Building Suicide Prevention Confidence in the AOD Workforce: A Collaborative, Practice-Focused Training Model

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Background:

It is common for people accessing alcohol and other drug (AOD) services to report experiences of suicidal ideation, yet many AOD workers report limited confidence in recognising and responding to suicidal distress. Suicide prevention training has traditionally been developed within mental health systems and often lacks relevance to AOD practice contexts, language and treatment interventions. There is a need for sector-specific approaches that translate suicide prevention policy into practical AOD workforce capability.

Description of Model of Care/Intervention:

A collaboratively developed suicide prevention training model was designed specifically for the AOD workforce. Drawing on the principles of the *Towards Zero Suicides* framework, the training was adapted through collaborative development with AOD clinicians, peer workers, Aboriginal mental health representatives, education specialists and suicide prevention clinicians. The model includes both eLearning modules and face-to-face workshops tailored to the breadth of AOD settings. And was inclusive of non-government, government and Aboriginal Community Controlled Organisations, with a focus on strengths-based and culturally safe practice.

Effectiveness/Acceptability/Implementation:

Early implementation indicates strong workforce engagement, particularly where training reflects real-world AOD encounters and acknowledges the complexity of co-occurring substance use and mental health distress. AOD-specific language, scenarios and practical skills-building were identified as critical to acceptability and confidence. Challenges included time pressures and embedding learning within busy services, highlighting the importance of flexible delivery methods.

Conclusion and Next Steps:

This initiative demonstrates how suicide prevention policy can be effectively translated into AOD-relevant practice through collaboration. Future directions include broader implementation and continued refinement based on workforce feedback.

Implications on communities, practice, policy and/or First Nations communities:

The model supports a more confident, responsive and culturally appropriate suicide prevention response within AOD services. It offers transferable lessons for all jurisdictions seeking to align mental health and AOD systems while respecting sector identity and First Nations approaches.

Disclosure of Interest Statement:

The author declares no conflicts of interest.