

# CONSTRUCTION + SUICIDE PREVENTION:

**10** ACTION STEPS Companies Can Take to **SAVE LIVES**



By **SALLY SPENCER-THOMAS**

 **CONSTRUCTION  
FINANCIAL  
MANAGEMENT  
ASSOCIATION**

# FOREWORD



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What began as my mission of saving lives has transformed into my legacy; partnering with Sally Spencer-Thomas to promote mental health and suicide prevention throughout the U.S. construction industry has been a highlight of my career. This bold undertaking could not have been jump-started without the support of my professional association, the Construction Financial Management Association (CFMA).

For more than 25 years, I worked in the insurance industry with most of my time spent helping to reduce the number of fatalities and severely disabling injuries that occurred in the construction industry. In 2014, I became Director of Risk Management at Lakeside Industries, a third generation family-owned asphalt paving contractor.

Since 2005, I have volunteered to advance mental health awareness and suicide prevention in the workplace. In 2010, I was invited to be an inaugural member of the Workplace Task Force of the National Action Alliance for Suicide Prevention. I was recently appointed to the Executive Committee of the National Action Alliance. Shortly after joining Lakeside Industries, my involvement in suicide prevention expanded when Sally Spencer-Thomas asked me to help create a suicide prevention model for the construction industry that could be reproduced by other industries.

Following the release of [A Construction Industry Blueprint: Suicide Prevention in the Workplace](#) and the first article Sally and I co-authored in *CFMA Building Profits*, suicide prevention in the construction industry has garnered more media attention than ever before, including a dozen published articles and even more presentations, all before July 2016.

I am proud that CFMA was the first to publish information on this topic and that the Association continues to be a driving force in this movement. CFMA has proven it is not only the brains, but also the heart of the construction industry. CFMA's Valley of the Sun Chapter should also be recognized for its exceptional leadership in hosting the inaugural regional suicide prevention summit for the U.S. construction industry! This chapter paved the way for others to bring construction industry professionals together with mental health providers in an effort to overcome the mental health stigma and address suicide prevention head on.

A special note of thanks to Lakeside Industries President Mike Lee, who has allowed me to lead this initiative as part of my responsibilities in support of our shared core value of safety for our people.

Whether you are an owner, executive, manager, or supervisor of a construction business, this topic demands your personal attention. This resource reinforces the belief that suicide prevention is a shared responsibility of all leaders – regardless of functional responsibilities.

Thank you for affirming the value of every life through the goal of zero suicide.

# ENDORSEMENTS



**Jon Kinning,**  
*COO/EVP of RK*  
Denver, CO

The construction industry is within the top nine occupations with the highest incidence of suicide. As one of Colorado's largest employers of construction site workers, RK has a vested stake in their mental health, and we seek to make a positive cultural impact within our industry.

Construction executives already embrace the importance of physical safety. We're now calling on them to evolve and place the same value on mental health. Supporting employees in crisis and taking responsibility for helping to prevent suicide is vitally important for our employees, their families, and ultimately, for society.

RK has incorporated many of the guidelines published in this document. We know that it has helped at least four employees who came forward with signs of mental distress. The step-by-step actions it offers can help your organization create a culture that encourages workers to seek help. It's a long-term commitment, and RK is still working to create this culture. Please join us on a journey that will strengthen companies, save lives, and make the world a better place.



**Brad G. Baptiste,**  
*Regional VPP Manager,*  
*U.S. Department of Labor -*  
*OSHA, Region VIII*  
Denver, CO

Construction workers can readily identify obvious hazards like unprotected scaffolds, trenches, and unguarded machinery. But, if we are truly to have the greatest impact on employee safety and health, then we must also focus on health-related workplace hazards.

To the individual employee, mental health awareness and suicide prevention are as important as reducing exposures to silica, noise, and asbestos. It is great to see an increasing number of organizations recognize suicide prevention as a key component in their employee health and wellness efforts.

Employees in the construction industry, their families, their co-workers, and the companies that employ them will benefit greatly through these efforts.



## THE CONSTRUCTION INDUSTRY IS AT HEIGHTENED RISK FOR MENTAL HEALTH PROBLEMS, SUBSTANCE ABUSE, AND SUICIDE

These conditions can be devastating to employees and their families, and can be very costly and disruptive to workplaces.

For these reasons, a comprehensive and sustained strategy for mental health promotion and suicide prevention is needed.

This guide is a **CALL TO ACTION** for all those ready to implement tactics to **IMPROVE THE MENTAL HEALTH** of their employees and ultimately **SAVE LIVES**.





## WHY A COMPREHENSIVE APPROACH IS NEEDED TO CHANGE LIFE-THREATENING PROBLEMS: THE UPSTREAM, MIDSTREAM, DOWNSTREAM PARABLE

**IMAGINE** you are walking along a river and hear a cry for help from someone drowning. You are startled but energized as you dive into the water to save him. Using all of your strength, you pull him to shore and start administering CPR. Your adrenaline is racing as he starts to regain consciousness. Just as you are about to get back on your feet, another frantic call comes from the river. You can't believe it! You dive back into the river and pull out a woman who also needs life-saving care. Now a bit frazzled but still thrilled that you have saved two lives in one day, you mop the sweat from your brow. When you turn around, however, you see more drowning people coming down the river, one after another. You shout out to all the other people around you to help. Now there are several people in the river with you – pulling drowning people out left and right. One of the rescuers swims out to the drowning group and tries to start teaching them how to tread water. This strategy helps some, but not all. Everyone looks at each other, completely overwhelmed, wondering when this will stop. Finally, you stand up and start running upstream. Another rescuer glares at you and shouts, "Where are you going? There are so many people drowning; we need everyone here to help!" To which you reply, "I'm going upstream to find out why so many people are falling into the river."

When it comes to suicide prevention and mental health promotion, most of the focus is on **pulling people out of the water**. Many find themselves exhausted while resources are depleted, and everyone keeps throwing in the life preservers and performing other heroic deeds. Upstream interventions – like shifting culture, promoting wellness, and making environmental changes – can help prevent people from falling into the stream in the first place. If we are only focused on the downstream rescue, then we will never get ahead of all the crises demanding our attention.

We must find a balance between **upstream, midstream, and downstream** approaches.



upstream

midstream

downstream

## PRE-ACTION PLAN

The guide is divided into three sections:

**Part I** is about **UPSTREAM** tactics – What do we need to do to **bolster** protective factors and prevent mental health problems from surfacing in the first place?

**Part II** covers **MIDSTREAM** tactics – How do we **identify** employees who may be facing overwhelming life challenges or who are in the early stages of a mental health or substance abuse problem?

**Part III** suggests **DOWNSTREAM** tactics – What do we need to do to **respond** effectively when mental health or suicide crises occur?





## ASSESS NEEDS AND STRENGTHS

Successful companies **TAKE TIME TO LISTEN** to employees and build the buy-in needed for change before taking any action. The following three approaches can help provide insight into the biggest areas of concern – where the largest **POCKETS OF RESILIENCE** are vs. the **OPPORTUNITIES FOR CHANGE** – and how best to start.

**OVERSEE FOCUS GROUPS** of 10-15 people who represent critical groups within the company.

**PERFORM IN-DEPTH INTERVIEWS** with key stakeholders and influencers including business leaders, HR directors, safety directors, and others.

**CONDUCT SURVEYS** to measure knowledge, attitudes, and behaviors around mental health and suicide within the organization.

### QUESTIONS TO ASK:

- Is mental health discussed in the workplace? Is it discussed with the same rigor as physical health or safety?
- How do mental health problems show up at this workplace?
- What groups are having the most trouble?
- When are people experiencing the most stress?
- Where are our biggest gaps in meeting the needs of people in distress?
- What do people think of the mental health services offered to employees?
- What are the barriers to accessing mental health care services?
- What are our company's strengths in supporting employees going through overwhelming life challenges?
- What are our big goals around making things better?
- How do we integrate mental health into our culture of health and safety?
- Where should we start?

In addition to these conversational questions, evaluators might also look at measuring knowledge around mental health and service resources, stigma, and help-giving or help-seeking. These measures will provide a more global picture of the impact your company's efforts have, had, or will have.

As you review each of the following action steps, consider your company's readiness for, and resistance to, change; then, complete the worksheet at the conclusion of this document.

After all these preliminary steps are taken, consider how your company can overcome resistance, build a team to form an implementation strategy, and then roll out each component in a coordinated fashion.

Raising awareness is necessary, but it's not enough for a cultural change. **WE MUST DIG DEEPER** by building skills, building policy, shifting misperceptions, and modeling hope and recovery.

# 1 upstream

## CULTIVATE BOLD LEADERSHIP

INTERNAL CHAMPIONS who will lead the effort of MENTAL HEALTH PROMOTION and SUICIDE PREVENTION ARE ESSENTIAL.



Ideally, these champions are C-suite executives who comfortably and confidently:

**ACKNOWLEDGE** that employees are experiencing overwhelming life challenges, mental health conditions, and substance misuse disorders.

**ASSESS** their own and their company's readiness for change by reflecting on self-assessment tools such as the [Construction + Suicide Prevention: Why Is This An Industry Imperative? 10 Questions Leaders Must Ask Themselves](#).

**DISSEMINATE** bold messages about the company's priorities for mental health promotion and suicide prevention. These leaders are visible, vocal, and visionary, and they talk about how a focus on wellness and a culture of care will benefit the whole organization.

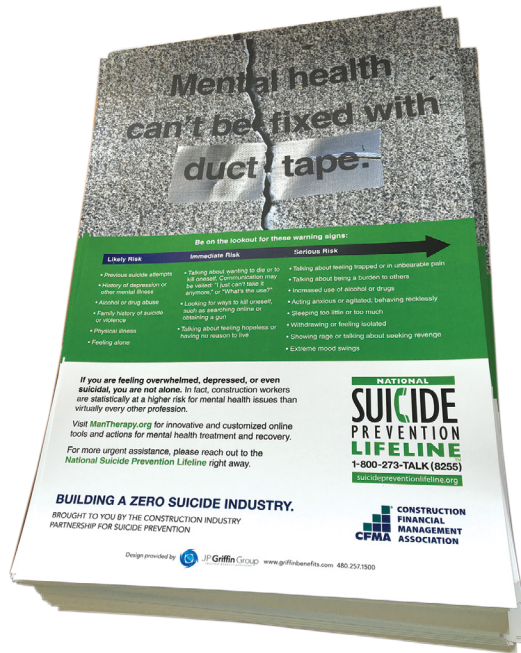
**REASSURE** employees that the company will support those who proactively reach out for mental health support.

**ALLOCATE** resources for training, marketing, program evaluation, and mental health services.

**HOST** a leadership roundtable for executives to start a dialogue and share best practices.

**SHARE** personal recovery stories and role model help-seeking.

**PROVIDE** tips on how to share stories of recovery: [carsonjspencer.org/get-support/sharing-our-stories](https://carsonjspencer.org/get-support/sharing-our-stories).



## 2 upstream

### IMPROVE MENTAL HEALTH LITERACY

Too often, our reluctance to talk about mental health and suicide stems from fear, which stems from **IGNORANCE** – “we fear what we don’t understand.” Providing **EDUCATION AND AWARENESS** can help reduce this fear and **REPLACE** it with a **REASSURING REALITY**.

#### MENTAL HEALTH LITERACY IS EDUCATION ABOUT THREE THINGS:

**KNOWLEDGE** about mental health conditions and substance misuse disorders

**FAMILIARITY** with mental health resources, support tools, and treatment options

**STORIES** of hope and recovery

Of these three, the last is the most powerful. Getting to know people who have lived with depression, anxiety, addiction, and suicidal thoughts does more to overcome the stigma than anything else.

#### HERE ARE SOME WAYS TO INCREASE MENTAL HEALTH LITERACY:

**GIVE** toolbox talks on psychological safety topics (see [Construction Industry Blueprint for Suicide Prevention](#) for examples)

**OFFER** Mental Health First Aid: [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

**GAIN** firsthand familiarity with mental health services

**CALL** the National Suicide Prevention Lifeline: 1-800-273-8255

**VISIT** local mental health treatment facilities and addiction recovery centers

**ASK** your Employee Assistance Program (EAP) providers to present lunch and learn sessions on mental health and coping topics





MAKE TIME  
FOR  
WHAT MATTERS

### 3 upstream

## TEACH COPING SKILLS FOR LIFE CHALLENGES

From new employee orientation and onboarding to supervisor training to executive coaching to ongoing wellness workshops, these skills help employees at all levels **INTEGRATE THEIR MENTAL HEALTH PRACTICES INTO THEIR OVERALL HEALTH**, fitness, and interpersonal functioning. Completing workshops in these areas can be incentivized as part of a wellness contest among work teams or to meet engagement goals for health insurance, and can be offered in person or online.

#### POTENTIAL WORKSHOP TOPICS:

- BUILDING** stronger families
- CONFLICT** resolution/anger management
- EMOTIONAL** intelligence
- HEALTHY** sleep
- The **MOOD-FOOD** connection
- STRESS** management/time management
- PARENTING** skills
- MONEY** matters: financial planning and values
- PAIN** management
- RESPONSIBLE** drinking
- MINDFULNESS** and meditation

#### WORKPLACE-BASED SERVICES

- Larger employers can offer ongoing services or support groups onsite to help employees learn healthier lifestyle and mental health coping skills:
- YOGA** classes
  - GRIEF** support groups
  - CHAIR** massages
  - NEW PARENTING** transition support
  - LIFE** coaching
  - HEALTHY** snack kiosks
  - WELLNESS** assessments



## 4 upstream

### BUILD A CARING CULTURE

Many construction companies have already committed to fostering safety at all times, but few have taken mental wellness into account. A common aspirational goal in the safety culture is “Zero Incidents.” Yet, when many people consider **ZERO SUICIDES** as a goal, they are met with doubt that it could ever be so.

What if we believed it were possible and did everything in our power to get there? What other number of suicides is acceptable?

In order to build a caring culture, workplaces need to **INTEGRATE PSYCHOLOGICAL SAFETY** into overall health and wellness priorities:

**DEVELOP AN AWARENESS THEME** for the year and weave it into many aspects of the company culture. For example, some companies have used “You can’t fix your mental health with duct tape” and drive their employees to the humorous and effective [Man Therapy](#) program.

#### **PARTICIPATE IN AWARENESS CAMPAIGNS:**

**NATIONAL ALCOHOL SCREENING DAY** (April)

**MENTAL HEALTH AWARENESS MONTH** (May)

**NATIONAL ANXIETY SCREENING DAY** (May)

**SUICIDE PREVENTION AWARENESS MONTH** (September)

**WORLD SUICIDE PREVENTION DAY** (September 10)

**NATIONAL DEPRESSION SCREENING DAY** (October)

**INTERNATIONAL SURVIVORS OF SUICIDE LOSS DAY** (November)

**TIE MENTAL HEALTH MESSAGES** into holidays, seasons and company milestones

**HAVE FUN** and find creative ways to tie mental health to things like “National Donut Day,” “Black Friday,” or “Groundhog Day”





## 4 upstream

### BUILD A CARING CULTURE (CONTINUED)

**PUBLISH EDUCATIONAL ARTICLES** in your company newsletter. Sample approaches include:

**INTERVIEW** mental health providers (e.g., company's EAP, Crisis Hotline, community mental health clinic, addiction recovery treatment center).

**PROVIDE** answers to FAQs about talk therapy, medication, or hospitalization for mental health conditions.

**EDUCATE** about common experiences like depression, trauma, and alcohol dependence.

**SHARE** personal stories from employees (with permission) who have gone through difficult mental health experiences and are now thriving.

**CREATE OPPORTUNITIES** for real social networks to form. The definition of a true support person is one with whom you feel comfortable being vulnerable. This level of trust will only develop if the company culture values this support and provides safe opportunities for connection. Retreats, family/staff picnics, volunteer projects, fun outings, etc., all help employees begin to develop healthy bonds and see each other as a whole person rather than just a member of the work team.

**DEVELOP A "BUDDY CHECK" PROGRAM** that goes beyond physical safety. A formal peer support program is one of the best ways to promote a caring culture. Many military and first responder communities have discovered this type of program is often the key

to building a link in the chain of survival, especially among their stoic, "tough guy" cultures where men in particular are reluctant to seek professional mental health services. Some have developed best practice recommendations for peer support:

[Military Model](#)

[National Guidelines for Peer Support Practice](#)

#### FOUR AREAS OF FOCUS ARE NECESSARY FOR A POSITIVE PEER SUPPORT PROGRAM:

**EFFECTIVE RECRUITMENT** of peer supporters. Begin with peer nomination and managerial staff endorsement to recruit natural helpers, trustworthy confidants, and people who model mental wellness. A formal application process should follow in order to gauge commitment, fit, and readiness.

**ONGOING PEER SUPPORT TRAINING** covers such topics as active listening, confidentiality, crisis response, and much more. Continuing education helps keep peer supporters' skills sharp and knowledge up-to-date.

**ONGOING PEER AND PROFESSIONAL SUPERVISION** and consultation by a licensed mental health professional is essential. Peer supervision helps peer specialists learn from each other.

**EVALUATION** of the program's success by tracking its use, identifying issues, and measuring satisfaction for continuous quality assurance.





## MIDSTREAM APPROACHES

help detect **EMERGING** mental health and suicide **PROBLEMS** before they become life-threatening. The goal is to identify people who are experiencing distress or even a fleeting thought of suicide, and **TRIAGE THEM** to the least restrictive and **MOST EFFECTIVE FORMS OF CARE.**

**INTEGRATE** mental health services into new employee orientation sessions. Have providers on hand to answer questions about confidentiality, process, and outcomes.

**REMIND** employees about mental health benefits at annual benefit renewal meetings.

**MAKE** accessing mental health services easy and understandable. Position the call to action as a reasonable thing to do to take care of overall health, family wellbeing, and workplace functioning:

**Hang posters** about EAP and other mental health services on the back of bathroom stalls, in work trailers, in break rooms, or on company billboards.

**Give people a chance** to “check it out” first before they commit by offering a drop-in session where the provider comes to the company or does a “walk-about” around the office or in the field.

## 5 midstream

### PROMOTE EMPLOYEE ASSISTANCE PROGRAMS AND OTHER MENTAL HEALTH SERVICES

**EAPs** are a valuable asset to the workplace. They help employers by offering such services as psychological assessment and short-term counseling, managing critical incidents, and conducting “**FITNESS FOR DUTY**” evaluations. EAP providers can be critical consultants when an employer is concerned about a staff member’s safety and can help develop reintegration plans for employees on medical leave due to a mental health problem.

**INCORPORATE** mental health resources into an annual health fair. Bring in exhibitors not only from mental health and addiction treatment centers, but also from peer support groups, volunteer placement agencies, spiritual and life coaches, massage therapists, and other alternative forms of emotional support.

**FRAME** the annual health fair as something that strengthens employees and their families. Make it family friendly – inflate a bouncy castle, serve pancakes, and play with pets. Incentivize participants to visit all exhibitors by giving them a “passport.” As they visit each exhibit, they receive a stamp or sticker, and those who complete their passport are entered into a drawing for a desired prize.



## 6 **midstream**

### **SCREEN FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE MISUSE**

Just like we screen for blood pressure, cholesterol, and body mass index, we can also **SCREEN FOR** things like **DEPRESSION, ANXIETY, AND ALCOHOL MISUSE**. Self-screening often provides important early identification for employees who are struggling and wondering **"HOW BAD IS IT?"** As with most public health problems, early detection of mental disorders is critical to obtaining the best prognosis and subsequent treatment.

**Unfortunately, sometimes mental health conditions and suicidal thoughts fester** because people are too ashamed to admit they need help. During this time, the problems can become catastrophic, like a metastasized cancer.

Treating a highly suicidal individual is much more invasive and complicated than treating someone in the early development of the problem. Thus, as with many types of cancer, frequent and regular screenings can help catch problems early.

**Like other medical checkups, mental health screenings work best when they are repeated over time** and considered a "standard practice" of an overall health care routine. Screening provides a universal tool; it can be used to help detect signs and symptoms of a much larger issue for everyone in a company. Screenings should not offer a diagnosis, but rather a quick snapshot that helps sort a population between low-risk and high-risk.

**Screening tools must provide a call to action.** In addition to sorting employees by level of risk, these tools must also give the participants suggestions for next steps – contact the EAP, employ specific self-care strategies, call the hotline, join a support group, etc.



## 6 midstream

### SCREEN FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE MISUSE (CONTINUED)

Screening itself serves as an intervention strategy and communicates to employees the importance of mental health. When people reflect on their answers to the questions, they often have a meaningful internal dialogue about how they will respond; this process raises self-awareness to the conscious level.

HERE ARE SUGGESTIONS ON HOW BEST TO INTEGRATE SCREENING FOR MENTAL HEALTH INTO YOUR WORKPLACE:

**ENCOURAGE** your male employees to take the [Man Therapy 20-Point Head Inspection](#).

**PARTICIPATE** in National Depression Screening Day (NDSD) that is held annually on Thursday of the first full week in October, and National Alcohol Screening Day (NASD) that is held annually on Thursday of the first full week of April. Visit [mentalhealthscreening.org/programs/initiatives](http://mentalhealthscreening.org/programs/initiatives) for more information.

**ENCOURAGE** employees to take a quick, anonymous mental health assessment at [helpyourselfhelpothers.org](http://helpyourselfhelpothers.org).

**LEARN** how to build a customized screening program for your company at [mentalhealthscreening.org/programs/workplace](http://mentalhealthscreening.org/programs/workplace).



## 7 midstream

### TRAIN SUPERVISORS AND OTHERS ON HOW TO HAVE DIFFICULT CONVERSATIONS

THE GOALS AND MODEL OF CPR ARE PARALLEL TO THE FRAMEWORK OF MANY SUICIDE PREVENTION TRAININGS.

In addition to the widespread trainings of cardiopulmonary resuscitation (CPR) that began in the mid-20th century, the core of CPR's success was an evidence-based protocol, behavioral rehearsal, and instructor feedback. The result? **BYSTANDER INTERVENTIONS HAVE INCREASED** substantially as people felt capable and charged with the responsibility to intervene.

Consequently, the survival rate also increased. Before CPR, people who witnessed a life threatening heart attack or drowning looked on helplessly; today, many know what to do and act quickly to save a life.



## 7 midstream

### TRAIN SUPERVISORS AND OTHERS ON HOW TO HAVE DIFFICULT CONVERSATIONS (CONTINUED)

Just like CPR, real suicide prevention training goes beyond knowledge of risk factors and warning signs. **PARTICIPANTS MUST PRACTICE THE ART OF ACTIVE LISTENING**, ask difficult questions like (“**ARE YOU THINKING OF SUICIDE?**”), and refer people to qualified resources.

These skills need to be refreshed on a regular basis so that employees feel confident and competent. The goal is to **EMPOWER THE WORKFORCE** to step in when someone is just starting to become overwhelmed or show initial signs of mental health concerns, and compassionately **CONNECT THEM TO SUPPORT** at this early stage.

#### HERE ARE SOME SUGGESTIONS ON HOW TO BUILD SKILLS:

**OFFER** a general awareness training to all staff. Here are some evidence-based training programs that can be completed in two hours or less, have minimal costs, and are adaptable to the particular culture of the company:

Working Minds: [www.workingminds.org](http://www.workingminds.org)

QPR Institute: [www.qprinstitute.com](http://www.qprinstitute.com)

Living Works SafeTalk: [www.livingworks.net](http://www.livingworks.net)

**INTEGRATE** a manager’s training into new supervisors’ leadership training. More extensive programs go into greater depth about how to navigate these difficult conversations, especially when a performance issue is involved:

Working Minds: [www.workingminds.org](http://www.workingminds.org)

Wellness Works: [www.wellnessworksmentalhealth.org](http://www.wellnessworksmentalhealth.org)



## PART III: DOWNSTREAM CRISIS RESPONSE ACTION STEPS

RESPOND to Mental Health + Suicide Crises with  
COMPASSION, DIGNITY + EFFECTIVENESS



## 8 downstream

### PROMOTE THE NATIONAL SUICIDE PREVENTION LIFELINE

**THE NATIONAL SUICIDE PREVENTION LIFELINE (NSPL)** represents the prevailing network of hotlines today. While it's used by people in crisis, more often it's **PEOPLE WHO SUPPORT THOSE IN CRISIS WHO CALL TO CREATE A SAFETY PLAN**. This tool is one of the most cost effective ways **EMPLOYERS CAN PROMOTE SAFETY**.

Calls to this national toll-free number, 1-800-273-TALK (8255), are funneled through a network to local call centers across the U.S. During calls, the crisis call counselors listen empathically and **EMPOWER CALLERS TO MAKE DECISIONS THAT RESOLVE THE CRISIS**. They offer information and resources, and help callers craft plans for how they will prevent, cope with, or **GET HELP FOR SUICIDAL BEHAVIOR**.



## PART III: DOWNSTREAM CRISIS RESPONSE ACTION STEPS

RESPOND to Mental Health + Suicide Crises with  
COMPASSION, DIGNITY + EFFECTIVENESS



### 8 downstream PROMOTE THE NATIONAL SUICIDE PREVENTION LIFELINE (CONTINUED)

**Research shows that most suicide crises are time-limited and result in impaired problem-solving.** For these reasons, people in crisis are often more open to outside intervention. But the resource needs to be ready when callers need it, not when it's convenient for the providers. When help is available 24/7 from anywhere, the hotline option removes the barriers of cost, travel, and waitlists to provide people in crisis an immediate response. For callers who are in an acute life-threatening situation, call centers can engage in more aggressive interventions, such as tracing calls and sending emergency personnel.

This anonymous and confidential resource also offers specific services for veterans and people who speak Spanish. There is now an online chat option and a wealth of crisis response information via [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org). And, since the hotline is supported by the federal government, all promotion collateral is free.

#### HERE ARE WAYS THAT WORKPLACES CAN PROMOTE THE NATIONAL SUICIDE PREVENTION LIFELINE:

**Order wallet cards** in English and Spanish to include in new employee orientation packets and to distribute during benefit renewal meetings. Be sure to emphasize that your company is committed to supporting the psychological safety of its employees and their families. Mention that if an employee (or are someone he or she cares about) is ever in a mental health crisis to call the National Suicide Prevention Lifeline. To download wallet cards, visit [www.suicidepreventionlifeline.org/getinvolved/materials.aspx](http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx)

**Put posters** on the back of bathroom stalls, work trailers, staff break rooms, or on company bulletin boards with this logo: [www.suicidepreventionlifeline.org/getinvolved/logos.aspx](http://www.suicidepreventionlifeline.org/getinvolved/logos.aspx)

**Promote** the National Suicide Prevention Lifeline and answer questions during safety trainings.







## 9 downstream

### MANAGE BEHAVIORAL HEALTH CRISES IN THE WORKPLACE

When an **EMPLOYEE** is experiencing a **MENTAL HEALTH CRISIS**, there are many things **EMPLOYERS CAN** do to **HELP** them **GET WELL**.

**WORK COLLABORATIVELY** with the employee to create a safety plan. One helpful tool is [www.my3app.org](http://www.my3app.org).

**DETERMINE AND COMMUNICATE** the level of privacy and confidentiality, as well as who should be included in the employee's support team. Ask what the employee thinks would be most helpful. If the employee wants, consider involving employee union representatives as advocates in the process.

**IF EMPLOYEE PERFORMANCE** is perceived to be affected by mental health or suicidal behavior, employers must address the performance issue the same way in which they would if there were no mental health issues present. However, a conversation about underlying distress may lead to alternative solutions to the problem that might be more fruitful than just addressing the behavior.

**REVIEW YOUR POLICIES.** What is the procedure for when someone is having a significant mental health issue that requires medical leave? How is he or she reintegrated into the workforce during recovery? Are accommodations negotiated? Major mental health conditions are as debilitating as cancer or a heart attack; medical leave policies should not discriminate.

**REDUCE ACCESS** to lethal means when suicidal thoughts are intense. Encourage employees to remove guns and pills from the home and to refrain from accessing elevated work and recreational areas during crisis periods.

**HAVE A PLAN IN PLACE** to provide extra support during economic downturns; layoffs and furloughs can be triggering events for people who are already vulnerable to suicide.

## 10 downstream

### PROVIDE EFFECTIVE AND COMPASSIONATE GRIEF AND TRAUMA SUPPORT AFTER A SUICIDE DEATH

While preparing for a worst case scenario is difficult, it is even more  
**DIFFICULT TO REACT IN THE MIDDLE OF A CRISIS FOR  
WHICH YOU DID NOT PREPARE.**

**ENCOURAGE** crisis management team to review “A Manager’s Guide to Suicide  
Postvention at Work:” [workingminds.org/ManagersGuidebook.pdf](http://workingminds.org/ManagersGuidebook.pdf).

**LEARN** how to communicate safely and effectively after a suicide death:  
[suicidepreventionmessaging.actionallianceforsuicideprevention.org/safety](http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/safety).

**FAMILIARIZE** yourself with how to lead through a crisis from  
R3 Continuum at [r3continuum.com](http://r3continuum.com).







## CONCLUSION

Today, people with mental health conditions and suicidal thoughts face the same stigma, misperceptions, and discrimination that cancer patients faced 40 years ago; they too were blamed for their health problems and were socially isolated. However, today, cancer survivors are our heroes. How did we get here?

We made significant gains in decreasing the stigma and increasing hope by educating the public about cancer and celebrating the many stories of recovery.

Like with cancer, we need to do everything in our power to prevent mental health problems and suicidal thoughts from emerging. We can “clean up our environment,” educate, and inspire – but sometimes people are still going to have challenges.

Then, like with cancer, we need to aggressively conduct screening strategies to catch the early progression of their illness and refer them to appropriate levels of mental health care. Also akin to cancer, even when all the appropriate prevention steps are taken, people are still going to be affected by mental health issues.

When that happens, we need to stand in solidarity to help those in need fight for their lives.

Many of us do not flinch when we think about eradicating cancer. Let’s have that same commitment to eradicating suicide. Not one more life should be lost to suicide.



## NEXT STEPS: BUILDING YOUR COMPANY'S ACTION PLAN Write out your SMART Goals here:

### STEP 1: LISTEN AND STRATEGIZE

By (deadline): \_\_\_\_\_

I commit to the following data gathering strategies:

- 1.
- 2.
- 3.

I will integrate these findings into a culturally responsive 12-month plan.

### STEP 2: PLAN COMPONENTS

By (deadline): \_\_\_\_\_

We will develop these communication and education strategies:

- 1.
- 2.
- 3.

We will integrate suicide prevention and mental health promotion skill development training into our overall safety training in these ways:

- 1.
- 2.
- 3.

We will review/develop the following policies:

- 1.
- 2.
- 3.

### STEP 3: EVALUATE, MODIFY, AND RE-ENGAGE

After one year, we will evaluate our efforts by:

- 1.
- 2.
- 3.

We will integrate these findings into the next 12-month plan.



# HOW CAN I HELP?

## RESOURCES for employers and employees

### CARSON J SPENCER FOUNDATION

[www.carsonjspencer.org](http://www.carsonjspencer.org)

### INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION (IASP)

[www.iasp.info/resources/crisis\\_centres](http://www.iasp.info/resources/crisis_centres)

### MAN THERAPY

[www.mantherapy.org](http://www.mantherapy.org)

### NATIONAL SUICIDE PREVENTION LIFELINE

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### PARTNERSHIP FOR WORKPLACE MENTAL HEALTH

[www.workplacementalhealth.org](http://www.workplacementalhealth.org)

### R3 CONTINUUM

[r3continuum.com](http://r3continuum.com)

### SCREENING FOR MENTAL HEALTH, INC.

[helpyourselfhelpothers.org](http://helpyourselfhelpothers.org)

### WORKING MINDS

[www.workingminds.org](http://www.workingminds.org)





## ABOUT SALLY



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DR. SALLY SPENCER-THOMAS is the CEO and Co-Founder of the Carson J Spencer Foundation in Denver, CO – an award-winning organization leading innovation in suicide prevention and the umbrella organization of the Working Minds Program.

She is the Co-Lead of the Workplace Task Force with the National Action Alliance for Suicide Prevention and Co-Chair of the Workplace Special Interest Group of the International Association for Suicide Prevention.

Dr. Spencer-Thomas has received wide recognition for her work and has been an invited guest to White House Briefings on Mental Health and Suicide Prevention in Washington, D.C. and to the World Health Organization's World Suicide Report Launch in Geneva.