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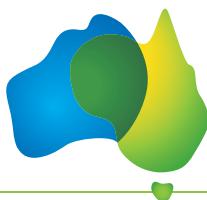
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# SUICIDE PREVENTION:

## A COMPETENCY FRAMEWORK

### FOR THE HEALTH SECTOR



AUGUST 2023

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## Acknowledgement

*Suicide Prevention Australia acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respects to their Elders, past and present. We acknowledge Aboriginal and Torres Strait Islander self-determination and we will work together towards a future of equality and strength.*

*Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We acknowledge those of us with lived and living experience. We are brought together by experience and are unified by hope.*

# Executive Summary



The need for attention on suicide and suicide prevention in Australia has never been more apparent. Suicide is a result of a complex interplay of vulnerabilities and risk factors, which can also be influenced by social and economic circumstances. With major system reform in Australia, there is a growing recognition for a comprehensive, whole-of-government approach to suicide prevention, co-designed with people with a lived or living experience of suicide.

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With over 400 members representing more than 140,000 workers, staff and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives and people with lived experience.

**In collaboration with the health sector, Suicide Prevention Australia has developed the Suicide Prevention: A competency framework for the health sector (the Framework) to enhance the capacity and capability of the clinical workforce in responding to people experiencing suicidal thoughts and behaviours. This Framework is informed by, and brings together, knowledge experts in workplace suicide prevention and suicide prevention training.**

The Framework offers a starting point for employers and staff to evaluate their knowledge and skills, enabling them to effectively promote wellbeing, intervene in distressing situations, and reduce suicidal behaviour within their workplaces. This document explores the necessity of a competency framework, the evidence base, and policies that have informed its development, as well as strategies for adapting, customising and implementing the Framework in various working environments and roles.

The Framework provides the foundation for suicide prevention learning in the health sector. Suicide Prevention Australia has developed The Learning Hub to ensure ongoing and continuous learning to strengthen capacity and capability in suicide prevention, providing a platform for the application of this Framework for individuals in the health sector.

By establishing the minimum standard of suicide prevention and postvention knowledge, skills, attitudes, attributes, and values required for health sector staff, the Framework provides employers with a tool for identifying areas of improvement in staff induction, education and training, as well as support and wellbeing initiatives.

The Framework promotes a compassionate and collaborative focus to reducing suicide risk in the health sector. We are striving to ensure that every person who needs support can access a consistent, high-quality, and safe standard of care.

# Introduction

**Suicide Prevention Australia is committed to promoting and building the capacity of the health sector to provide compassionate, high-quality, and sustainable suicide prevention and postvention initiatives.**

Our vision at Suicide Prevention Australia is a world without suicide. We encourage evidence-informed actions that promote wellbeing, early and effective intervention to reduce distress and suicidal behaviour.

There is a need to build capacity through the development of a specific suicide prevention competency framework that addresses the skills, knowledge, attitudes and attributes of the health sector. In 2020 Australia had over 640,000 health professionals<sup>1</sup>. The health sector needs the support, tools and capability to reduce suicide risk and distress, particularly as the first time a person discloses their distress is a critical moment.

Suicide Prevention Australia has been working in partnership with representatives from the health sector to develop an evidence-informed Suicide Prevention Competency Framework (the Framework) specifically for the health sector.

There is an increasing awareness within the health sector for the need to develop specific suicide prevention strategies. The Framework is designed to be culturally responsive and reflective of the diverse and complex risks found within the health sector.

The Framework complements the work the health sector is already undertaking to create an environment that promotes wellbeing, mental health and supports employees. Mental health and wellbeing are valuable resources which can affect the health, employment and social outcomes of their staff. It is not expected that a colleague provides psychological professional support. However, the employer needs to mitigate issues that impact staff wellbeing.

## Workplace Suicide Prevention

A Report of Findings to Direct the Development of National Guidelines for Workplace Suicide Prevention<sup>2</sup> highlights that whilst many mental health and wellbeing programs exist in the workplace, the topic of suicide prevention is often neglected. Survey participants identified that workplace suicide prevention increases staff health and wellbeing (86%). Leadership buy-in, lack of funding, and time were identified as the most cited barriers to integrating suicide prevention in the workplace.

**To guide employers and workplaces embedding suicide prevention as a health and safety priority, the following nine practices are recommended:**

**1. Leadership:** cultivating a care culture focused on community wellbeing

**2. Job strain reduction:** assess and address job strain and toxic work contributors

**3. Communication:** increase awareness of understanding suicide and reduce fear of suicidal people

**4. Self-care orientation:** self-screening and stress/crisis inoculation planning

**5. Training:** build a stratified suicide prevention response program and specialised training by role

**6. Peer support and wellbeing ambassadors:** informal and formal initiatives

**7. Mental health and crisis resources**

**8. Mitigating risk:** reduce access to lethal means and address legal issues

**9. Crisis response:** accommodation, re-integration and postvention

## What is Competency?

**A competency is defined as:**  
**“The consistent application of knowledge and skills to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments.”<sup>3</sup>**

Competency frameworks include the behaviours, knowledge and skills necessary for staff to perform their role.

While this framework is relevant for clinicians dealing with the psychological aspect with the individual, the framework is broader than clinical competency and sits outside the therapeutic session.

## Why Competencies in Suicide Prevention

Research highlights the criticality of compassionate offering of help to people in distress accessing appropriate and timely support. The pathway someone in distress follows is altered by the ability of others to respond appropriately to the first disclosure of distress or suicidal behaviour. Ensuring this is vital in preventing a future suicide attempt<sup>4</sup>.

**“Connect with me authentically; care, compassion, empathy, and being relatable are core requirements for anyone who helps me.”** KPMG<sup>4</sup>

Suicide prevention training and education in the health sector provides an opportunistic approach for the promotion, prevention, and early intervention. Evidence highlighted that ‘gatekeeper’ training or short programs that are aimed at increasing the knowledge, skills and attitudes of people to identify potential suicidality, provide people with the ability to respond safely and supportively, and refer to appropriate services.

‘Gatekeeper’ programs are demonstrated to improve people’s knowledge, skills and confidence when responding to someone experiencing suicidal thoughts. However, without agreement around the competencies required in suicide prevention, it is

difficult to effectively measure the impact of the different gatekeeper programs on reducing suicide rates<sup>5</sup>.

It is essential that suicide prevention initiatives in the clinical workplace focus on reducing the stigma of suicidal behaviour. Similarly, attitudes about suicide and suicidal behaviour have the potential to inhibit helpful behaviours towards a person at risk.<sup>6</sup>

Suicide prevention has the potential to have a positive effect when integrated into existing workplace health and safety activities<sup>2</sup>. Building competencies can create compassionate, safe, and supportive working environments, where staff and clients feel they can express distress without stigma and access the care they need.

**“Suicide prevention starts with recognising the warning signs and taking them seriously... Encouraging these kinds of conversations is a powerful tool to reduce the fear and silence surrounding suicide and ultimately prevent deaths by suicide.”**

Beyond Blue<sup>7</sup>

## Cultural Considerations

### Domains of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing - the body, mind and emotions, family and kin, community, Country, spirituality and culture.

Aboriginal and Torres Strait Islander people understand health and healing within a holistic model described as social and emotional wellbeing. This model is a “multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or ‘country’, culture, spirituality, ancestry, family, and community”<sup>8</sup>. The impact of colonisation, the relocation of people, and forced removal of children has caused the dislocation and dispossession of Aboriginal and Torres Strait Islander people from family, kinship, community, culture, Country and spirituality. This has interrupted cultural practices and beliefs and negatively affected the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people die by suicide at double the rate of the rest of the Australian population, with 219 Aboriginal and Torres Strait Islander people taking their own lives in 2021<sup>9</sup>.

This excess of suicide deaths can be attributed to: the experience of isolation and disconnection from culture, identity and Country; grief, loss and intergenerational trauma; and continuing social exclusion, disadvantage and systemic racism that are present manifestations of colonisation<sup>10</sup>. The social and emotional wellbeing domains are protective factors against suicide and suicide behaviour.

Effective support for Aboriginal and Torres Strait Islander people needs to be embedded within a context of cultural knowledge and understanding. The key focal point needs to frame psychological health within the concept of social and emotional wellbeing.



## Cultural Competency

Cultural responsiveness includes the ability to interact effectively and respectfully with people from all cultures. Cultural competency is the attitudes, behaviours, knowledge, policies and processes that enable health professionals to work effectively across situations and to respond to the needs of a culturally diverse population - it is a continuum of learning.

Attitudes, attributes, and cultural principles addressing Aboriginal and Torres Strait Islander social and emotional wellbeing are embedded in the

Framework and include the ability to engage with sensitivity, cultural awareness, care, and knowledge of Australia’s colonial history and its continuing impact. These values and cultural competencies are a prerequisite for the Framework.

The Framework identifies the gaps and areas of need that can inform the wellbeing, education, and training program development within the health sector. The following sections provide an overview of a competency framework for the health sector.

## Australia's Health Workforce

The health workforce in Australia is diverse, large and covers a range of occupations. These include, psychiatrists, medical practitioners, surgeons and other medical specialists, nurses and midwives, dentists, allied health practitioners including Indigenous health workers, and paramedics<sup>1</sup>.

The Framework identifies the gaps and areas of need that can inform workplace wellbeing, education, and training program development in diverse, clinical workforces. The following sections provide an overview of a competency framework for the health sector.



# A Competency Framework Methodology

The methodology used in the development of the Suicide Prevention: A competency framework for the health sector is highlighted in Figure 1 below.

Four rounds of consultations with 19 health professionals representing 14 occupations within the

health sector, explored and informed the domains, common and important content topics, identified gaps, and what knowledge and skills may be required for these occupations.

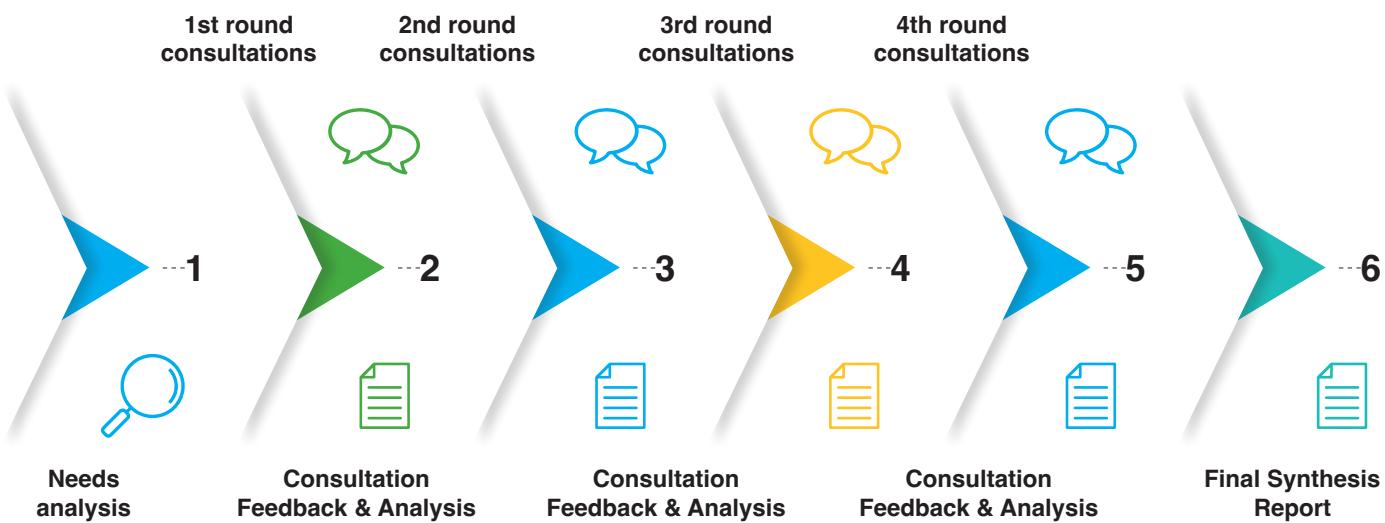


Figure 1. Suicide Prevention Competency Framework for the health sector methodology

## A Competency Framework for the Health Sector

The Framework builds on the evidence of ‘what works’ regarding the knowledge and skills required for the health sector across diverse settings. Participants in the consultations identified that a suicide prevention competency framework was overlooked in mental health and suicide prevention workforce development. That is, a competency framework was required in suicide prevention that brought together the experience of people with a lived or living experience of suicidal behaviour and best practice approaches to suicide prevention in workplaces, and the health sector.

The Framework provides a guide for staff induction and workforce development in suicide prevention.

The Framework is intended to be applied to the specific needs of the role and workplace conditions. The Framework recommends the essential competencies for organisations and their staff to work safely and effectively to reduce suicidal behaviour.

Participants identified the core competencies required for the health sector in suicide prevention (see Figure 2).

The Framework is not to replace or be used as a self-help or clinical tool. These competencies are aimed to strengthen and support interactions between people and create meaningful connections and understanding.

*Figure 2. Suicide Prevention Competency Framework for the health sector*



## FOUR PRINCIPLES UNDERPINNING THE FRAMEWORK

CULTURAL SAFETY,  
PARTICIPATION  
AND CONTINUOUS  
IMPROVEMENT

EVIDENCE  
OF WORK

COMPASSION,  
RESPECT, EMPATHY,  
NON-JUDGMENTAL  
ATTITUDE AND SAFE  
LANGUAGE

EVERYONE HAS A  
ROLE IN SUICIDE  
PREVENTION

## Four Principles Underpinning the Framework



### 1. Cultural safety, participation and continuous improvement

**improvement:** (see Induction and Continuous Development competencies) aims to enhance the service provision by identifying the power relationships and to empower the person in need. A workplace that is safe and culturally responsive that acknowledges, respects and accommodates differences.



**2. Evidence of work:** collaboration and sharing of knowledge that incorporates the voices of lived and living experience and all relevant experts and stakeholders.



**3. Compassion, respect, empathy, non-judgmental attitude and safe language:** enhancing the compassion, respect, empathy and a non-judgmental attitude toward a person experiencing suicidality through the provision of cultural humility, safe language and appropriate sensitivity.



**4. Everyone has a role in suicide prevention:** suicide impacts the entire community. Suicidal thoughts and behaviours may be influenced by a range of social, economic, and personal factors. Everyone, including health professionals, may have contact with a person in suicidal distress and offer helpful responses.

The competencies are grouped in the following six key domains

### 1. Induction and Continuous Development

These competencies wrap around the entire Framework. They focus on the capabilities required in the workplace to actively promote, monitor, evaluate and improve the safety of individuals by applying organisational policies and procedures. They emphasise the knowledge and skills required of a team member in the first few days from orientation and induction into their new workplace and role, and ideally continuing for the employment tenure.

Induction and continuous development describes the skills and knowledge, the duty of care and legislative requirements for the management and application of ethical behaviour and policies. This could include respecting differences, privacy, and confidentiality; identifying and addressing protective and mitigating risk factors within the workplace for psychological injury and/or crisis.

### 2. Knowledge

The intent of this domain focuses on the individual's knowledge required to support someone in crisis. This domain describes the knowledge required for promotion of wellbeing and support; prevention of suicidal behaviour; and postvention for people affected by suicide. This collection of competencies explores how to identify and recognise warning signs, protective and risk factors, responding and connecting to appropriate services and understanding self-care, self-compassion, and boundary setting. This domain describes the models of care and the impact of intergenerational trauma.

### 3. Skills

**The intent of this domain focuses on the individual's skills required to support someone in crisis.** This domain describes the skills required to safely, sensitively and inclusively communicate and respond with compassion. This domain explores the ability to engage in confidentiality and consent and the ability to use safety planning. This collection of competencies promotes the recognition of early intervention and step-up care.

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### 4. Collaborative Support

**The intent of this domain focuses on the conscious effort to engage in positive, trusting, open relationships and to engage the help-seeker to assess risk.** This domain describes the competencies associated with their profession and ethical standards that health professionals are expected to know and to apply to their practice. In particular, to the application of consent, confidentiality and the minimisation of harm. This domain further explores the engagement and communication within workplace teams. This includes active, respectful, and sensitive support that addresses the diverse needs of the person, with the ability to recognise power differentials, and act responsibly.

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### 5. Priority Populations

**The intent of this domain focuses on culture, biopsychosocial impacts and at-risk occupations.** This domain describes the knowledge and skills required to explore the prevalence of suicidality in priority populations including:

- Aboriginal and Torres Strait Islander peoples
- Age streams- children, youth & older people
- At risk occupations and industries
- Culturally and Linguistically Diverse (CALD) peoples

- LGBTQI+ peoples
- People with mental and physical comorbidity and chronic pain
- Refugees and asylum seekers
- Rural and remote communities
- Veterans and their families

This domain identifies the risk demographics associated with the priority populations. This domain further explores cultural sensitivity in promotion, prevention, early intervention and postvention; and the use of cultural strengths and appropriate communication.

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### 6. Self-care

**The intent of this domain focuses on the knowledge of, and ability to, practice self-care.** Self-care is important for general wellbeing and effective functioning. The self-care domain identifies the self-assessment, self-screening; self-awareness and the learning and development (training and personal development) needs of the health professional. This domain explores self-care activities practiced by health professionals to reduce occupational stress. Self-care activities can include: supervision, collegial/team care, gratitude, celebration of positive impacts, refreshment breaks, walks, fresh air/nature.

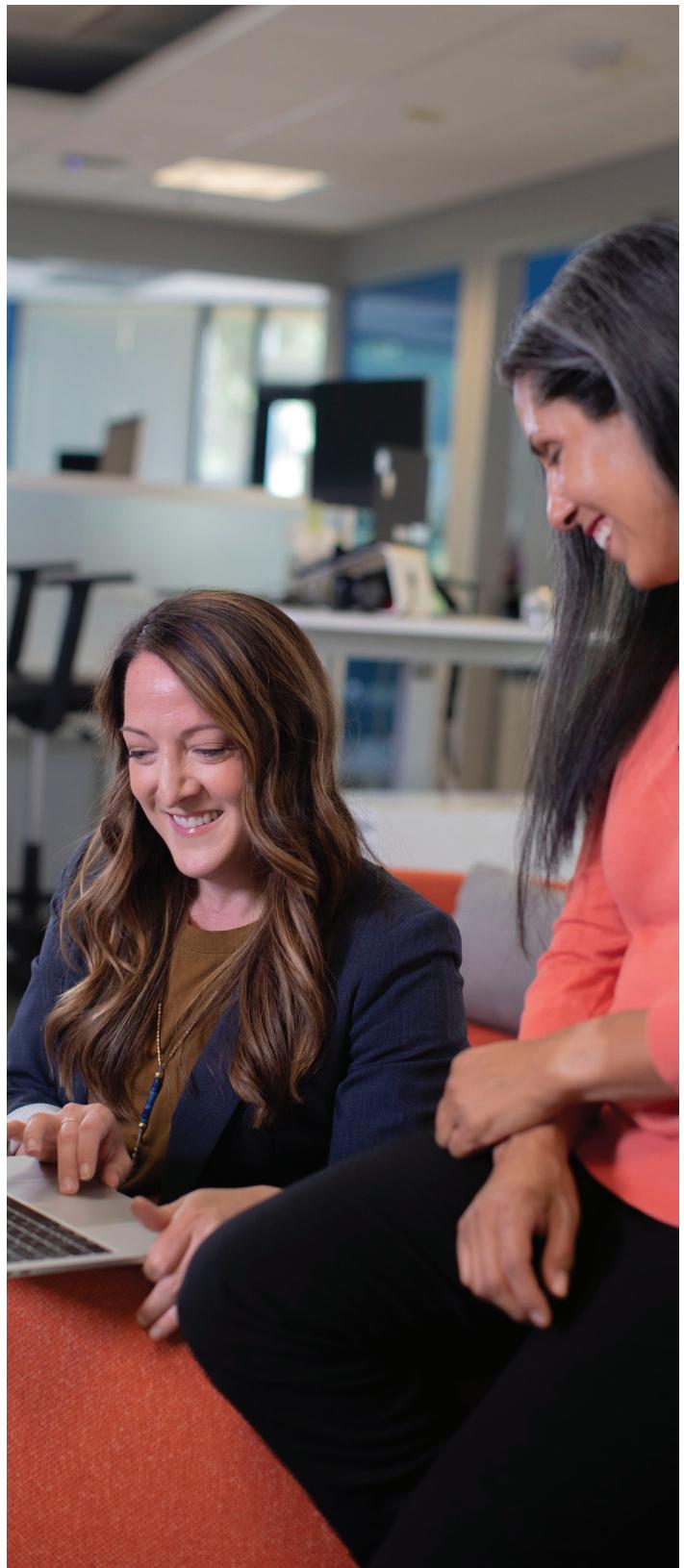


# How to use the Framework

Suicide Prevention Australia encourages workplaces to apply the Framework to meet their specific needs. That is, the Framework provides a guide to workplace suicide prevention that is centred on continuous quality improvement. To develop such a culture, education and training is critical and requires a coordinated and proactive approach to build the capacity of the suicide prevention workforce across the key domains of the Framework.

It is recommended that a workplace embed the Framework through the following:

- Utilise the Framework as a gap analysis for the specific roles of a workplace and identify areas for improvement in workplace suicide prevention.
- Use this Framework to ensure that the organisational structures and the induction and training programs that they provide meet the competencies for the specific roles.
- Human resource and work health and safety structures incorporate the Framework into existing mental health and wellbeing strategies.
- To build the capacity and capability of the competency by utilising Suicide Prevention Australia's Best Practice Directory to ensure consistent, high-quality and safe programs and services.
- Incorporate the competencies into policy and procedures, including a process of formal and informal support and referral pathways.



# Conclusion and Next Steps

The Framework serves as a valuable starting point for employers and staff to consider what they need to promote wellbeing and to intervene effectively to reduce distress and suicidal behaviour.

The Framework provides a guide for the induction and workforce development in suicide prevention. It is intended to be applied to the specific needs of the role and workplace conditions. It suggests the essential competencies for organisations and their staff to work safely and effectively to reduce suicidal behaviour.

Whilst the focus of the Framework is the health sector, the knowledge, skills, and attributes highlighted offer a guide for workforce development programs for diverse roles and experience.

The ‘next steps’ to build the capacity and capability of the suicide prevention workforce are to:

- Develop a continuous development program utilising the architecture of the Framework.
- Introduce a suicide prevention workforce community of practice.
- Provide and ensure the continuing education and learning of staff with up-to-date skills and knowledge of suicide prevention, intervention and postvention.

Implementation of the Framework through education and training will support early intervention of an individual’s distress.

A culture of suicide prevention continuous education will support learning-based programs for individuals to identify their learning needs, fulfil learning goals, and effectively apply that learning through evidence-based training and resources. A continuing education program is an important resource for the health sector to implement the Framework by providing an individualised pathway and access to ongoing learning.

To ensure the availability of safe, high quality, and effective suicide prevention training programs and

resources, individuals can refer to Suicide Prevention Australia’s Best Practice Directory. This directory lists programs and services that meet or are undertaking accreditation standards through formal independent assessments. For more information, please visit: <https://www.suicidepreventionaust.org/directory-of-programs/>

**Suicide Prevention Australia’s Suicide Prevention: A Competency Framework for the Health Sector promotes a compassionate, caring and collaborative focus to reduce suicide risk in the health sector. Our aim is to ensure that every person who needs support can access consistent, high-quality and safe standard of care.**



# Acknowledgements

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