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**ALL IN 2020**

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**SALLY SPENCER-THOMAS, PSY.D.**  
KEYNOTE SPEAKER, PSYCHOLOGIST & IMPACT ENTREPRENEUR



**ASPIRING TO A ZERO  
SUICIDE MINDSET**



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- Acknowledgement of Country
- Lived Expertise
- Gratitude
- Self-care
- Social media: #ElevateTheConvo
- TEDx Talk "Stopping Suicide with Story"
- Podcast "Hope Illuminated"



@sspencerthomas



@DrSallySpeaks



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Carson Spencer 1969-2004





# 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



**American  
Foundation  
*for* Suicide  
Prevention**



# Workplace Prevention and Postvention Committee 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

**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

**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

**2010**

National Action Alliance for Suicide Prevention establishes nation's first Workplace Task Force

**2013**

Canada launches set of standards for psychological health and safety in the workplace

**2014**

Australia publishes Work & Suicide Position Statement

**2016**

CDC report ranking suicide rates by industry (redacted in 2017)

**2017**

Task Force forges partnership with AFSP and United Survivors

**2018**

CDC report ranking suicide rates by industry

**2019**

AAS creates Workplace Committee

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





# 10

## Top Ten Industries at Risk for Suicide for Men\*

Ranked by Rate per 100,000



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>

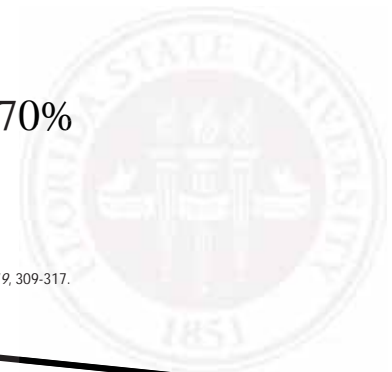


# CAREER PREVALENCE OF SUICIDALITY

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

	<u>Construction/Extraction</u>	<u>General Population</u>
<b>Ideation</b>	38.60%	5.60 - 14.30%
<b>Plans</b>	9.40%	3.90%
<b>Attempts</b>	4.00%	1.90 - 8.70%
<b>NSSI</b>	8.70%	5.90%

Klonsky, E.D., 2011. Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychol. Med.* 41, 1981–1986. <http://dx.doi.org/10.1017/S0033291710002497>.  
Nock, M. K., Holmberg, E. B., Photos, V. I., & Michel, B. D. (2007). The Self-Injurious Thoughts and Behaviors Interview: Development, reliability, and validity in an adolescent sample. *Psychological Assessment*, 19, 309-317.



## 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



*Flickr DVIVSHUB*



# 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

Flickr istolety

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# Suicide Prevention is a Health & Safety Priority



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

Photo: Bridget Coila

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# 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

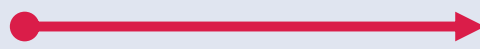
- Fosters social relationships
- Offers people a place of purpose
- Sets a social structure
- Place of purpose and solidarity



# Cost of Suicide + Suicidal Behavior

**\$2.14 million**

the average cost of  
one employee  
suicide death



**27.3 years**

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



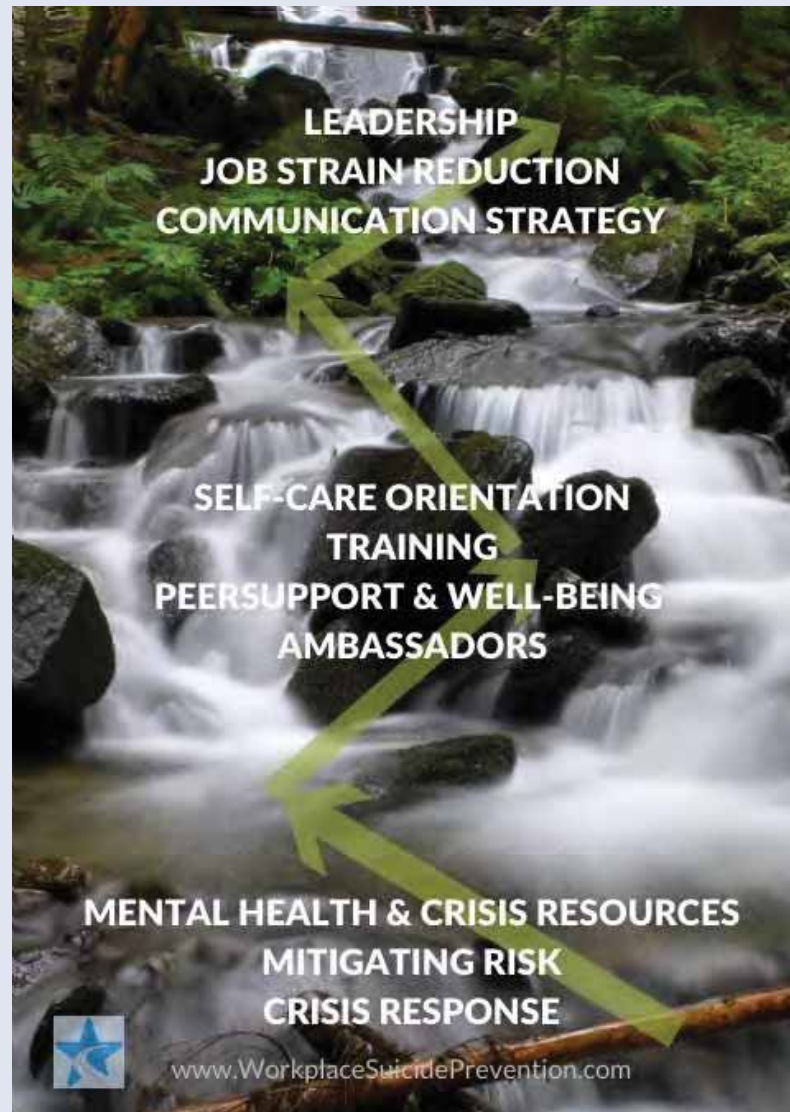
## Crisis Response

Accommodation, Re-integration and Postvention

# Proposed solutions

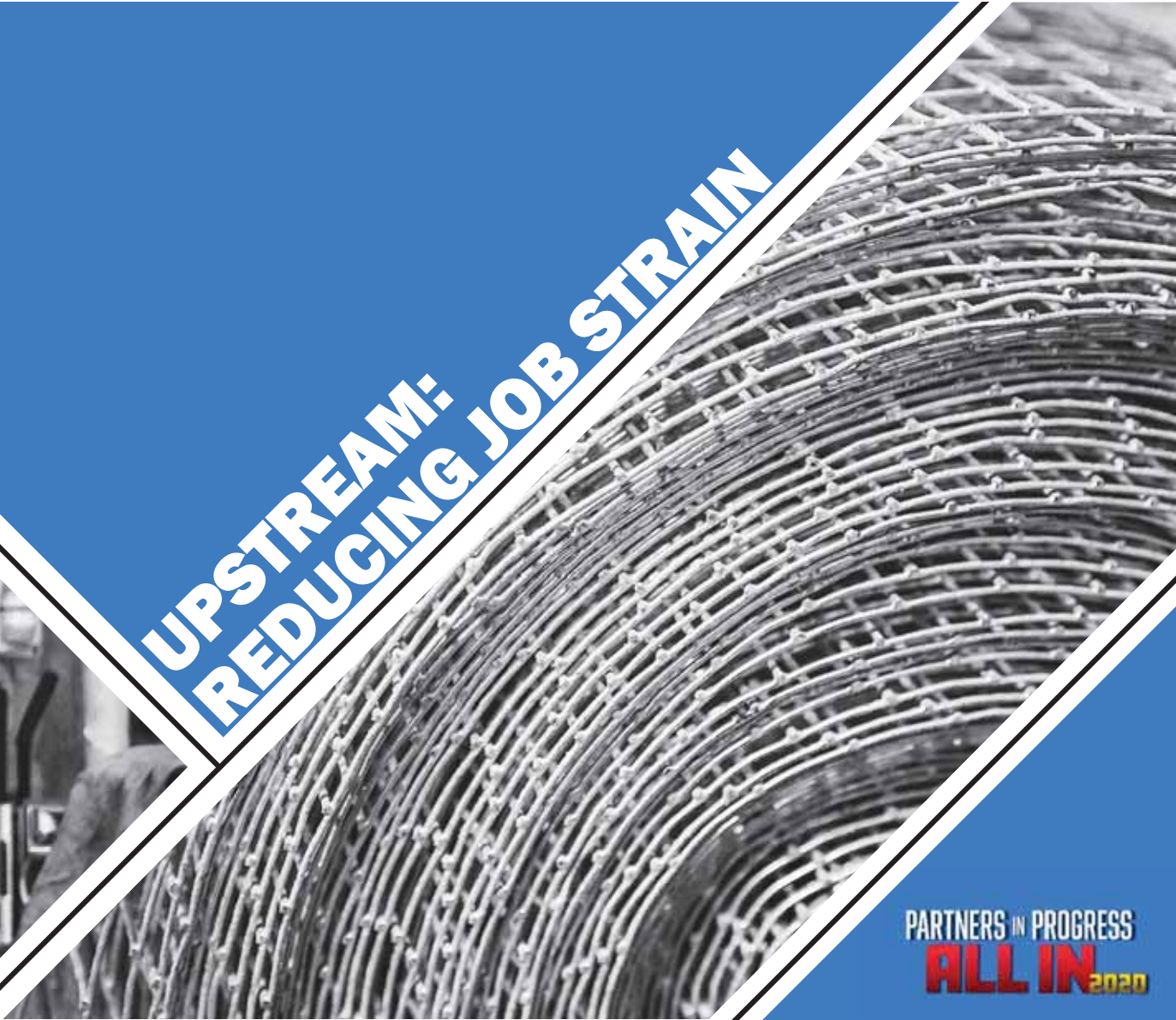


# Stream Parable

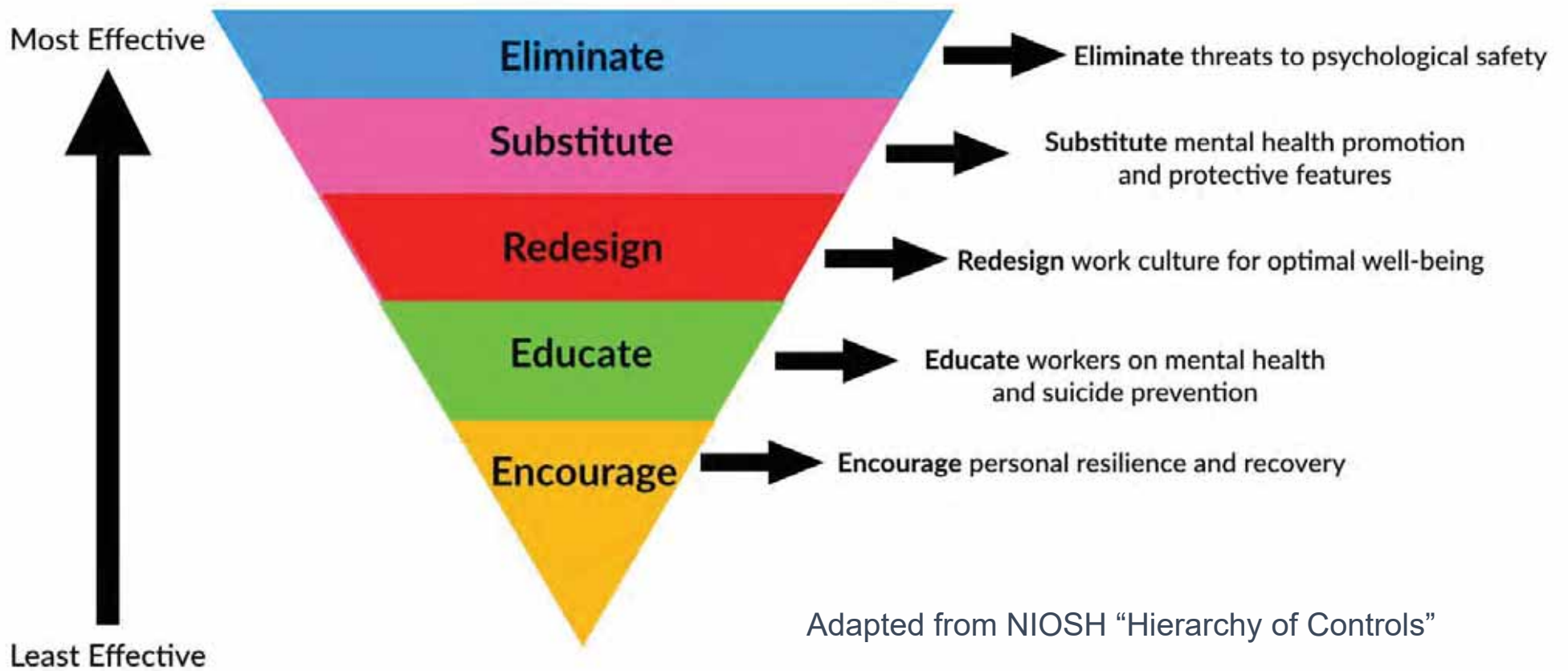




**UPSTREAM:  
REDUCING JOB STRAIN**



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# 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



▲ Union members demonstrate at the start of the trial in Paris in May. Between 2008 and 2009, 35 employees at France Telecom took their own lives. Photograph: Thibault Camus/AP

## 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: Sébastien Lapeyres/EPA



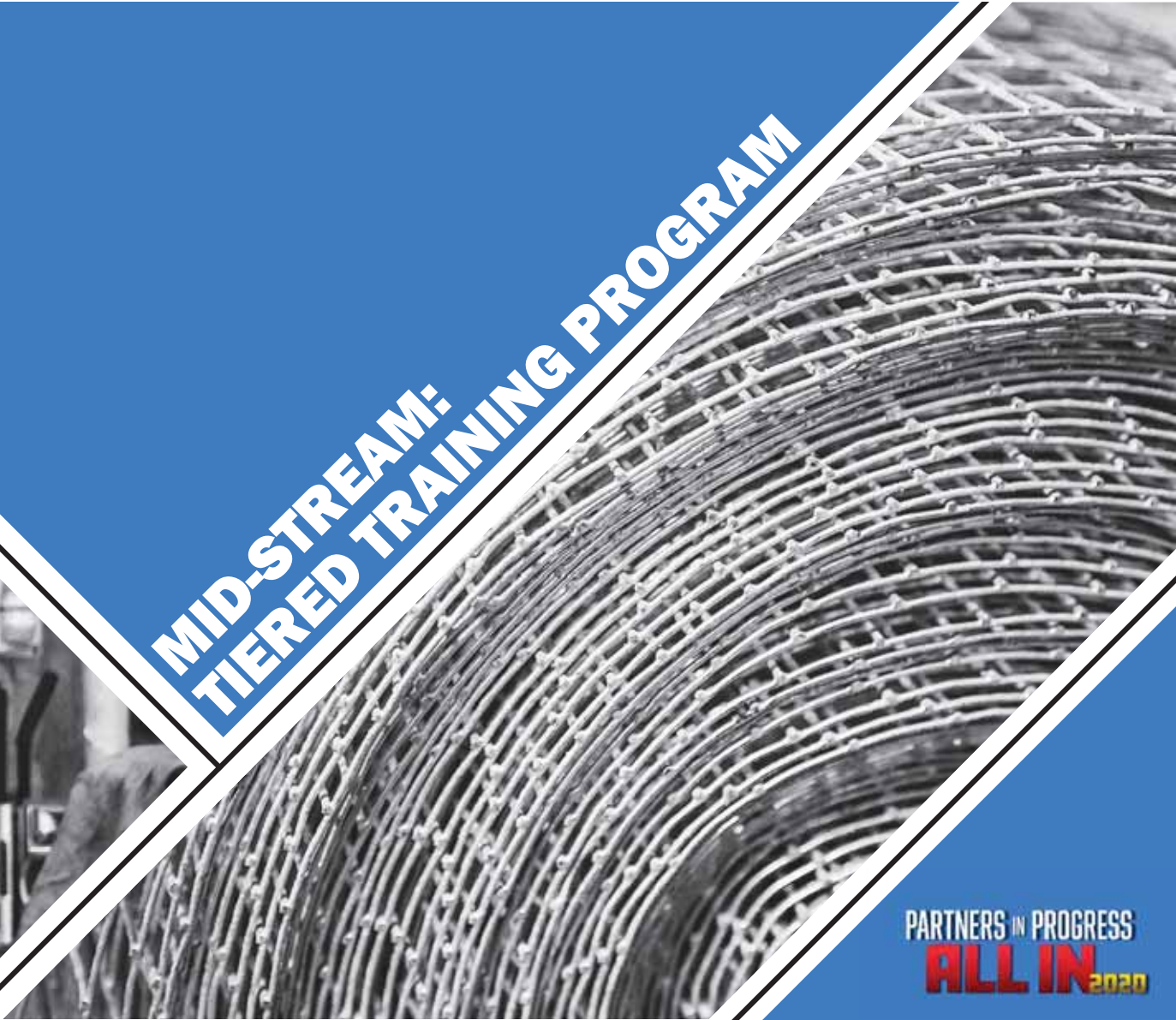


# Psychosocial Hazards at Work

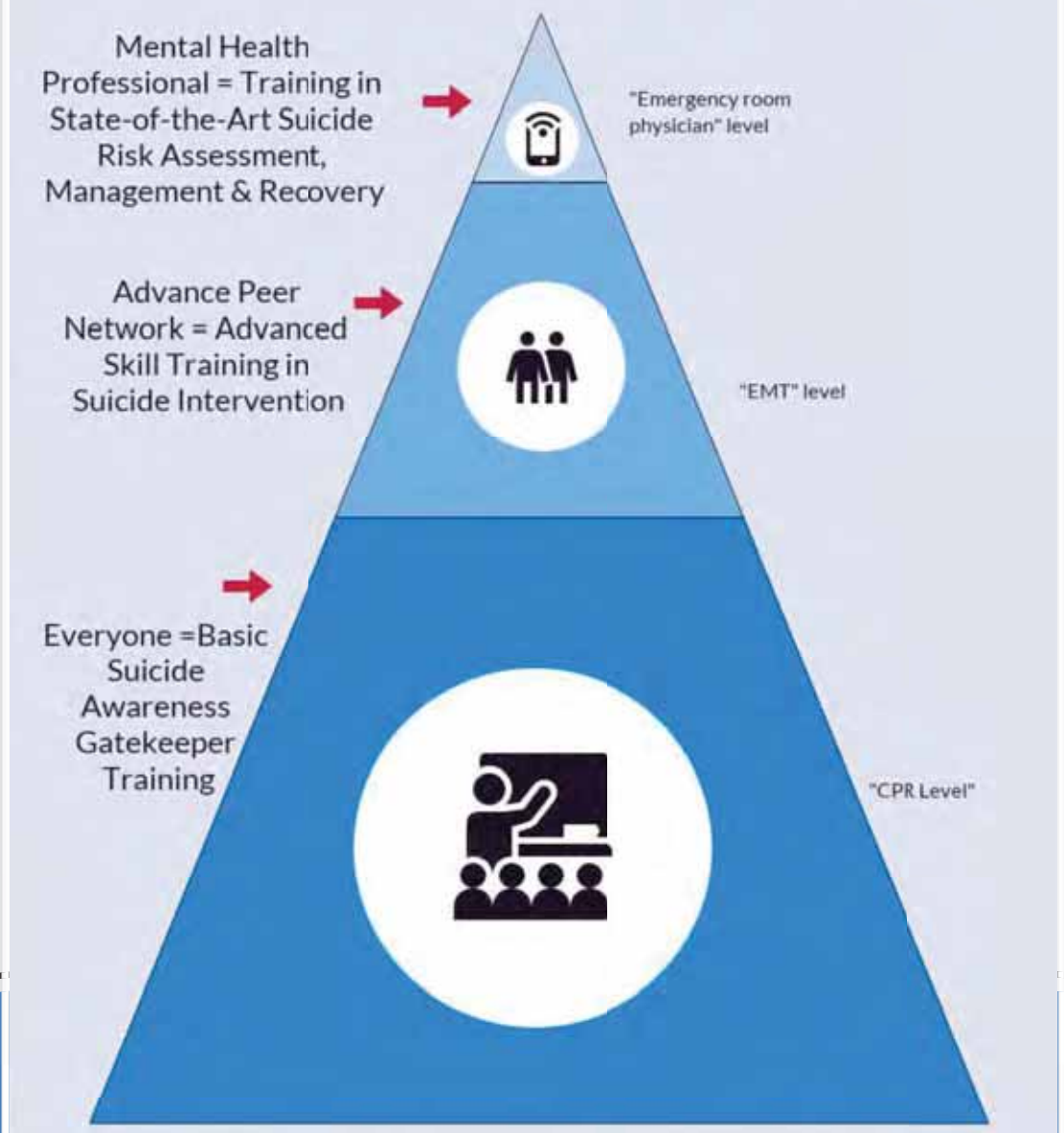
- Lack of job autonomy
- Lack of job variety
- Work-family conflict (i.e., work demands make family responsibilities more difficult)
- Family-work conflict (i.e., family demands make work role challenging)
- Heightened job dissatisfaction and the feeling of being “trapped”
- Work that was not meaningful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



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# Warning Signs: IS PATH WARM

<b>I</b> IDEATION 	Thoughts or feelings of suicide. Looking for ways to die.	<b>P</b> PURPOSELESS 	No reason for living. Loss of personal mission.	<b>W</b> WITHDRAWAL 	Pulling away from family and friends. Excessive sleeping.
<b>S</b> SUBSTANCE ABUSE 	Increased or excessive use of alcohol or other drugs.	<b>A</b> ANXIETY 	Anxiety, agitation, unable to sleep.	<b>A</b> ANGER 	Rage, irritation, thoughts of revenge. Poor stress tolerance.
		<b>T</b> TRAPPED 	Feel like no way out; barriers to reaching out.	<b>R</b> RECKLESSNESS 	Engaging in risky activity, seemingly without thinking.
		<b>H</b> HOPELESSNESS 	Dark and pessimistic views of the future.	<b>M</b> 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  
[www.SallySpencerThomas.com](http://www.SallySpencerThomas.com)  
#ElevateTheConvo

# Risk Factors

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

Source: American Foundation for Suicide Prevention  
[www.SallySpencerThomas.com](http://www.SallySpencerThomas.com)  
#ElevateTheConvo



## Health Factors:

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



## Environmental Factors:

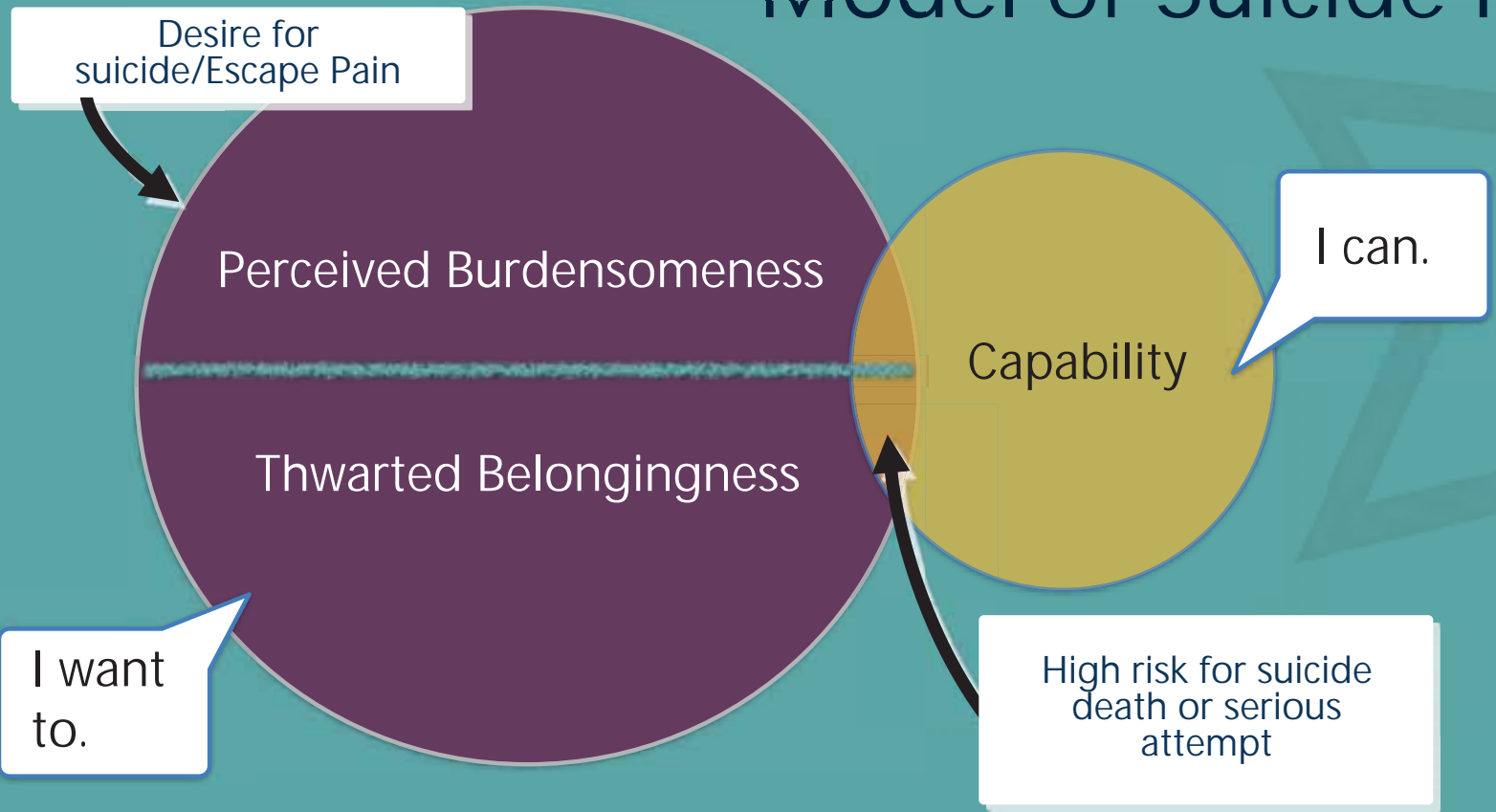
- Access to lethal means
- Prolonged stress, such as harassment, bullying, relationship problems, or unemployment
- Stressful life events like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide or to sensationalized accounts of suicide



## Historical Factors:

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

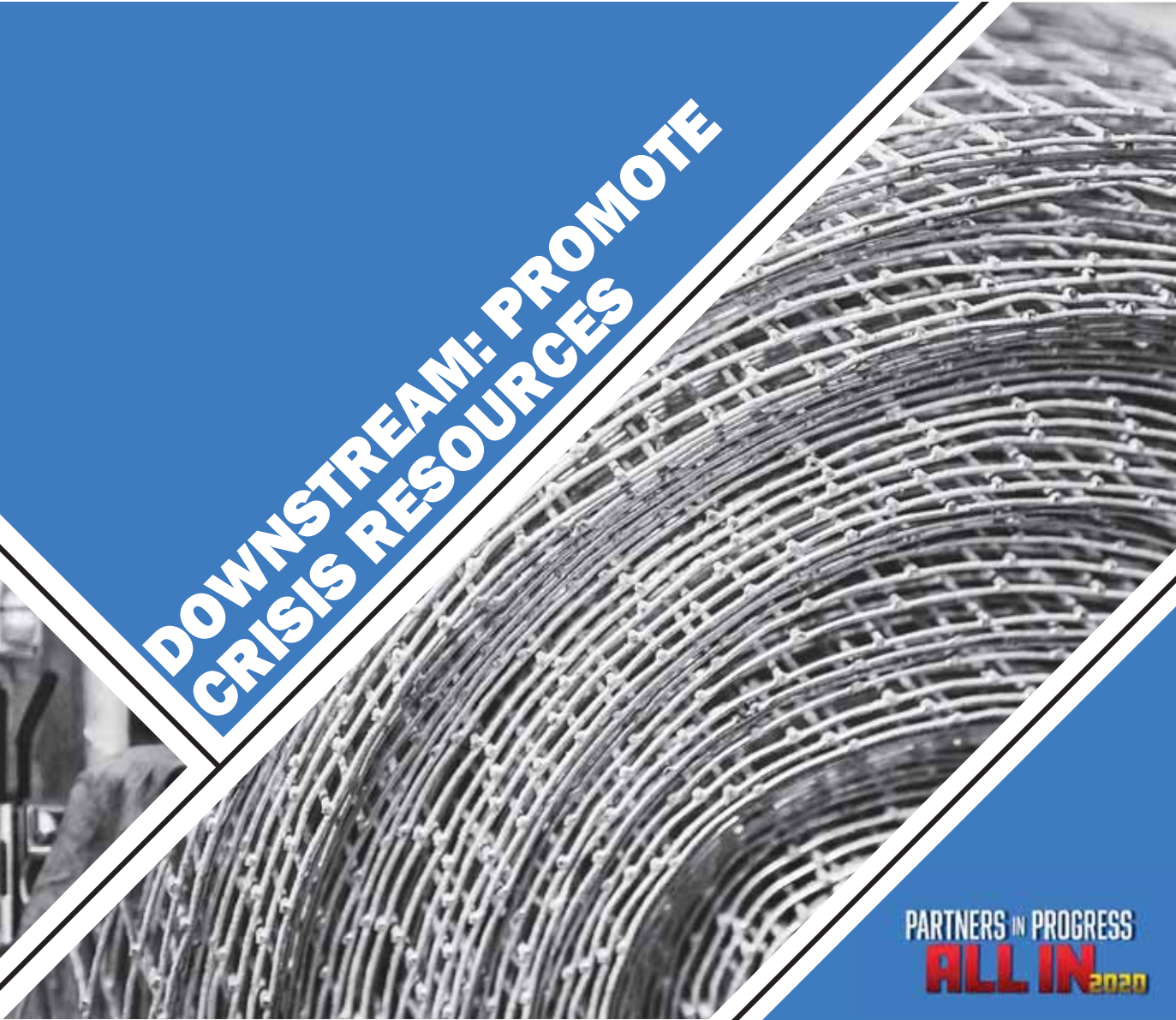
# Model of Suicide Risk



Joiner, T. (2006). Why People Die by Suicide. Cambridge, MA: Harvard University Press.

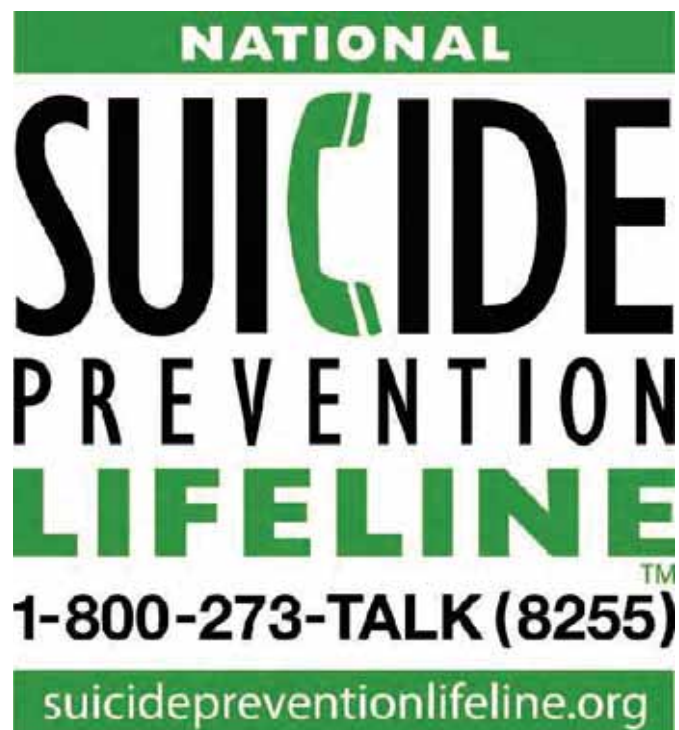


**DOWNSTREAM: PROMOTE  
CRISIS RESOURCES**



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## 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



**CRISIS TEXT LINE |**

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# 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](http://www.WorkplaceSuicidePrevention.com)**



American  
Foundation  
for Suicide  
Prevention



**W O R K P L A C E**  
**S U I C I D E P R E V E N T I O N**

# Make suicide prevention a health and safety priority.

**Be part of the solution.**

Pledge today at [workplacesuicideprevention.com](http://workplacesuicideprevention.com)



# Discussion

[www.workplacesuicideprevention.com](http://www.workplacesuicideprevention.com)







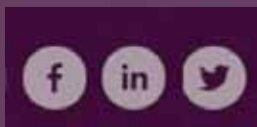
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