

SUICIDE PREVENTION WORKFORCE  
DEVELOPMENT AND TRAINING  
PLAN FOR TASMANIA (2016-2020)



# Acknowledgements

We acknowledge all people in Tasmania who have direct experience of suicide, including those who have attempted suicide and people bereaved by suicide. The voice of people with lived experience has been essential in the development of this Plan, and these voices are valued and supported by all of the people involved in this work.

Thank you to the many organisations, service providers and community members in Tasmania who shared their views, their knowledge and expertise, and their stories to help shape this Plan. This includes members of the Tasmanian Suicide Prevention Committee and the Tasmanian Suicide Prevention Community Network.

We would also like to acknowledge the work of the Hunter Institute of Mental Health that assisted the Tasmanian Government in the development of this Plan.

Department of Health and Human Services  
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# Need help?

## **A life threatening emergency – dial 000**

### **For young people**

Kids Helpline: 1800 55 1800 (24/7 crisis support)

[www.kidshelp.com.au](http://www.kidshelp.com.au)

headspace: 1800 650 890

[www.headspace.org.au](http://www.headspace.org.au) (direct clinical services)

### **National 24/7 crisis services (telephone and online)**

Lifeline: 13 11 14

[www.lifeline.org.au](http://www.lifeline.org.au)

Suicide Call Back Service: 1300 659 467

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

beyondblue: 1300 22 4636

[www.beyondblue.org.au](http://www.beyondblue.org.au)

MensLine Australia: 1300 78 99 78

[www.mensline.org.au](http://www.mensline.org.au)

### **Other local and national resources:**

Tasmanian Suicide Prevention Community Network

[www.suicidepreventiontas.org.au](http://www.suicidepreventiontas.org.au)

Sudden Loss Support Kit Tasmania

[www.dhhs.tas.gov.au/mentalhealth](http://www.dhhs.tas.gov.au/mentalhealth)

Lifelink Samaritans Tasmania Inc 1300 364 566 (Statewide)

Healthcaredirect (24/7 healthcare advice) 1800 022 222

[www.healthdirect.gov.au](http://www.healthdirect.gov.au)

Conversations Matter

[www.conversationsmatter.com.au](http://www.conversationsmatter.com.au)

# Message from the Minister for Health

The impact of suicide is felt deeply by individual Tasmanians, their families and our community. Sadly, it's the source of significant pain, thoughts of "what if" and "if only", and of course the loss of someone special from our lives.

This is why the Tasmanian Government is taking action and providing \$3m in additional funding for targeted suicide prevention initiatives. How these initiatives should be delivered, with focus on the whole community, our youth and developing our workforce have been thoroughly consulted. The result of this collaboration is the documents you are holding now.

From the outset, on behalf of the Government, I sincerely thank the many people who have contributed. Thanks especially to those who generously shared with us their difficult personal stories of loss. I believe that the lived experiences together with our comprehensive review of research literature puts us in an excellent position to move forward with well-designed suicide prevention initiatives which will save lives.

It is very important to remember that we are all in a position to help those around us: ready to listen, brave to ask the question and empowered to offer hope.

I look forward to working with all Tasmanians on this important issue.

Together we can build a supportive community which values and affirms life.



**Hon Michael Ferguson MP**

**Minister for Health**



**Hon Michael Ferguson MP**  
**Minister for Health**

# Introduction

Suicide is an important health and community issue in Tasmania that can have a far-reaching effect on individuals, families and communities.

Taking action to reduce suicide is a priority of the Tasmanian Government with the commitment of an additional \$3million into targeted suicide prevention initiatives, including the development of a new *Suicide Prevention Workforce Development and Training Plan for Tasmania*. This Plan will deliver suicide prevention awareness training to people in key occupations.

The Plan will contribute to the goal of reducing suicide in Tasmania. It will support identified workforces and groups to provide effective and compassionate care and support to people experiencing suicidal thoughts and behaviours.

The Plan prioritises the following groups:

- workforces likely to interact with people experiencing a suicidal crisis
- health (and other) workers likely to interact with those at risk of suicide and/or needing ongoing management and care
- non-health workforces who may interact with people at risk of suicide or those impacted by suicide
- families and carers, community groups and workforces interacting with the community and all other workforces.

The *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)* is a companion document to the *Tasmanian Suicide Prevention Strategy (2016-2020)* and the new *Youth Suicide Prevention Plan for Tasmania (2016-2020)*. Together these documents outline this Government's plan to reduce suicide in Tasmania.

Other targeted and proactive suicide prevention activities include:

- helping communities to develop and implement suicide prevention community action plans
- installing suicide prevention measures at locations known for repeat suicides
- establishing a new model to facilitate early intervention referral pathways following attempted suicide and/or self-harm
- establishing a new Tasmanian Suicide Register.

Taking action to reduce suicide is also part of the Government's commitment to improve the mental health and wellbeing of Tasmanians with an additional investment of \$8.7 million into mental health in Tasmania.

This has included additional funding to:

- increase staffing for child and adolescent mental health services
- increase advocacy support for people living with mental illness
- extend mental health support in rural communities
- provide grassroots mental health support through Neighbourhood Houses
- deliver men's mental health and wellbeing through Men's Sheds
- increase targeted and proactive suicide prevention strategies.

The *Rethink Mental Health Plan 2015-2025* was released last year. This sets a vision for the Tasmanian community where all people have the best possible mental health and wellbeing. It also outlines a plan to deliver a co-ordinated and integrated mental health system.

The State Government is also reforming Tasmania's health system through the One State, One Health System, Better Outcomes process by developing a single health system with facilities and people networked to achieve high quality, safe and efficient services. Through the Healthy Tasmania initiative there is a concerted effort to promote good health and prevent chronic disease.

Taken together, all of these initiatives will make a significant contribution to the goal of making Tasmania the healthiest population in Australia by 2025.

## The Plan at a Glance

*Reducing suicidal behaviour and its impacts is a major focus of the Tasmanian Government, with the release of Tasmanian Suicide Prevention Strategy (2016-2020) detailing the priorities for coordinated action over the next five year period.*

Suicide is a major issue for Tasmanians. Individuals, families, communities and the workforces that support them can all be affected. Developing and supporting the workforce and community gatekeepers through targeted education and training is an important part of any suicide prevention strategy and the focus of this Plan.

The *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)* (the Workforce Plan) was developed to inform the future planning, commissioning and delivery of suicide prevention training in Tasmania. The Workforce Plan details the types of workforce development and training required across sectors and groups that can build capacity based on role and likely interaction with people at risk of suicide or those impacted by suicide.

The Workforce Plan supports the overarching *Tasmanian Suicide Prevention Strategy (2016-2020)* and informs and expands priority five under the Strategy to “train and support health workers and other gatekeepers to provide effective and compassionate care and support for people experiencing suicidal thoughts and behaviours.” It has been developed following a review of the evidence for effective approaches, an analysis of the national and international policy context, and a review of current training provided (or in development) nationally and in Tasmania.

A series of consultations held during the development of the Workforce Plan engaged service providers across sectors through an online survey, key informant interviews and face-to-face consultation workshops.

The National Mental Health Commission and the Australian Government have identified workforce development in mental health and suicide prevention as a priority for the next five years. Similarly, the Tasmanian Government has committed to supporting and developing our workforce as part of *Rethink Mental Health: A long-term plan for mental health in Tasmania 2015-2025* (Rethink Plan) with a specific commitment to develop a workforce plan for suicide prevention.

### Our goal

Support priority workforces and groups to provide effective and compassionate care and support to people experiencing suicidal thoughts and behaviours.

## Key actions

The Workforce Plan identifies a range of key actions that have been prioritised for implementation including identification and commissioning of suitable training packages for staff working in emergency departments and mental health services, GPs and media professionals working across print, broadcast and online.

## Implementing the Plan

Preventing suicide and suicidal behaviour and supporting the workforce and gatekeepers to provide effective and compassionate care and support is a priority for the Tasmanian Government.

The Workforce Plan provides guidance on the priority areas over the next five calendar years.

The key actions have been identified as immediate to short-term (within 1 year); medium-term (within 2-3 years) and opportunities for further consideration in the longer-term (within 4-5 years) and are outlined in the Plan (pp.14-22).

The Tasmanian Government will evaluate and monitor progress during the term of the Plan to determine whether the actions we are taking are delivering the desired outcomes. We will continue to adapt and improve our actions, taking into account any lessons learned through the monitoring and evaluation process. As a result, the medium to long term actions outlined in the Plan may need to be revised, in the context of evaluation outcomes and future investment priorities.

Overall responsibility for implementing and monitoring this Plan and the supporting key actions will reside with the Department of Health and Human Services (DHHS), with strategic advice provided through two forums:

- The Tasmanian Suicide Prevention Committee (TSPC); and the
- Tasmanian Suicide Prevention Community Network (TSPCN).

The membership of the TSPC will be reviewed and re-established to ensure it aligns with the new strategic direction for suicide prevention in Tasmania. The TSPC will provide for the formation of time-limited working groups to support implementation of this Plan.

Primary Health Tasmania (PHT) will have a key role as a member of the TSPC to ensure that Tasmania can leverage national mental health and suicide prevention reforms and available resources to complement regional approaches to suicide prevention and workforce development and training.

The TSPCN is a community network open to all Tasmanians with an interest in building the capacity of communities to respond to suicide and to work proactively to prevent suicide.

DHHS will provide an annual report to the Minister for Health on progress against the key actions in the Workforce Plan.

## Evaluating the Plan

The *Tasmanian Suicide Prevention Strategy (2016-2020)* outlines our approach to evaluation which will be used to assess the overall appropriateness, effectiveness and impact of the Strategy and supporting Plans as a whole, and individual priorities such as workforce development, education and training. In line with this approach, the Workforce Plan includes a summary of expected short-term effects, long-term effects and outcomes as outlined below in Figure 1.



**Figure 1: A summary of actions, effects and outcomes of the Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)**

# Our Approach to Workforce Development and Training

## The evidence

A literature review prepared to inform the development of the *Tasmanian Suicide Prevention Strategy (2016-2020)* considered the evidence for suicide prevention education and training programs and approaches (2).

The most commonly used training programs in Australia and in Tasmania include gatekeeper programs such as ASIST and Mental Health First Aid. These programs provide general knowledge and skills to support someone who may be suicidal and are generally provided for community gatekeepers rather than health professionals.

## What Tasmanians said

In developing the Workforce Plan a series of consultations were held in Tasmania which included stakeholder workshops, key informant interviews, an online survey and community focus groups. Additional key informant interviews occurred with national stakeholders, including professional bodies, nationally funded training providers and non-government organisations developing and/or delivering suicide prevention training.

The consultations revealed the workforces and groups that Tasmanian stakeholders believed were most important to target, the range of approaches to training already being offered and a range of key issues for consideration in developing the Workforce Plan. The priority workforces and groups in scope of this Plan are shown in Table 1 overleaf.

*A gatekeeper in suicide prevention is defined as an individual in a community who has contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.*

**Table 1: Priority workforces and groups**

<b>Health professionals</b>	Including: nurses (with those working in emergency departments and aged care highlighted specifically); doctors (especially those working in emergency departments and mental health services); general practitioners; mental health workers (including those in child and adolescent mental health); alcohol and other drug workers; clinical support and telephone triage officers.
<b>Emergency services and first responders</b>	Including: police (with front-line police officers highlighted); ambulance officers; fire officers; and State Emergency Services.
<b>People working in education</b>	Including: teachers (primary and secondary schools); school counsellors, psychologists and social workers; teacher's assistants/aides; university lecturers and tutors; TasTAFE teachers and vocational education and training providers; and school health nurses.
<b>Media professionals</b>	Including: print, broadcast and online journalists from across Tasmania; and journalism students.
<b>Correctional staff</b>	Including: prisons and community corrections.
<b>Those with a role in workplace health and safety</b>	Including: Human Resources staff; Employee Assistance Programs; supervisors and managers; and those with work health and safety roles.
<b>Other government and non-government workforces that come into contact with people at risk of suicide or impacted by suicide</b>	Including: child protection workers; child health and parenting services; aged care workers; community sector organisations (such those working in residential or disability support programs); volunteers working in community sector organisations; sexual assault workers and others; Victim Support Service staff and other court staff (especially coronial staff).
<b>Those with lived experience (people with a personal experience of suicide including suicide attempts, suicidal thinking and behaviour and those who are bereaved by suicide)</b>	Including: families and carers; and those with direct experience of suicidal behaviour (especially those filling advocacy or support roles).
<b>Community groups</b>	Including: local communities (for example, rural communities); priority population communities (for example, Aboriginal communities); and community leaders.

The consultations also revealed a range of current concerns with the way suicide prevention training was planned, delivered and/or evaluated in Tasmania. This included issues related to the frequency and suitability of training and specific content.

Stakeholders reported that health workers, emergency services workers and others who may come into contact with people at risk of suicide needed to be able to access regular, consistent training in suicide prevention and tailored to their role and/or the service they provided. Providing training that considered the needs of priority groups was also highlighted by stakeholders as an important consideration.

Stakeholders suggested that it was also important to ensure that workforces received training and support to better manage the impacts associated with their roles and to consider self care, supervision and support mechanisms.

Suicide prevention as a whole of community responsibility was a strong theme which emerged from the stakeholder consultations, highlighting the need for families and communities to receive education and training. There was also strong support for the role of workplaces in suicide prevention, particularly the need for training which links to organisational policies and other workplace health and safety messages.

## The policy context

The Rethink Plan includes the support and development of Tasmania's workforce as one of ten key directions for reform. It includes a specific action to develop Tasmania's first *Suicide Prevention Workforce Development and Training Plan (2016-2020)*.

In addition to current national and state policies, there have been a range of other inquiries and reviews in Australia, such as the Review of Mental Health Programmes and Services conducted by the National Mental Health Commission in 2014 (1). In November 2015, the Australian Government released its response which indicated national support for workforce development and training that includes community gatekeepers as well as frontline health and mental health staff. The National Mental Health Commission's report further recommended that first responders and health professionals who are likely to encounter suicidal people are appropriately trained in communication skills.

# Taking Action

## I. Workforces likely to interact with people experiencing a suicidal crisis.

Requirement: Tailored training for role and setting which focuses on person-centred risk identification and immediate management of those at risk.

Staff working in emergency departments	General practitioners	Mental health workers	Police and ambulance officers	Crisis telephone counsellors
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### Why has this been prioritised?

- ✓ Available evidence suggests that the level of suicide prevention training received by health and other professionals who come into contact with people with an elevated risk of suicide is highly variable in terms of appropriateness, quality and frequency and is dependent on academic qualifications and the commitment of the organisation to suicide prevention.
- ✓ The National Mental Health Commission’s Review of Mental Health Programmes and Services found that people who attempt suicide are not all receiving sufficient support at the time of crisis and following initial contact with health services.
- ✓ GPs have a critical role to play in suicide prevention and are often the first point of contact when someone is experiencing suicidal crisis.

### Training considerations

Tailoring	✓	These workforces need training tailored for their specific role in the broader service system and training that links with policies and procedures for identifying and managing those who may be at risk of suicide.
Prevention area/s targeted	✓	Secondary prevention and early intervention (early identification of signs of suicide/lowering the severity and duration of a suicidal crisis and attempt) with a focus on actions to intervene with those experiencing a suicidal crisis to prevent suicide.
	✓	Postvention (focusing on supporting individuals, families and communities affected by a suicide).
Skills required	✓	Person centred risk identification and immediate management
	✓	Communication skills
	✓	Understanding of referral pathways in Tasmania
	✓	Engaging families and carers
	✓	Knowledge of self-care strategies
Cultural considerations	✓	Information on working with priority populations, including information on working cross-culturally and providing care that is sensitive and responsive to the needs of priority population groups.
	✓	Consideration of integrating the views of those with lived experience.
Available training		There are a range of training options, although most have not been evaluated.

## Actions

Workforces likely to interact with people experiencing a suicidal crisis.	Timeframe
<b>Staff in emergency departments and mental health services</b>	
I.1 DHHS (through the Chief Psychiatrist) to identify the most suitable training package/s for staff working in emergency departments (I.2) and mental health services (I.3) in Tasmania and commission the training (with modifications for the Tasmanian service system as required).	Immediate to short-term
I.2 Roll-out training to staff working in hospital emergency departments to enhance their capacity to identify and respond to those at risk of suicide and presenting to hospital, with training to start in 2016.	Immediate to short-term
I.3 Roll-out training across all mental health services to build the capacity of nurses, allied health staff, medical staff and other relevant staff to identify and respond to those at risk of suicide.	Medium-term
<b>General practitioners</b>	
I.4 Support Primary Health Tasmania to identify the most suitable training package for GPs and ensure it links with and complements the Tasmanian <i>Pathway</i> for suicide prevention.	Immediate to short-term
I.5 Support the roll-out of education and training for GPs to identify and respond to those at risk of suicide and their families.	Medium-term
<b>Emergency services (police and ambulance)</b>	
I.6 Work with Tasmania Police to support the development and implementation of a training plan for front-line officers that integrates key knowledge and skills for mental health, drug and alcohol, suicide prevention and suicide postvention.	Medium-term
I.7 Work with Ambulance Tasmania to support the development and implementation of a training plan for ambulance officers that integrates key knowledge and skills for mental health, drug and alcohol, suicide prevention and suicide postvention.	Medium-term
<b>Crisis telephone counsellors</b>	
I.8 Work with Lifeline Tasmania to ensure that all crisis services workers (e.g. telephone crisis counsellors) continue to get regular suicide prevention training that links with suicide prevention services in Tasmania.	Immediate to short-term

# Taking Action

## 2. Health (and other) workers likely to interact with those at risk of suicide and/or needing ongoing management and care.

Requirement: Tailored training for their role focused on identification of those at risk and ongoing support and management.

Nurses and allied health workers; drug and alcohol workers; aged care workers.

Health (and other) workers likely to interact with and support at risk population groups.

### Why has this been prioritised?

- ✓ People at risk of suicidal behaviours, or those managing suicidal thoughts or behaviours, are often in contact with a range of health and/or specialist services. Nurses and allied health workers, those working in drug and alcohol services and those providing care and services to older people are well placed to identify those who may be at risk of suicide and provide ongoing care and support.
- ✓ It is critical that all training is culturally appropriate and incorporates comprehensive concepts of health and wellbeing and acknowledges the impact of trauma.

### Training considerations

<b>Tailoring</b>	<ul style="list-style-type: none"> <li>✓ Tailored for the specific target groups they work with who can experience different risk and protective factors, who may express suicidal behaviour in different ways and who may respond to different types of ongoing care and support.</li> <li>✓ May be best delivered in conjunction with broader mental health and wellbeing training.</li> </ul>
<b>Prevention area/s targeted</b>	<ul style="list-style-type: none"> <li>✓ Primary prevention (reducing risk factors and enhancing protective factors)</li> <li>✓ Secondary prevention and early intervention (early identification of signs of suicide/lowering the severity and duration of a suicidal crisis and attempt)</li> <li>✓ Postvention (focusing on supporting individuals, families and communities affected by a suicide)</li> <li>✓ Promotion of wellbeing</li> </ul>
<b>Skills required</b>	<ul style="list-style-type: none"> <li>✓ Addressing myths and facts about suicide</li> <li>✓ Identifying potential risk factors and protective factors</li> <li>✓ Communication skills and asking about suicide</li> <li>✓ Care and support after a suicide attempt</li> <li>✓ Working with families and carers</li> <li>✓ Understanding referral pathways in Tasmania</li> <li>✓ Knowledge of self-care strategies</li> </ul>
<b>Cultural considerations</b>	<ul style="list-style-type: none"> <li>✓ Culturally appropriate content and delivery</li> <li>✓ Understanding of working cross-culturally</li> <li>✓ Information on working with priority populations including information and training on providing care that is sensitive and responsive to the needs of priority population groups.</li> <li>✓ Consideration of integrating the views of those with lived experience.</li> </ul>
<b>Available training</b>	There are limited fit-for-purpose packages for these workforces.

## Actions

Health (and other) workers likely to interact with those at risk of suicide and/or needing ongoing management and care.		Timeframe
<b>Nurses and allied health workers; drug and alcohol workers; aged care workers</b>		
2.1	Explore state-wide dissemination of education resources for health, drug and alcohol and aged care workers to complement and reinforce training.	Immediate to short-term
2.2	Identify and implement training across drug and alcohol services to build the capacity of staff to identify and respond to those at risk of suicide. A two-tiered approach using a generic online program with a tailored face-to-face program will be considered.	Medium-term
2.3	Identify and implement training across nursing and allied health professionals in the health (and associated) services to build the capacity of staff to identify and respond to those at risk of suicide. A two-tiered approach using a generic online program with a tailored face-to-face program will be considered.	Medium-term
2.4	Identify and implement training to aged care workers focused on identification and management of suicide risk in older people.	Medium-term
<b>Health (and other) workers likely to interact with and support at risk population groups</b>		
2.5	Implement training across health and other services to build the capacity of workers to identify and respond to those at risk of suicide utilising culturally safe and appropriate practices.	Longer-term

# Taking Action

## 3. Non-health workforces that may interact with people at risk of suicide or those impacted by suicide.

Requirement: General knowledge and skills about suicide prevention, early intervention and postvention that is tailored for their specific role or setting.

Media professionals	Coronial staff; employees working in the justice sector; correctional staff	Youth workers; child protection workers	School teachers and other staff	Specific workplaces where employees may be at increased risk
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### Why has this been prioritised?

- ✓ Widespread reporting of suicide, coverage that in some way glorifies or sensationalises suicide or reporting that publicises a suicide method is associated with an increase in the number of suicides directly following such reporting (3).
- ✓ Suicide prevention training for workers in direct contact with people who may be at risk of suicide, has demonstrated significant improvements in knowledge and awareness, attitudes and practices when provided with a gatekeeper training program (4).
- ✓ The rates of suicide in adults released from prison are at an elevated risk compared to the general population, with rates of suicide significantly higher in the first six months after release (5). The impact of gatekeeper training programs in justice settings has led to improved attitudes, knowledge and confidence (6).
- ✓ Research in Australia and abroad has demonstrated elevated rates of suicide amongst tradesmen and construction workers compared with the general working male population, particularly in apprentices (7) and suggests that workplaces are a setting for suicide prevention training if they are connected to broader organisational health and wellbeing approaches.

## Training considerations

<b>Tailoring</b>	<ul style="list-style-type: none"> <li>✓ These workforces are diverse, but each need training that is tailored for their specific role or setting</li> <li>✓ Training should include general information plus information on communicating about suicide</li> <li>✓ Training should link with resources, policies and other services that can provide expertise advice or support when required</li> </ul>
<b>Prevention area/s targeted</b>	<ul style="list-style-type: none"> <li>✓ Primary prevention (reducing risk factors and enhancing protective factors) – with a focus on those at increased risk of suicide</li> <li>✓ Secondary prevention – with a focus on those showing early signs of suicidal thoughts and behaviours</li> <li>✓ Postvention (focusing on supporting individuals, families and communities affected by a suicide)</li> <li>✓ Promotion of wellbeing</li> </ul>
<b>Skills required</b>	<ul style="list-style-type: none"> <li>✓ Addressing myths and facts about suicide</li> <li>✓ Identifying potential risk factors and protective factors</li> <li>✓ Communication skills and asking about suicide</li> <li>✓ Public communication (or reporting) about suicide</li> <li>✓ Care and support after a suicide attempt</li> <li>✓ Working with families and carers</li> <li>✓ Understanding referral pathways in Tasmania</li> <li>✓ Knowledge of self-care strategies</li> </ul>
<b>Cultural considerations</b>	<ul style="list-style-type: none"> <li>✓ Information on working with priority populations, including information on working cross-culturally</li> <li>✓ Information and training on providing care that is sensitive and responsive to the needs of priority population groups</li> <li>✓ Consideration of integrating the views of those with lived experience</li> </ul>
<b>Available training</b>	Existing gatekeeper programs (online and face-to-face) that focus on general awareness and intervention are available; training for media professionals is available, and there are some existing and emerging programs for working with families.

## Actions

Non-health workforces that may interact with people at risk of suicide or impacted by suicide.		Timeframe
<b>Media professionals</b>		
3.1	Support annual suicide prevention training to media professionals working across print, broadcast and online, which incorporates proactive reporting, by linking with the <i>Mindframe</i> National Media Initiative.	Immediate to short-term
3.2	TSPCN and DHHS to work with <i>Mindframe</i> and the media sector to align training for media professionals in Tasmania with the Tasmanian Mental Health and Suicide Prevention Communications Charter.	Medium-term
3.3	University of Tasmania to continue to use <i>Mindframe</i> teaching resources to include the reporting of suicide and mental illness in the curriculum under the Journalism, Media and Communications programs.	Medium-term
<b>Coronial staff, employees working in the justice sector, correctional staff</b>		
3.4	Training is identified and delivered to coronial and justice staff, which also includes sessions about how suicide is communicated publicly, engaging with the media and supporting those impacted by suicide. The use of general gatekeeper programs plus additional training tailored for their role may be appropriate.	Medium-term
3.5	Prison staff, community corrections and juvenile justice staff are provided with targeted gatekeeper training that includes general knowledge and skills as well as specific knowledge and referral pathways about the populations the workforce is engaging with.	Longer-term
<b>Youth workers, child protection workers</b>		
3.6	Support youth workers and those working in child protection to be provided with targeted gatekeeper training that includes general knowledge and skills as well as specific knowledge and referral pathways about the populations the workforce is engaging with.	Longer-term
<b>School teachers and other staff</b>		
3.7	Support training to student support and teaching staff in schools, vocational educational and training and tertiary institutions.	Longer-term
<b>Specific workplaces where employees may be at increased risk</b>		
3.8	Develop a framework for workplaces, that incorporates a focus on integration of mental health and suicide prevention training with overarching policies and support structures.	Longer-term
3.9	Support industries to provide primary prevention, early intervention and postvention training to workers in industries identified as having a greater prevalence of suicide, ensuring it is linked to other organisational policies structures and supports.	Longer-term

# Taking Action

## 4. Families and carers, community groups and general workforces interacting with the community and all other workforces.

Requirement: General knowledge and skills about suicide prevention, early intervention and postvention.

Families and carers	Community groups	General workforces interacting with the community and all other workforces
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### Why has this been prioritised?

- ✓ Many of the issues faced by someone who experiences suicidal thoughts and behaviours, such as feelings of guilt and shame, can also be shared by close family members, friends and carers. Families are well placed to recognise suicidal behaviours in children, young people and other family members. *The National Confidential Inquiry Into Suicide And Homicide By People With Mental Illness* (8) concluded that families and carers are an under-valued and under-utilised resource in suicide prevention.
- ✓ A review of the evidence of the effectiveness of community and population interventions to reduce stigma associated with depression, anxiety and suicide found that successfully addressing stigmatising attitudes is likely to involve a multifaceted approach, including targeting key groups who make decisions that can impact on the lives of people with depression and anxiety disorders (9).
- ✓ Suicide prevention training for a range of community gatekeepers has demonstrated significant improvements in knowledge and awareness, attitudes and practices when provided with a gatekeeper training program (4).

### Training considerations

Tailoring	✓	Generally not required
Prevention area/s targeted	✓	Primary prevention (reducing risk factors and enhancing protective factors)
	✓	Secondary prevention – with a focus on those showing early signs of suicidal thoughts and behaviours
	✓	Postvention (focusing on supporting individuals, families and communities affected by a suicide)
	✓	Promotion of wellbeing
Skills required	✓	More general skills to understand health and wellbeing
	✓	Addressing myths and facts about suicide
	✓	Broad role of community and other gatekeeper in suicide prevention (broader than intervention with those in crisis)
	✓	Knowledge of self-care strategies
Cultural considerations	✓	General understanding of issues for priority populations, including cultural considerations and information and training on providing care and support that is sensitive and responsive to the needs of priority population groups.
Available training		Existing evidence based gatekeeper programs (focused on early intervention) and emerging programs with a broader focus on communication.

## Actions

Families and carers, community groups and general workforces interacting with the community and all other workforces		Timeframe
<b>Families and carers</b>		
4.1	Support the identification of training suitable for families and carers.	Immediate to short-term
4.2	Support the implementation of tailored training for families and carers – with a focus on supporting families and carers of those who have attempted suicide.	Medium-term
4.3	Support education and initiatives for people who are bereaved by suicide.	Longer-term
4.4	Support the identification and delivery of specific postvention focused training to services and other gatekeepers supporting families and communities affected by suicide.	Longer-term
<b>Community groups</b>		
4.5	Support the identification and implementation of suitable general awareness and suicide prevention skills packages across community gatekeepers in Tasmania.	Longer-term
<b>General workforces interacting with the community and all other workforces</b>		
4.6	Support the identification and implementation of suitable training for employment services workers, disability workers, home and community care workers and staff working with Housing Tasmania to build knowledge and capacity to identify someone who may be at risk of suicide and support referral to Tasmanian services.	Longer-term
4.7	Support the identification of general awareness and suicide prevention skills packages, suitable for general workforces.	Longer-term

# Appendix I: Key Terms

## Key terms

There is some inconsistency of terms used to describe suicide, suicidal thinking and suicidal behaviour across the literature and other policy documents. Below is a list of key terms and their definitions as they apply to this Plan (10).

<b>Suicide</b>	The act of purposely ending one's life
<b>Suicidal thinking</b>	Thoughts about attempting or completing suicide
<b>Suicidal behaviour</b>	A range of behaviours or actions which are related to suicide including: suicidal thinking, self-harming behaviours aimed at causing death, and/or suicide attempts
<b>Suicide attempt</b>	Any non-fatal suicidal behaviour
<b>Postvention</b>	Intervention after a suicide to support individuals, families and communities
<b>Lived experience</b>	The personal experience of suicide including suicide attempts, suicidal thinking and behaviour and those who are bereaved by suicide

## Preferred language

Certain language can stigmatise people who have attempted suicide and people bereaved by suicide, as well as present inaccuracies about suicide or health care. This document adopts nationally recognised suicide prevention language. Examples of preferred suicide prevention language when having conversations about suicide are shown in the table below (11).

Do say ✓	Don't say ✗	Why ?
'non-fatal' or 'made an attempt on his/her life'	<b>'unsuccessful suicide'</b>	to avoid presenting suicide as a desired outcome or glamourising a suicide attempt
'took their own life', 'died by suicide' or 'ended their own life'	<b>'successful suicide'</b>	to avoid presenting suicide as a desired outcome
'died by suicide' or 'ended his/her own life'	<b>'committed' or 'commit suicide'</b>	to avoid association between suicide and 'crime' or 'sin' that may alienate some people
'concerning rates of suicide'	<b>'suicide epidemic'</b>	to avoid sensationalism and inaccuracy

Source: Mindframe National Media Initiative, 2015

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# Notes





