

# Workforce Snapshot: Building Capacity for Suicide Prevention in Social Work Practice

## Introduction

Suicide prevention is a critical competency for social workers. Effective training in suicide risk identification and intervention can save lives, yet social work graduates often feel underprepared in this area. In 2023, the Suicide Prevention Resource Center conducted a Clinical Workforce Needs Assessment survey, which revealed gaps in U.S. social workers' knowledge and skills related to suicide prevention. The survey findings highlight the importance of strengthening training for social workers in core practices like suicide screening, risk assessment, safety planning, and lethal means counseling to protect clients in crisis. In addition to providing an overview of the survey findings, this document offers a list of resources that can support educators and trainers in building suicide prevention curricula to address the gaps identified by the survey.

## Key Findings

The survey findings indicate that most social workers feel confident explaining suicide screening, risk assessment, and safety planning, but notable gaps remain in their confidence in their ability to implement these steps. Over a quarter (28%) report being unsure how often to screen, one in five (20%) lack clarity on what a thorough suicide risk assessment should include, and a similar proportion report uncertainty about how to follow up on safety plans or monitor their effectiveness. Among all practices addressed in the survey, social workers reported the lowest level of confidence related to counseling on lethal means safety, with only 58% reporting feeling confident in their ability to have these conversations. Roughly one-third of respondents said they could not clearly explain the purpose of lethal means counseling (15% disagreed, 18% were uncertain), indicating a critical need for additional training in this aspect of suicide prevention.

In addition to gaps in assessment and planning, social workers report low confidence in their ability to provide ongoing clinical treatment for clients at risk for suicide. Nearly 27% were not confident in their ability to deliver effective therapy interventions, and only 17% strongly agreed that they felt confident treating individuals experiencing suicidal thoughts or behaviors. This suggests that clinicians may lack training in evidence-based treatments for suicidal behaviors, reflecting a broader need for suicide-specific clinical education both during graduate training and in continuing professional development.

## Implications

Gaps in social workers' knowledge and confidence around suicide prevention practices can have profound consequences for clients. When practitioners are unsure when to screen for suicide risk or how to discuss access to lethal means, they may miss critical warning signs or opportunities to intervene. Infrequent screening, incomplete risk assessments, and vague safety plans can contribute to underestimating suicide risk, increasing the likelihood that clients remain vulnerable during periods of crisis. Each gap in knowledge or skills identified in this survey corresponds to an evidence-based practice shown to reduce suicide risk. You can find more information about suicide-specific brief interventions and evidence-based psychological treatments [here](#).

The survey findings suggest that social workers often enter the field without consistent, structured training in core suicide prevention skills. Integrating evidence-based suicide prevention training into social work curricula and clinical training programs is essential to ensuring that practitioners have the knowledge, confidence, and tools to intervene effectively when working with clients at risk for suicide. Addressing these gaps in suicide prevention capacity goes beyond professional development; it is essential to supporting social workers in their ability to fulfill their ethical responsibilities and protect clients.

## Limitations

The survey was completed by 517 social workers from across the United States. However, the respondent pool reflected a disproportionate number of experienced practitioners, with 81% reporting more than 10 years of clinical experience and a sizable percentage reporting that they were in private practice (37%). This overrepresentation may limit the generalizability of the findings to early-career professionals or those working in settings such as community mental health, schools, or inpatient care, where system-level factors and access to ongoing training may differ.

## Resources

The Suicide Prevention Resource Center (SPRC) offers resources to help social work educators and training administrators strengthen suicide prevention training to address the gaps identified in the survey.

### [Suicide Risk Assessment and Managing Liability in Social Work Practice](#)

This resource addresses the intersection of social work clinical practice, ethics, and liability in suicide prevention work. It situates the practice of suicide risk assessment within the National Association of Social Workers Code of Ethics and discusses key components of clinical practice like informed consent, documentation, therapeutic alliance building, and the use of evidence-based tools. Designed for students and early-career professionals, it can also help educators and supervisors normalize conversations about legal concerns and support discussions about how ethical, evidence-based practice reduces both client risk and practitioner liability.

### [Suicide Risk Assessment Resource Guide](#)

This self-study tool, designed for clinicians at all levels of experience, offers brief descriptions and links to articles, books, and tools that support suicide-specific competencies at both foundational and advanced levels. This guide can complement suicide prevention coursework or continuing education and introduces evidence-based practices like screening, assessment models, and safety planning.

### [Applying Motivational Interviewing in Suicide Risk Assessment](#)

This webinar equips clinicians with motivational interviewing strategies to enhance client engagement and support collaborative practice during suicide risk assessment. It also introduces [hope theory](#) to help practitioners identify risk and protective factors, such as agency and pathways thinking. Ideal for social workers, this training emphasizes strengths-based, client-centered approaches to suicide prevention.

### **Clinical Practice Scripts for Suicide Risk Assessment in Social Work Practice**

These sample scripts are designed to model ways social workers can engage in difficult conversations about suicide with clients. The scripts include examples of ways to initiate informed consent discussions, build a therapeutic alliance, introduce screening tools, and conduct structured suicide risk assessments. There is also an example of post-assessment documentation. Educators can use these scripts for discussion, role play, or simulation exercises.

### **Talking About Lethal Means (TALM): A Course for Crisis Counselors**

This self-paced, two-hour course equips social workers and crisis counselors with practical skills for having collaborative, nonjudgmental conversations about access to lethal means during a suicidal crisis. Through videos, interactive scenarios, and reflective exercises, participants learn how to approach these sensitive topics in ways that build trust and support voluntary safety planning.

## **Conclusion**

Social work graduates often feel underprepared to work with clients at risk for suicide. These SPRC resources can support trainers and educators in developing competent, ethically grounded, and evidence-informed suicide prevention training curricula in graduate and clinical practice settings to address gaps in training. Educators can use these resources to help students and clinicians build the confidence and skills needed to carry out effective suicide prevention with clients at risk for suicide in different settings.

## **Suggested Citation:**

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