



So...podcast – Episode # Shayne Connell – LivingWorks

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John: Greetings, John McKenna. Welcome to So Podcast. I would like to acknowledge the traditional custodians of the land that I'm currently on, the Wurundjeri and Boon Wurrung people of the Kulin Nation. I would also like to pay my respects to elders, past, present and acknowledge that sovereignty has not been ceded. We are on solid land, and I'm forever grateful that I'm able to live and work on this beautiful land. I would like to introduce and welcome Shayne Connell from LivingWorks. Hi, Shayne.

Shayne: Hi, John, how are you?

John: Well, thank you. Shayne, I'm just on Welcome to Country. Would you like to acknowledge where you are?

Shayne: Yeah, sure. Thank you. So I'm very pleased to acknowledge the traditional owners of the land that I'm coming at you with today, with is the Darkinjung people, so I'm up here on the Central Coast of New South Wales, and I pay respects to traditional owners and elders, past, present and emerging. And really happy to be here talking to you today, John.

John: Thanks, Shayne. Okay, let's kick off with, Shayne, you work for an organisation, or CEO, I should say, of LivingWorks? Would you please tell us a bit more about who LivingWorks are?

Shayne: Sure. So, look, LivingWorks is an organisation that's been around for about almost 40 years now, and we're a suicide prevention organisation, and so what we do here in Australia and across about 35 countries across the world is, we provide suicide intervention skills training for a whole range of people to be able to learn how to help others to stay safe from suicide. And so, I guess, it's probably the right time at the beginning, John, just to acknowledge that our





conversation is going to be around suicide, and suicide prevention issues, and I always like, at the beginning of any conversation around it, just to acknowledge that for some people, particularly those for whom it may raise emotions, or raise issues for, we really want to invite people to reach out, and to contact services and to contact support if anything that we talk about, it's on a point for somebody, so we have services like Lifeline, Beyond Blue, and a whole range of services out there, and so we're lucky in that way in Australia, and we encourage people to do that if they need to.

John: I guess also at the same time, Shayne, if people choose not to listen any further, turn off now, so I'm okay with that. I think it's about people's level of comfort, and I think we have made it really clear that we are going to be covering this topic, which is really sensitive to some people.

Shayne: Absolutely. I'm so glad you said that. That's right, 'cause people have a choice, and they can do that. And it's interesting, from us at LivingWorks, we've spent so many years now really trying to encourage conversations around suicide that are clear and direct, and that empower and encourage people to be able to speak around suicide when they need to, but as you say, John, that also means encouraging people to take that break, and to not do it if they are not feeling up for it at the moment as well.

John: That's right. Shayne, suicide is an issue for everybody in the world, I think. I was just looking at your website, and it's a thought that, whether it comes and goes, or even for a split second, we all know the word, no matter where you're from, we know the word, so it is an issue that needs to be discussed more openly, where people are comfortable. We were talking off-line before how it's very interesting where people are focused on CPR training for general first aid, to help the world, and help people we might meet in the street. It's very similar when it comes to suicide prevention.

Shayne: Yeah, absolutely. And I think it's a really nice analogy to make for the work that LivingWorks does, is that we couldn't imagine a world now where people don't have a basic understanding of CPR first aid skills, so knowing what to do when there is a physical emergency is a given now. But it wasn't always the





case. So if you go back to the 50s even, into the 60s, when the community-based training of first aid skills, physical first aid skills, started to be introduced; it wasn't automatically globally endorsed. And so there were organisations like medical associations across the world who were quite strongly advocating against teaching first aid skills to community members, on the basis and under the philosophy that it's only medical practitioners who can do things like closed chest compressions, which we now all know is a part of first aid skills, and so now, of course, we know that those skills are so vital, and we have defibrillators now in sports clubs and shopping centres, and it's a way to save a life. So with suicide first aid, with things like the Suicide Intervention Skills training, in many ways, it's taken decades more to have a universal understanding that actually skills in the community are really important to be able to help keep people safe from suicide. It's a very natural and human condition. Here in Australia we know that about one in 25 people in any given 12 months will have thoughts of suicide at some point, and we're losing eight people a day to suicide. So this is a public health issue, and as you say, it's everyone's business. And so at LivingWorks, what we say is that it's also everyone's responsibility and opportunity to be able to learn the skills to identify suicide and keep people safe.

John: You said eight people a day; that's in Australia?

Shayne: That's right. Yeah, just over 3,000 people.

John: It's not an illness, suicide, correct; it's definitely not an illness?

Shayne: No, that's right, and I think, of course there's a link between various illnesses and suicide, but it's also, I think, part of the myth that we try to break down is that suicide is a human condition. Anyone, given the wrong set of circumstances, if you like, can fall into crisis and stress, and suicide may become an option. And I think most of us know of a time, maybe in our own lives or when someone really close to us has gotten to that place of real distress, where we've been concerned about them in terms of suicide. And so, yeah, I think that historical perception of suicide as an illness, I think people are now becoming much more aware around mental health issues, and around





how they can support each other, and really, what we like to think of is there aren't just people who are struggling with thoughts of suicide, but there are a whole network of people typically around that person who are aware that they're struggling, and that makes us concerned too, because we want to do the right thing by people with us, whether it's a family member, or a friend or a colleague at work or a neighbour; even if we know of a stranger that's struggling, we want to help. But what's really missing in that picture, I guess, in that puzzle, is knowing what to do and to help. I think the barrier for many people is thinking that if we do something we'll make matters worse. And so understanding that actually suicide is something that can happen in terms of suicide thoughts, we know it's a real crisis in terms of when there is a suicide death, and the ripple effect that that has in a community, but we also know there are people who are struggling in silence and who don't maybe feel like they're able to reach out and to ask for help, and so if we do more of that, if we change the onus from help-seeking to help-offering to people who may be struggling, and we have the confidence to be able to help, then we're going to go a long way to reducing the impact of suicide in our community.

John: People say, possibly think, okay, if there are issues, you would talk to your family or close friends. I liked how you said earlier, Shayne, that it can be a stranger that you meet where there are some red flags going off in your mind to say "this doesn't sound right." So let's talk about the stranger you meet in the street or on the train or in the bus, I know this is all covered in your training, but I think as we go through and mix in society, what do we do; how do we approach a person, would we say, "I'm not sure, I've only met you for the last 20 minutes, but for me, there's really concerns going through my mind."

Shayne: It's a really interesting question, isn't it, because I think that's one of the issues where we really struggle to think, "Well, it's not my business, and so if I see someone on public transport who's clearly in distress, do I just look the other way or do I help them out?" And what's interesting on the converse side of that is that often people who are struggling with thoughts of suicide may not want to tell the people who are closest to them, there could be that sense of burden on people around me and not wanting to put that on their shoulders,





and I think that's why anonymous services, like Lifeline, for instance, can work so well, because we don't feel that sense of connection, that sense of putting a burden on someone, because, I can do that anonymously. We train a program called ASIST, which is the Applied Suicide Intervention Skills Training course. It's the gold standard really in this field. It's a two-day program. And as part of ASIST we ask people across the country, "If you were thinking about suicide at any point, who would you tell?" And obviously those people are coming along as participants to learn the skills to be able to help others, but it's a really interesting process to think and reflect on "Who could I reach out to, and why is that person in particular the one that I would tell?" And what's fascinating about that is that across the board, most people don't choose a doctor, a counsellor, a psychiatrist or a psychologist or someone with medical training; people far and away put a trusted person, a friend, a family member or "someone close to me" and who that person is obviously will vary, but it just goes to show you that actually we will tell people who are close to us, and maybe we won't tell them directly, but there will be some way of letting the world know. But if we don't know them very well, then we need to have those skills to be able to help. We're often asked about, what are the indicators, what are the signs that someone is thinking about suicide? And really, for us at LivingWorks, what we teach is there are a whole multitude of invitations to suicide, ways that people will tell the world that they're struggling, and sometimes that's consciously and sometimes it's sub-consciously, but really the best indicator to understand whether or not someone is thinking about suicide is to ask them.

John: Sure.

Shayne: Yeah. And that's a myth that I think we've been breaking down for quite a long time, that it's okay to talk about.

John: Exactly. And I think we've touched on the fact that although we've got family there, they're not always the given person you're going to go to to share this with.





Shayne: Yeah, absolutely, and we see that. We have a problem called SafeTALK in Schools, which obviously is training for young people in terms of recognising suicide, and being able to help, and moving away from that feeling of helplessness, to be able to support a friend. But whether it's that program, or workplaces, or others, yeah, certainly I think often it's the people who want to help the most that may not always be the people who are best to help, and that's a really, really difficult conversation, if you're a parent, or you're a partner, or a child, or some relationship that's so connected that you really want that person to reach out. And so, for us, we often hear from people who said that when they were in that place of having thoughts of suicide, they really spoke to someone who was kind of two or three legs removed from them in their personal space, because they didn't feel that sense of, maybe judgement, but also burdensomeness and other things. It really goes to that point, that we need many, many people trained in this area, in the same that you would for physical first aid skills.

John: Sure. Getting the message out to people on-line, you were saying earlier off-line that LivingWorks has now got something where people can use their computer to learn more?

Shayne: Yeah. Look, and it was really, really good time, I've got to say, because the need for this kind of training now, particularly with the trifecta of COVID, before that we had the bushfires, and obviously before that the impacts of the drought, and that sense of isolation and potential concerns that have come out of all of the issues there, is the need for learning these skills, but doing it out of the training room, where people can't actually gather at the moment and get in-person training. So about three or four years ago LivingWorks started to build a program, which we called the Network of Safety, and so the Network of Safety is around making sure that you have a whole program of training that's integrated across different levels, so not everyone, for instance, will need to have the full gold standard two-day training, some people can just do a half-day course, or a one-hour on-line course. But what they can all do is, if they learn the same basic fundamentals, if they learn a language to be able to communicate and refer to each other, then that starts to build a network within our community, whether that's a literal community, a town or a state,





or it's a university campus, or a hospital, or a military base, whatever community you're talking about. And so LivingWorks Start is the beginning of that network, and we really put quite a lot of time and investment into developing an on-line program that was unlike any other. So I don't know about you, John, but when I've done on-line training, traditionally it's been, on-boarding for a job or something like that, and it's manual handling, and it's all these things; training courses that look like PowerPoint slides with audio narration off the top.

John: Exactly.

Shayne: And often people click, click, click, click, and you do a test at the end and hope you pass, which is more information provision, or awareness, it's not skills, and our focus at LivingWorks is really skills training. We want to enact behaviour change by training people to have the skills to do differently. What we found with LivingWorks Start is that we were able to, by having an incredibly interactive program, able to teach skills on-line in a way that people were able to practise those skills, so you record your own voice, you interact with a video character, and so you start to work through the skills, and you do a whole heap of practise scenarios at the end, that really mean that by the time you finish Start in 60-90 minutes, you've actually had a conversation already, you've started to do this work and not just learn the myths and the facts and the data about it. So that was key for us. It was launched in Australia, in the world, sorry, July last year, and it's really started to pick up and have quite an impact, because, as I say, people who can't actually get into the training room to do training for a SafeTALK or ASIST, are now able to access another solution. So we're really happy to be offering it.

John: Okay. Appropriate for mums and dads, brothers and sisters?

Shayne: Absolutely. In fact, yeah, so we have Origyn Youth Mental Health in Melbourne at the moment are proving LivingWorks Start licences for parents of those who will be doing the LivingWorks SafeTALK program in schools, so it's a really nice adjunct to the training, absolutely.





John: Other groups of society, culturally and religion is an issue for everybody, of course, but I think it's about respecting people think differently. So how are LivingWorks working with those segments of people?

Shayne: Yeah. Look, it's really interesting, because if you're talking about suicide prevention, you can't just teach skills and think that they're all going to be applied equally, because we sit in this issue of suicide within our own cultural context or our own cultural protocols, and I'm using the word "cultural" there very broadly. So, of course, we're talking about nationality or different kind of religious perspectives, but we're also talking about our own identities, and "How do I relate to that issue?" And so we have a number of ways that we customise our work, and we work really in a co-designed way to make sure that our programs are tailored and built by communities that will run them. So I'm very, very keen to make sure, and as is everyone at LivingWorks, that we're not the sort of organisation that goes into a community, does some training and then leaves. We see a lot of that. Our model is a community development model. So what that means is two-fold. The first part of that is that we are training trainers from within each of those communities, so whether they're culturally linguistically diverse, indigenous communities, the LGBTI community, refugees, for instance, a whole group of folks where, if we're able to train trainers that sit within and identify with a community, then they're much more likely then connect, and develop, I guess, those community skills from within. But the second part of that is around co-design. So we have an evidence base, which is the leading evidence base in the world, so we know it works. And all that really means is that it's been test over and over by a whole range of universities and researches who have done a whole series of studies on our work, so actually it does impact, it does make a change in terms of what people do. So that's the baseline, but how that's applied or how those skills are taught can be customised. So we've worked recently with a group in Australia of LGBTI organisations and community leaders to look at a program like ASIST and say, well, how does this relate to you, how can we make sure that someone from within the LGBTI community can see the program can see the training, and know that "it's for me, I can engage with this." And once they do that and learn the skills, then actually they've got skills that can help anybody they're in touch with. And so that's the flexibility that's built into





being able to work with community to develop from within those skills that are grass roots. The reason I think that's so important is because what we know from various studies is that the majority of people, or at least half of people, who die by suicide have not been in touch with a health service previously, in the previous two years. We also know then that people in the community don't feel confident to have a conversation with suicide, so on one hand, you've got a whole bunch of people, or any of us, that could be in distress, who aren't necessarily talking to a medical practitioner, they're talking to their friends, but then you've got a whole group of these friends and lay people and family members and others, who don't necessarily have a skill base, who don't feel confident. Even the Beyond Blue report that was released last year, I think it was, that said that something like 78 per cent of paramedics in this country don't feel as though they've got the skills to be able to have a conversation about suicide. So we've got a lot of work to do, and it's what we see every day in the training room, but we certainly see change and improvement when people do have those skills and do have that training.

John: So people listening to us saying, "Yep, I get all this, I'd like to learn more" - they're going to go and have a look at your website, where's a good starting point, because I know you've got about six or seven programs; what's a good starting point for your average person in the street that wants to do something to help their own self-development but also to help others?

Shayne: Look, we would really recommend that people start with the on-line training. They can do it in as little as an hour, hour and a half. For COVID we've reduced the price right down to \$20, but actually across the country a whole range of government organisations are providing LivingWorks Start free for certain communities. So more likely, or more often than not, there's an opportunity to do the training in some way that's going to make a difference, if it's not accessible for you. But LivingWorks Start gives the base, it teaches a really simple framework around asking about suicide and connecting and keeping safe. So what we do is we encourage people to jump on to livingworks.com.au and have a look at LivingWorks Start. There's a preview there, you can have a look. But for people, I think, that want further skills than that, then really it's the half day SafeTALK program, or it's the two-day ASIST program. We also





have a program called Suicide to Hope, which is a one-day program for clinicians and professional helpers, who may work in an ongoing way with those who are thinking about suicide but are in a safe place at the moment, so that's a recovery and growth model. But yeah, they're the different programs, and really, there's options there for almost everyone.

John: Shayne, for people that may have communication challenges, and I'll say, number one, people who English is not their first language, or you may have people who are deaf and use Auslan interpreters, I trust that you would accommodate those people to be able to work with their interpreter?

Shayne: Yeah, we do. The way that our program works is that we provide and empower our trainers to make local decisions about how to support folk, so we provide resources on all the groups that you've mentioned, John. So, for instance, we have a resource for those who may be visually or hearing impaired, in terms of how do they access the training, what resources does LivingWorks provide to be able to make that easy for folks. Likewise, as you say, if English is not a first language, we have a number of translated programs, but then we also provide support resources for participants who may need some supplement to be able to learn some of the concepts and things in the first language. This is an international issue, and so we're very, very keen to make sure that everyone has access to be able to learn the skills that we need.

John: Fantastic. Shayne, when we talk about measuring the success of suicide prevention training, it's not just about numbers, is it? Are there other ways that we're measuring how beneficial it is?

Shayne: Yeah, look, that is really the key question in the field of suicide prevention, is that if you're training a whole population of people, what is the impact; how do you measure the success of that? And often people think, well, surely it would be the suicide rate, you'd see a decrease in the rate of suicide, but it's a really problematic measure, because we don't know what the suicide rate would have been without a whole suite of interventions that are happening, and I've got to say, particularly in Australia where there is really good funding





for suicide prevention and mental health, we have a national plan, we have state plans, and we have plenty of services that are out there for folk. So how do you measure the impact or the success of community training? And for us there's been a few ways that we've done it. We like to, as you say, John, not just measure numbers, but we like to measure, and look at the conversations that are happening with those people who have been trained, with others who may need some help. There's a case example that we use at the moment, with permission, which is in Florida in the United States. There's an Air Force base there called Hurlburt Field, and they engaged LivingWorks because they were having an issue with, well, they were really concerned about suicide on base and suicide of their membership. So what they did, is they rolled the Network of Safety model within their community, and when I say "community" really broadly, so not just on base, but they trained, or provided training for people outside base; in local shops, petrol stations, offered it for schools, partners, and really tried to take that whole community approach to keep people safe. What they've found is, they've found an 80 per cent decrease in suicides, which is that number that we talked about to begin with, but importantly, initially, they found a real increase in referrals to their support services and mental health providers, initially as the training started to be rolled out. And so what we like to see there is that, as more of those conversations happen, and as people start to connect and say, "Hey, I've just noticed something's not going right for you at the moment, you don't seem yourself, can we talk about it, I really care" that those questions lead to conversations about suicide, which then lead to referrals to services and people connecting in to get help. Silence is the killer here in suicide, and so when we're able to see examples like that where it's worked on a distinct community scale, and you start to really amplify that across nations and countries, then that's how we feel that anyone in the community can have an impact. We can't have clinicians on every street corner, so we need to involve many, many more people in keeping others safe.

John: Shayne, it's been a fascinating conversation. I would like to recap on how we started for people that have listened to this whole conversation. Would you like just to remind the audience again, please, if this has triggered any sensitive issues for people, what can they do?





Shayne: Yeah. Look, please reach out to services if this has raised anything for you. Lifeline is a great start. Their number is 131114. It's a completely anonymous service, and it's 24 hours a day, seven days a week. So reach out to Lifeline, to the Suicide Callback Service, to Beyond Blue, to the whole range of services that are out there, and the most important thing in this area is to keep yourself safe, and to look out for those around you as well.

John: And your website, please, Shayne.

Shayne: Livingworks.com.au. You can have a preview of our training, you can organise or book LivingWorks Start, or if your organisation or workplace is interested in training, then please get in touch with us through the website, livingworks.com.au.

John: Fantastic. Shayne, thank you for coming on to So Podcast. Just a reminder to the audience, all these episodes are on the johnmckenna.com.au website. Feel free to look at those episodes, and also they're available in transcript, and captioning on YouTube. You can also send emails to letstalk@sopodcast.com.au. Thank you again, Shayne, for being with me.

Shayne: Thanks, John. Pleasure.

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