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Suicide prevention and intervention education in Australian social work qualifying courses: are students adequately prepared for the workforce?

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ABSTRACT

Suicide is complex and multifactorial, with social, cultural, and economic components, exacerbated by inequalities, social injustice, marginalization important contexts, along with the immediate presenting crisis. Social workers are uniquely equipped for suicide crisis support, employed across clinical and non-clinical settings. However, how social workers access pre- service suicide education and training at the university qualifying level is poorly understood. Despite taking on roles in which they will be required to respond to suicidal people immediately upon graduation. All Australian qualifying social work programs are required to adhere to the Australian Social Work Education and Accreditation Standards (ASWEAS). These standards identify that mental health content is to be embedded in Australian university curriculum. However, there are no clear directions regarding inclusion of suicide prevention in social work curriculum. An analysis of suicide-related education within 33 Australian universities with accredited social work qualifying degrees revealed that 1484 subjects are offered across all pre-service qualifying awards, only one currently offers standalone suicide focused subject. The focus on standalone suicide prevention reflects that suicide is not always connected to a mental ill-health presentation. Seeking to explore if targeted training to Social Work students on suicide intervention, postvention, and prevention occurs including recommendations for curriculum development.

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Suicide; suicide prevention; intervention; higher education; social work students; social work education

Introduction

Globally, over 700,000 deaths are attributed to suicide and thus suicide is a significant public health concern requiring community attention to reduce morbidity and mortality (World Health Organisation [WHO], 2014 & 2021). Despite being one of the first countries to implement a nationally funded coordinated approach to suicide prevention (Department of Health and Aging, 2012), Australia continues to see increased rates of suicide deaths compared to other OECD countries and G20 nations (Australian Institute of Health and Welfare [AIHW], 2020). Over the last decade, the age-standardized suicide

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rate for males and females has increased from 16.2 deaths per 100,000 and 5.1 deaths per 100,000 population in 2011 to 18.6 and 5.8 in 2020, respectively (AIHW, 2020). The Australian Bureau of Statistics (ABS) report 3,144 suicide deaths in Australia in 2021. Suicide is the 15th leading cause of death in 2021 Australian Bureau of Statistics (2020). Some groups are overrepresented in suicide deaths, including approximately 7% of suicide deaths being recorded as Aboriginal and Torres Strait Islander Australian's, while representing around 3% of the Australian population. (SPA, 2022)

Contributors to distress that lead to suicide are complex and multifactorial. Broader societal issues are implicated, yet for the most part, contributors to suicide are viewed at the individual level through a risk factor lens. When individuals seek support for suicidal thoughts and behaviors, they are responded to in clinical and non-clinical environments. In these environments, supportive interventions are provided by social workers, psychologists, psychiatrists, and other primary health professionals. The recent ABS data (2022) report two-thirds of those who died by suicide had psychosocial risk factors, such as family disruption, absence of a family member, job loss as well as pandemic-related distress. Mental and behavioral disorders were present in almost 63% of suicides. While there are differences between contributors to suicide in low- and middle-income countries, there is consistency among those in the global north in which Australia is economically placed. These causal factors include psychological pain (Westefeld, 2020), relationship breakdown (Evans et al., 2016), feelings of distress and hopelessness (Klonsky & May, 2015). Mental health factors such as mood disorders, personality disorders, addiction to alcohol/drugs, and isolation, etc (Maple et al., 2020) are also noted. The personal challenges experienced by an individual may also limit access to available treatment options when they are most needed (Westefeld, 2020). Notwithstanding the highly individual and complex nature of suicide, suicide deaths can be prevented when time sensitive, evidence-based, and appropriate interventions are enacted. Social workers are located across many health and social-care agencies where they are in front-line roles in contact with suicidal individuals (Bembrey et al, 2009). Thus, they are a key workforce to enact such interventions. However, training is required to ensure competency and care underpin any work with those in suicidal crisis.

The role of social workers is widely recognized as a support option for those who are most vulnerable in our community (Bland et al., 2015). Social workers work across many different types of organizations, including mental health clinics, hospitals, nursing homes, prisons, child protection agencies, hospices, and schools (Mirick, 2022). Thus, social workers will encounter people in suicidal distress both in clinical and non-clinical settings (Maple et al., 2017), thus playing a significant role in assisting people in managing suicide thoughts, behaviors, and ideation. What remains clear is that the data identifying people who were screened for suicide risk prior to their death is steeped in the misconception that to die by suicide a person must be seeking mental health support, or have a mental health diagnosis and predicting who will die by suicide remains no better than chance (Franklin et al., 2017).

Social workers often work with individuals or families when they are at their most vulnerable, thus basic skills in suicide risk assessment are crucial to practice and require focus in social work curriculum to ensure new social workers are prepared for working with suicidal individuals. Yet, social workers often do not get targeted education and training during their academic learning, especially in how to deal with suicide

preventions in their pre-service training programs (Carpenter, 2011; Ruth et al., 2012). While the role of tertiary studies is to prepare future social workers with the skills they will require for the workplace generally, and provide ethical guidance for future practice (Australian Association of Social Workers [AASW], 2021), Hawgood et al. (2021) and Schmidt (2016) also argue that social workers need to enroll in suicide education programs intentionally with the aim to gain competence in dealing with suicide-vulnerable clients at their workplace. Social workers may go on to specialize in suicide prevention, intervention, or postvention, as well as crisis mental health or distress response work post graduating, however given both the Bachelor of Social Work and Master of Social work (qualifying) are generalist degrees having baseline knowledge about responsivity to suicide is key. Importantly, the rapid rate of workforce growth in regional and rural communities in Australia also means that new graduate social workers may be working in small communities (Lewis et al., 2013) offering a suite of socially innovative interventions that may include suicide response (Grattidge et al., 2023). Providing students with the capacity to engage in suicide prevention intervention training, as an undergraduate also allows for experiential reflections to begin to explore the impact that students might face when exposed to suicide risk and consider their roles in both mental health and non-mental health settings (Levine & Sher, 2020).

However, rather than suicide interventions be graduate professional development, social workers should receive introductory pre-service training to ensure they are ready to act when needed at any point in their career. Understanding whether specific suicide intervention curriculum is included in the social work discipline, including the effectiveness of these courses in creating future social workers who would be capable to deal with suicide-vulnerable people, in their respective workplaces is required.

Extant literature exploring the necessity of suicide prevention or intervention training in social work undergraduate curriculum is limited. Only one recent study Mirick (2022) reflected on the knowledge as well as expertise of social work instructors on suicide content. Current shortages of suicide education in social work training have been identified as a potential barrier for social workers in providing effective interventions when they encounter clients who are in suicide crisis (Joe & Niedermeier, 2008; Kourgiantakis et al., 2020; Osteen et al., 2014). To date, no research has been located that assesses whether suicide-specific content exists within qualifying social work courses in Australian universities.

Bland et al. (2015) identified that one in five social workers work in the mental health field, an area of practice that has a key role in suicide prevention. The role of tertiary studies is to prepare future social workers with the skills they will require for the workplace and provide ethical guidance for future practice (AASW, 2021). Social workers have capacity to make direct contact with those who are at risk, or indirectly through advocacy, health promotion, and policy work (Maple et al., 2017). There is good evidence to support an enhanced approach to suicide prevention through policy development that reflects the significant individual, social, and community-based pressures that exacerbate suicide risk, behavior, and deaths (National Suicide Prevention Taskforce, 2020). Social workers are uniquely placed in suicide prevention due to the complexity of engagements in which they are embedded, child protection, justice, family support, schools, housing, disability, and aged care. Social workers are most often working with individuals or families when they are at their most vulnerable, and with core values in human rights and self-determination,

basic skills around a suicide risk assessment are crucial to practice. Petrakis and Joubert (2013) argue that the core skills of a social worker bring a differing and beneficial perspective to suicide prevention, in comparison with other professions like psychology. Unlike other allied health professions, social workers are trained to not only to focus on the individual but the wider social structures impacting on individual and families (Bland et al., 2015). Combining support of an individual and identifying the needs of their social supports and environment social workers can effectively work with clients who are experiencing high levels of distress and suicidality (Petrakis & Joubert, 2013).

Extant literature exploring the necessity of suicide prevention or intervention training in social work undergraduate curriculum is limited. Only one recent study Mirick (2022) reflected on the knowledge as well as expertise of social work instructors on suicide content. Current shortages of suicide education in social work training has been identified as a potential barrier for social workers in providing effective interventions when they encounter clients who are in suicide crisis (Joe & Niedermeier, 2008; Kourgiantakis et al., 2020; Osteen et al., 2014). To date, no research has been located that assesses whether suicide-specific content exists within qualifying social work courses in Australian universities. This paper seeks to understand how newly graduated social workers, upon completion of their degree, can access foundational knowledge in the areas and drivers that provide enhanced awareness of suicide prevention to be able to respond to suicide relevant to all areas of social work practice through a review of current curriculum across schools of social work in Australia.

Materials and methods

To understand where social work students learn about suicide prevention, intervention, and postvention, this study reviewed the learning outcomes in all accredited qualifying social work degrees across Australian universities. The Bachelor of Social Work and Master of Social Work Qualifying programs of study are accredited by the Australian Association of Social Workers in Australia. Author one undertook an analysis of public websites of the Australian universities to create a list where suicidology courses/program were included in Social Work programs (see Table 1). The approach aimed to understand

Table 1. Inclusion and exclusion criteria.

Inclusion criteria for analysis	Exclusion criteria for analysis
Universities within Australia accredited through the AASWs	Double degrees offered through identified universities—this is to reduce repetition as double degree and singular degree requirements are the same at each institution
Mandatory units offered to Bachelor of Social Work and Bachelor of Social Work (Honours) students	Elective units offered to Bachelor of Social Work and Bachelor of Social Work
Mandatory units offered to Masters of Social Work (qualifying) students	Masters of Social Work for advanced practice
Unit overview discusses suicide-related content—this does not include general mental health content, it must be suicide-specific. In addition, learning outcomes listed for the unit include suicide-related skills or knowledge.	Units that did not have suicide-related content within their overview—this does not include generalized mental health content in addition to learning outcomes do not list suicide-related skills or knowledge.
	*Provisionally accredited institute/college

the availability of subjects (variously named units or courses referring to a comprehensive unit of study resulting in the award of a grade at the conclusion of a study period, hereafter referred to as subjects) for social work students across Australia at both the undergraduate and postgraduate qualifying levels—that is, the required training to undertake to practice as a social worker.

Using a PRISMA flow chart (Moher et al., 2009), research strategy inclusion and exclusion criteria were established to help consolidate and review appropriate content relevant to the research goals (see Figure 1). This allowed for an analysis of the content students are taught and the desired outcomes of the curriculum.

To ensure the accuracy of data, an online search of course catalog and course unit details was undertaken in addition to contact with each university to verify that the information available online was correct. Contact via e-mail sought to confirm the following:

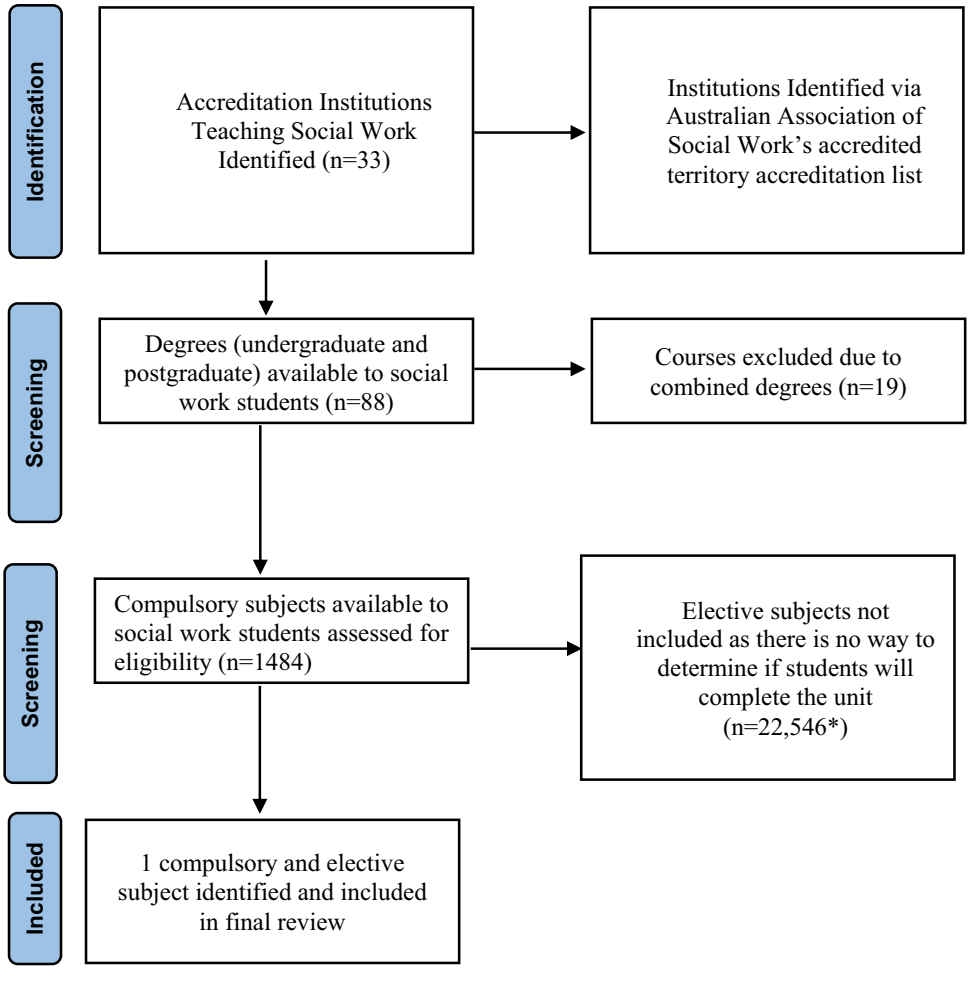

Figure 1. PRISMA flowchart for identification of social work subjects related to suicide.
*Note this number varies as subjects available to students varies per semester and calendar year.

- Is there a mandatory unit for social work students centered on suicide, and specifically where the learning outcomes require you to develop skills and knowledge within that area?
- Does the mental health unit cover suicide knowledge or skills? If so to what extent?

The data were then tabulated, and the outcomes analyzed and presented below.

Results

Utilizing the inclusion criteria, 33 Australian universities offering accredited social work programs were identified. It is worth noting that three colleges/institutes [(such as Institute of Health and Management Pty. Ltd (IHM), Australian College of Applied Professions (ACAP), Excelsia College)] are currently offering provisionally accredited social work programs which were not considered in this paper due to the provisional status of these institutes/colleges. Across these universities, 88 social work are offered: 41 Bachelor level degree, 28 Master levels degree, and 19 Bachelor level combined degrees. Across these 88 courses, 1484 compulsory subjects were identified for social work students.

Exploring the course outline available to students only 1 of the 1484 compulsory subjects was found to meet the search criteria. Whilst each degree contained a mandatory unit centered on mental health broadly as per the ASWEAS (AASW, 2021) requirements, there was no discussion of suicide-related content specifically within either the subject outline or related learning outcomes. When each of the universities were contacted to confirm details regarding units available to students, and if those centered on mental health broadly also included suicide-related content specifically no further units identified as meeting criteria were located. Whilst over half of the responses indicated that the mental health unit would engage with suicide-related content, there was no specified curriculum content regarding what would be taught provided.

The inclusion of mental health-related courses/units in social work discipline does not necessarily indicate that the course will lead the social work students to the pathways in dealing suicide vulnerable clients in their respective workplace. The University of New England was the only university with a mandatory subject available to Bachelor of Social Work students that met the inclusion criteria. The unit entitled 'Suicide Prevention, Intervention and Postvention' provided an overview discussing suicide-related content, and identified four learning outcomes all of which were related to suicide skills and knowledge for social workers. While not meeting our inclusion criteria, this subject was also available as an elective to Master of Social Work (Qualifying) students.

Discussion

Levine and Sher (2019) identify why Social Workers are uniquely placed to engage in suicide prevention activities. However, the work explores a deficit in this engagement, given only 0.2% of articles in Social Work academic journals between 1980 and 2006, are focused on suicide prevention. Meaning that inclusion of suicide prevention curriculum in pre-service training may also be linked to the lack of Social Work representation in suicide prevention research by social work researchers. This pipeline

from research to practice to training requires attention given the exposure to clients or consumers with suicidal risks, to social workers soon after graduation, as well as in field placement opportunities and taught with confidence by those who instruct (Mirick, 2022).

This paper highlights how the exclusion of specific curriculum regarding suicide prevention in qualifying social work courses fails to address one of the most significant causes of preventable death in Australia, primarily occurring among those already marginalized and vulnerable. There are also professional implications for a lack of preparedness for social workers. Osteen et al. (2014) highlight that through improving workers understanding of suicide and their confidence in working with suicidal clients increase, negative attitudes can decrease. Yet, if social work students are not receiving appropriate and adequate targeted education during their university training, they may be ill-prepared for frontline social work practice. What was uncovered by this curriculum analysis is the limited opportunities for social work students to critically reflect on how knowledge of the drivers and predictors of suicide behaviors can enhance professional skills, without ensuring that curriculum has a sole focus on suicide prevention in course maps.

When providing support to vulnerable and marginalized individuals, awareness of the ways in which risk of suicide may present, or strategies to enact when suicide prevention is required is a key component of the role of the social worker across all fields of practice. There is an international dearth of specific social work curriculum that centers on suicide prevention, intervention, and postvention which in turn impacts the ways in which the voice of social work is embedded in suicide prevention awareness. Joe and Niedermeier (2008) highlighted how professional practice is most often informed by literature and research conducted by their own profession. A gap in social work-specific suicide research, that incorporates the unique perspectives social workers, is also missing within current literature (Maple et al., 2017).

Practice-based reflections about the gaps in curriculum have been highlighted internationally. An American study by Ruth et al. (2012) analyzed the experiences of education professionals teaching social work students, specifically exploring their understanding of what suicide-related content is taught and perceptions of adequacy of training. The authors report an assumption that students would be exposed to suicide-prevention strategies within placement hours, as well as a belief that the curriculum was already at capacity, resulting in exclusion of this topic from core curricula. Similarly, another study conducted by Jefferies et al. (2023) explored that video simulation was significantly associated with the social work students' ability to develop a psychosocial assessment. Video simulation can be analyzed as an important practical initiative in creation of critical factors contributing to the development of a psychosocial assessment among social workers. Thus, social workers may have the capability to deal with critical mental health issues and associated consequences (suicide vulnerabilities) in different workplace settings including hospitals.

Importantly, in additional to these practical concerns of where and when students may learn about suicide during their studies, the participants also expressed concern regarding the teaching of suicide content, reflecting their own apprehension or stigma-related concerns.

Through an exploration of suicide intervention and prevention training provided to social workers, and students in Japan, Kodaka et al. (2018) highlight the lack of teaching opportunities for those with experience in the suicide prevention field, despite the significant role of social workers in human services. In addition, this research also highlights the implications on workers wellbeing when they perceive they have a lack of training in a specific area, potentially impacting on retention of social workers in frontline work and their capacity to effectively undertake the roles assigned to them.

Further, with stigmatizing views of suicide prevalent among university students (Batterham et al., 2013), some social work students may enter the workforce carrying negative attitudes toward those with suicide thoughts and behaviors. This may inhibit both the effectiveness or their practice and their willingness to seek out professional development in this area. In addition to perpetuation of negative beliefs, there is also concern that occupational exposure to suicide can also increase the risk of vicarious trauma (Hensel et al., 2015). Without adequate training, this risk is likely heightened given the potential lack of psychological preparedness on behalf of the social worker to utilize evidence-based strategies to reduce suicidal distress. Feldman and Freedenthal (2006) discuss how working with suicidal clients, or those bereaved by suicide is not only considered the most stressful part of the role of working within mental health but can arise both fear and anxiety in clinicians. Further, those who have experienced the loss of a client to suicide experience significant psychological distress (Sanford et al., 2020).

Suicide theorists strongly emphasize the brief interventions in suicide prevention (Brodsky et al., 2018), which include safety planning for those at risk of suicide (Stanley & Brown, 2012), counseling to engage in a conversation focused on identifying and removing access to lethal means' (Mirick, 2022), evidence-based treatment intervention [such as dialectical behavior therapy (DBT), cognitive behavior therapy (CBT), and psychopharmacological interventions] (Asarnow et al., 2017; Brodsky et al., 2018; Linehan et al., 2015; Roush et al., 2018), and Collaborative Assessment and Management of Suicidality (CAMS) (Ellis et al., 2017) are often utilized. These interventions can address individuals in managing and minimizing suicidal thoughts and behaviors. However, Mirick (2022) argues that the suicidology field had shifted significantly in the last 20 years because suicide is now considered a social justice issue rather than merely considered an individual practice issue. Suicidal thoughts and behaviors should not be seen as a clinical issue responded to by a psychiatrist/psychologist only (Fitzpatrick, 2018). Suicidology researchers emphasize that social work programs need to incorporate educational content on suicide prevention, intervention, and postvention (Almeida et al., 2017; Maple et al., 2017; Mirick, 2022; Osteen et al., 2014; Ruth et al., 2012; Schmitz et al., 2012). This broad understanding of suicide and associated risk factors through emphasis on education and training of the social work workforce are key to preventing suicide (Jacobson et al., 2012; Kourgiantakis et al., 2020; Maple et al., 2017; Robinson & Pirkis, 2013). In 2019, 2020, and 2021, the Australian Bureau of Statistics identified comorbid and psychosocial factors associated with the Australian causes of death data, including suicide as well as contributing factors identified as occurring at the time of suicide death for an individual. Whilst it cannot be determined if this is causal to the individual taking their life, it is important to note these factors as potential risks: mood disorders, spousal relationship circumstances, history of self-harm, death of family or primary support group member/s, legal

circumstances, natural disease and other family related factors (ABS, 2022). Whilst the inclusion of a mental health disorder is not always consistent with the presentation of suicide attempt behaviors, the correlation between the two should also be understood, when providing care (Holmstrand et al., 2015).

Suicide prevention is often referred to as on a continuum (Sveticic & De Leo, 2012) and can be understood from three key areas of focus: prevention, intervention, and postvention (Caldwell, 2008). Each of these areas are not linear. Suicide prevention is focused on upstream approaches like public health campaigns and community capacity building, with suicide intervention using more targeted approaches that aim to intervene with individuals or communities at times of distress. Suicide postvention aims to reduce the impact after a death, suicide, or other traumatic event has occurred. These three areas require targeted training to ensure workforce understands the ways in which they can intervene in the lives of others. Understanding each of these areas of focus and how they interact provides a holistic understanding of the impact of suicide, not only at an individual level but a community or even national level. Maple et al. (2017) identified that

> social workers practising from a holistic perspective have the capacity to play a significant role in the implementation of many of the strategies used for suicide prevention, intervention, and postvention. (p. 290)

This identification was further confirmed by more recent work from Canadian researchers regarding inclusion of foundational skills in mental health, addiction, and suicide in social work curriculum (Kourgiantakis et al., 2020).

Notwithstanding the key roles social workers can play in suicide prevention, there is a lack of social work-specific suicide-related literature and research (Joe & Niedermeier, 2008; Maple et al., 2017; Ruth et al., 2012). This lack of professional literature poses a significant risk to not only current practice, but to students, academics and researchers in social work and in other welfare related fields. The absence of a strong foundation to develop current and future practice regarding suicide prevention may be inadvertently cause harm. The absence of a strong foundation to develop current and future practice regarding suicide prevention may inadvertently cause harm. In Australia, the AASW is the professional representative body that provides governance and regulations around social work practice. The AASW outlines requirements for tertiary educational institutions for mandatory teachings for students in both undergraduate and postgraduate programs through the Australian Social Work Education Accreditation Standards (AASW, 2021). This incorporates topics such as 'constructions of social work purpose, place and practice, power, oppression and exploitation, the history and contribution of Aboriginal and Torres Strait Islander peoples, culture, identity and discrimination, psychosocial health and wellbeing across the life cycle' (AASW, 2021, p. 8).

The current Australian Association of Social Workers Practice Standards (2021) and ASWEAS (AASW, 2021) are the documents that guide social work education and practice. These are both silent on the topic of suicide, referring more generically to mental health. Prior to the current standards being developed, the four core curriculum areas to be included in a social work program were child wellbeing and protection, mental health, cross-cultural practices, and working with Aboriginal and Torres Strait Islander communities. The subsequent changes to practice standards and curriculum requirements moved from a medical model lens (where mental health diagnosis was a key area) to a human

rights approach that acknowledges the social determinants of mental health (AASW, 2021). This is despite poor mental health being one of the biggest risk factors for suicide (Clapperton et al., 2020), and clear evidence that connects vulnerability, isolation, and trauma—encapsulating all core social work practice populations—to suicide. Importantly, the final advice from Australia's first National Suicide Prevention Advisor to the Prime Minister's report identifying all government departments have a role to play in suicide prevention (Australian Government Department of Health, 2021) extending this remit well beyond the traditional mental health services. The 2023 release of the Australian Association of Social Workers Practice Standards do not include either mental health or suicide prevention approaches in identifying how social workers develop a knowledge framework relevant for the diverse areas they will work within.

Benchmarking of the core requirements of suicide-related teaching for qualifying social work education requires further investigation. Kourgiantakis et al. (2020) identified that suicide risk was a gap area in social work education and training and that foundational skills needed to be enhanced not just in subject-based learning but with field instructors as well as opportunities to challenge stigma and perceptions of mental illness, addiction, and suicide risk. In this paper we identified that whilst pressures on the scope of education within qualifying courses has been reported, there is clear need to find space for the required minimum content for training social workers in suicide prevention through evidence-based programs is urgent. Many programs focused on base level skills in suicide prevention and intervention exist. For example, Applied Suicide Intervention Skills Training requires only two full days for individuals to become competent at intervening to prevent suicide. Such a program, or similar, could be included within a generic mental health unit, or within a specialized suicide unit that also covers where, why, and how suicide presents across different groups, identifying suicide risk and behaviors, intervening to prevent suicide, and support for those who care for, or are bereaved by suicide. Further research is required to understand the scope of training required for qualifying social workers.

Conclusion

Suicide prevention approaches are a necessary skillset for social work students to develop throughout their training. This paper highlights how there is a broad range of suicide risk factors associated both with suicide death, and at-risk behaviors, that social workers are exposed to in frontline work. However, in the Australian context, there is a national exclusion of specific curriculum regarding targeted suicide prevention training in qualifying social work courses. Our focus was to examine core subjects to understand the qualifying education of new graduates. For other areas of study, such as mental health, child protection and working with Australia's First Nations peoples, there is required curriculum skills or knowledge that all social workers will have obtained in their education. This is not the case for suicide-related content. This results in graduates entering practice areas where suicide risk assessments will be required without the requisite skills. Knowledge and skills in suicide prevention, when working with vulnerable populations, who are experiencing one or more suicide risk factors, requires a social worker to have the ability to make educated decisions about risk and support options. The standalone focus of suicide needs to be viewed outside of the lens of mental health and that

additional analysis of embedded approaches of suicide across a mental health continuum might be a further study, given neither approach have been previously explored to date.

Embedding training to be incorporated prior to students engaging in field placements so they are adequately prepared and have addressed their own potential biases prior to coming in contact with vulnerable clients, is necessary. Continuing to build the evidence base around the social work perspective of suicide prevention will assist in informing social work practice in this core field. This is urgently required as more social workers move into specialized mental health clinical positions, as well as throughout all areas of practice. Preparedness, to respond to the increasing incidence of suicide death, is required within the Australian Social Work curriculum.

Limitations

This search only included mandatory social work subjects. It is possible that there are electives available to social work students that were excluded. For example, this study did not review courses where suicide was not in the title or where suicide assessment was embedded within a mental health course as an outcome intervention. This was beyond the scope of the study. Due to the manual nature of searching the authors did have the opportunity to show any causal relationships between having/not having suicide related curriculum in the Australian universities.

In addition to these methodological approaches, it is important to note the relationship or lack thereof between mental health and restricting our analysis to mental health curriculum only would ignore the complex, multifactorial nature of suicide which is often related to the socio-economic conditions and psycho-social experiences of an individual which influence mental ill-health and mental illness rather than mental illness per se (Franklin et al., 2017). Importantly, as social workers are often frontline workers in settings beyond mental health-specific locations where suicide prevention and assessment training are more likely provided as professional development, we argue that all social workers understand the drivers of distress that can result in suicide thinking and behaviors, the needs following a suicide attempt of the individuals and carers and postvention following a suicide death.

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References

Almeida, J., O'Brien, K. H. M., & Norton, K. (2017). Social Work's ethical responsibility to train MSW students to work with suicidal clients. *social Work*, *62(2*, 181–183. http://www.jstor.org/stable/44653862

Asarnow, J. R., Hughes, J. L., Babeva, K. N., & Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, *56*(6), 506–514. https://doi.org/10.1016/j.jaac.2017.03.015

Australian Association of Social Workers. (2021). A*ustralian Social Work Education and Accreditation Standards*. https://www.aasw.asn.au/document/item/6073

Australian Bureau of Statistics. (2020). *Cause of death*, *Australia, 2019*. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019

Australian Bureau of Statistics. (2022). *Cause of death*, *Australia*, *2021*. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021

Australian Government Department of Health. (2021). *National suicide prevention advisor – Final advice: Executive summary*. https://www.mentalhealthcommission.gov.au/national-suicide-prevention-office/national-suicide-prevention-adviser-final-advice

Australian Institute of Health and Welfare. (2020). *International estimates of death by intentional self-harm*. https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/international-estimates-of-suicide

Batterham, P. J., Calear, A. L., & Christensen, H. (2013). The stigma of suicide scale. Psychometric properties and correlates of the stigma of suicide. *The Crisis*, *34*(1), 13–21. https://doi.org/10.1027/0227-5910/a000156

Bembry, J., Poe, N., & Rogers, O. (2009). BSW students' experiences with the deaths of clients: An exploratory study. *Journal of Baccalaureate Social Work*, *14*(2), 1–15. https://doi.org/10.18084/basw.14.2.30n871h81225r3x4

Bland, R., Renouf, N., & Tullgren, A. (2015). *Social work practice in mental health: An introduction* (2nd ed.). Allen & Unwin.

Brodsky, B. S., Spruch-Feiner, A., & Stanley, B. (2018). The zero-suicide model: Applying evidence-based suicide prevention practices to clinical care. *Frontiers in Psychiatry*, *9*, 33. https://doi.org/10.3389/fpsyt.2018.00033

Caldwell, D. (2008). The suicide prevention continuum. *Pimatisiwin*, *6*(2), 145–153. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936581/

Carpenter, J. (2011). Evaluating social work education: A review of outcomes, measures, research designs and practicalities. *Social Work Education*, *30*(2), 122–140. https://doi.org/10.1080/02615479.2011.540375

Clapperton, A., Newstead, S., Frew, C., Bugeja, L., & Pirkis, J. (2020). Pathways to suicide among people with a diagnosed mental illness in Victoria, Australia. *The Crisis*, *41*(2), 105–113. https://doi.org/10.1027/0227-5910/a000611

Department of Health and Aging. (2012). *National suicide prevention strategy*. Department of Health Australia.

Ellis, T. E., Rufino, K. A., & Allen, J. G. (2017). A controlled comparison trial of the Collaborative Assessment and Management of Suicidality (CAMS) in an inpatient setting: Outcomes at discharge and six-month follow-up. *Psychiatry Research*, *249*, 252–260. https://doi.org/10.1016/j.psychres.2017.01.032

Evans, R., Scourfield, J., & Moore, G. (2016). Gender, relationship breakdown, and suicide risk: A review of research in Western countries. *Journal of Family Issues*, *37*(16), 2239–2264. https://doi.org/10.1177/0192513X14562608

Feldman, B. N., & Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need? *Suicide and Life-Threatening Behavior*, *36*(4), 467–480. https://doi.org/10.1521/suli.2006.36.4.467

Fitzpatrick, S. J. (2018). Reshaping the ethics of suicide prevention: Responsibility, inequality and action on the social determinants of suicide. *Public Health Ethics*, *11*(2), 179–190. https://doi.org/10.1093/phe/phx022

Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, *143*(2), 187. https://doi.org/10.1037/bul0000084

Grattidge, L., Hoang, H., Mond, J., Lees, D., Visentin, D., & Auckland, S. (2023). Exploring community-based suicide prevention in the context of rural Australia: A qualitative study. *International Journal of Environmental Research and Public Health*, *20*(3), 2644. https://doi.org/10.3390/ijerph20032644

Hawgood, J., Krysinska, K., Mooney, M., Ozols, I., Andriessen, K., Betterridge, C., & Kolves, K. (2021). Suicidology post graduate curriculum: Priority topics and delivery mechanisms for suicide prevention education. *International Journal of Environmental Research and Public Health*, *18*(18), 9926. https://doi.org/10.3390/ijerph18189926

Hensel, J. M., Ruiz, C., Finney, C., & Dewa, C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress*, *28*(2), 83–91. https://doi.org/10.1002/jts.21998

Holmstrand, C., Bogren, M., Mattisson, C., & Brådvik, L. (2015). Long-term suicide risk in no, one or more mental disorders: The Lundby study 1947–1997. *Acta Psychiatrica Scandinavica*, *132*(6), 459–469. https://doi.org/10.1111/acps.12506

Jacobson, J. M., Osteen, P. J., Sharpe, T. L., & Pastoor, J. B. (2012). Randomized trial of suicide gatekeeper training for social work students. *Research on Social Work Practice*, *22*(3), 270–281. https://doi.org/10.1177/1049731511436015

Jefferies, G., Davis, C., Mason, J., & Yadav, R. (2023). Using simulation to prepare social work students for field education. *Social Work Education*, 1–15. https://doi.org/10.1080/02615479.2023.2185219

Joe, S., & Niedermeier, D. (2008). Preventing suicide: A neglected social work research agenda. *British Journal of Social Work*, *38*(3), 507–530. https://doi.org/10.1093/bjsw/bcl353

Klonsky, E. D., & May, A. M. (2015). The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy*, *8*(2), 114–129. https://doi.org/10.1521/ijct.2015.8.2.114

Kodaka, M., Hikitsuchi, E., Takai, M., Okada, S., Watanabe, Y., Fukushima, K., Yamada, M., Inagaki, M., Takeshima, T., & Matsumoto, T. (2018). Current implementation of and opinions and concerns regarding suicide education for social work undergraduate students in Japan: A cross-sectional study. *Journal of Social Work Education*, *54*(1), 79–93. https://doi.org/10.1080/10437797.2017.1314837

Kourgiantakis, T., Sewell, K. M., Lee, E., Adamson, K., McCormick, M., Kuehl, D., & Bogo, M. (2020). Teaching note—Enhancing social work education in mental health, addictions, and suicide risk assessment. *Journal of Social Work Education*, *56*(3), 587–594. https://doi.org/10.1080/10437797.2019.1656590

Levine, J., & Sher, L. (2019). Social work and suicide prevention. *Psychiatric Services*, *70*(7), 638. https://doi.org/10.1176/appi.ps.201900165

Levine, J., & Sher, L. (2020). How to increase the role of social workers in suicide preventive interventions. *Acta Neuropsychiatrica*, *32*(4), 186–195. https://doi.org/10.1017/neu.2020.11

Lewis, M. L., Scott, D. L., & Calfee, C. (2013). Rural social service disparities and creative social work solutions for rural families across the life span. *Journal of Family Social Work*, *16*(1), 101–115. https://doi.org/10.1080/10522158.2012.747118

Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., McDavid, J., Comtois, K. A., & Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and component analysis. *JAMA Psychiatry*, *72*(5), 475–482. https://doi.org/10.1001/jamapsychiatry.2014.3039

Maple, M., Frey, L. M., McKay, K., Coker, S., & Grey, S. (2020). "Nobody hears a silent cry for help": Suicide attempt survivors' experiences of disclosing during and after a crisis. *Archives of Suicide Research*, *24*(4), 498–516. https://doi.org/10.1080/13811118.2019.1658671

Maple, M., Pearce, T., Sanford, R. L., & Cerel, J. (2017). The role of social work in suicide prevention, intervention, and postvention: A scoping review. *Australian Social Work*, *70*(3), 289–301. https://doi.org/10.1080/0312407X.2016.1213871

Mirick, R. G. (2022). Social work practice instructors' preparedness and readiness to teach suicide content. *Social Work Education*, 1–17. https://doi.org/10.1080/02615479.2022.2102162

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLOS Medicine*, *6*(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097

National Suicide Prevention Taskforce. (2020). *Interim advice public consultation*. https://consultations.health.gov.au/suicide-prevention-taskforce/national-suicide-prevention-taskforce-interim-advi/

Osteen, P., Jacobson, J. M., & Sharpe, T. L. (2014). Suicide prevention in social work education: How prepared are social work students? *Journal of Social Work Education*, *50*(2), 349–364. https://doi.org/10.1080/10437797.2014.885272

Petrakis, M., & Joubert, L. (2013). A social work contribution to suicide prevention through assertive brief psychotherapy and community linkage: Use of the manchester short assessment of quality of life (MANSA). *Social Work in Health Care*, *52*(2–3), 239–257. https://doi.org/10.1080/00981389.2012.737903

Robinson, J., & Pirkis, J. (2013). Research priorities in suicide prevention: An examination of Australian-based research 2007–11. *Australian Health Review*, *38*(1), 18–24. https://doi.org/10.1071/AH13058

Roush, J. F., Brown, S. L., Jahn, D. R., Mitchell, S. M., Taylor, N. J., Quinnett, P., & Ries, R. (2018). Mental health professionals' suicide risk assessment and management practices: The impact of fear of suicide-related outcomes and comfort working with suicidal individuals. *The Crisis*, *39*(1), 55–64. https://doi.org/10.1027/0227-5910/a000478

Ruth, B. J., Gianino, M., Muroff, J., McLaughlin, D., & Feldman, B. N. (2012). You can't recover from suicide: Perspectives on suicide education in MSW programs. *Journal of Social Work Education*, *48*(3), 501–516. https://doi.org/10.5175/JSWE.2012.201000095

Sanford, R. L., Hawker, K., Wayland, S., & Maple, M. (2020). Workplace exposure to suicide among Australian mental health workers: A mixed-methods study. *International Journal of Mental Health Nursing*, *30*(1), 286–299. https://doi.org/10.1111/inm.12783

Schmidt, R. C. (2016). Mental health practitioners' perceived levels of preparedness, levels of confidence and methods used in the assessment of youth suicide risk. *The Professional Counselor*, *6*(1), 76–88. https://doi.org/10.15241/rs.6.1.76

Schmitz, W. M., Jr., Allen, M. H., Feldman, B. N., Gutin, N. J., Jahn, D. R., Kleespies, P. M., Quinnett, P., & Simpson, S. (2012). Preventing suicide through improved training in suicide risk assessment and care: An American Association of Suicidology Task Force report addressing serious gaps in U. S. mental health training. *Suicide and Life-Threatening Behavior*, *42*(3), 292–304.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, *19*(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001

Suicide Prevention Australia. (2022). *Fact sheets*. https://www.suicidepreventionaust.org/news/statsandfacts#:~:text=3144%20Australians%20died%20by%20suicide,with%203139%20deaths%20in%202020)

Sveticic, J., & De Leo, D. (2012). The hypothesis of a continuum in suicidality: A discussion on its validity and practical implications. *Mental Illness*, *4*(2), e15. https://doi.org/10.4081/mi.2012.e15

Westefeld, J. S. (2020). Suicide prevention: An issue of social justice. *Journal of Prevention and Health Promotion*, *1*(1), 58–79. https://doi.org/10.1177/2632077020946419

World Health Organisation. (2014). *Preventing suicide: A global imperative*. https://www.who.int/publications/i/item/9789241564779

World Health Organisation. (2021). *Suicide*. https://www.who.int/news-room/fact-sheets/detail/suicide