TRANSCRIPT for Series 3, Episode 1: How it All Began

Introduction

Welcome to *A World Where LivingWorks*, stories of science and survival. Bringing together our heads and our hearts, to build a suicide safer world.

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

First of all, I'd like to acknowledge Traditional Owners of the beautiful lands wherever you're listening.

I'd also like to acknowledge everyone out there who has been impacted by suicide, the pain it brings to our lives and the desire to make positive change for all of us to live well.

We know LivingWorks today as a global leader in suicide intervention. Thousands of trainers in workplaces and communities around the world teaching gold class suicide first aid programs like the two-day ASIST workshop, the half day SafeTALK suicide alert helper workshop and now the 90- minute online interactive introduction to suicide first aid, LivingWorks Start. Programs that have been endorsed in more than 50 peer reviewed journals around the world. That have informed international policy and are implemented everywhere from schools to military bases, hospitals to sports clubs and everything in between.

But do you know how it all started almost 40 years ago?

Our third season of A World Where LivingWorks is an extra special one as I talk with LivingWorks co-founder, Richard Ramsay. In each episode we'll discuss the evaluation of LivingWorks and suicide intervention practices – where we've come from and where we're going when it comes to saving lives from suicide and supporting people to live well.

A very warm welcome to the podcast Richard.

Richard Ramsay, guest: Thank you Kim.

KB: Richard, tell us a little about how the first ever LivingWorks training program came about?

RR: Yeah, well actually we started in our own micro-environment in the province of Alberta because we were also connected to a state or provincial strategy that was just getting started and I was part of that strategy and it had four things, one was training, one was to build up a library of information, one was a broad based community coordination approach and the other was a research centre kind of approach and I was asked to head up the training side, be the training lead and I was also working with a local mental health association and there was also a psychiatrist at the University of Calgary and I was in the Faculty of Social Work, Brian Tanney, Dr. Tanney and we were the original two that worked on these ideas and as I said, we were able to create a pilot curriculum which ended up being two days and the reason we did two days was because the literature we were reading, apart from knowledge and skill development, the literature was saying that if you're working in a taboo subject area you can't impart knowledge and skills without paying attention to the attitudes that people bring into the training room and if you don't pay attention to their attitudes, they'll sit on those attitudes for the two days and then just go home and do whatever they've always believed, you had to figure out a way to get people to release the attitude in a safe and challenging environment and it was actually kind of funny in a sense that Dr.

Tanney and I went to a film maker at the University that I had been working with on another project and we said, how do we get attitudes out of people without them clamming up right from the beginning or the other one we'd all experienced going into learning experiences where the instructor said, look we're going to talk about attitudes, there is no right or wrong, so feel free to say whatever you want to say.

Well we had always been in, we've experienced that to the extent that the shoe was finally dropped somewhere in the training and the shoe being dropped was the instructor would in fact tell you what the right attitude and the wrong attitude, so they basically lied to you at the beginning and we said, if we're going to promise that we have to make sure that we don't lie to them, we have to stay true to the openness of the attitudes. Then we discovered that you had to give people time to decide whether or not you were trustworthy enough and when the filmmaker, he said, oh really he said, I have just come back from Israel from a Masters in Radio and Television in Tel Aviv and he said we learned a new technique about how you draw people's feelings or attitudes, he said it's called a trigger tape and what it is, you build a movie, if you want, with very little script in it but lots of visuals and if you present that to your audience, they will start to relate to the visuals and even if they try and sit on their hands, they won't be able to do it, they'll blurt something out at some point and he said, I think that's what you have to do, build that kind of movie.

What happened was, we thought well that's a good idea, then he said, what I'd like though to know some real doctors and some real social workers and some real helping people and I'm going to go out and spend time with them and then I'll come back with an idea. Brian and I, I still remember Brian Tanney and I looking at each other and then over to him and saying, well you've got a real doctor and a real social worker standing right in front of you, and he brushed it off, he said yeah, I know, I know but I want to get out on the road with somebody that is actually doing whatever they are doing.

(14:09)

KB: I want to go on this journey, not just with you two in the office.

RR: That's right. So anyway, we gave him several names and he disappeared for several weeks actually and then he came back and sat us down and one of the first things he said to us was, hmm this is actually, you guys were pretty close to being correct way back then when I talked to you, it was a small apology I think.

Anyway, that's what we did, we built this film that was designed to create different scenarios from the literature about what was typical of, I don't want to talk about it because I'm going to cause somebody to think about it or I don't really like people who try and kill themselves because they get in the way of people who really want help, the attitude of, well you're going to do it, do it right and we found a whole bunch of those scenarios and then we built them into characters and we weren't trying to stereotype a policeman or a doctor or anything but we made decisions that this scenario might be fit with this.

KB: Maybe more likely that kind of character.

RR: Yeah, and our main interest is, can we build it so that it will draw out attitudes from the audience and that's what we did and I don't think that the textbooks would tell you that that's the way to build a curriculum to go out and build a movie first and then perhaps the text or curriculum around it.

KB: Yeah draw in people's emotions and attitudes I love that though, but how did you even come to the point where you went to speak to that film maker, when you were taking it back a step, like when you and Brian were talking, you were just shooting the breeze, in your office or what lead you to wanting to do something about this, I guess.

RR: Well, there was two things, one was that I was the suicide prevention volunteer in the local mental health association, and they had a system that said, that the volunteer is the head of the unit, the staff worked for the volunteer.

KB: Oh really.

RR: And it was kind of unique, and they had me involved in thinking about training and thinking about five-year plans and their organization was basically the only organization in our province that gave a damn about suicide, and they were an advocacy organization not a treatment or clinical group, they were consistently trying to get the government to try and change policy and that sort of thing. One time …

KB: How did you get involved with them in the first place?

RR: Well what happened was, I had been involved in setting up two crisis line agencies like Lifeline, one in Eastern Canada in Ottawa and one in Edmonton North of Calgary, when I moved to Calgary the head of the local mental health association came to me and said, we know what you've been doing in the past and we'd like to you to continue doing that with us, would you be our volunteer in suicide prevention, plus in my social work teaching we had to have students in practical agencies and I had all of my students in that agency and they were assigned to work in different parts of the agency and what happened actually was that I was working with the students four days a week and then one day a week we'd be back at the University in a classroom, a lot of people didn't even know I worked at the University, they thought I was with the organization.

KB: 100% with the organization.

RR: Anyway, they kept adding on to what they wanted me to do and in the meantime Dr. Tanney and I had met in what was called a crisis care coordinating committee in the city and he was an emergency room psychiatrist and he claimed to be a community psychiatrist and I'd met community psychiatrist when I studied at McGill in Montreal, I kind of knew what they were all about and they weren't behind the couch type of clinicians but I wasn't sure I could believe Tanney whether he really was or he wasn't.

Anyway, the head of psychiatry at our university used to run off at the mouth about one or two times a year complaining about all these non-professional lay people messing up these experts in mental health and he would always fight or argue or make a big fuss in the press about this mental health agency, cause they were the epitome of the non-professional.

KB: Of regular people just going out and being where they shouldn't be involved, allegedly.

(20:08)

RR: Yeah, anyway they came to me and they said, we want to prepare a five year going forward strategy plan and would you chair that and I said, well actually no, you've got me involved with too many things, I'm going to say no, which was unusual but I've got an idea, I know this psychiatrist who says he's a community psychiatrist, if we can get him to chair then it would be like putting the fox in the chicken coop and we'll find out if he's a true community psychiatrist or he's just hiding behind a cloth if you want. Anyway he agreed and he said and he was what he said he was, then he also had a brilliant idea was, he's going to put together a committee, a taskforce that was made up of a pairing of academic and a professional, he got an academic medical doctor and a practitioner, he got an academic social worker and practitioner and psychology and nursing and he put them together and he said, we're going to be involved in a think tank and what he was trying to do was to say is, what

I want you to do is come out every Tuesday night and think, meaning no work, you don't have to work, and they brought into it and so they came out and we thought for, I don't know how many weeks and finally we put together the final report, the five year strategy, which included training and various things and by this time, the committee members realised that they were close to finishing their thinking job, they started to leave, saying you told us we didn't have to work so we're out of here, thank you very much, it was good fun.

KB: We're not implementing the plan, we're just thinking.

RR: Right, so that forced Tanney and I to look at each other and say, geez we never really put that into our plan, and it looks like you and I are stuck with having to do this, that's what got us into the film maker because we had a …

KB: Because you had to practically address this.

RR: Yeah and our strategy said that you had to do three things, you had to do upstream prevention, you had to do downstream postvention and you had to middle stream intervention, and what we had learned at that point was that, there's no point going upstream with an awareness program to say, if you've got this kind of problem, go see your friendly doctor, because we knew that these people were all scared of the issue and they wouldn't deal with you directly, they just shoved you off somewhere else, we said, in the end we've got to get to the postvention but that's kind of down the road, we've got to do something to train these frontline people, so they won't be afraid once we go upstream and encourage people to seek help.

KB: Isn't it interesting the plan is now, we've got to get back to training the GPs, you know we've got to really support the general practitioners, because we're always saying, go talk to your GP if you've got a problem and this is what you were talking about 35 years ago, to say you need to look at the people who are on the front line.

RR: But we couldn't get those GPs to come because they always had an excuse about it was too long, I don't have time or I've got a busy practice, they were and still are the biggest challenge to get them into some kind of education and training, I mean ideally the way would be get it upfront into the higher education curriculum so that they got the training and that's happening in a few places but it's not very prevalent and the reason I went to the film maker is because he and I were working on another project, it was actually he was doing it but they were setting up what they were called "It Begins With A Friend" project, somebody who was coming out of a mental hospital, was matched with a volunteer who helped them with day to day living, so they helped them go to the grocery store, or helped them do basic community chores, they actually either invited them to their own home or they visited the persons family, they filmed this particular combination for about three or four months and then they did what you're talking about, then they edited it down and came up with sort of like a 20 minute, 30 minute training program for new volunteers and I liked what he was doing in that project and that's when we sat down and said, here's another challenge, what do we do with the fact that, we've got to get attitudes into the curriculum especially with a taboo subject like suicide and that when he said, oh glad you asked, I just got back from Tel Aviv and I …

KB: Well especially, I loved that "Begins With A Friend", because you know when you help somebody with their shopping and all that sort of thing, you're getting every other conversation under the sun, you're not just talking about the practical issues of the day, without some sort of support then having those conversations totally unsupported.

RR: Yeah and that was also the beginnings of, well actually we were tied into another piece of research that had been done ten or more years before we got started and it was the community based crisis intervention type of

study in the United States and their conclusion was that people who were in crisis, suicide included, when they went to kind of a mental health expert, the mental health expert would in many respects remove them from their natural community and put them in hospital or do something like that, and their conclusion was, the experts actually moving them away from the very place where they have their supports and need help, and the experts of the day and they probably still do today, to some extent, their idea of what was coined back then as 'gatekeeper training' and the idea was, gatekeeper meant that somebody was at the gate, figuratively speaking and they were able to either open the gate into more help, if you want, or they could shut the gate and turn you away or send you on your way, that researcher coined the idea of gatekeeper and then out of that study they said that, the mental health experts were also saying that the job of the gatekeeper is to go and find people who are at risk and then get them over to the expert and then get the hell out of our way and don't medal in our expert work, and that's when Tanney and I, when we saw that we realised, oh my god we're working with one of those lay person kind of organizations and we already knew how powerful they could be, we agreed with the researchers who said, you should not make automatic referral to an expert a standard operating procedure, you might have to do that but don't make it a requirement.

KB: In our next episode we go into a little more detail about how this suicide intervention training developed and evolved.

But to end this episode, I wanted to leave you with the words of another of the co-founders, who features so heavily in today's conversation with Richard, the second of the co-founders, Brian Tanney.

When he was asked what was different about the training developed by them in response to suicide, he talked about the fact that this group were among the first to identify suicide as a community wide problem or community health problem rather than one based in mental health only.

He said "LivingWorks will be remembered for the idea to cross disciplines and cross helping barriers which was something really unusual at the time. Probably most remembered for creating a very good quality teaching program. It will also be remembered for innovation in the teaching processes and the content of what we've taught. We were really well ahead of most people who are writing textbooks. Better than that, if we discovered something in the textbook, we were quickly able to translate it into the technology transfer and knowledge dissemination process. We got it in into our teaching programs. What we discovered is that things, which are still being written and published in an academic level, we already teach them to thousands of people in the community. I think this was our contribution, in the sense that we short-circuited the idea of the Ivory Tower of the University which was Richard's belief in community based social work and my belief in community psychiatry.

Thank you again for sharing your time and insights Richard.

RR: Thank you Kim.

Outro

I hope you've enjoyed hearing about the start of LivingWorks from the perspective of one of its founders. Join me for more conversation with Richard in the next episode.

If you've enjoyed this episode, we'd love you to subscribe on the usual channels, write a 5 star review and, most importantly, share it with your family, friends, and colleagues on social media tagging LivingWorks.

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