SALLY SPENCER-THOMAS, PSY.D.
KEYNOTE SPEAKER, PSYCHOLOGIST & IMPACT ENTREPRENEUR
ASPIRING TO A ZERO SUICIDE MINDSET
• Acknowledgement of Country
• Lived Expertise
• Gratitude
• Self-care
• Social media: #ElevateTheConvo
• TEDx Talk “Stopping Suicide with Story”
• Podcast “Hope Illuminated”

@sspencerthomas  @DrSallySpeaks  @sspencerthomas
Goals

To list reasons why suicide prevention in the workplace makes sense.

To describe the process of developing the National Guidelines for Workplace Suicide Prevention

To identify easily deployed tools, trainings and resources for short-term action inside of long-term system-wide change.
Overview
Collaborative Partnership
Workplace Prevention and Postvention Committee Members

Chris Caulkins, MPH, MA, EdD, Stubb 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
Anna Gai, Graduate Student, Florida State University
Dennis Gillan, Advocate, Coach, Motivational Speaker
Jeffrey Gorster, MSW/LMSW, R3 Continuum
Darcy Grutadaro, JD, Center for Workplace Mental Health
Donna Hardaker, Sutter Health
Jodi Jacobson Frey, PhD, LCSW-C, School of Social Work, University of Maryland
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.
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
Bob Swanson, Swanson & Youngdale, Inc.
Michelle Walker, Specialized Services Company
Kyle Zimmer, International Union of Operating Engineers (Local 478)
## Overview – Project Origins

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>National Action Alliance for Suicide Prevention establishes nation’s first Workplace Task Force</td>
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<td>2013</td>
<td>Canada launches set of standards for psychological health and safety in the workplace</td>
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<td>2014</td>
<td>Australia publishes Work &amp; Suicide Position Statement</td>
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<tr>
<td>2016</td>
<td>CDC report ranking suicide rates by industry (redacted in 2017)</td>
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<tr>
<td>2017</td>
<td>Task Force forges partnership with AFSP and United Survivors</td>
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<tr>
<td>2018</td>
<td>CDC report ranking suicide rates by industry</td>
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<tr>
<td>2019</td>
<td>AAS creates Workplace Committee</td>
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Suicide is a **complex but preventable** public health problem and a leading cause of death in the United States.

There is **no single cause**, but rather multiple intersecting factors.
Justification
Top Ten Industries at Risk for Suicide for Men*
Ranked by Rate per 100,000

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


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CAREER PREVALENCE OF SUICIDALITY

The career prevalence estimates of suicidal ideation, suicidal plans, and NSSI were relatively elevated.

<table>
<thead>
<tr>
<th></th>
<th>Construction/Extraction</th>
<th>General Population</th>
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<tbody>
<tr>
<td>Ideation</td>
<td>38.60%</td>
<td>5.60 - 14.30%</td>
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<tr>
<td>Plans</td>
<td>9.40%</td>
<td>3.90%</td>
</tr>
<tr>
<td>Attempts</td>
<td>4.00%</td>
<td>1.90 - 8.70%</td>
</tr>
<tr>
<td>NSSI</td>
<td>8.70%</td>
<td>5.90%</td>
</tr>
</tbody>
</table>

WHY THE CONSTRUCTION INDUSTRY?: RISK FACTORS

- Stoic, “old school” & “tough guy” culture
- Fearlessness and “thrill seeking”
- Promotion of supervision without leadership training
- Family separation and isolation with travel
- Sleep disruption/deprivation due to shift work
- Seasonal layoffs and end of project furloughs
WHY THE CONSTRUCTION INDUSTRY?: RISK FACTORS

- Tolerant culture of alcohol & substance abuse
- Chronic pain
  - Industry with highest use of prescription opioids
- Pressure (schedule, budget & quality)
- Access to lethal means
- Feeling trapped in job with no way out and needing to provide for family
Suicide Prevention is a Health & Safety Priority

- Distraction
- Impaired perception and judgment
- Fatigue
- Mental health and physical health intertwined
Overview – Scope of the Problem

10th leading cause of death in the United States*

47,173 Americans died by suicide in 2017*

34% increase among the U.S. working age population (persons aged 16-64 years) since 2000**

*CDC, 2018
**Peterson et al., 2018
Work as a Buffer against 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
Cost of Suicide + Suicidal Behavior

$2.14 million → 27.3 years
the average cost of one employee suicide death
productive employment lost

$4.06
returned for every dollar invested in suicide prevention
Mission, Vision, and Intended Audience
Mission

Engage employer/professional association leadership to address suicide prevention in a comprehensive way

Provide a roadmap to workplace leaders who wish to engage in this culture-change process
Vision

We envision a world where workplaces and professional associations join in the global effort to aspire to zero suicides by sustaining a comprehensive suicide prevention strategy as part of their health and safety priorities.
Intended Audience

**Leadership:** Employer/professional association/labor leadership and internal change agents who are inspired to promote this process.

**Implementors:** HR, management, safety, wellness, legal professionals and others tasked with implementing this process.

**Collaborators:** Community partners who will partner on the process.

**Investors:** Investors who will contribute resources to the development and sustainability of this process.

**Evaluators:** Researchers who will assess the effectiveness of workplace suicide prevention.

**Peers:** Co-workers, friends and family who want to help.
Exploratory Analysis + Results
Why an Exploratory Analysis?

- Engage stakeholders
- Better understand current resources to support workplace suicide prevention
- Identify champions and storytellers
- Gather baseline data against which we can benchmark future change
- Develop a comprehensive strategy and identify best practices
- Identify tactics to engage workplaces and professional associations
Data Gathering Approaches

Several data collection methods were used, including:

- Focus Groups
- In-Depth Interviews
- Survey
13 Focus Groups

- Employee Assistance Programs (EAP)
- Human Resources (HR)
- Construction
- First Responders
- Legal
- Employment Law
- Workplace Violence
- (2) Lived Experience (participants experienced suicide death/s or suicide attempt/s while being employed)
- Peer support
- Safety
- Wellness
15 In-Depth Interviews

- International Workplace Safety Executive
- Healthcare Executive (67,000 person employer)
- Risk Management Executive
- Financial Executive
- Industry Hygiene Leader
- Judge
- Healthcare Insurance Strategies Director
- Labor Health Fund Director
- Occupational Health Sciences Researcher
- Chief Medical Officer national crisis services
- Integrated Leaves and Accommodations Manager for energy company
- Venture Capitalist (technology)
- President entertainment industry association
- (2) Lawyers in member assistance programs
Survey – July 18 to August 16, 2018

- 256 people (73% completion rate) responded from 41 states
- 58% were from mid-sized to large companies
- Majority (55%) of participants held leadership (Manager to C-Suite) roles in the company
- 65% female, white (93%)/non-Hispanic (96%)
- Industry Types
  - Healthcare/social assistance (27%)
  - Construction (24%)
  - Education (12%),
  - Public administration (6%)
  - Finance/insurance (5%)
Results – Workplace Readiness

Motivations

- 86% Increase employee health and well-being
- 72% Right thing to do
- 56% Prevent workplace homicide-suicide
- 55% Increase employee safety and productivity
- 43% Improve employee engagement and retention
- 30% Decrease presenteeism and absenteeism
Results – Workplace Readiness

Barriers

47% Getting leaders to buy-in
39% Lack of funding
30% Time
19% Rather focus on mental wellness and resilience
18% Branding concerns – not wanting to be labeled as having a “suicide problem”
12% Unsure of a need for suicide prevention
10% View suicide prevention as a personal/individual matter
8 Guiding Principles

- Strategic Integration
- Comprehensive & Sustained Investment
- Harm Reduction
- Culture Cultivation
- Dignity Protection
- Wellbeing Promotion
- Empowered Connection
- Action Orientation
9 Practices to Make Suicide Prevention a Health and Safety Priority

- **Leadership**: Cultivating a Caring Culture Focused on Community Well-Being
- **Job Strain Reduction**: Assess and Address Job Strain and Toxic Work Contributors
- **Communication**: Increase Awareness of Understanding Suicide and Reduce Fear of Suicidal People
- **Self-Care Orientation**: Self-Screening and Stress/Crisis Inoculation Planning
- **Training**: Build a Stratified Suicide Prevention Response Program Specialized Training by Role
- **Peer Support & Well-Being Ambassadors**: Informal and Formal Initiatives
- **Mental Health & Crisis Resources**: Evaluate and Promote
- **Mitigating Risk**: Reduce Access to Lethal Means and Address Legal Issues
- **Crisis Response**: Accommodation, Re-integration, and Postvention
Proposed solutions
LEADERSHIP
JOB STRAIN REDUCTION
COMMUNICATION STRATEGY

SELF-CARE ORIENTATION
TRAINING
PEERSUPPORT & WELL-BEING
AMBASSADORS

MENTAL HEALTH & CRISIS RESOURCES
MITIGATING RISK
CRISIS RESPONSE

www.WorkplaceSuicidePrevention.com
UPSTREAM: REDUCING JOB STRAIN
Eliminate threats to psychological safety

Substitute mental health promotion and protective features

Redesign work culture for optimal well-being

Educate workers on mental health and suicide prevention

Encourage personal resilience and recovery

Adapted from NIOSH “Hierarchy of Controls”
France Télécom

Former France Télécom bosses given jail terms over workplace bullying

Court told of psychological abuse of staff as bosses focused on cost savings and job cuts

Burnout in France: focus turned to workplace health after spate of suicides

High-profile cases involving France Telecom and Renault led to review of work pressures, but are companies doing enough?

▲ France Telecom employees demonstrating in 2009, following a wave of employee suicides at the company. Photograph: Sebastien Lapereyre/EPA
Psychosocial Hazards at Work

- Lack of job autonomy
- Lack of job variety
- Work-family conflict (i.e., work demands make family responsibilities more difficult)
- Family-work conflict (i.e., family demands make work role challenging)
- Heightened job dissatisfaction and the feeling of being “trapped”
- Work that was not meaningful or intrinsically rewarding
- Low job control — lack of decision-making power and limited ability to try new things
- Lack of supervisor of collegial support — poor working relationships

- Excessive job demands and constant pressure/overtime
- Effort-reward imbalance — related to perceived insufficient financial compensation, respect/status
- Job insecurity — perceived threat of job loss and anxiety about that threat
- Bullying, harassment and hazing at work
- Prejudice and discrimination at work
- Work-related trauma
- Work-related sleep disruption
- Toxic work-design elements (exposure to environmental aspects that cause pain or illness)
- Work culture of poor self-care and maladaptive coping (e.g., alcohol and drug use)
MID-STREAM: TIERED TRAINING PROGRAM
Warning Signs: IS PATH WARM

IDEATION
Thoughts or feelings of suicide. Looking for ways to die.

SUBSTANCE ABUSE
Increased or excessive use of alcohol or other drugs.

PURPOSELESS
No reason for living. Loss of personal mission.

WITHDRAWAL
Pulling away from family and friends. Excessive sleeping.

ANXIETY
Anxiety, agitation, unable to sleep.

ANGER
Rage, irritation, thoughts of revenge. Poor stress tolerance.

TRAPPED
Feel like no way out; barriers to reaching out.

RECKLESSNESS
Engaging in risky activity, seemingly without thinking.

HOPELESSNESS
Dark and pessimistic views of the future.

MOOD CHANGES
Dramatic mood swing.

Warning signs are changes in behavior that can be indicators that someone may seriously thinking about suicide. Most people who die by suicide will have one or more of these warning signs.

Source: American Association of Suicidology
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Risk Factors

Risk factors are characteristics of a person or their environment that increases the likelihood of a suicide attempt or death.

Health Factors:
- Mental health conditions (e.g., depression, substance use, bipolar, schizophrenia)
- Serious physical health conditions, including pain
- Traumatic brain injury

Environmental Factors:
- Access to lethal means
- Prolonged stress, such as harassment, bullying, relationship problems, or unemployment
- Stressful life events like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide or to sensationalized accounts of suicide

Historical Factors:
- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Source: American Foundation for Suicide Prevention
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Model of Suicide Risk

Perceived Burdensomeness
Thwarted Belongingness

Desire for suicide/Escape Pain
I want to.
I can.
High risk for suicide death or serious attempt

THE NATIONAL SUICIDE PREVENTION LIFELINE & CRISIS TEXT LINE

- 1-800-273-8255
- Certified crisis counselors
- 24/7, free
- Routes locally
- Veteran’s option
- Spanish speaking
- They work!

TEXT: Hello to 741741
TAKE THE PLEDGE

Workplaces and professional associations are making the pledge to make suicide prevention a health and safety priority.

Be part of the solution. Learn more and pledge today at www.WorkplaceSuicidePrevention.com
Make suicide prevention a health and safety priority.

Be part of the solution.
Pledge today at workplacessuicideprevention.com
Discussion

www.workplacesuicideprevention.com
THANK YOU
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SallySpencerThomas@gmail.com
720-244-6535
www.SallySpencerThomas.com
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