Introduction to the National Guidelines for Workplace Suicide Prevention

July 26, 2023
Presentation for Riverside University Health System

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W O R K P L A C E
SUICIDE PREVENTION

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W O R K P L A C E
SUICIDE PREVENTION

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"Be vocal, be visible, be visionary. There is no shame in stepping forward, but there is great risk in holding back and just hoping for the best."

~Higher Education Center

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The Team

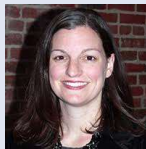**Sally Spencer-Thomas**

President, United Suicide Survivors International

Co-Chair, Workplace Prevention and Postvention Committee

Jodi Jacobson Frey

Professor and Associate Dean for Research, University of Maryland, Baltimore, School of Social Work

Co-Chair, Workplace Prevention and Postvention Committee

Maggie Mortali

Senior Program Director American Foundation for Suicide Prevention

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Workplace Prevention and Postvention Committee Members (sample)

Co-Chairs:

Dr. Sally Spencer-Thomas, PsyD, Sally Spencer-Thomas, LLC

Dr. Jodi Frey, PhD, LCSW-C, Professor, University of Maryland, Baltimore, School of Social Work

Members:

Chris Caulkins, MPH, MA, EdD, Strub Caulkins Center for Suicide Research

Chris Carlough, International Association of Sheet Metal, Air, Rail & Transportation Workers

Lt. John Coppedge, Denver Police Department

Bernie Dyme, AM, Perspectives Ltd.

Jeff Elhart, President & Owner, Elhart Automotive Campus

Jodi Jacobson Frey, PhD, LCSW-C, School of Social Work, University of Maryland

Anna Gai, Graduate Student, Florida State University

Dennis Gillan, Advocate, Coach, Motivational Speaker

Jeffrey Gorter, MSW/LMSW, R3 Continuum

Darcy Gruttadaro, JD, Center for Workplace Mental Health

Donna Hardaker, Sutter Health

David James, CFO, FNF, Inc. Construction

Mark R. Jones, PhD, Union Pacific Railroad

Marko Kaar, Bartlett Brainerd Eacott

David Kingdon, Maui EMS Training Center, University of Hawaii

Govan Martin, Prevent Suicide PA

John Marx, The Law Enforcement Survival Institute

Mary S. McClatchey, J.D., WorkSmart Partners

John Morrissey, Kenosha Wisconsin Police Department

Maggie Mortali, MPH, AFSP

Felix Nater, CSC, Nater Associates, Ltd.

Sally Spencer-Thomas, Psy.D., United Suicide Survivors International, Keynote Speaker and Change Agent

Cameron Stout, Stout Heart, Inc.

Bob Swanson, Swanson & Youngdale, Inc.

Michelle Walker, Specialized Services Company

Kyle Zimmer, International Union of Operating Engineers (Local 478)

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POLLING QUESTION #1

Before today, were you familiar with the Workplace Suicide Prevention National Guidelines?

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Session Objectives

At the end of this session:

1) Participants will be able to identify at least two reasons why the workplace is a critical place for suicide prevention, intervention and recovery.

2) Participants will be able to identify at least one upstream, one midstream, and one downstream practice from the nine practices included in the National Guidelines for Workplace Suicide Prevention.

3) Participants will be able to identify one action they can take in the next 30 days to help their workplace or professional organization become more suicide informed.

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Suicide Data: United States

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (February 2022).

45,979 Americans died by suicide making it the **12th leading cause of death.**

- **3rd** leading cause of death for ages 10-19
- **2nd** leading cause of death for ages 20-34
- **4th** leading cause of death for ages 35-44
- **Over one third** of people who died by suicide were 55 or older

10% of adult Americans have thought about suicide.

1.2 million Americans attempted suicide.

54% of Americans have been affected by suicide in some way.

See full list of citations at **afsp.org/statistics**.

Men died by suicide **3.9x** more often than females.

Females were **1.8x** more likely to attempt suicide.

54% of firearm deaths were suicides.

53% of all suicides were by firearms.

In 2019, the suicide rate was **1.5x higher for Veterans** than for non-Veteran adults over the age of 18.

90% of those who died by suicide had a diagnosable mental health condition at the time of their death.

46% of Americans ages 18+ living with a mental health condition received treatment in the past year.

72% of communities in the United States did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

afsp.org/statistics

American Foundation for Suicide Prevention

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≥18 years United States, 2017

Deaths: 47,173

Hospitalizations: 140,405

ER Visits: 479,250

Suicide Attempts: 1,551,385

Seriously Considered: 11,183,638

*Source: CDC's National Vital Statistics System,
†Source: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project – Nationwide Inpatient Sample (HCUP-NIS)
‡Source: Source: CDC's National Electronic Injury Surveillance System-All Injury Program
¶Source: SAMHSA's National Survey on Drug Use and Health
** Source: SAMHSA's National Survey on Drug Use and Health
Number in parentheses represent the ratio of deaths to other categories

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Suicide Rates* by Occupational Groups

*Suicide rates per 100,000 population

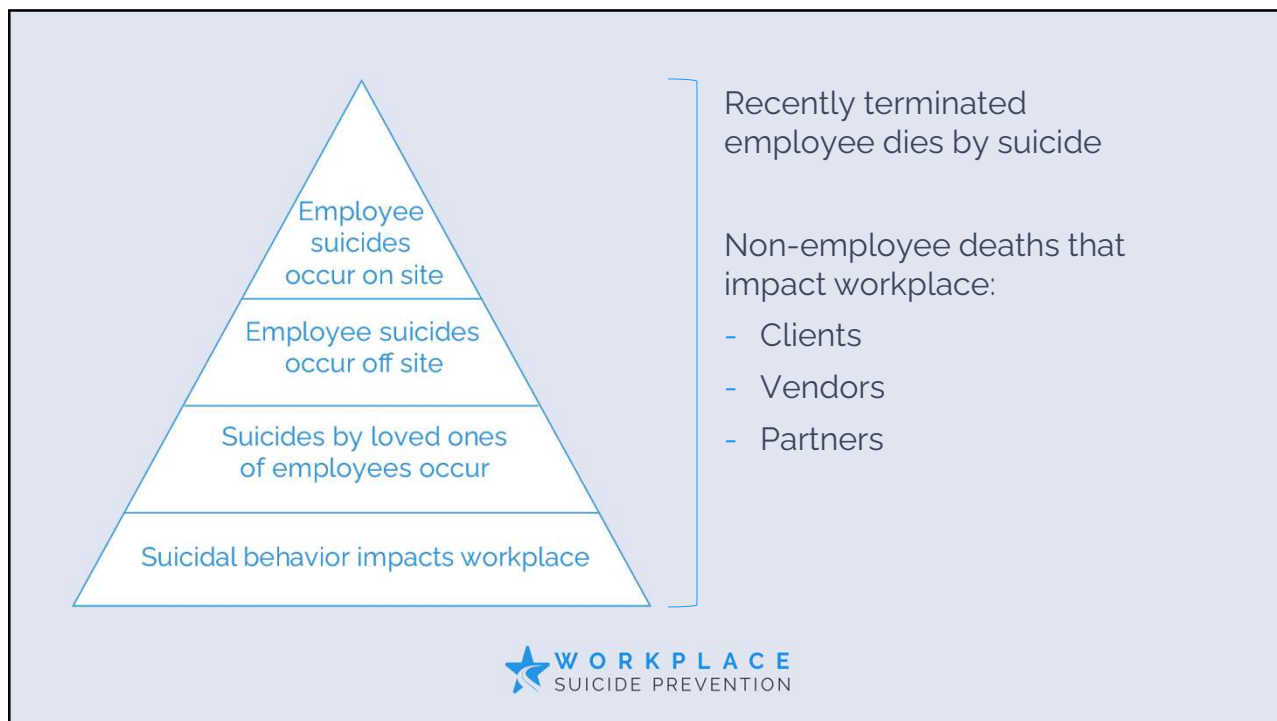Peterson et al., 2020

Top 5 Major Occupational Groups

1. Construction & Extraction (Males/Females): **49.4 / 25.5**
2. Installation, Maintenance, & Repair (Males): **36.9**
3. Arts, Design, Entertainment, Sports, & Media (Males): **32.0**
4. Transportation & Material Moving (Males/Females): **30.4 / 12.5**
5. Protective Service (Females): **14.0**

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Top Ten Industries at Risk for Suicide for Men*
Ranked by Rate per 100,000

Rank	Industry	Rate
1	Mining, Quarrying, And Oil and Gas Extraction	54.2
2	Construction	45.3
3	Other Services	39.1
4	Agriculture, Forestry, Fishing, and Hunting	36.1
5	Transportation and Warehousing	29.8
6	Arts, Entertainment, and Recreation	27.4
7	Utilities	26.3
8	Administrative and Support and Waste Management Services	25.9
9	Manufacturing	23.6
10	Public Administration	23.1

Peterson C, Sussell A, Li J, Schumacher PK, Yeoman K, Stone DM. Suicide Rates by Industry and Occupation – National Violent Death Reporting System, 32 States, 2016. MMWR Morb Mortal Wkly Rep 2020;69:57–62. DOI: http://dx.doi.org/10.15585/mmwr.mm6903a1external icon

www.SallySpencerThomas.com | #ElevateTheConvo |

General Population 14 per 100,000

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Employee suicides occur on site

Employee suicides occur off site

Suicides by loved ones of employees occur

Suicidal behavior impacts workplace

Recently terminated employee dies by suicide

Non-employee deaths that impact workplace:
- Clients
- Vendors
- Partners

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Work as a Social Structure + Suicide

The workplace helps give individuals meaning and reasons for living:

- Fosters social relationships
- Offers people a place of purpose
- Sets a social structure
- Place of purpose and solidarity

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Suicide Prevention is a Health & Safety Priority

- Distraction
- Impaired perception and judgment
- Fatigue
- Mental health and physical health intertwined

Source: Phot by Bridget Coila

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"The workplace is the last crucible of sustained human contact for many of the 30,000 people who kill themselves each year in the United States. A co-worker's suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school."*

Sue Shellenbarger (2001)
Impact of Colleague's Suicide Is Strongly Felt in Workplace, *Wall Street Journal*

*In 2020, almost 46,000 people died by suicide in the U.S.

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Overview – Project Origins

2010	2013	2014	2016	2017	2018	2019
National Action Alliance for Suicide Prevention establishes nation's first Workplace Task Force	Canada launches set of standards for psychological health and safety in the workplace	Australia publishes Work & Suicide Position Statement	CDC report ranking suicide rates by industry (redacted in 2017)	Task Force forges partnership with AFSP and United Survivors	CDC report ranking suicide rates by industry	AAS creates Workplace Committee

Launch of workplace suicide prevention website |

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Collaborative Partnership

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8 Guiding Principles

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Upstream

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Upstream Solutions

Goals:

✓ Build protective factors
✓ Prevent problems

Leadership Culture Cultivation

Assess and Address Job Strain and Toxic Work Contributors

Communication

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Psychosocial Hazards at Work

Job Design Challenges

- Low job control – lack of decision-making power and limited ability to try new things
- Excessive job demands and constant pressure/overtime
- Effort-reward imbalance – related to perceived insufficient financial compensation, respect or status
- Job insecurity – perceived threat of job loss and anxiety about threat
- Lack of job autonomy
- Lack of job variety
- Toxic work-design elements (e.g., exposure to environmental aspects that cause pain or illness

Toxic Interpersonal Relationships

- Bullying, harassment and hazing at work
- Prejudice and discrimination at work
- Lack of supervisor or colleague support – poor working relationships

Family Disruption

- Work-family conflict (i.e., work demands make family responsibilities more difficult)
- Family-work conflict (i.e., family demands make work role challenging)

Lack of Purpose or Connection to Mission

- Heightened job dissatisfaction and the feeling of being "trapped"
- Work is not meaningful or rewarding

Other Work-Related Health Impacts

- Work-related trauma (e.g., personal or seeing an accident or injury)
- Work-related sleep disruption (e.g., due to unexpected overtime, extended or changing shifts)
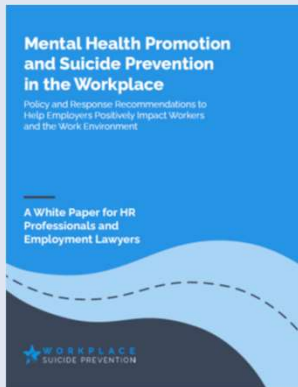- Work culture or poor self-care and destructive coping (e.g., alcohol and drug use)

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How Communication Gets Beyond State Trooper Effect

- Integrated everywhere
- Lived and shared by leaders
- Formally and informally reinforced, recognized and rewarded
- Guide's decisions
- Get creative!

Source: Photo Flickr by Rusty Clark

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Influencing Company Leaders

Mental Health Promotion and Suicide Prevention in the Workplace

Policy and Response Recommendations to Help Employers Positively Impact Workers and the Work Environment

A White Paper for HR Professionals and Employment Lawyers

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"No amount of yoga or mindfulness training is going to help make a toxic work environment better" Frey quoted in Bloomberg News (3/1/22)

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Effective Leadership

- Be bold!
- Suicide Prevention is a Health and Safety Priority
- Policy Audit
- Reassurance
- Lived Expertise
- Hierarchy influence/Peer influence

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Mental Health Toolbox Talks

- Pulse-check surveys — "How's it going out there?"
- Weekly action steps to improve coping and resilience
- Resources to help workers and their families

Safe & Effective Messaging in Suicide Prevention

Don't

- Glamourize/ Romanticize
- Pound the drum of death data
- Talk in detail about means/death scenes
- Oversimplify
- Use biased language

Do

- Develop and test strategic messages
- "Promote the positive" in the form of actions, solutions, successes, or resources.
- Leverage storytellers that bring recovery to life

Source: https://suicidepreventionmessaging.org/

Midstream

Midstream Solutions

Goals:

✓ Early identification
✓ Link to care

Self-Care Orientation

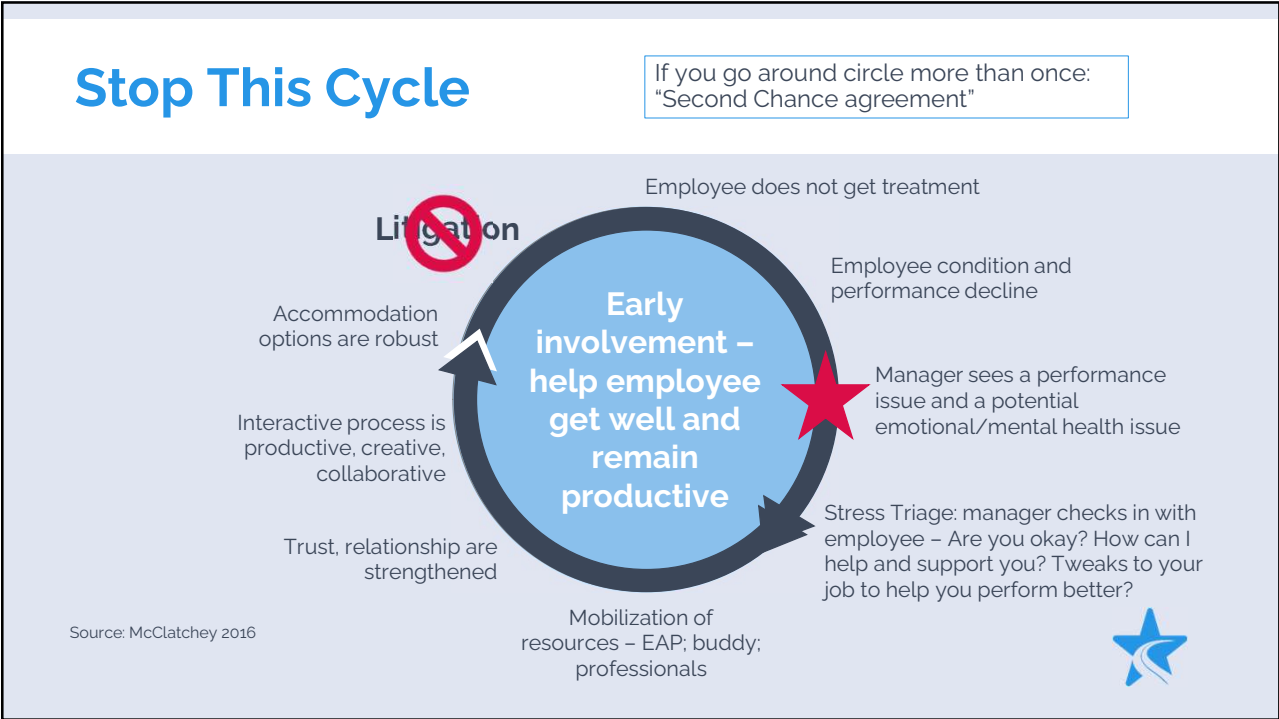Stratified Training Program

Peer Support/Well-Being Ambassadors

What Goes Wrong?

Employee does not get treatment

Litigation

Accommodation options limited

Employee condition and performance decline

Disability leave

The Silent Suicidal Spiral

Manager sees a performance issue, not a health issue

Suicidal ✖

Manager uses performance management only

Trust, relationship are eroded; employee feels harassed, isolated

More pressure, performance worsens

Source: McClatchey 2016

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Stop This Cycle

If you go around circle more than once: "Second Chance agreement"

Employee does not get treatment

~~Litigation~~

Accommodation options are robust

Employee condition and performance decline

Early involvement – help employee get well and remain productive

Manager sees a performance issue and a potential emotional/mental health issue

Interactive process is productive, creative, collaborative

Stress Triage: manager checks in with employee – Are you okay? How can I help and support you? Tweaks to your job to help you perform better?

Trust, relationship are strengthened

Mobilization of resources – EAP; buddy; professionals

Source: McClatchey 2016

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Self-Care Orientation

Source: Pixabay Photo by Maratius78

Screening – A Bridge to Care

Identification of early warning signs of mental health challenges with referrals to care.

Interactive Screening Program (ISP)

Provides a safe and anonymous method for employees to:

Take a questionnaire for stress, depression, and other mental health concerns

Receive a personal response to the questionnaire from a program counselor

Exchange messages with the counselor, ask questions and learn about mental health services

"This has been really beneficial for my mental health and my physical health. I can feel myself coming back together."

Program Participant

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Interactive Screening Program

344 individuals
submitted a Self-Check Questionnaire

80% returned to the website
to read the EAP counselor's response

50% exchanged messages
with an EAP counselor

45% requested an appointment
or referral to meet with a counselor in person*

"This has been really beneficial for my mental health and my physical health. I can feel myself coming back together."

Program Participant

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MAN THERAPY
Therapy. The Way A Man Does It

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Stay Social - @ManTherapyMI

Sharing humor, resources, real-life stories and more!

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Region 3: *Alcona, Arenac, Bay, Genesee, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, Tuscola*
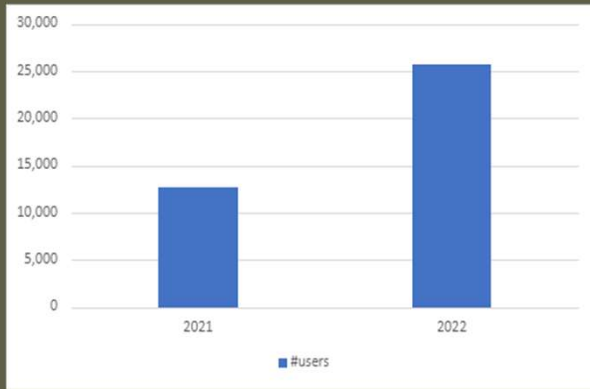
49% increase in unique users
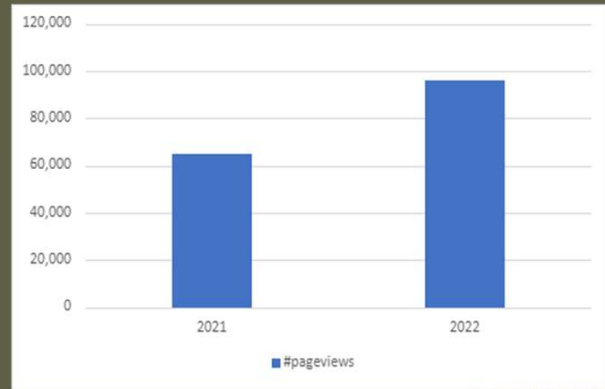
67% increase in pages viewed

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Region 3: *Genesee, Bay, Arenac, Alcona, Gladwin, Huron, Iosco, Lapeer, Midland, Ogemaw, Oscoda, Saginaw, Sanilac, Tuscola*

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Stratified Training Program

Source: Flickr Photo by steve p2008

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Stratified Suicide Prevention
Training Program for the Workplace

Mapping a tiered workplace suicide prevention training strategy to the more familiar
medical crisis tiered training strategy, would metaphorically look like this...

Mental Health
Professional = Training in
State-of-the-Art Suicide
Risk Assessment,
Management & Recovery

"Emergency room
physician" level

Advance Peer
Network = Advanced
Skill Training in
Suicide Intervention

"EMT" level

Everyone =Basic
Suicide
Awareness
Gatekeeper
Training

"CPR Level"

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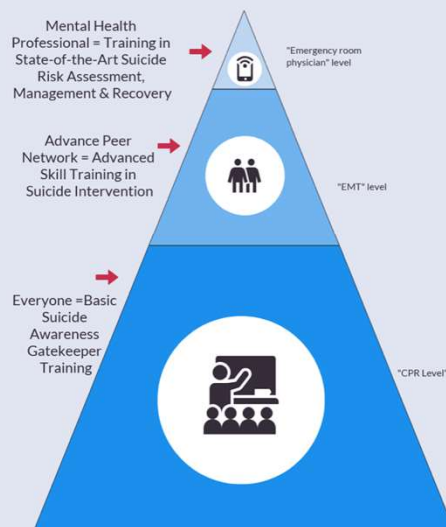
Why Peer Support Matters

- Peers are often highly trusted and first to know
- Liaison to services
- Support follow up
- Preferred method in male-dominated communities
- Helper effect

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Models of Workplace Peer Support

Type	Models
Casual Type	Network Online forum Peer buddy
Semi-Structured Type	Warm line Peer mentor
Structured Type	Peer support groups Peer specialist

Vega, E. & Spencer-Thomas, S. (2020).

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Downstream

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Downstream Solutions

Goals:

✓ Manage crises
✓ Restore functioning

Mental Health & Crisis Resources

Mitigating Risk

Crisis Response

Kick the Tires

Questions to ask mental health providers:

- What is your approach in working with clients?
- How do you feel about working with someone who has experienced suicidal thoughts, feelings or behaviors?
- What training have you had in suicide risk assessment, management and recovery?
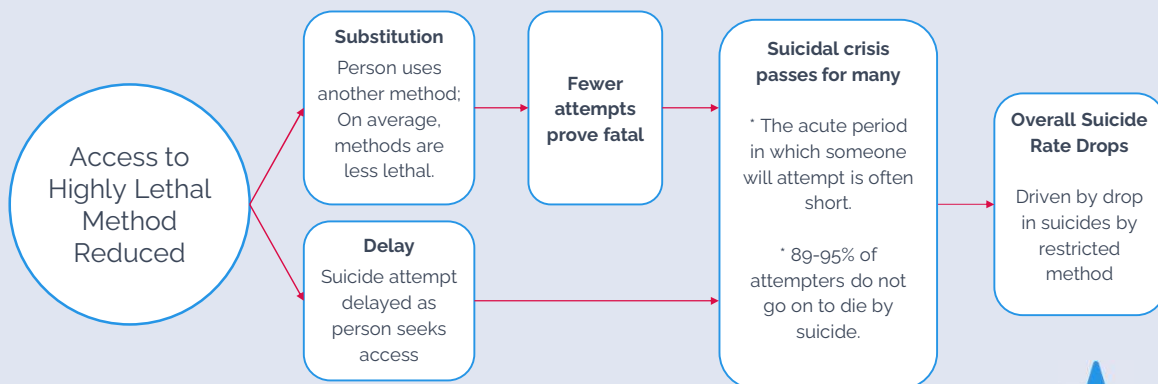- What would you do if someone you were treating became suicidal?

Crisis Response

Vincent Desjardins
regards

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Means Restriction Theory

How means restriction saves lives at the population level

```
                    ┌─────────────────┐
                    │  Substitution   │
                    │  Person uses    │
               ┌───▶│ another method; │───┐
               │    │  On average,    │   │
               │    │  methods are    │   ▼
┌──────────────┐    │  less lethal.   │  ┌──────────┐    ┌──────────────────┐
│              │    └─────────────────┘  │  Fewer   │    │ Suicidal crisis  │
│  Access to   │                         │ attempts │───▶│ passes for many  │
│ Highly Lethal│                         │prove fatal│    │                  │    ┌──────────────┐
│   Method     │                         └──────────┘    │ * The acute period│    │Overall Suicide│
│   Reduced    │    ┌─────────────────┐                  │ in which someone │    │  Rate Drops  │
│              │    │     Delay       │                  │will attempt is often│──▶│              │
└──────────────┘    │ Suicide attempt │                  │     short.       │    │ Driven by drop│
               └───▶│  delayed as     │─────────────────▶│                  │    │ in suicides by│
                    │ person seeks    │                  │ * 89-95% of      │    │  restricted  │
                    │    access       │                  │ attempters do not│    │    method    │
                    └─────────────────┘                  │ go on to die by  │    └──────────────┘
                                                         │    suicide.      │
                                                         └──────────────────┘
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Barber & Miller (2014)

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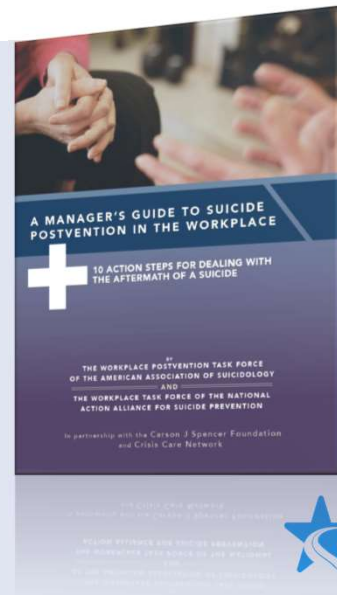## Manager's Guide to Workplace Suicide Postvention: Overview

Gives leadership 10 action steps:

- Immediate trauma response
- short-term recovery
- long-term strategies for helping employees cope down the line

Succinct checklists, communication templates and flow charts

Goal is to help to reduce the impact of the suicide event by offering a blueprint for action

- Minimize exposure effect
- Honor life lost/space for grieving
- Help workplace return to functioning

A MANAGER'S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE

10 ACTION STEPS FOR DEALING WITH THE AFTERMATH OF A SUICIDE

BY
THE WORKPLACE POSTVENTION TASK FORCE
OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY
AND
THE WORKPLACE TASK FORCE OF THE NATIONAL
ACTION ALLIANCE FOR SUICIDE PREVENTION

In partnership with the Carson J Spencer Foundation
and Crisis Care Network

Immediate Response: Acute Phase

1. Coordinate: Contain the crisis

- flow chart

2. Notify: Protect privacy

- sample letter

3. Communicate: Reduce potential for contagion

- safe messaging guidelines

4. Support: Offer practical assistance

Manager's Guide to Workplace Suicide Postvention: Continued

Short-Term: Recovery Phase

5. Link: to support
- EAP, suicide bereavement specific resources

6. Comfort: promote healthy grieving
- mourning rituals same as other forms of death

7. Restore: functioning in workplace
- "return to work" plan

8. Lead: build trust in organizational leadership
- ACT – acknowledge, compassion, transition to resilience and prevention

Long-Term: Reconstruction Phase

9. Honor: anniversary or milestone dates

10. Sustain: Transition from postvention to prevention

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Be part of the solution.
Make suicide prevention a health and safety priority.

PLEDGE TODAY

www.WorkplaceSuicidePrevention.com

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POLLING QUESTION #4

Now that you have learned about the Guidelines, how likely are you to go online to take the pledge for your workplace/organization or to go online to learn more?

5 = very likely
4 = likely
3 = neither likely nor unlikely
2 = unlikely
1 = very unlikely

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Resources

Education & Training

- Counseling on Access to Lethal Means (CALM)
- Dialectical Behavioral Therapy (DBT)
- Collaborative Assessment & Management of Suicidology (CAMS)
- Suicide Safety Planning
- Recognizing and Responding to Suicide Risk
- Assessing and Managing Suicide Risk
- QPR
- safeTALK
- Working Minds

Screening

- Interactive Screening Program (ISP)
- Columbia-Suicide Severity Rating Scale (C-SSRS)

Postvention

- Manager's Guide to Suicide Postvention in the Workplace

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Thank you!

Connect with me on Twitter: @JodiJFrey (#SW4SuicidePrevention)

Connect with some of my projects:
- @WorkSuicidePrev
- @ManTherayMI
- @ManTherapyWC
- @BHWell_Lab
- @EAArchive

Email: jfrey@ssw.umaryland.edu

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Q&A

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