

Self-harm and suicide awareness and prevention training

Planning training

An ability to draw on knowledge that the content of training should be influenced by:
local workforce training needs
the context in which a trainee is practising and their core role (e.g. teacher)
research evidence relating to self-harm and suicide
outcomes of local serious incident enquiries
local and national initiatives (e.g. National Suicide Prevention Strategy)
relevant evidence, including statistics (e.g. varying levels of risk in different populations, risk factors, impact of the media and social media)
An ability to draw on knowledge of local and national resources that support those who self-harm or experience suicidal ideation, such as:
national websites, helplines and universally available services (e.g. Samaritans, general practice, emergency departments)
local services and support organisations (e.g. IAPT, youth counselling or local voluntary organisations)
An ability to draw on knowledge that self-harm and suicide prevention training packages often have two key targets:
to improve the knowledge, confidence and attitudes of participants, including, for example:
empathy and compassion for people who self-harm or are suicidal
understanding of self-harm and suicide
challenging stigma
fostering an attitude that everyone has a role to play in self-harm and suicide prevention
to equip participants with skills in managing interactions with people at risk of self-harm and suicide, as appropriate to their roles
An ability to draw on knowledge of learning principles when planning individual training sessions and packages of training, including:
identifying appropriate learning aims
developing a clear structure for teaching sessions
making use of adult learning theory to match learning tasks to learning aims
making use of feedback to enhance learning
evaluating learning outcomes
An ability to assure training quality by recruiting appropriately experienced trainers and monitoring:
their competence in delivery of material
adherence to required content

Delivering training

An ability to design a session matched to the learning needs of the group being trained	
An ability to deliver components such as:	
	suicide awareness and education about suicide
	self-harm awareness and education about self-harm
	identifying people who are at risk of self-harm and suicide (adjusted as appropriate to match the learners' skills and roles)
	managing situations appropriately
	connecting people with sources of further help
	specific skills training (e.g. in assessing risk, safety planning, problem solving)
An ability to match training techniques to intended learning outcomes, for example by:	
	using didactic teaching to transmit facts
	using group discussion to encourage reflection
	demonstrating skills using video or live demonstrations
	creating opportunities for practising skills and for offering feedback and coaching
An ability to structure the learning environment so that it acknowledges the potential sensitivity of the topic of self-harm and suicide to participants, for example by:	
	informing participants at the start of the session about what to do if they are distressed by the issues raised
	ensuring that the facilitator's training and experience enables them to deal with any acute issues that arise
	being aware that some of the questions posed by delegates will relate to their personal experience
An ability to facilitate learning in a group environment using skills such as:	
	good time management
	effective facilitation of group discussion
	being able to respond to difficult questions in a non-defensive manner
	responding to the group dynamic (e.g. managing under- or over-participation)
An ability to reflect on the effectiveness of the training methods, structure and content of sessions, and the extent to which these meet the aims of the training and the needs of the target audience	

Organisational competences

An ability to draw on knowledge that the effectiveness of self-harm and suicide prevention training depends on support from senior staff downwards and an organisational culture that promotes relevant skills by:	investing in a group of local facilitators or setting aside budget for external trainers
	assuring the participation of senior staff
	providing dedicated staff training and update or refresher sessions
	offering regular peer support or clinical supervision
An ability to identify groups and individuals who would benefit from being able to apply self-harm and suicide competences as part of their role, for example:	
	'gatekeepers' who can identify people at risk of self-harm and suicide and refer them to appropriate help (e.g. primary care staff, teachers, student advisors, clergy, pharmacists, prison staff)
	frontline health staff who can carry out more specialist assessment and interventions (e.g. paramedics, GPs, emergency department staff, pharmacists)
	public-facing workers whose everyday role brings them into contact with people at increased risk of self-harm or suicide (e.g. police, debt advisors, housing staff, transport staff, GP receptionists)
An ability to facilitate effective training across an organisation, for example:	
	overcoming organisational barriers that make it difficult for staff to access training (e.g. by providing cover to release staff to attend)
	making training more accessible by matching the training on offer to job constraints (e.g. supplementing face-to-face learning with e-learning or self-directed learning packages)
	monitoring attendance and updating training records
An ability to draw on knowledge that a dynamic process is required to help people acquire and maintain their skills, for example:	
	making up-to-date knowledge available, based on current research, through face-to-face refresher sessions or written updates (typically every 12 to 18 months)
An ability to foster the continuing development of relevant knowledge and skills by providing appropriate supervision, support and time for regular refresher training	