WORKFORCE STRATEGY

POLICY POSITION STATEMENT

February 2020

# Policy Recommendations

1. The suicide prevention workforce is distinct to the mental health sector and requires tailored recruitment, retention and training strategies to build its capacity.
2. The Commonwealth Government should produce a suicide prevention workforce strategy and implementation plan which:
   1. addresses current and future need for the clinical, formal, and informal suicide prevention workforces
   2. pays special attention to building the capacity of the lived experience of suicide peer workforce
3. The States and Territories should put in place suicide prevention workforce plans consistent and complementary to the national suicide prevention workforce strategy.

# Suicide Prevention Australia Position

We need to build the capacity of the suicide prevention system which shares many of the features of, but is distinct to the mental health system

Suicide Prevention Australia’s National Policy Platform emphasises the need to build workforce capacity in suicide prevention, beyond the bounds of the mental health sector and acute care system[[1]](#footnote-1). A key aspect of building this capacity should be a standalone suicide prevention strategy and implementation plan.The plan would complement the National Mental Health Workforce Strategy currently in development.

Developing a specific suicide prevention workforce strategy aligns with the Commonwealth Government’s Towards Zero suicide commitment. A central element of a Zero Suicide model incorporates strategies to develop and equip the suicide prevention workforce; with every member trained in recognising and responding to the signs of suicide risk, with differing levels of competency according to their role[[2]](#footnote-2). We support a suicide prevention strategy and plan strongly aligning with the Zero Suicide Model. The plan would quantify current and future suicide prevention workforce need; the types of occupations and geographic spread of personnel required; and identify their training needs of the suicide prevention workforce.

The National Office for Suicide Prevention would ideally lead the suicide prevention workforce strategy and implementation plan, in close consultation with the National Mental Health Commission. The Strategy would address current and future need for:

* The clinical workforce, encompassing doctors, nurses, and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis,
* The formal suicide prevention and mental health workforce, encompassing those explicitly working in a suicide prevention, response, crisis support or postvention setting: for example, emergency first responders, the peer lived experience workforce, postvention workforce, counsellors, social workers, and other mental health workers
* The informal suicide prevention workforce, which includes personnel from across Government Departments, social services, employer groups, miscellaneous service providers and other settings where individuals at risk of suicide are likely to present. Government, in particular, has a substantial workforces that interact with suicidal and vulnerable people on a daily basis; and this is something that Governments should consider in the training and development plans for these workforces, with priority given to those employees who are frontline positions in non-health related areas such as social services, income support, employment, justice and courts and education/schools

The implementation plan attached to the strategy would set out a clear timeline for delivery of training, retention and recruitment initiatives aligned to each area of workforce need, with a clear funding commitment tied to each strategy.

Training measures would address the skills needs of each workforce cohort through targeted pre-service tertiary training and education, ongoing professional development, mentoring and other supports. Recruitment and retention strategies would address areas of critical need, particularly in rural and remote locations with thin service provision; and meeting the needs of priority populations, particularly Aboriginal and Torres Strait Islander peoples.

*Lived experience*

The suicide prevention workforce strategy should pay special attention to boosting capacity of the suicide prevention lived experience workforce.

The lived experience workforce in a suicide prevention and response context takes in people with direct experience of suicidality, with experience caring for someone who is suicidal, as well as those who have been bereaved by suicide[[3]](#footnote-3). The peer workforce in the suicide prevention, intervention and postvention contexts has two major roles: recognising when someone may be at risk of suicide, and directing them to support; and supporting people recovering from suicidal behaviour or people bereaved by suicide[[4]](#footnote-4).

We share the view that particular priority should be placed on adequately resourcing the suicide prevention peer workforce. This should include investing in “an appropriate and comprehensive system of qualifications and professional development…in partnership with suitable lived experience organisations”[[5]](#footnote-5)The latter requires specific attention and recognition within national and state-based peer workforce frameworks. .

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This position paper was adopted by the Suicide Prevention Australia Board on XX MONTH YEAR.

1. Suicide Prevention Australia. (2019). *National Policy Platform.* Sydney, available online at <<https://www.suicidepreventionaust.org/wp-content/uploads/bsk-pdf-manager/2019/05/Suicide-Prevention-Australia-National-Policy-Platform-April-2019-high-res.pdf>>. [↑](#footnote-ref-1)
2. Labouliere, C D, P Vasan, A Kramer, and G Brown. (2018). “"Zero Suicide" - A model for reducing suicide in United States behavioral healthcare.” *Suicidologi* 22-30. [↑](#footnote-ref-2)
3. Roses in the Ocean. 2020. “Lived experience of suicide.” *Roses in the Ocean.* Accessed January 22, 2020. https://rosesintheocean.com.au/lived-experience-suicide/. [↑](#footnote-ref-3)
4. Salvatore, T. 2010. “Peer specialists can prevent suicides: properly trained peers play a vital role in regional suicide prevention effort.” *Behavioral Healthcare* 31-42. [↑](#footnote-ref-4)
5. Roses in the Ocean. 2020. *Submission to the Productivity Commission Inquiry into the Mental Health System.* Productivity Commission. [↑](#footnote-ref-5)