



## Understanding and responding to childhood suicidal ideation

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Amanda Kemperman (00:00:02):

Welcome everyone to tonight's webinar on understanding and responding to childhood suicidal ideation. I'm joined by three amazing presenters tonight. Welcome David Newman, narrative therapist. Welcome Arianne Coad, and Lyn O'Grady, Community Psychologist. My name's Amanda Kemperman. I'll be your host for tonight. In my recent work with Emerging Minds, I've developed some resources for practitioners on responding to childhood suicidal ideation. I've met with a lot of practitioners and parents to develop these resources who have a lot of lived experience of working in this area. You can check out these resources on our website and also you'll find it in the document attached. Next slide, please.

(00:00:55):

I join you today from the lands of the Kaurna people of the Adelaide Plains, and I invite you to take a moment to reflect on and acknowledge the lands on which you are on today. As well, I pay my deepest respects to the traditional custodians of these lands, honouring the centuries of knowledge and wisdom they hold in working in harmony with the land and fostering strong, resilient communities and healing practises. I'd also like to extend my respect to all the Aboriginal and Torres Strait Islander people with us here today, their ancestors, past, present, and also their emerging leaders from the many diverse First Nations across Australia. I would also like to acknowledge the diverse lived experience of those we work with and we learn from as a part of our work, recognising their pain, their resilience and contributions, committing to listening and responding with integrity and compassion. Today's conversation might be a bit tricky for some of you. If that's the case and you have any concerns about any of your thoughts or feelings, please reach out to those in your support networks. You can also contact one of the services in the link provided in your chat. Next slide, please.

(00:02:15):

Now, if you want to play along at home tonight, you can interact with the webinar platform. You can access the resources slides, and you can also get some technical support in the chat section as well. You're invited to ask some questions tonight. You can click the button under the three dots, today's conversation on understanding and responding to childhood suicidal ideation. We had so much support for this webinar. We were asked hundreds of questions. We've grouped together a lot of the



questions in key areas and themes that were in line with our learning objectives. You can ask questions tonight. We'll do our best to get to them. We have three very highly experienced and knowledgeable people as today's conversation. Let's start by hearing from them. Welcome, David. Can you share with us what you are most drawn to in your work with children and young people who might be navigating suicidal thoughts?

David Kemperman (00:03:24):

Yeah, look, I think I'm mostly drawn to and find very moving how much the young people and the children that we're working with are fighting for staying solid in life. I'm also drawn to the anguish and uncertainty that caregivers experience when they try to stand beside those children and young people. I think it can take a lot of courage to be there and not wish to be elsewhere. Another thing that stands out for me in this work is there's a very lengthy history around attitudes to suicide and suicidal experience, and I don't think we've inherited a great collection of understandings about suicide. So I know that's present. Not long ago it was illegal, so the language of committing suicide is still with us. So we still hold some pretty, I think, harsh kind of ideas and relationships to suicide. And I would say finally, one thing that does stand out for me is I guess a hope that this work can become more collaborative. This work can become less coercive in the ways we respond when people are really desperate young people and children are really desperate.

Amanda Kemperman (00:05:01):

Thanks, David. Welcome Arianne. What stands out to you when supporting children with distress and despair?

Arianne (00:05:11):

Well, I guess I'm here today because I am a parent who has supported children who my own children who battle with suicide ideation. I've got six kids, a number of whom are neurodiverse, and one of my kids is transgender. And from a very young age, she knew that she didn't align with the gender she was assigned at birth. And as her parents, we felt that the best thing we could do for her was to discourage that. But we unintentionally set our child up for years of internal emotional turmoil and conflict. And by the time she was nine, she had a lot of behavioural problems at school, she was being bullied at school, and I would often find her in her bedroom crying and saying wanted to die, that she wanted to kill herself. And unfortunately, she had classmates who told her the same thing.

(00:06:05):

A few years it's been about a six year battle locked in with this child just to try and help her through that battle with those suicidal thoughts and discovering along the way that a couple of my kids also neurodiverse, has given me an incredible understanding of what it might be like to be a child growing

up in an environment that doesn't hold space for their uniqueness. We know there are significantly higher rates of suicide ideation for neuro and gender diverse kids, not because they're inherently more at risk of suicide ideation as such, but because of the way they have to live in a society that at best doesn't hold space for them, but at worst is hostile and dismissive of their identities. So from their first experiences of socialisation, children are told what sort of social norms are to sit in a classroom and control your body, you have to be quiet.

(00:07:05):

You have to not disrupt your peers. For gender diverse kids, they have to wear clothes that are considered gender appropriate and hairstyles that are gender appropriate. They do sports that are gender appropriate and where at home they lived, the bathrooms are unisex at home, but all of a sudden at school, those bathrooms are for boys or for girls. Kids are increasingly finding themselves in an environment that they're at conflict with their environment all the time. And as children tend to do, they internalise that and consider that it must be because something is wrong with them, not something wrong with their environment. And I think for these kids that it's almost a form of gaslighting, psychological abuse to be told that you are one thing when everything inside of you says that you're different. And it's exhausting if you're in diverse kid to be in an environment where you have to be controlled all day.

(00:08:01):

And if you manage to be controlled and if you manage to mask or your symptoms, then you get approval from the teachers. Everybody's happy with you. But those kids come home absolutely exhausted at the end of the day. And the kids who can't control their behaviour unable to mask and are not allowed to blow off steam in the ways they normally would with vocal stimming or physical movement, those kids get in trouble. They're judged by the adults around them, they're excluded by their peers. And so it kind of makes sense that those kids are going to feel an incredible sense of despair and incredible sense of wrongness and find it very difficult to cope. And then you add to that the fact that they don't have role models in teaching materials in books, in mainstream media that show them adults like themselves, whether it's trans adults or neurodiverse adults, they're not seeing people like themselves who are thriving as adults. And I think certainly for my kids, that has been a source of disband hopelessness, and I don't develop the perspective that they need to be able to hold onto hope for a better future.

(00:09:12):

And we know that autistic youth are about three times more likely to battle with suicide ideation and attempts. About 50% of all transgender youth struggle with self-harm and suicide and are four times more likely to attempt suicide. So I am really passionate about this obviously because I've experienced this myself, but we know that a supportive family is the single most protective factor for



these at-risk youth. And I think that practitioners are uniquely positioned to be able to provide that support and be able to educate families, affirm families, give them the tools that they need to be able to understand the complicated emotional psychological lives of their children, and to be able to give them the tools that they need to be able to instil hope. I know for us that we really wouldn't be where we are today. My daughter is a really confident, happy, well-adjusted young woman. She's in grade 12, she's doing well at school, she's doing well socially, but we would never have gotten here without some incredible support. And I'm really indebted to the nurses, the doctors, the psychologists, the psychiatrist, the wellbeing coordinators, the teachers, all of the people who have stood alongside me and helped me to be the mother that my daughter needed and who have bought alongside me to see her safely through. So I feel like if I can offer something back, I will have repaid those amazing people for the good that they've thrown into our lives.

Amanda Kemperman (00:10:51):

Thanks Anne, and thanks for sharing some of the things that kids are up against that may lead to them feeling distressed and despair. Thank you. And Lyn, what stands out in your work when working with children who might be thinking or feeling suicidal?

Dr Lyn O'Grady (00:11:15):

Yeah, thanks Amanda. And I guess Arianne just listening to you now, it's a reminder for me about the importance of this work and that's what sustains me. I guess the needs are there. So the important work, and I've been doing this work in various forms now for many years, and it feels that core to my work. So the distress that children and in turn their families feel is what feels really important. It feels very core to who I am as a psychologist and who I'm as a person, so my values and my way of seeing the world. So it feels very important work. I think the other thing that sustains me is that if we can kind of get parents on board and all work together, it can feel like we can make some improvements quite quickly in some ways. So if we are able to alert people and catch the signs as early as we can, we can actually be quite early interventionists in some ways and we can actually recognise what's happening and catch things before it escalates compared to perhaps work with adolescents or with adults where it may maybe be more entrenched by the time it's been found.

(00:12:21):

So I think the work with children and the importance of this webinar and the resource that Emerging Minds is developed is that we don't always think about children and suicide. So something I've been very mindful of for quite a long time. So if we can all be working together, we can form part of that support around the child and around the family. And importantly, I think with children, if we do have families on board, then it means that I can share that load as well, which feels different to when I'm working with adolescents who are perhaps less open to that or I've got more of the sort of questions around how much is shared or what gets shared. And whereas with children, it's much more open.



We need to share and we need to engage parents, and then we need to support parents and be there for them.

(00:13:01):

So become part of a support team around the child, which is another way of working. So I'm a community psychologist by training, and that fits with that model that we're trying to create a community around the child community, around the families, and supporting together in whatever that looks like with schools on board or whatever services we need to have there. I think for me as well, sustaining of the work is also not to be doing only this kind of work as well. So I've been doing private practise work for about the last five years just before Covid hit, which wasn't a great time to start change of career in this way, but I guess I then started thinking, well, I'll just work with kids and families. That's kind of what I'd done a lot of work on in the past, but when I did that work, it was kind of like, well, let's balance it out and work with some young adults and some other people as well.

(00:13:50):

And then some older people who've had some questions around parenting or life changes and things. So I started to broaden out the way that I worked, and I'm really grateful for that because I think doing this work only this work could be quite limiting and quite demanding. So having a balance and seeing life stages and having different types of work. So I also do some supervision work and I do some training and some writing and all sorts of things where it kind of fits together, but it keeps me balanced and it gives me a chance to reflect and to come and out of the work. So I think that's another important thing for me in terms of sustaining myself over a longer period of time rather than just at that kind of doing this work every day would be quite challenging, I think, but conscious that some people are, and hopefully having a team that supports that is important, but for me that balance is really important at the moment.

Amanda Kemperman (00:14:42):

Yeah. Thanks so much Lyn. And we are developing more resources as emerging minds, and I think you did mention an online course that we've just released, which I worked with Lyn, David and Arianne to develop. So you can check that out on our website as well to hear more after today as a part of conversations with you and others and also all of you guys, and your questions that came in question that kept coming up was, do they really mean it when a child under the age of 12, maybe as young as six, might say, I'm going to kill myself, do they mean it? And I wanted to offer an opportunity for you to respond to that. Lyn, I might start with you. Do they mean

Dr Lyn O'Grady (00:15:42):



Yeah, I think that's the wrong question to be asking. I think if a child is coming to us saying that they're thinking about hurting themselves or they want to die, I think we can lose sight of what they're actually trying to tell us. If we get caught up in do they mean it? Do they understand death? Do they understand it? I don't think that's helpful. I think the most helpful thing is to really hear the distress or hear what's happening around them or try to understand what's happening around them to lead them to be saying that. So I think we've got to be careful not to get sidetracked by that or to be dismiss dismissing of what they're actually trying to tell us. And we know that children from Young as Seven Ring kids helpline because they been trying to reach out to people in their lives, adults in their lives, and haven't been able to get taken seriously. So then they get to the point of being kids helpline. So if children are doing that, it's telling us that there's a very high need for something that they're needing, something's not going right for them. So I think that needs to be our focus and not to get caught up in that they don't mean it or do they understand it or do we need to teach them about it. We need to sit, we need to listen. We need to really try and understand what's going on for them as a priority.

Amanda Kemperman (00:16:53):

Yeah. Thank you, Arianne. I'll invite you to respond.

Arianne (00:16:58):

Yeah, I agree very much with Lyn. I think it doesn't matter whether or not they really understand what they say, they're expressing feelings of despair and of being overwhelmed and feeling hopeless. And I like to think of it as a child inviting you into their headspace. They're letting those thoughts out by saying them, and they're inviting you in to where they're at. And what a wonderful opportunity. You don't often get to look into someone's heart or into someone's life. I think there's absolutely no risk in believing them. There is a risk if we don't. I think if you believe them, you validate their feelings, all you're doing is building a stronger connection with that child. You're inviting them to say more, tell me more. I think the risk if we dismiss it or we minimise it, or you don't really feel like that or it's not that bad or you don't really know what you're talking about, I think that just makes a child clam up. And I think that that kind of internalised suicide ideation is far more dangerous than the expressed, whether they understand what it means or not, it's very dangerous to put something like that into the dark. Secrets are not helpful. So I think it doesn't matter, just believe them. There's nothing to risk, there's nothing to lose by believing them and then taking that invitation to understand them better.

Amanda Kemperman (00:18:28):

Yeah. Thank you. David. What's that question? Got you. Thinking about

David Kemperman (00:18:34):

Now, we did coordinate our answers a bit, so I added a few things that are a little bit different from your comments, Marianne and Lyn. I thought I wanted to just say something about the effect of that question. I think one of the effects of do they mean it? Is it real? Is it true? Is it a real risk? Can mean that we sort of drift away from understanding that there's a sentiment being expressed here. And Arianne, what you were saying, this is quite significant that this has been shared with us. This is quite often a beautiful kind of trying to connect with someone from a child so we can miss the meaning and we can miss that sentiment of what people are saying if we're trying to understand whether it's real or true. And there are some very delicate meanings for us to shine a light on.

(00:19:31):

So I think when I was trying to think of answers for these questions, I think of when I've worked with children and young people, if I was to think, is this true or not true? I would've missed the meaning that when someone says a child or a young person says, look, I'm just desperate. I don't know if I have a place here in this world because I'm such a burden to other people, that there's an opportunity there for us to understand the meaning around that child or young person is showing great thoughtfulness towards other people. They care about other people and we can build on that meaning.

(00:20:08):

But the other thing I just wanted to say actually was I did some research when I worked in a psychiatric unit for young folks in Sydney about when the young folks are feeling desperate and attempted with dying, what do you want from caregivers? What do you want from mental health workers? And I still remember this young man saying straight away when asked the question for the first time in a group, don't try and stop us. Try to understand us and then together we can try and stop us. And I think for me, that symbolises well collaboration for starters. But it's absolutely about just trying to understand the world that young people and children are trying to communicate with us often in a way it's very difficult for them. So anyway, so I think understanding is not so possible if we're interested in whether something is real or true, including a real or true risk.

Amanda Kemperman (00:21:16):

Yeah. Thank you. So looking behind what those words are telling us as an invitation. Thank you. And in terms of responding, when a child says that, Arianne, I'll start with you. In your experience when you've heard that from your child, what have you found most helpful in responding?

Arianne (00:21:43):

Well, I think I learned this from her psychologist actually who says all the time, be curious, be curious. What does your child mean? Ask them. So often we freeze up where we hear that I don't want to be here anymore if I can't do this or I can't do that, I just want to die. And we kind of freeze and get into a shock and then try and think of something smart to say, but actually there's so much power in being curious and asking questions. So can you tell me a bit more about that? What does that feel like for you? What makes you feel that way or when do you feel that way? I think being really comfortable to use the language that your kid uses, so don't impose other language on it. I think they feel much safer if you use the same phrase that they use.

(00:22:36):

You're staying in the same conversation with them. And I think I always with my kids have always said, thank you for telling me that that's how you feel. I really appreciate you trusting me to tell me that. Letting them know that their feelings are taken seriously. I think the worst thing we can do is react. I think when kids see a reaction, they suddenly know they've said something inappropriate or something that's made us uncomfortable. And children's first reactions is actually to not upset people around. Then they don't want to. I think quite often kids don't want to upset mom and dad, but to make it okay to be comfortable, to use their language, to be comfortable, to ask questions. I mean, on the inside you're like the duck's legs under the water. But to take that moment and be curious about what they mean when they say that, I think that response keeps the conversation going. Keeps the door open. Yeah.

Amanda Kemperman (00:23:35):

Yeah. Thank you. And I know David, you and I have spoken about how when there might be a reaction from us in the face of hearing that which is absolutely understandable of course, that the young person or the child could feel that there's something wrong, there's something wrong with them. Can you tell me a bit more about what you meant by that?

David Kemperman (00:24:04):

Could you say that again? Sorry.

Amanda Kemperman (00:24:06):

Yeah, sorry. I've thrown you a bit of a curve ball. I know that we had a little bit of a chat about when if we do react in the face of hearing these things because of how we might be feeling, what we might be thinking, that it could wrong the child. They could feel like there's something really wrong as opposed to like Anne was saying about being curious and opening up the conversation.

David Kemperman (00:24:36):





Yeah.

Amanda Kemperman (00:24:38):

Share with us how you would respond.

David Kemperman (00:24:42):

Well, I mean I think that's often some of the context and what's going on when children or young people are contemplating dying is that they're feeling wrong in some way. So if we can just really take care so that they're not feeling wrong in the ways that we're responding and that we might really take a lot of care around that I think is what we can think about. But I just want to say in terms of this question, how we respond if child says there's suicidal, I think it's a very big question. There's so much to consider and I wanted to say that or just acknowledge that for caregivers, for us as workers, it is incredibly hard work. It's often really anguishing.

(00:25:40):

There can be so much uncertainty, it can be thick with ethical dilemmas. And so I do want to acknowledge that. And how often do we thinking, oh look, was I a bit heavy handed there? Was I too gullible with the reassurances? Whatever it is, I think it can be very complicated. And I guess one thing I would hope for from tonight is just that there's no easy way to proceed. There's no kind of how to guide. Exactly. One of the things we can do, and maybe this is one way to respond to your question, Amanda, is we really want to use the language of the child.

(00:26:25):

I think if we're imposing language from the professional world and learning the psychiatric world, we are probably going to alienate a child. So just if they want to have a sense that they belong in this conversation and they have a sense that this is a collaboration, we can use their language. I also, one of the things I've noticed in my work with children and young people, it's so important. I think around the tone we use, if the tone is just unrelentingly intense and we can join children and young people in their sadness, we can join them in their sadness. I'd say don't join them in despair, but we can join them in their sadness. And that can be intense. But if it's just unrelentingly intense, it actually can be the kind of territory that despair can quite like. But if we can bring a bit of playfulness even, or if we notice anything that's humorous, if we can kind of find that and bring it into the light that can help despair doesn't really survive so well in the territory of playfulness or fun.

(00:27:47):

So if that's possible, not to impose that, if that's possible, I think that's another important thing to consider. Look, what the other thing that I would say, and this is I'm also thinking about your



question, Amanda, around this, is that I'm always interested in looking at the context. So rather than have this experience being something that's internalised and a problem that lies within an individual child or young person, we just want to shine a light on the context what's happening around children and young people. And as we know, there's a lot that can happen for children and young people. The questions really don't have to be very complicated. I sometimes ask questions, has anything happened in your life that has opened the door to the sadness? And sometimes we might hear stories of bullying, we might hear stories of racism, of homophobia, of poverty, abuse, et cetera. Anyway, there's just some of the thoughts I have about how to do this work when a child might say that they're feeling suicidal.

Amanda Kemperman (00:29:04):

Yeah, I appreciate you sharing those thoughts. Thank you. And that sentiment of joining them in their sadness as opposed to in the despair and keeping an ear out for what might sit outside of the despair. Because as we know, nothing is just one thing. It's multifaceted and there's lots of other things happening as well. And take your point about if there's humour or some of those things, it's never to

David Kemperman (00:29:33):

Impose that, sorry. It's never to impose that. It's like that could be mocking or uncomfortable. It's just to be on the lookout for something in the lighter moments.

Amanda Kemperman (00:29:44):

Yeah. The child might be talking about that. It might come up that you are noticing and you might shine a light on it. Is that what you mean? Yeah. Yeah. And Lyn, I share with us your responses in the face of maybe hearing those words or noticing that a child's really stuck in this.

Dr Lyn O'Grady (00:30:07):

Yeah. So I guess if I'm thinking about my role as a psychologist and thinking about what the expectations might be of me, so often I'm expected then to work out what do we need to do and to support parents. And sometimes it might be schools depending on what role we're in. So I'm thinking about people who might have a child brought to them. So I guess for me, it's always the two parts to it. And I think the curiosity that around talked about and the joining in feelings and sadness is really important, and that attitudinal approach that we've just been hearing about is really helpful and really what we need to focus on and bring to the work. But I think we can talk about the importance of safety is really important. And so that means asking some questions around what is it that they're actually meaning?



(00:30:56):

And so again, if they've come, it's quite different if they've just told you and you're sort of getting the shock of it all. But if they've come to us as mental health practitioners and we've got a bit of a heads up around it, we can be a little bit prepared and we can ask what kind of conversations have happened already? Who knows about it. And often sometimes they've been to a GP or come through the school or there's been some conversations. So I'd be keen to find out what kinds of conversations have happened and where things are sitting. Now that's quite different to if the person's telling you in a session, you're seeing them for something and they tell you and it comes out in the session, then that's where you can have that reaction as well, that Arian was talking about, that panicky kind of feeling of where do I go with this?

(00:31:39):

So I think we sort of need to be prepared for both of those scenarios. But I think talking about safety is really important. And I'll sometimes say we need to talk about safety while we also sitting with the bigger sort of questions and the bigger concerns that we have that we want to address as well. So I think we need to do both of those things. We know that there aren't any evidence-based risk assessment tools for suicide that's not just for children. I mean, there's very little research in relation to children and suicide, but even for adults and adolescents, there's no evidence-based risk assessment tools, although I know various organisations and places will have tools that are used, but the danger of tools that a ticker box is that it does shut down the conversation. So I think the curious questions, they're getting to hear what's happening, when do the thoughts come, how often do they come?

(00:32:26):

Do they come at any particular time? Gathering that kind of information, when did they first come? Where do you think this has come from? So you're trying to tap into the knowledge and the wisdom of the child if you think about it in that way. So you're asking those questions which are really risk assessment type questions. So the idea of risk assessment in suicide work now is around psychosocial assessment. So a broad assessment, but also asking those questions that are specific to the suicidal thoughts. And again, that will vary. So it may be a thought, there may be some actions we need to ask, have they acted? Have they got thoughts about what they would actually do? Have they acted on those? And this is giving us a sense of where we need to go with this. And I guess the level of need or the level of seriousness.

(00:33:09):

We also don't talk about low, medium, high risk these days. We haven't been meant to do that categorising of risk for decades. It's been known that it's not helpful, although again, I know a lot of places still do that. So we're not going down that low, medium, high aspect, but we are going that



there's talk of suicide or there's some kind of thoughts of suicide, some action that's a risk. If there's an imminent immediate risk that we're worried about, well then we need to look at where do we get some help? Maybe it might need hospital as an emergency department as a response if it's at that immediate risk and we feel like we can't contain it in any other way, but typically it's not necessarily at that stage and it's much so asking those questions, working on a safety plan, and we need to stick to the safety plan format that was developed in 2012 and use the statements in there.

(00:34:05):

We tailor it in terms of the language we use the language as David and Arian was talking about. So we gather all of this information and then we say, okay, let's work about how we can plan for your safety and talk about when did the thoughts come. So you are using the information that you've been talking about to gather the information, and then you pull it into this plan and you engage parents in that. If the thoughts or the behaviours are happening at school, then there may need to be a separate conversation with schools around it as well. So I think the safety planning part and those questions to really understand what it does mean and what it's actually looking like, and really to understand how do we work on safety and trying as much as we can to find out what we can and then build it into the safety plan.

(00:34:45):

And that includes how do we make sure the environment is safe and that's why they have got thoughts about what they might do to hurt themselves. We need to then really know about that. Children will sometimes do things that might not always look like they're trying to hurt themselves. So they might do things like jumping off a trampoline a bit dangerously, or they might be running onto a road or doing those kinds of things that don't necessarily fit with what we might think about actually wanting to die, but they could be testing things out or they could be doing those kinds of things that could look like they're accidents or kids just being a bit impulsive. So we need to be alert to those kinds of things as well and be ready for that. So gathering information from parents, helping parents to become alert to that as well, and really including them in that safety plan.

(00:35:29):

And again, seeing the safety plan is collaborative, including ideas from the child, from parents, schools involved. What sort of things might the school able to do? So that kind of community around the child and the support around the child is really important for that and constantly revisiting it as long as we need to, as well as looking at, well, what are the drivers? How do we get to this point? What are the things that are really bothering you that you got to this point and what do we need to do about those kinds of things? So that's a lot to do if you're working in a private practise setting like I do. You've got a 50 minute session and you try to juggle all of these things. So there's a lot to do. And even supporting parents in all of that as well is own task in its own way, I guess.



(00:36:13):

So trying to manage all of that, trying to share information, trying to connect people into school, how to talk to school if that's needed. So individualising it. But I think the other thing we're talking about when we know when a child has said that they're talking about suicide, they're thinking about suicide. But I guess the other thing I thinking about the other day is that we also know in suicide prevention work that people don't always tell us. So we can also be aware as Ariane was talking about all of the different complexities of children that we know that some children with particular experiences or going through particular things can be at upgraded risk of suicide. So we may need to actually ask some children some questions about that. So if we are thinking this is a child that is sounding like they're really struggling here and it hasn't come up, we may need to be prepared and we may need to prepare parents that we're going to ask these questions of children as well.

(00:37:08):

So we might need to, if we're really trying to think about how do we do this work better, this is the movement towards not just expecting that people are going to tell us. So that's another thing to be thinking about, I guess, in terms of understanding the risk factors and who might be at greater risk. And sometimes you can ask that question and a child will say, no, I haven't thought about hurting myself. Why would I do that? Or, oh, that's not a good thing to do, or whatever. And then you might say, anyone that does it, yeah, I've heard people do it and they do it, but I'm not going to do that. And what stops you doing it if other people might, and you can get that story so that can help you feel comfortable, then you don't need to pursue that. But they might be giving you more indications that perhaps they have thought about it. So we're opening that door to let them know that you're comfortable for them to tell you as well. So even if they were thinking about it, they don't tell you, then they might know that you're someone that's ready to have a conversation with them about it and it, you're a safe person to talk and you're open to it when you're there for that reason as well. So lots of things to think about with that

Amanda Kemperman (00:38:11):

Answer. You're certainly balancing and holding a lot of things. David, I saw a hand, did you want to comment on something

David Kemperman (00:38:20):

That was accidental? I think?

Amanda Kemperman (00:38:21):

Oh, it was an accidental. Okay. Thank you. That was a really comprehensive, and I'm sure the participants tonight would agree. Lots of points covered there. I've had quite a few questions come

through just about safety plans and I would love to invite you to comment on that in particular, Bronwyn asked about is there a resource that sort of you guys might hold loosely or even strictly in your practise. David, I'm going to give you an opportunity to respond. I saw a face. Let me know what you're thinking.

David Kemperman (00:39:05):

Oh, well, I mean I thought Lyn, you actually sound like you have some knowledge around some of the resources around safety planning. What I would add as a more general comment about it is that I think when it comes to things that can be as concerning as suicidal experience and the possibility of a child or a young person being desperate enough to end their life, sometimes it can really invite practitioners parents to really step in and to sort of take over to centre ourselves. And I think sometimes it can be quite an important challenge for us in our field is to find ways to centre the knowledge and the know-how of children, what do they do, what do they know? I remember speaking with the young folks in the psychiatric unit and they would say, look, if I'm kind of going under and my friends texting me at 2:00 AM saying they want to go, they're thinking of going under as well or they're thinking of ending their life.

(00:40:24):

It can feel a little bit much at those times. I think we should talk to someone else, we'll talk to an adult or we'll talk to another friend or something like that. But there's often kind of know-how, and I know there's friendship know-how that I've heard other young folks speak about when they say, look, if we all have a mental health thing, we know that we can just go off grid for a while and we give each other permission to go off grid and we do not get offended. So I guess my point is if we can, when we are really worried or panicked, we can try and find a way to centre what knowledges children have, what wisdoms they hold and what ways they're taking action rather than have that sort of disappearing from the analysis, from the questions from our approach.

Amanda Kemperman (00:41:23):

Thank you, David. Yeah, and I'm just being reminded of a tool that I came across in my research called The River of Life Safety Map and it sort of a really lovely way of being able to collaboratively have those conversations and draw on the people in the child's life, all the assets, all the skills to sort of have a comprehensive conversation around safety planning. Lyn, I did want to give you an opportunity, quickly aware of time, but anything you wanted to add about Safety Plan?

Dr Lyn O'Grady (00:42:01):

Yeah, so the safety plan that I was really thinking about is the Beyond Now app is probably the best thing. It's on the Lifeline website. It was developed through Beyond Blue, but now it's been put



through Lifeline in terms of the website or if you search it. So I think, and it's not developed specifically for children. I know various places have been doing a bit of work around that, but still holding on to those core elements I think. So the first step is the triggers and warnings. When do you know the thoughts are coming? What are the times that they're coming is really important. So again, that's information you've been gathering. And then what can you do to help yourself keep calm? What can you do to soothe yourself and to calm yourself? So this again, is trying to bring out the child's knowledge of themselves or things that they have tried or things that they think could work.

(00:42:44):

And so again, hearing from them, parents might have some ideas, you might add in some suggestions. Other children say This helps, or I remember you said you like doing this. I wonder if colouring in could be helpful or watching something that is fun or whatever. So that ability to self-soothe and distract or to calm self, then changing the environment in some way. So it might be instead of going into your room and sitting by yourself, you come out and you talk to people or you go outside, say to mom, could you go for a walk or do something that sort of shifts things, not just sitting in the same place and feeling miserable about it. And of course if it's at nighttime, that needs to be tailored. Often thoughts coming at nighttime. So it needs to be tailored. That's why the triggers a warning section is really important.

(00:43:25):

When are they coming? How do we know they're going to come? These thoughts? And then that might not be enough. So you might want to contact someone, you might want to talk to someone. So again, the younger the child, parents, family, people close to them are going to be the most important people. So who are those people? And you can use the protective behaviours, the five people, your hand, who are the people you go to if you need some help. So it might be at school, you might talk to someone at home. So again, you're tailoring it to what the situation is, but the concept of these are all the things that you can do is important. We need to keep the environment safe. So what are some things we could do? And again with parents to be able to say, well, these are things that we just need to be mindful of and the parents can be proactive about that.

(00:44:05):

If a particular plan or particular ideas or behaviours are present, well then what can we do around safety and engaging the child in that is actually really important. Talking about we need you to be safe here, so we are all able to do this work and support you and keep you safe is important. So we naming it, we then talk about if it gets to a point where you're trying to talk to people or people are not there, then what else can you do? Kids helpline help. We know, as I said, young children can call kids helpline, but it might be needing to call an ambulance. It might be getting extra help if it's



getting to that extreme, but the idea is to try and contain things and catch it it early as possible to then prevent it getting to that point. But it's sort of a stepped process I guess.

(00:44:49):

And then there's a section about reasons for living, why it's important to be living. And often that's things like pets and family and fun things. So you might engage them in those kinds of conversations. So in the process of doing that, and I could spend the whole session on this, in the process of doing that, you're actually identifying what are the needs and what are we actually needing to be concerned about. So if they've got lots of ideas, lots of people they can go to, and you've got this sense of now it's out in the open, we can have this relief sometimes. We now know about it, it's obvious what we can do. And now parents know about it, they can be much more supportive and we can put a bit extra in. Parents of younger children are obviously having more supervision already than say adolescents.

(00:45:27):

So this is easier than doing the work with adolescents in most cases. Obviously not always, and we'll talk about that later. But I think in most cases we can be expecting more of the adults and include the adults more and having them in there and then we have that as the plan and then we review it and we talk about how did it go? What else have you been thinking about? What else can we add? What worked best? What else are we learning? And we can keep refining it if we need to over time. So I think we use that model because it's kind of got the evidence with adults at least it's kind of the best we're doing at the moment and it's something really to look at, but it's using that exact model, not taking bits out, not amending it too much, but certainly using the child language and writing it up as you need to or drawing on activities like you mentioned Amanda, to draw out some of those things as well. So you can incorporate alongside the work that you might do that's going to be helpful as well to deepen it and over time to keep deepening it as well. And a good concept to prevent down the track. It's something you keep returning to if you need to. When you're feeling upset or distressed, remember the safety plan idea, remember what you can do to manage this yourself ideally.

Amanda Kemperman (00:46:35):

And picking up on your point about it, being a collaborative with the family. Yeah, thank you. Anne, I do really want to offer you an opportunity to respond. In your experience with safety plans, what have you found to be most helpful?

Arianne (00:46:54):



I think probably the best thing is being included in making that plan. So you're literally hearing the information as you go so that you understand what your child means when they say that, oh, I'm feeling a certain way. I found it really helpful to be given tools to be able to measure where they were at. So for example, with my daughter, when she was struggling the most, we made her a mood tracker that was very easy. All she had to do was colour in a day in a different colour. At her lowest we were doing a half a day because we might have a half a day that was black, but the other half was maybe just light blue or something. But having a tool where I could see over time what, whether her mood was declining or not, it was a very good physical measurable thing for me to be able to track her mood and then to be able to have a way to recognise when things were escalating.

(00:47:59):

And with her therapist, she had her plan, but her therapist and I also had our plan of what I needed to do if I noticed things were escalating. And she gave me a way to contact her if I was at all concerned. So there was that double safety net. So my daughter could say, I'm feeling this way, but I could also contact therapist and say, we're having a lot of black days, I'm feeling concerned. How should we handle it? And it was great to have that open door. We very rarely needed to use it, but knowing it was there, it's just that knowing there's a safety net is incredibly supportive and I think everybody wants to be seen and heard. I think as a parent, as a child, just knowing somebody's taken the time to help you think this through, that in itself is a protective factor. That in itself is a safety net because you've thought it through.

Amanda Kemperman (00:48:58):

Yeah, thank you. Really valuable insights. I really want to get onto working with parents because we did have a lot of questions and wanting to, I suppose, strengthen practise in this area from a lot of practitioners. Lyn, I might start with you just in terms of supporting parents with their own worries and concerns about their child and then within that, how you attend to the parent child relationship.

Dr Lyn O'Grady (00:49:31):

Yeah, it's a big one. And I know people working with children coming with that territory is working with parents and we're not necessarily always well trained in that. So again, emerging mind does a lot of work to help us to do that, but I think we do have to bear that in mind and it can be very challenging that we're there with the child is our front and centre, but the parents are necessarily part of that. So that building the trust with parents I think is really important. Helping them to understand their own needs with all of this. So I think when they're first confronted with this, and Arianne touched on this a little bit earlier as well, that it is very confronting and very frightening. And I know when I've worked with people in schools who are breaking it to parents, if the child has said something or done something to hurt themselves at school, they can get a whole lot of reactions.



(00:50:17):

And so that can be very difficult then that you're in the school, maybe perhaps a wellbeing role or a psychologist in a school and you ring and a parent gets very angry or is quite dismissive of it. And so that's the first reaction and I encourage people to think about that's the shock or that's the distress of the parent. So it's almost like you've got a parallel process here. We're talking about the distress of the child and then you can have the distress of the parent as well. So that can then impact on the parent's confidence as a parent. So we're talking about we need to listen, we need to help parents to do all of that, but we also need to think about how the parent is now feeling in their parenting role. And there's research that not for parents of younger children, but parents of teenagers who do talk about a whole gamut of different experiences.

(00:51:02):

So there's guilt and shame, there's a feeling of letting down their child. There's a feeling of not being able to talk about it openly. So there's still a stigma or that child doesn't want people to know, so they can't really seek support or they feel alone with it. There can be conflict in the family. What do you do that's kind of managing this child and other children? And so you maybe are being overprotective or being overcautious or not wanting to upset the child. So there's this parenting. The parenting role can be really challenged and the way of parenting and seeking support can be challenged. So I think there's a lot to kind of working with parents and sometimes it might be beneficial for parents to get their own support as well if they're able to do that. So again, it depends on the way of working.

(00:51:47):

So for me, I'd have the child as a focus and then probably be encouraging the parent to seek their own support to be able to work this through for themselves if that's possible, so that we're not trying to tangle everything. And some of it's a practical, the safety planning idea, the practical ideas of what we can do is kind of built into that support around the child. But I think the parents' own ability to see themselves as parents and their strengths and their capacities and the importance of maintaining this relationship with the child and maybe a strength-based approach. Also, by having these conversations, you're actually deepening your understanding of the child and you're deepening your connection. And so here's an opportunity, maybe it feels the crisis dangerous opportunity idea. We're finding it very difficult, but here's an opportunity to get some understandings here. We now know about it. It's out in the open. There are things we can do, so let's try and work with that. So some practical solutions and ideas coming up, but also a sense of this is impactful for parents and be present for a very long time for them in terms of their own sense of competence as a parent.

Amanda Kemperman (00:52:53):

Yeah, thank you. And I know we've spoken about before about parents as such an integral part of the solution, and I know Aria, and we've also spoken about your experience of being included in that process and how important that was for your child. Can you share with us a bit more about how being a part of those processes and conversations and supported by the practitioner has been helpful for you in your journeys?

Arianne (00:53:21):

I think probably one of the biggest benefits of it is really that, and a parent who's supported themselves, who understands what's going on is far better empowered to advocate for their child and to know how to care for their child. And I think when a parent first gets confronted with the idea that their pressure child could feel suicidal, I think it's very normal for parents to react with guilt. I mean, parent guilt is just, we know that's a really normal thing and I think it's really important to recognise a parent is going through it too. I think linear articulated that beautifully. Parents are also going through this on a parallel journey, and I think if parents can be reassured that it's not because they've failed as parents, their child feels the way they feel because of something they're experiencing. If a parent is relieved from that guilt and is brought into a place where they understand they can be present for their child, they're not so busy feeling guilty, not so busy second guessing themselves, not so caught up in their own feelings about what's happening, that they actually can be present for their child, they can, it's like you switch the role that you're in to be like, okay, I need to be here.

(00:54:41):

This is not about me, this is about my child. And you can be present for that. I'm a massive believer in peer support and I think it's really great for practitioners to be able to encourage parents to find peer support. There are peer support groups out there, whether it's based around, for my child, it was a transgender support group, neurodiverse parent support group. But also there are support groups for parents whose kids have suicide ideation where you can talk openly because you don't really want to just talk to regular people about what's perceived as a failure on your part and possibly something that's going to make your child vulnerable. So I think a peer support environment is incredible for parents to be able to get their own help. One of the other things that I really found useful was our therapist rarely encouraged and I guess nurtured that parent child relationship.

(00:55:43):

When my daughter came out, my husband had a lot more struggle understanding what was going on and was very protective of her and in some ways became a bit of a barrier to getting help. And our therapist was amazing at constantly reframing his struggles in a way that showed how much he loved our child so that it never became an us versus him. It was always, your parents both love you, they both want to help you and helping us to go on that journey together. And different parents are going

to be at different places, different parents are going to need different levels of support. Don't the child's practitioner needs to do all of that, but if you can connect people to other sources of support so the parent can get their support as well, but it doesn't have to necessarily be from you. I think the more people on the team the better because the healthier and happier and more secure in what they're doing. The parent is the child benefits.

Amanda Kemperman (00:56:45):

Thanks. Erin and David, supporting parents or working with parents to support children, what comes to mind for you?

David Kemperman (00:56:57):

Yeah, look, so much has been covered already. I thought I could add three more things. Firstly, I think we can think more broadly than just caregivers or parents, how we might think of other people in children's lives chosen family, teachers, friends, et cetera. But the two kind of practise things I can think of is one is like a concept of narrative therapy, the concept of externalising. So that can be incredibly helpful. When I meet with a family, when I meet with a family, they can speak about worry or panic being quite present and that can be externalise to see, to ask them what effect is it having on you? What effect is it having on the relationship? What is effect is it having on the child? So the worry or the panic becomes the problem, not so much the child. So Lyn, you were speaking about how sometimes there can be anger and response.

(00:58:18):

I think this can make things so much more complicated and difficult, but if the worry or the panic becomes a problem and you can have conversations around what effect it's having for everyone and whether those effects are okay or not, that can be very helpful. Now the other thing that I've been told so many times by young folks is what they hope for from family members and mental health workers is that if they can just try and show that they're okay if they're distressed by the child or the young person's distress, a young person can just feel like they want to protect that care. And you've made mention of this around, so if it is possible for parents to caregivers those around children who are worried and that brings complications if they can, as a young person has said to me once, if they can process their worries outside of a conversation with me, that can make a huge difference. So this is not a rule, this is not a rule. It's just a theme I've noticed.

Amanda Kemperman (00:59:33):

Yeah, thanks David. And we, we've got a question from Emma just in light of this conversation we're having at the moment as well. And as we know that sometimes parents might be dismissive or they might not be on board, they might not be necessarily how we deem as supportive. And Emma asked,



what strategies maybe Lyn and David do you use to engage parents around maybe if they're being dismissive or what have you? Lyn, I might go to you first.

Dr Lyn O'Grady (01:00:15):

Yeah, this is a hard one. It's about the trust that you can build, I guess. And the readiness people are to have some of the hard conversations. So I sometimes will frame it as, we've got this window here, we've got this opportunity, so let's use it. And it's really important. And I might draw on my experience of I'm worried about this because I've seen this is what can happen. So I draw on that to try and help them to take it a little bit seriously, or I say, we've got this window opportunity here before they hit adolescents or before we get to the next stage of their development that we can capture this. So it feels like the right thing to do at the moment to try and see what we can do in this space. But I think it's challenging because, and again, if you're working with a child, you don't necessarily have all the time to be working with the family, but sometimes it is having the be ready to have the hard conversations, I think, and to help them to see that this is serious.

(01:01:13):

Then maybe it's following up with some extra resources or following it up with an email or something to just reinforce it a little bit and then giving them the chance to go away and have a think about it or to sort of look at resources that might be helpful. That might also back up what I'm saying or thinking about who else might be able to help them with that. So it might be some referral to family support service in my case, or it might be who are some people that, what other people in lives, David's point around who other people around that can support the family or what other people are saying about this. Or just trying to open that door for them to sort of think about how else they might broaden their thinking. But I think it's also coming back to that this is challenging and that they're being challenged and it may be their own distress, so how do they get some of their own support? But if that level of need, if the child is very real, then I'll name that and pretty clearly and have the conversation without the child being there in whatever way I can do that. Which again, it's very tricky in a private practise setting, but there may be a phone call, a conversation I have separately, and then putting something in writing just to kind of consolidate what I've been talking about I think might be strategies that I've used.

Amanda Kemperman (01:02:29):

Yeah, thanks Lyn. And David, what would you like to add in terms of strategies of navigating that tricky space? Look,

David Kemperman (01:02:38):

I do think it's complicated too. I would say it makes sense when things are very, very worrying. And I think I've seen this kind of play out in conversations. We have inherited pretty harsh understandings about suicidal thoughts. We have inherited harsh understandings that it's selfish, that it's an easy way out, et cetera. So I think it can make sense that parents or caregivers are in a bit of a spin about things. We want to acknowledge that they're showing up that they're there. One of the things I do is I invite caregivers or parents to be in a listening position for a young person to try and talk about what's going on for them, not because sometimes anger and stress and panic can be around and it can interrupt a young person or a child speaking and that can make things just so much worse. So to invite a caregiver to be in the listening position and invite them to retell what they hear involves a little bit of practise to get those kind of things working well. But that's one way I can interrupt some of the kind of tangles and harshness and further anguish that can swamp a conversation when desperation is around for a child.

Amanda Kemperman (01:04:21):

Yeah, thanks David. Really aware that time has flown with this conversation. What a great conversation that's been. We do have time for one more question and it's come up a few times and fair enough. Because we know that friends are so important to our young people. And so I might start with you, Anne, in terms of how we support children to support their friends that might be going through these times.

Arianne (01:04:54):

Yeah, I think I certainly have experienced this a lot as a mom. My kids reigned in age from their early twenties right down to my youngest is eight. And I think with the exception of one child, every single one of them has been in a position of hearing something like this from one of their friends. I think the lessons I've learned along the line are about teaching boundaries, what boundaries are, when is the right time to encourage a friend to get help, when is the right time to just listen and when is the right time to get an adult? And I think teaching kids that your friends can tell you things, it's great to be a good listener, but there is a point at which you need to encourage them to get help. And maybe there's a time when you need to get an adult.

(01:05:41):

I always tell my kids a drowning person can't save a drowning person. They all learn that in water safety week. And I think it's really important for them to know it's not their responsibility to save their friends. It's not their responsibility to fix their friends. They can be a really good friend by listening and they can be a really good friend by helping their friend to get the help that they need. And we have lots of open conversations about when might you want to go and tell an adult? At what point is that too much for you to just have to hear? And teaching them, it's not their responsibility to

keep their friends healthy or happy or safe, it's just their responsibility to be a good friend and to get help. But it's a sensitive thing and it's a difficult thing. I don't think there's a one size fits all for it.

(01:06:30):

But again, I think just being open to having those conversations with kids is important. They're smart. They know they hear a lot of things. They see a lot of things and they have a lot of wisdom too. And I think if we have conversations with them and they're prepared before they get in the situation, they know how to help or what to do to just be able to say to the teacher, oh, my friend is feeling really sad today. Do you think you could talk to them? They're quite capable of doing some very intelligent and caring work when they don't feel it's their responsibility. So I guess good boundaries and open conversations would probably be the most important things I'd say.

Amanda Kemperman (01:07:14):

Yeah. Thank you. And that's all we've got time for in terms of questions folks. I would like to invite each of the presenters though to offer one last key takeaway message and maybe David, can I start with you in terms of what message you'd like to leave participants with tonight?

David Kemperman (01:07:39):

Alright. Can I do two?

Amanda Kemperman (01:07:42):

You could do two.

David Kemperman (01:07:45):

Well, look, I mean, I find with this work, one of the best practise concepts or friends I have is the concept of accountability and collaboration. Trying to bring ethic of collaboration. When we get a sense there, it's implied, or even that it's said that wasn't helpful. We can do research, we can ask 200 young people what wasn't helpful and it's very, very helpful shaping of our practise. The opposite is true too. When someone says a child or a young person says, that was incredibly helpful or that made me feel better, we can ask the same question, what was helpful about it? And I think we can kind of consult young people and children about the ethical dilemmas we're experiencing. I mean, I think the coercive aspect of the mental health system can create some great harms. So I have asked young people, what do you think about all of that?

(01:08:51):

And this is a great dilemma for me, and there's been quite a few responses where they've said, look, at times you might want to call the ambulance. At times it is about going to a and e, but when you do

that, just make sure you take care of the tone you use. You don't treat us like we've done something wrong or that we're a nuisance. So some of these answers are just so helpful in terms of navigating these ethical dilemmas and we can just really consult young people and children have them as the experts here.

(01:09:29):

One thing I would say is something that it's adding, I think to something that Lyn said at the beginning, and that is, how can we make this work? How can we make this whole thing about desperation, suicidal experience, not wanting to live and not knowing if there's a place for you in this world, how can we make this a societal responsibility, not so much individual responsibility. I know this is often the realm we're talking about tonight, realm of therapy. But I think it's a great challenge for us, for our field and for our community more broadly is how to make it a societal responsibility. How can we make life more livable for children and young people maybe for all of us? And how can we provide an antidote to an experience that just isn't a place for me here

Amanda Kemperman (01:10:18):

Takes a village to raise a child. And Lyn, one key takeaway message that you would like to offer?

Dr Lyn O'Grady (01:10:27):

Yeah, I'd like to encourage people who might be listening to this and thinking about all the things we've been talking about and the complexities, but just to let themselves think about what are the skills I already have? So what's the work I'm doing? What are the skills I have already? And the importance of listening. And we know that in suicide prevention work with recognising more and more just how do we show respect? How do we listen to the story? How do we honour people's experiences? How do we partner with them? How do we collaborate, do all of the good things we've been talking about tonight. So I encourage people just to think about what skills do I have already? And then what might I want to top up on rather than feeling like this is a whole total area that I have to learn about. So I'm hoping that has come through tonight, but I did want to reinforce that as a takeaway message.

Amanda Kemperman (01:11:13):

Yeah, that's great. Thank you Lyn. And Anne, what would you like to leave critical with?

Arianne (01:11:19):

I love what you said, Lyn. I think that's great. I think the things that have stuck out to me are that we need to be curious about the children and about their inner world trying to understand their inner world. And like Lyn was saying, I think we can together, if we work together in partnership, families





and practitioners, not just one but multiple, the people at school, the medical people, the mental healthcare workers, if we all work together, we can actually create a really stable support network for a kid. Nobody has to do this on their own. It is the village that you're talking about, Amanda. No, not all of us have extended family, but if we work together, we collaborate, we speak, we have great communication, we're willing to learn and listen. I think we can have a really good safety net for kids. And it just takes that little bit of extra effort and to not feel the pressure that it's all on you.

(01:12:18):

I know as a parent, that's a big thing. You feel like it's all on you, but the more we share the load and the more people that are on board, actually the less pressure it is for each person. And the more we can all rise together. And at the end of the day, what we care about is that child making it through their childhood healthy and whole and resilient. And as a team, I reckon you can do it. It's doable. It might be long work, might be difficult work, but it is work we can accomplish together.

Amanda Kemperman (01:12:50):

Yeah, that's wonderful. Thank you Lyn, David, and Arianne for this very important conversation. Thank you everybody for tuning in tonight and thank you for the work that you continue to do with families who might be doing it tough. I do encourage you to check out our Emerging Minds resources. We've got a suite of resources and more to come on this exact topic. Tonight's webinar has been a partnership between MHPN and Emerging Minds. You will find a recording of this webinar in about two weeks time with also the supporting resources available. I've scooted ahead. Next slide please.

(01:13:37):

The upcoming webinars, you can keep an eye out. We've got one coming up actually with the Australian Institute of Family Studies on the 30th of April on the same topic. So you can tune in for that Next slide please. And also you can keep an eye out for the MHPN networks. There's more than 350 across Australia that you can connect with to discuss local and important topics for your work. Next slide please. And last slide, please. If you could complete this survey, that would be wonderful feedback for us. It will inform our ongoing work. And thank you everybody for coming along tonight.