

A Report of Findings to Direct the Development of National Guidelines for Workplace Suicide Prevention

EXECUTIVE SUMMARY



**American
Foundation
for Suicide
Prevention**



**A M E R I C A N
A S S O C I A T I O N O F S U I C I D O L O G Y**

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Direct the Development of National Guidelines
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A Collaborative Initiative Among:

American Association of Suicidology
American Foundation for Suicide Prevention
United Suicide Survivors International

Respectfully submitted on April 9, 2019
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A MESSAGE FROM THE WORKPLACE COMMITTEE CO-CHAIR

Over two-thirds of the American population participates in the workforce [2]; we often spend more waking time working each week than we do with our families. When a workplace is working well, it is often a place of belonging and purpose — qualities of our well-being that can sustain us when life gets unmanageable. Many workplaces also provide access to needed mental health resources through employee assistance programs and peer support.

Because suicidal thoughts are usually invisible, employers usually assume “it doesn’t happen here” — until it does. Co-workers then are often forgotten grievers after a suicide. Rarely, until now, did employers consider their role in suicide prevention. This report represents a pivotal moment as workplaces have begun to shift their perspective on suicide from “not our business” to a mindset that makes suicide prevention a health and safety priority.

If we are ever going to get in front of the tragedy of suicide, we need to widen our lens from seeing suicide only within a mental health framework to a broader public health one. In other words, when suicide and suicidal intensity are seen only as the consequence of a mental health condition, the only change agents are mental health professionals and the call to action becomes a “personal issue” that people take care of with their providers — but not all problems will be solved by getting a bunch of employees to counselors. When we understand suicide through a public health framework, many additional solutions are available. Through this broader lens workplaces now understand the importance of a culture that contributes to emotional resilience rather than to psychological toxicity, and they can take steps to create a caring community of wellbeing.

Across the United States, workplaces are taking a closer look at mental health promotion and suicide prevention 24/7. No longer is it good enough to get people from work to home safely, workplaces must also get their people from home back to work safely. As my colleague and former Co-Lead of the National Action Alliance for Suicide Prevention’s Workplace Task Force, Cal Beyer reminds us, “this is the new frontier in safety.”

We hope this ground-breaking effort helps provide the inspiration and the roadmap to move workplaces and the organizations that support them from inactive bystanders to bold leaders that aspire to a zero suicide mindset. Following on the heels of the “Zero Suicide in Healthcare” initiative, the success of this effort is predicated on a leadership philosophy and a set of practices. We can take a page from their playbook to implement a similar approach, because “no one should die in isolation and despair.”



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ACKNOWLEDGEMENTS

Without the collaboration among the founding partners and research participants, this project would not have been possible. The focus group members, survey participants and in-depth-interviewees, while not listed here to protect their anonymity, were essential to the insights developed in this report, and we are so grateful for their input.

The funding from the American Foundation for Suicide Prevention allowed us the necessary resources to begin this significant undertaking. The volunteer assistance of all of the members of the Workplace Committee and the United Survivors consultants helped us shape the data gathering process. The contributions from all of the participants was often deeply heartfelt and helped many make meaning out of suicide losses or times of despair they faced.

To see a full list of the Workplace Committee Members and Contributing Partners, go to the [ACKNOWLEDGEMENTS](#) section in the *National Guidelines Report*.

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INTRODUCTION

Project Origins

In 2010, the National Action Alliance for Suicide Prevention established the nation's first Workplace Task Force to take on the role determining what role workplaces and professional associations might have in assisting in the implementation of the National Strategy for Suicide Prevention [2]. This Task Force, comprised of a cross section of national leaders from different disciplines and industries, successfully developed several blueprints and resources to help workplaces prevent suicide and support workers facing suicide crises.

After the CDC's 2016 published report (retracted in 2017) that ranked suicide rates by industry, some employers started to feel more of a sense of urgency and requested tools to protect their workers from this tragedy [3]. The Workplace Task Force resolved to do something more impactful: to create a set of national guidelines for workplace suicide prevention. Over the next two years, the group enrolled dozens of partners into the effort and in 2017, forged a collaborative partnership with the American Foundation for Suicide Prevention and United Suicide Survivors International to develop this nation's first set of guidelines for workplace suicide prevention. In November 2018, the CDC published a report ranking industries by rates of suicide, galvanizing the nation to urgent action. In 2019, the American Association of Suicidology adopted the Workplace Task Force, creating the Workplace Prevention and Postvention Committee (Workplace Committee), and became yet another national strategic partner in the effort.

The ultimate purpose of the exploratory analysis is to guide the development an interactive, accessible and effective on-line tool designed help employers and others achieve a "zero suicide mindset" and implement best practices to reduce the tragedy of suicide.

To read more about the Project Origins including information about the Founding Partners go to [PART I: OVERVIEW AND JUSTIFICATION](#) in the *National Guidelines Report*.

MISSION, VISION, & INTENDED AUDIENCE

Vision

We (the collaborative partners) 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.

Mission

The mission is to change the culture of workplaces to reduce job strain and negative, fear-based, prejudicial and discriminatory thoughts, behaviors and systems regarding suicide and mental health while at the same time promoting psychologically healthy norms and environments.

The overarching goals of the best practices are twofold:

1. To engage employer/professional association leadership to address suicide prevention in a comprehensive way.
2. To provide a roadmap to workplace leaders who wish to engage in this culture-change process.

We seek to achieve our vision by developing a set of guidelines that:

1. Give employers and professional associations an opportunity to pledge to engage in the effort of suicide prevention.
2. Demonstrate an implementation structure for workplace best practices in a comprehensive approach.
3. Provide data and resources to advance the cause of workplace suicide prevention.
4. Bring together diverse stakeholders in a collaborative public-private model.

Make recommendations for easily deployed tools, trainings and resources for short-term action inside of long-term system-wide change.

Intended Audience Groups

Several different employer roles can benefit from learning from this report and taking the action steps listed within including:

- **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.

The guidelines outlined here are designed to be cross-cutting through private and public sectors, large and small employers, and all industries.

Why Suicide Prevention Focus?

Many workplace mental health and wellness programs exist. Sometimes, due to internal stigma within these programs, the topic of suicide prevention is neglected. When we do not talk about it, we cannot address some of the unique challenges within suicide prevention, intervention and crisis response that are not covered in mental health and wellness programs. For example, while suicidal despair is often linked to mental health conditions it is also connected to job strain. Just getting workers to counseling is not enough; workplaces dedicated to suicide prevention must also examine their policies and culture to see what environmental determinants might be contributing to suicidal intensity.

While there exists some overlap among the mental health/wellness initiatives and suicide prevention, there are some differentiators within this document that justify this additional emphasis. We see our effort as complementary and collaborative with many of the other existing programs on workplace mental health and well-being.

What Do We Mean by “Aspiring to a Zero Suicide Mindset”?

We believe that no one should die in isolation and despair.

The idea of “aspiring to zero” is not foreign to many safety-conscious workplaces. Workplaces and industries that have successfully reduced work-related mortality and morbidity went beyond just being compliant with regulations for workplace safety and fully embraced a 24/7 mindset and a paradigm-shifting commitment that permeated all areas of their culture and became closely tied

to the core values of the organization [4].

The concept of “Zero Suicide” is aspirational. It is not “zero tolerance,” a quick fix, a marketing strategy or a short-term goal that we have “failed” if we don’t reach. The intent is to create a just-culture (stress- and blame-free) that examines every suicide death with a perspective of “how can our system do better to save lives?” Thus, the workplace version is a brand extension of the highly successful initiative in healthcare and can build on the momentum and success of this effort.

For more information on what we mean by “aspiring to a zero suicide mindset,” go to [PART II: MISSION, VISION & INTENDED AUDIENCE](#) in the *National Guidelines Report*.

Why “Best Practices”?

The evidence-base for workplace suicide prevention is in its infancy. Only a few workplace suicide prevention initiatives had been evaluated; however, the results from those that had been evaluated are promising and suggest that suicide prevention has the potential to have a positive effect when integrated into existing workplace health and safety activities [5]. Because the research is emerging, the suggestions contained within this report should be considered “promising” or “best practices” as we move toward more formal “guidelines” and “standards” in the future.

EXPLORATORY ANALYSIS

Process of the Exploratory Analysis

Why an Exploratory Analysis?

Before undergoing any large scale change, one is always advised to “seek first to understand.” The listening and review process of this exploratory analysis was significant and sought to achieve the following objectives:

1. To gain buy-in by listening to the needs of various different stakeholders.
2. To better understand the resources that already exist to support workplace suicide prevention.
3. To identify champions and storytellers who can share lived experience stories of suicide grief as well as stories of living through a suicide crisis of their own, a coworker or family member.
4. To gather baseline data against which we can benchmark future change.
5. To develop a comprehensive strategy and identify best practices (upstream, midstream, downstream) for workplace suicide prevention.
6. To identify tactics that will help engage workplaces and professional associations to move along a stage-of-change model as they integrate these best practices into their health and safety culture.

Questions to Be Answered by the Exploratory Study

- How do we “bake in” suicide prevention into a workplace health and safety culture?
- What are the prioritized content areas needed and who are they for?
- What is the preferred format for the best practices? How do we make them interactive and incentivize engagement?
- How do we evaluate the effectiveness of the best practices?
- What are recommended marketing and distribution tactics?

Framework for Comprehensive Approach: Stream Parable

What the research tells us is that our best outcomes in reducing suicide rates come from comprehensive and sustained efforts where training is just one component of an overall strategy [6]. The following common parable from the public health perspective illuminates what a

comprehensive approach might entail. “Upstream, midstream and downstream” approaches are needed to prevent suicide.

Upstream strategies build protective factors that can mitigate risk, such as creating a sense of belonging, eliminating stigmatized language and discriminating actions, building resilience through life skills and mental hardiness, and enhancing mental health literacy.

Midstream approaches help identify people in emerging risk and then link them to appropriate support before the issues develop into a suicidal crisis. Midstream strategies include screening for mental health conditions and suicidal thoughts, promoting and normalizing many types of help-seeking/help-giving behavior, and training populations on how to have difficult suicide-specific conversations.

Downstream tactics are needed to guide the response when a suicide crisis has happened including when people have acute thoughts of suicide, attempt suicide or die by suicide.

For more information on the framework for a comprehensive approach and the project timeline, go to [PART III: EXPLORATORY ANALYSIS](#) section in the *National Guidelines Report*.

Data Gathering Approaches

Several data collection methods were used during this exploratory analysis including: focus groups and in-depth interviews.

Focus groups: 13 focus groups were conducted, organized by role, experience and industry. The participants were carefully selected to represent diverse perspectives (such as geography, type and size of company/agency, lived experience, etc.); however, an intentional effort was made to recruit perspectives from industries with the highest rates of suicide. The focus groups lasted 90 minutes to 2 hours each and had between 3 and 14 people. A notetaker recorded key points and statements during the focus groups and identified participant only through a code (no names attached to statements).

In-depth-interviews: 15 in-depth-interviews were conducted. Each interview lasted 30 minutes to 1 hour (one was conducted by email). Interviewees were asked similar questions as the ones posed in the focus groups, and their responses were recorded, transcribed and captured via note-taking.

National survey: A 16-question national survey was created by members of the Workplace Committee with input from many people with lived experience with suicide and housed on Survey Monkey. Research and program evaluation consultants also weighed in on the survey’s design

and scope. The survey was distributed through the networks and social media reach of the projects' partners from July 18 to August 16, 2018.

For a comprehensive overview of the data gathering approaches, go to [PART III: EXPLORATORY ANALYSIS](#) in the *National Guidelines Report*.

RESULTS

When all of the elements of the exploratory analysis came together, several themes emerged. These themes were then organized into guiding principles, motivations/barriers, integration recommendations, content areas, format/style suggestions, and marketing/distribution tactics.

For more information on the Results, go to [PART IV: RESULTS](#) in the *National Guidelines Report*.

Guiding Principles, Values and Assumptions

Strategic Integration: Workplaces are a uniquely positioned and necessary part of a larger public health approach to suicide prevention, and as such they can systemically embed suicide prevention within health and safety priorities.

Comprehensive and Sustained Investment: “Upstream, midstream and downstream” approaches are all important and require adequate investment of time and financial resources.

Harm Reduction: Workplaces owe employees a safe and healthy work environment and can strive to decrease the harmful exposures and psychosocial hazards that increase the risk of suicide.

Culture Cultivation: Workplaces can offer protection from suicide by cultivating connectedness and healthy and caring community that looks out for one another. Leaders drive this culture by recognizing and rewarding these values.

Dignity Protection: Workplaces can prevent despair and promote healing by fighting against bullying, harassment, discrimination and prejudice and can uphold dignity with collaborative and respectful reintegration.

Wellbeing Promotion: In suicide prevention it’s not good enough to focus on pulling people back from the brink, workplaces also contribute to enhanced hope, purpose and identity that gives people reasons for living and provide a pivotal role in recovery.

Empowered Connection: Workplaces can provide or connect to accessible and effective treatment and peer support services and can prepare employees to help compassionately link people to care.

Action Orientation: Awareness is necessary but not sufficient for change. Workplaces must engage in action through policy, training, and other tactics listed throughout the *National Guidelines Report*.

PROPOSED SOLUTIONS

This section provides a high-level overview of proposed solutions. For more information go to [PART V: PROPOSED SOLUTIONS](#) in the *National Guidelines Report*.

Upstream

As a reminder, upstream strategies are those prevention efforts we put in place to bolster protective factors and to help prevent the problems from happening in the first place. Here are some recurrent themes related to potentially viable upstream suicide prevention strategies for a workplace or industry group, including:

- Recruitment, On-Boarding & Work Transitions
- Sense of Purpose and Belonging
- Suicide Prevention Literacy
- Recognize and Reward Resilience, Recovery and Compassion
- Wellness Fairs and Safety Milestone Celebrations
- Connect the Dots among Health Concerns Like Sleep, Pain and Addiction

Midstream

Midstream approaches are those used to catch emerging problems when they are small and more manageable. In the case of suicide prevention, we want to be able to identify and intervene when people are having the “first thought” of suicide or when their ability to cope with the distress is on the cusp of failing. Just like screening for cancer, finding a small lump is much easier to correct than discovering cancer at Stage 4. The following “midstream” recommendations are considered best practices and may be viable for a workplace community. The following recommendations are considered best practices and may be viable for a workplace community, including:

- Building Out Safety Net (or Pyramid)
- Annual Multi-Component Suicide-Specific Training Program
 - In-person and on-line gatekeeper trainings
- Build a Support Network: Power of Peers
- Communication — Baked In to Health and Safety Culture
- Screening

- Navigate the Perceived Legal Barriers, Workers Compensation, Disability Rights and Performance Standards

Downstream

Downstream approaches are about how best to respond to the crises of suicide thoughts and behavior and suicide death with dignity, compassion and empowerment.

- Evaluate and Promote Mental Health Benefits and Local Services
- Protocol Needed for Suicide Crises

EVALUATION

Building an evaluation plan BEFORE flushing out the a comprehensive program is prudent. Together the program development team and a hired external evaluator should identify the intended outcomes, core components, and estimated time frame for impact [7]. The main question to answer is — how will we know if our program has done what we have hoped it would do?

Creating a logic model like the one in [APPENDIX B: LOGIC MODEL](#) of the *National Guidelines Report* is a good place to start. To increase the confidence of the evaluation outcomes, the national guidelines leadership partners should consider increasing the scientific rigor by comparing the program participants (e.g., companies who are implementing the guidelines) to a control or comparison group. Both qualitative and quantitative evaluation information will be helpful in understanding what is working and what is not. For example, if it is possible to identify a benchmarking tool, perhaps through the Gallup poll, we may be able to measure changes in the spread of the idea of suicide prevention in the workplace. We can also get users' testimonials about their experience working with the guidelines.

To read more about the Evaluation recommendations, go to the [PART VI: EVALUATION](#) in the *National Guidelines Report*.

SUMMARY OF RECOMMENDATIONS

In conclusion, this exploratory analysis is a starting point to develop guidelines and best practices to help employers and professional associations “aspire to a zero suicide mindset” and implement tactics to alleviate suffering and enhance “a passion for living” in the workplace. The process identified high level motivations for (predominantly around worker safety and well-being) and barriers (lack of leadership buy-in and resources) that prevent the establishment of national guidelines for workplace suicide prevention. The research also uncovered a number of suggestions for nine areas of practice and a process of on-boarding workplaces and moving them through a series of stages of change. The nine areas of practice include:

1. Leadership: Cultivating a Caring Culture Focused on Community Well-Being
2. Assess and Address Job Strain and Toxic Work Contributors
3. Communication: Increase Awareness of Understanding Suicide and Reduce Fear
4. Self-Care Orientation: Self-Screening and Stress/Crisis Inoculation Planning
5. Training: Build a Stratified Suicide Prevention Response Program
 - Specialized Training by Role
6. Peer Support and Well-Being Ambassadors: Informal and Formal Initiatives
7. Mental Health and Crisis Resources: Evaluate and Promote
8. Mitigating Risk: Reduce Access to Lethal Means and Address Legal Issues
9. Crisis Response: Accommodation, Re-integration and Postvention

The stages of change include first increasing awareness; then getting companies to pledge to commit to making suicide prevention a health and safety priority; then guiding them through a gap analysis to self-assess where the biggest need might be; then to sharing with them specific tactics of change; and finally recognizing and rewarding those employers who demonstrate implementation and success.

In the process of developing the Guidelines, a pilot effort is recommended. Here we can get buy-in from early adopters and build the evidence base and testimonials needed for a larger scale role out.

The sentiment from the exploratory analysis participants was that workplace suicide prevention guidelines are needed and overdue, and many expressed a sense of hopefulness that the impact would make a difference to employees and their families.

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