WORKFORCE STRATEGY POLICY POSITION STATEMENT JULY 2020

POLICY RECOMMENDATIONS

1. Governments should recognise that 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 that addresses current and future need for the clinical, formal, and informal suicide prevention workforces
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'S POSITION

Suicide is a complicated, multi-factorial human behaviour and is more than an expression of mental ill health. The *Fifth National Mental Health and Suicide Prevention Plan*[1]reinforces this position, highlighting that the risks and protective factors for suicide are not confined to mental health and clinical treatment options.

Preventing suicide therefore requires a holistic, cross-governmental approach that effectively coordinates funding and policy attention to address the social, economic, health, occupational, cultural and environmental factors involved. As a result, our position is that suicide prevention requires a governance structure at the Commonwealth level separate to, and distinct from, the mental health system.

For this reason, 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[2]. A key aspect of building this capacity should be a standalone suicide prevention workforce strategy and implementation plan; a complement to, rather than as a stream within the National Mental Health Workforce Strategy currently in development.

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 working in a suicide prevention, response, crisis support or postvention setting: for example, emergency first responders, the lived experience workforce, postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers.

[1] National Mental Health Commission. (2017). *The Fifth National Mental Helath and Suicide Prevention Plan,* available online at <*http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf*> .

[2] 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>.

- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across Government Departments, social services, employer groups, miscellaneous service providers, community based organisations and other settings where individuals at risk of suicide are likely to present.

- The lived experience workforce: A national 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]. This workforce should co-exist and be complementary to the existing mental health peer workforce, leveraging and sharing infrastructure where appropriate. Considerations for the lived experience workforce should include investing in "an appropriate and comprehensive system of qualifications and professional development…in partnership with suitable lived experience organisations"[4]The latter requires specific attention and recognition within national and state-based peer workforce frameworks, such as the work currently underway in New South Wales[5].

We suggest an implementation plan attached to the strategy to 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 component. Training measures would align with a competency framework addressing 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. Ideally, the implementation plan would also incorporate strategies to protect and improve the mental health of the workers themselves. Many of the informal workforce, in particular, would not necessarily have access to training that prepares them for experiences of vicarious trauma.

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[6].

Incremental strategies to strengthen the workforce

Suicide Prevention Australia also suggests immediate investment in incremental strategies to bolster the suicide prevention workforce in the short to medium term. These strategies would support the broader workforce strategy and reform work:

- **Industry-specific peer support:** We believe there is an opportunity for Government to fund industry-based peer support initiatives targeted toward workers in occupations with the highest rates of suicide. Workers in the construction industry have, for example, benefited from the peer-led, industry based MATES in Construction program: the delivery of which coincided with a 10 percent reduction in the suicide rate for construction workers in Queensland[7]. This program involves training construction workers to notice behaviour changes or signs in conversations with their colleagues that might

[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/.

[4] Roses in the Ocean. 2020. *Submission to the Productivity Commission Inquiry into the Mental Health System.* Productivity Commission.

[5] Ministry of Health. (2020). 'Toward Zero Suicide initiatives', webpage, accessed at <https://www.health.nsw.gov.au/mentalhealth/Pages/services-towards-zero-suicides.aspx>

[6] 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.

[7] Doran, C. Ling, R. Gullestrup, J. Swannell, S. Milner, A. (2015). 'The impact of a suicide prevention strategy on reducing the economic cost of suicide in the New South Wales construction industry', *Crisis*, 37, pp. 121-129, accessed 1 May 2020 at <https://doi.org/10.1027/0227-5910/a000362>.

indicate they needed help; and then pointing them in the direction of support services such as psychologists and social workers. Drawing from the MATES in Construction model, industry-based, peer support initiatives for other high risk occupations would involve providing regular connection and assertive support via mechanisms tailored to the industry involved. For a geographically dispersed sector, for example, this could involve online technology.

- **Training community connectors or 'gatekeepers':** Suicide Prevention Australia is of the position that equipping touchpoints or 'gatekeepers' with suicide prevention training is an important intervention for reducing suicide[8]. The training provided should, however, be locally specific; tailored to the demographics of the local population; and should prioritise key touchpoints within the community for the local population, in addition to those within the health system (for example, GPs and pharmacists). We propose this initiative would, however, form only one component part of an overarching, end-to-end workforce strategy for suicide prevention, aligning with a national competency framework.

- **Implementing the National Workplace Initiative**: The National Workplace Initiative is an alliance of business groups, unions, community organisations and the National Mental Health Alliance. The Alliance presents an unmissable opportunity to support and strengthen the broader workforce through this consortium; an opportunity that should be harnessed via the Commonwealth Government's $11.5 million investment in the 2019/20 Federal Budget. Suicide Prevention Australia calls for the full implementation of this initiative which will foster mentally healthy workplaces across the nation.

[8] A systematic review of gatekeeper training outcomes in the United States of America found that gatekeepers had developed knowledge, skills and referral skills; and larger studies involving physicians and military personnel reported that suicidal behaviours, ideation and attempts were reduced, at least in the medium term. See: Isaac M, Elias B, Katz LY, Belik SL, Deane FP, Enns MW, Sareen J, Swampy Cree Suicide Prevention Team. (2009). 'Gatekeeper training as a preventative intervention for suicide: a systematic review'. *Canadian Journal of Psychiatry*, vol. 54, no. 4, pp. 260-268