Making Mental Health Matter

Best Practices for Suicide Prevention in the Workplace

By Sally Spencer-Thomas, Psy.D

For every two homicides in the U.S. there are three suicides, and the majority of these suicides occur within the working-aged population. Unfortunately, very few workplaces address this major public health issue — even though mental health crises and suicide affect both the financial and social functioning in a workplace.

The cold, hard fact remains that, in many cases, suicide is a “taboo” subject. When a suicide occurs at work, the follow-up postvention may unfold like the following example: Dr. Paul Quinnett, the founding principal for the internationally acclaimed QPR Institute (suicide prevention gatekeeper training), was asked to provide a support session to help the staff of a workplace impacted by the suicide of an employee. When preparing for this session, the Human Resources Director of the workplace asked, “What do you need?” Dr. Quinnett answered, “Drinking water, tissues, and a quiet room where people can’t look in.”

The Human Resources Director then noted, “Okay, that is fine, but I should let you know that it is our company policy that you can’t use the word ‘suicide’ at this workplace.”

Twenty-five people attended the session, but the expectation set by the leadership was that employees would just talk around the issue for an hour. While the employer had good intentions of giving the staff support, restrictions like this were clearly counterproductive. (Alternate, more effective strategies are presented in this month’s cover article.)

A Public Health Approach to the Problem

Fortunately, just like school systems have become the venue for preventing suicide in youth, workplaces can become the venue to prevent suicide in the working aged population. The Working Minds program exists to fill this gap. By using a public health approach, workplaces can build a comprehensive suicide prevention program that employs best practices and goes beyond just clinical intervention with high-risk individuals.

In the 1990s, the leaders of the U.S. Air Force determined that its rates of suicide were unacceptable, and they set out on a course to address suicide from all angles. The result was a 33% reduction in suicide rates in five years.

Today, the Carson J Spencer Foundation has adapted their model to help workplaces develop similar strategies that address prevention, intervention, and postvention.

Key Strategies

Key strategies include:

- **Vocal and visible leadership** that can emphasize the importance of suicide prevention while modeling mental wellness and self-care.

- **Policies and procedures that promote a mentally healthy workforce** including fair and compassionate reintegration policies, life-skills promotion, and a culture of belonging.

- **Suicide prevention gatekeeper training** for the workforce, including front-line staff, to help them identify warning signs and risk factors, to know how to ask the “suicide question,” and to confidently refer a high risk person to appropriate resources. In order for these workshops to be effective, educational components are necessary, but not sufficient — behavioral rehearsal is also needed.

- **Screening the workforce** for early signs of depression and other mental health conditions, so that these illnesses do not progress to become life threatening.

- **Access to quality mental health services** to ensure that those who need help receive appropriate highly qualified care with few obstacles.

- **Means restriction** that place barriers between high-risk people and lethal means of suicide (e.g., restricting roof access on tall office buildings, securing lethal chemicals, etc.).
Crisis response and longer-term postvention that seeks to stabilize a grieving or traumatized workforce and to honor bereavement needs while providing safe and effective messaging.

For more information on these strategies visit www.workingminds.org or contact Sally Spencer-Thomson for staff training possibilities (Sally@CarsonJSpencer.org). The organization’s Working Minds Toolkit was recently accepted into the National Best Practice Registry for Suicide Prevention.

Additional recommendations follow:

Leadership and Post-Suicide Crisis Management and Support

According to Bob VandePol, president of Crisis Care Network and consultant to Employee Assistance Programs (EAP), “how leaders respond during the first hours after a disaster offers both tremendous opportunity and serious risk for the subsequent outcomes.”

Effective leadership will both compassionately address the personal impact of the suicide while skillfully moving people along in the healing process. VandePol proposes the ACT Model, a structured process for leaders to help facilitate individual and organizational recovery:

1. Acknowledge and the trauma
   - Understand the facts and avoid speculation.
   - Use real language (specific and jargon-free) that appropriately captures the experience.
   - Personally acknowledge the trauma, positioning leaders as equally affected by the tragedy.

2. Communicate compassion and competence
   - Seek consultation from a knowledgeable colleague, EAP consultant or critical incident response expert to help develop your statements and provide coaching on subsequent steps.
   - Develop a full-scale crisis plan that includes use of critical incident response professionals and referral networks.

3. Transition
   - Communicate an expectation of recovery and resiliency, helping to paint a picture of “survivors” rather than “victims.”
   - Communicate flexible and reasonable accommodations as people progress back to normalcy. Assign concrete tasks with structure and focus. Remember that extended time away can actually inhibit recovery.
   - Lead visibly for several days and be especially accessible.
   - Encourage the use of support services.

After the crisis of the suicide has passed, a committee of external and internal evaluators should conduct a review to determine the lessons learned from both the suicide prevention and the crisis response perspectives.

The Suicide Process

Let’s take a step back briefly and look at the typical process involved in suicide. A suicidal thought might progress from a passing idea to a fantasy to a fixation. At this point a suicidal person might acquire the means and commit to the decision. Suicidal people often need to work themselves up to the act through envisioning how it might play out — what will they do? Who will find them? Will they leave a note? Some even practice the act or test out their conviction by telling others of their decision.

With each step along this journey, people become more invested in carrying the suicide to completion — however, prevention is possible at any point. When it is interrupted early, the person is often prevented from going further. For most people the suicidal crisis is temporary, and if they can be kept alive to the other side of the hopelessness, very often a life can be saved. At any point along the way, an appropriate intervention can make all the difference. (Editor’s note: See also the “Consensus Warning Signs” on page 4.)

Promoting Mental Health

Being more aware of the importance of good mental health — and practicing it in the workplace — is an important step toward the goal of prevention. As a business leader (and employer), what can you do on a personal level to promote good mental health? The following are some suggestions:

Be a role model for wellness. Sleep 7-10 hours per night. According to the U.S. Surgeon General, sleep deprivation can exacerbate cognitive difficulties, leading to bigger mental health problems. Monitor your own tendency to self-medicate — we all do it to some extent, but our “choice of drug” may differ: alcohol, caffeine, cigarettes, work, shopping, achievement, food, and others.
Examine your life choices — do they represent balance, moderation, and variety? If you want your workforce to be mentally resilient, you need to set the bar by being mentally healthy yourself.

► Model help-seeking. While leaders are expected to be superheroes, they are human just like everyone else. Get support when it’s needed. Whether it’s from friends, support groups, EA professionals, faith communities, and/or families, the key is to reach out when troubled. If the first person isn’t meeting these needs, it’s important to be persistent in looking further for that key individual who will be able to help. Human beings are hard-wired to connect to others, and isolation is a significant risk factor in an escalating mental health problem — so ask for help. One in five individuals have a diagnosable mental health disorder — so no one should ever feel alone in their problem. However, it IS up to the individual to seek treatment and fully engage in this process. In fact, treatment works. When followed appropriately, 80% of those treated for depression get better — this usually involves some combination of medication and talk therapy.

► Become trained as a suicide prevention gatekeeper, and train your workforce. Suicide-prevention gatekeeper training is like the CPR for mental health crises. People who are trained are not expected to be experts or to have the professional skills needed to help a person to recovery — they are just training in simple behaviors to keep another person alive and link them to help. There are several national programs that offer such training for those who are likely to come into contact with someone who is suicidal. Gatekeeper programs such as QPR (Question, Persuade, Refer), Yellow Ribbon “Be a Link,” and ASIST (Applied Suicide Intervention Skills Training) cover the basics of warning signs and risk factors and what gatekeepers can do to get a suicidal person to appropriate care. This training is appropriate for all levels of staff. For more information on the different programs, check out: www.sprc.org/library/SPRC_Gatekeeper_Matrix.pdf. Your EA professional can help you get started.

(Editor’s note: Additional suggestions about suicide-awareness programs and campaigns are presented on page 4.)

Summary

Suicide prevention is a personal issue and a family concern, but it is also a public health issue. Communities can make a difference — we all have a shared responsibility to prevent suicide. Just as workplaces have realized they can make an impact on reducing heart disease by encouraging exercise, they can also make an impact on reducing suicide by promoting mental health and encouraging early identification and intervention.

As a psychologist and the survivor of her brother’s suicide, Dr. Sally Spencer-Thomas addresses the issue of suicide prevention, intervention and postvention from many angles. She is currently the Executive Director for the Carson J Spencer Foundation (www.CarsonJSpencer.org), a Colorado-based nonprofit that is dedicated to “sustaining a passion for life through suicide prevention, social enterprise and support for emerging leaders.” In 2009, the Carson J Spencer Foundation launched the Working Minds Program (www.WorkingMinds.org), a comprehensive suicide prevention initiative for workplaces. Sally frequently presents keynotes and trainings on this topic. For more information, contact her at Sally@CarsonJSpencer.org

A Circle of Care

Sometimes individuals are not aware of what a mental disorder is; sometimes the symptoms of their disorder (e.g. grandiosity in bipolar disorder or fatigue in depression) prevents them from seeking appropriate help; sometimes there are significant barriers (e.g., financial, transportation, waitlists) that get in the way; and sometimes the shame is too great to take that first step. Just as you would not expect someone suffering from cancer to recover on their own, individuals in mental distress need a circle of care. (A local EA professional can help you get started. See also the “Consensus Warning Signs” box on page 4.)

Tools for Increasing Awareness

In addition to formal trainings, there are numerous suicide-awareness programs and campaigns that can be promoted in the workplace to highlight the importance of mental health. There are numerous times of the year when such programs might be particularly useful. The following are some ideas your EA — and/or other mental health professional — may be able to assist with:

► Connect with a faith community to observe a Candlelight Holiday Healing Service — for those who might be experiencing grief or loneliness during the holidays because of a suicide loss or other hardship.

► During new employee orientation, put Suicide Prevention Lifeline (www.suicidepreventionlifeline.org) or Yellow Ribbon “Be a Link” (www.yellowribbon.org) wallet cards or magnets with other resource materials. Both of these unobtrusive tools give employees the means to reach out to a help line — 1-800-273-TALK (8255) — during a crisis.

► Recognize World Suicide Prevention Day (Sept. 10) or National Suicide Awareness and Prevention Week (the second week in September) with an internal message campaign or healing ceremony for those who have survived another person’s suicide.

► Sponsor a table at a mental health benefit event.

► Conduct activities on Depression Screening Day (October)

► Bring in speakers during Mental Health Awareness Month (May)

Or, come up with your own ideas. Again, contact your EAP for assistance.


The American Association of Suicidology’s Consensus Warning Signs

Are you or someone you love at risk for suicide? Get the facts and take action.

Call 9-1-1 or seek immediate help from a mental health provider when you hear, say or see any one of these behaviors:

☑ Someone threatening to hurt or kill themselves
☑ Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
☑ Someone talking or writing about death, dying, or suicide

Seek help by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral should you witness, hear, or see anyone exhibiting any one or more of these behaviors:

☑ Hopelessness
☑ Rage, anger, seeking revenge
☑ Acting reckless or engaging in risky activities, seemingly without thinking
☑ Feeling trapped—like there’s no way out
☑ Increasing alcohol or drug use
☑ Withdrawing from friends, family, or society
☑ Anxiety, agitation, unable to sleep, or sleeping all the time
☑ Dramatic changes in mood
☑ No reason for living; no sense of purpose in life