Improving the Competency and Confidence of Frontline Workers to deal with Suicidal Crisis

Why include this strategy in LifeSpan

Frontline workers, such as police, emergency telephone operators, paramedics, and firefighters, are often the first to respond when someone is in suicidal crisis. Australian statistics also show high numbers of suicide deaths among emergency services personnel [1]. The World Health Organisation (WHO) recommends that frontline workers should be able to recognise when someone is at risk of suicide, and have the skills to de-escalate a mental health crisis.[2] Effective communication in a suicidal crisis can ease confusion, depression, helplessness, and hopelessness, which can ultimately reduce suicidality [3,4]. Indeed research shows that the most powerful tools for keeping someone safe in a suicidal crisis are compassionate listening and empathy [5]. In addition to individual skills, the WHO also emphasises the need for strong links between frontline and other local support services for facilitating care [2]. The aim of this strategy is to ensure frontline workers are equipped with the most up-to-date communication skills to manage suicidal crises, and to help build and maintain strong ties across emergency, community, and health services.

Evidence supporting recommended interventions in LifeSpan

Frontline workers often receive suicide prevention education as part of their core training. Where focused suicide prevention training is required to supplement general mental health training, or where no such training is currently provided, LifeSpan recommends that frontline workers upskill using the following programs, which should be tailored to associated workplace competencies.

Clinical frontline workers (e.g. paramedics, ED staff, or other community-based clinicians)

Advanced Training in Suicide Prevention is an interactive, accredited workshop designed for health professionals to build skills in identifying and assessing suicidality, needs-based safety planning, and collaborative treatment planning and management. Developed at the Black Dog Institute (BDI) by allied health professionals, psychologists, and GPs, the workshop provides an opportunity for emergency personnel to strengthen connections with local health providers to help integrate pathways for referral. BDI has demonstrated promising evaluation of the program in the Australian context, including increased confidence and knowledge recognising and managing suicide risk.

Non-clinical frontline staff (e.g. police, firefighters, emergency services)

Question, Persuade, Refer (QPR) is one of the most commonly used commercially available suicide prevention education programs. QPR can be delivered online or face-to-face. Results across the different delivery formats are comparable in terms of increasing knowledge about suicide and suicide prevention, self-efficacy for suicide

prevention, and behavioural intentions to engage in suicide prevention[3]. BDI has partnered with the QPR Institute to adapt QPR online for an Australian context and make it available to LifeSpan sites at a reduced cost.

LivingWorks' Applied Suicide Intervention Skills Training (ASIST) is delivered over a 2-day face-to-face workshop. Studies on ASIST have shown increases in knowledge about suicide, preparedness and self-efficacy in providing help, number of people referred for help, and frequency of asking about distress/suicide[4-6].

Details of local healthcare- and community-based services for people needing mental health support will be mapped online via the National Centre for Geographic Resources & Analysis in Primary Health Care (GRAPHC) **Resource Atlas.** This resource will be available online to help frontline workers build their knowledge of local resources. Representatives from local frontline workforces will also be participating in in multidisciplinary live events such as **Expert Insights** forums, to help strengthen relationships across communities.

How will this be evaluated in LifeSpan?

Training will be evaluated using surveys that measure changes in identification, management, and referral of people at risk of suicide, in addition to knowledge and attitudes around suicide. Data will be collected before and after training, as well as follow-up (6, 12 months).

Relevant documents and resources

Quinnett, P. (2007). *QPR gatekeeper training for suicide prevention: The model, rationale and theory.* QPR Institute.

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2. WHO. *Preventing Suicide: a resource for police, firefighters and other first line responders.* Geneva, Switzerland: World Health Organization;2009.
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