

The Psychiatrist

FORMERLY THE PSYCHIATRIC BULLETIN

e-Interview

Sabina Dosani

The Psychiatrist Online 2012, 36:ibc.

Access the most recent version at DOI: [10.1192/pb.bp.112.041152](https://doi.org/10.1192/pb.bp.112.041152)

References

This article cites 0 articles, 0 of which you can access for free at:
<http://pb.rcpsych.org/content/36/11/ibc#BIBL>

Reprints/ permissions

To obtain reprints or permission to reproduce material from this paper, please write to permissions@rcpsych.ac.uk

You can respond to this article at

<http://pb.rcpsych.org/cgi/eletter-submit/36/11/ibc>

Downloaded from

<http://pb.rcpsych.org/> on November 8, 2012
Published by [The Royal College of Psychiatrists](#)

e-Interview



Dr Alys Cole-King MBBCh, MSc, DGM, FRCPsych, Consultant Liaison Psychiatrist, Betsi Cadwaladr University Health Board, Director and Healthcare Lead Open Minds Alliance Community Interest Company (CIC). Alys Cole-King is the executive producer of the *U Can Cope* film and the Royal College of Psychiatrists' (RCPsych) spokesperson on suicide and self-harm. She works nationally with medical Royal Colleges, voluntary bodies and academics and sits on the All-Party Parliamentary Group for Suicide and Self-harm Prevention. For the past 19 years she has been developing the innovative Connecting with People training, which aims to reduce stigma, increase understanding and compassion regarding self-harm and suicidal thoughts and build up emotional resilience. She has contributed to the Royal College of General Practitioners (RCGP) mental health curriculum. Alys also has an interest in patient safety and enhancing compassionate care. The Connecting with People training now forms part of the RCPsych education programme, the 2012 *BMJ* Masterclass series and is a key module on the RCGP-accredited Primhe Diploma in Mental Health. It is cited in the RCPsych report on self-harm and suicide and has secured the support of the College of Medicine and several RCGP/RCPsych fora.

What are you working on at the moment?
The Open Minds Alliance CIC. The organisation emerged from a collaboration between myself and Gavin Peake-Jones, a specialist in implementing transformation in organisations. Our belief is that emotional distress and suicide affects and takes far too many lives. We felt that responsibility for people with suicidal thoughts was seen to lie entirely with specialist mental health services, with others unwilling to get involved, whereas we knew that early intervention by a colleague, friend, compassionate health provider or caregiver could make a real difference, and potentially save lives.

Using research about what works, we have developed training and resources that are as accessible as possible and that complement other suicide prevention provision. We believe everyone has the capacity to help and that this can happen safely. We work in partnership with professional bodies, charities and providers of suicide prevention training.

What was the last book you read?

Time to Care by Robin Youngson, founder of Hearts in Healthcare. This is the most gripping, deeply poignant and relevant book that I have read for many years. Through a rigorous review of the evidence, Robin helps us understand that healing is so much more than providing technically competent care. Patients' experiences and clinical outcomes will be enhanced, our risk of burnout or litigation reduced and our job satisfaction considerably improved if we work together to provide compassionate care. The evidence is now too compelling to ignore.

What single thing would help regarding patients with suicidal thoughts?

I would like to cite two things. First, that everyone understands the crucial role of compassion in building trust so that people feel able to disclose their self-harm or suicidal thoughts. Second, that anyone experiencing suicidal thoughts has a personal 'safety plan' which includes a simple list of things they can do for themselves when they feel suicidal and the people who they go to for support.

What do you consider your greatest professional achievements?

Helping my patients survive their suicidal thoughts on a daily basis, followed by co-founding the Connecting with People training, instigating the 'U Can Cope' multi-agency World Suicide Prevention Day multimedia campaign, and leading the development of new RCPsych resources to promote compassionate care and support patients and those wishing to help them with practical and effective self-management. They are all available via the Connecting with People website (www.connectingwithpeople.org), and the RCPsych website ('Feeling on the edge: helping you get through it': www.rcpsych.ac.uk/mentalhealthinfo/problems/feelingontheedge.aspx; 'Feeling overwhelmed: helping you stay safe': www.rcpsych.ac.uk/mentalhealthinfo/problems/feelingoverwhelmed.aspx; and 'U Can Cope' for young people:

www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/ucancope.aspx).

What is the most important lesson working in psychiatry has taught you?

That unless we truly collaborate with our patients and their carers and change the dynamic of health provision so that we act as co-facilitators in their own healing, we will be less effective. The suicide 'mitigation' approach offers a realistic alternative to suicide risk management, where instead of characterising and quantifying suicide risk, it asks 'What can I do to help this person to not want to end their life today, this week, this month?'

If you could graduate again tomorrow, how would your career path be different?

I initially intended to become a general practitioner or physician and so applied to a general medical rotation. With hindsight, I might have specialised earlier but grounding in medicine was beneficial both clinically and with regard to research. I studied the effect of depression and anxiety in patients attending a tertiary wound healing clinic. Looking back, this was fairly ground-breaking research conducted unfunded in my own time so it was painstakingly slow.

I have had an eclectic career path which involved a year-long psychological autopsy research project investigating known psychiatric patients who engaged in self-harm or suicidal behaviour of sufficient severity to be admitted to a medical ward. That is when I became interested in the mismatch between the suicide intent identified retrospectively by the treating team, patients' own reports and objective measures of suicide intent at the time of their self-harm.

What keeps you awake at night?

That people are dying by suicide through stigma, fear of disclosure and lack of compassion. For suicide prevention initiatives to have any chance of success it needs to be understood that it is everyone's problem and everyone is part of the solution. I worry about social inequality and the lack of connectedness of some people. I also wish that suicide prevention research could focus on practical strategies to reduce stigma, enhance compassion and understanding, instil hope and promote help-seeking, perhaps not rocket science but certainly 'rocket fuel'.

Sabina Dosani

doi: 10.1192/pb.bp.112.041152