight and air quality are other factors worth addressing in a room. With this in mind, a suitable room was booked within the school before any definite dates were advertised for the course.

## Course evaluation

The training has been evaluated in a number of ways. Firstly there is the option of completing written feedback from a proforma distributed to all attendees. This was given at the end of the mid-afternoon break rather than at the end of the course as experience suggested that students often want to leave when the final word is spoken and may either give it less attention when completing or not complete at all.

There are concerns that 'survey fatigue' reduces response rates as well as a lack of appreciation on the part of the student as to how seriously feedback is taken and the difference it can make. Response rates are almost universally reported as being lower for online evaluations compared to in-class, hard copy questionnaires (UCL, 2013). The responses were collated by a senior colleague who attended the training

and who made a heartfelt announcement over the request for feedback shortly before distribution. She also provided an e mail address where attenders could send comments relating to the course.

In both courses to date, response rates have been over 90%, with positive feedback encouraging. Individual comments in terms of what attenders found most useful have included:

- ``I enjoyed talking to others on the course``
- ``The case examples and how to deal with scenarios was helpful``
- ``I enjoyed the part on communication skills``
- “The lecturer seemed really enthusiastic and knowledgeable in what is a difficult area”.

Asked about how they will use the experience in their future practice, comments have included:

- “I am more aware now of how my non-verbal behaviour can affect others”
- “I feel more confident now about talking to people in distress”
- “I understand more about depression now”
- “I will use some of the communication approaches now in everyday settings”.

Asked how the course could be improved there were no suggestions.

In future courses a feedback tool will be more detailed to invite more detailed responses to what went well and what could have been done better. The room environment and ease of transport to the venue will also be evaluated.

In terms of the impact this training has on attenders, there will always be uncertainty if course attenders are not followed up at intervals and invited to share examples or not, of how they have utilised their newly acquired knowledge in their clinical environment. For this reason the author is planning to introduce a follow up questionnaire, sent to attenders one year post course attendance. Contact details from individuals will be used to send out the questionnaire which will include a question on how appropriate the course was in its application for their day to day role.

The current higher education climate where students have every right to ‘shop around’ and choose the right course for them ensures that no lecturer or institution can become complacent. Courses should be carefully constructed and demonstrate value as well as relevance. Other courses are available on suicide awareness, delivered locally and nationally. This course described seeks to add value to the educational necessity of helping individuals understand more about the great public health challenge of suicide. There is no intention to exclaim ‘this is what you do when someone is suicidal’, there is every intention though to restate the importance of basic humane communication at all times and in all places, health-centre, public or private environment. Theories and suicide epidemiology are very much part of the course, but not at the expense of underlining the crucial personal element of relating to others.

Suicide is a complex issue and mental health organisations around the world take the view that it is ‘everybody’s business’. This course aims to play its part in acknowledging this by developing greater awareness.

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