

# Aspiring to a Zero Suicide Mindset at Work: Developing National Guidelines

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“Be vocal, be visible, be visionary. There is no shame in stepping forward, but there is great risk in holding back and just hoping for the best.”

~Higher Education Center





Juan Vigil, Firefighter  
Denver Fire Department



Jon Kinning, COO  
RK Construction



# Presenters



**Sally Spencer-Thomas**

President, United Suicide Survivors International

Co-Chair, Workplace Prevention and Postvention Committee, American Association of Suicidology



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Associate Professor, University of Maryland, Baltimore, School of Social Work

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Senior Program Director  
American Foundation for Suicide Prevention



# Partners



AMERICAN  
ASSOCIATION OF SUICIDOLOGY



**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)



# Session Objectives

At the end of this presentation, participants will be able to:

1. Create a plan to bring together diverse stakeholders in a collaborative public-private mode
2. Describe data and resources to advance the cause of workplace suicide prevention
3. Utilize recommendations for easily deployed tools, trainings and resources for short-term action inside of long-term system-wide change



# Session Outline

- Overview and justification
- Mission, vision, and intended audience
- Exploratory analysis and results
- Proposed solutions
- Development and implementation



*“The workplace is the last crucible of sustained human contact for many of the 30,000\* people who kill themselves each year in the United States. A co-worker’s suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school.”*

Sue Shellenbarger (2001)

Impact of Colleague’s Suicide Is Strongly Felt in Workplace, *Wall Street Journal*

\*In 2017, 47,173 people died by suicide



# Overview



# 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

# 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

# Top Ten Industries at Risk for Suicide



Peterson C, Stone DM, Marsh SM, et al. Suicide Rates by Major Occupational Group – 17 States, 2012 and 2015. MMWR Morb Mortal Wkly Rep 2018;67:1253–1260. DOI: <http://dx.doi.org/10.15585/mmwr.mm6745a1>

[www.SallySpencerThomas.com](http://www.SallySpencerThomas.com) | #ElevateTheConvo |



# Justification



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.



# Work as a Social Structure + 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





# Job Strain + Suicide

- Job insecurity and lack of autonomy
- Lack of variety
- Work-family conflict
- Family-work conflict
- Heightened job dissatisfaction and feeling “trapped”
- Work that is not meaningful or rewarding



# 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.



# Vision

- Give employers and professional associations an opportunity to pledge to engage in the effort of suicide prevention.
- Demonstrate an implementation structure for workplace best practices in a comprehensive approach.
- Provide data and resources to advance the cause of workplace suicide prevention.
- 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

**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

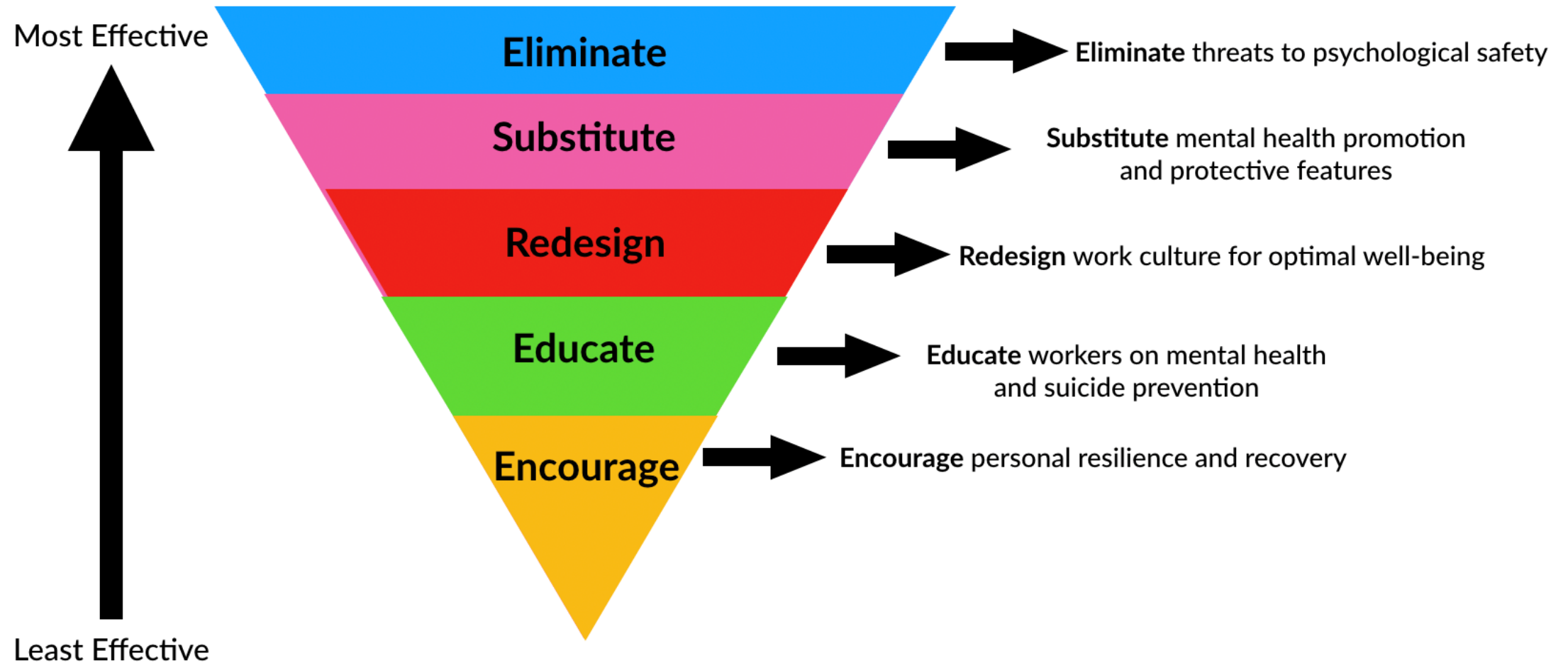
**43%** Improve employee engagement and retention

**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



Adapted from NIOSH “Hierarchy of Controls”



# 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



# Proposed solutions



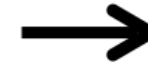
## STAGES OF CHANGE MODEL

### Stages

■ Precontemplation



■ Contemplation



■ Determination



■ Action



■ Maintenance



### Intervention

■ Bring personalized awareness

■ Think more about pros/cons

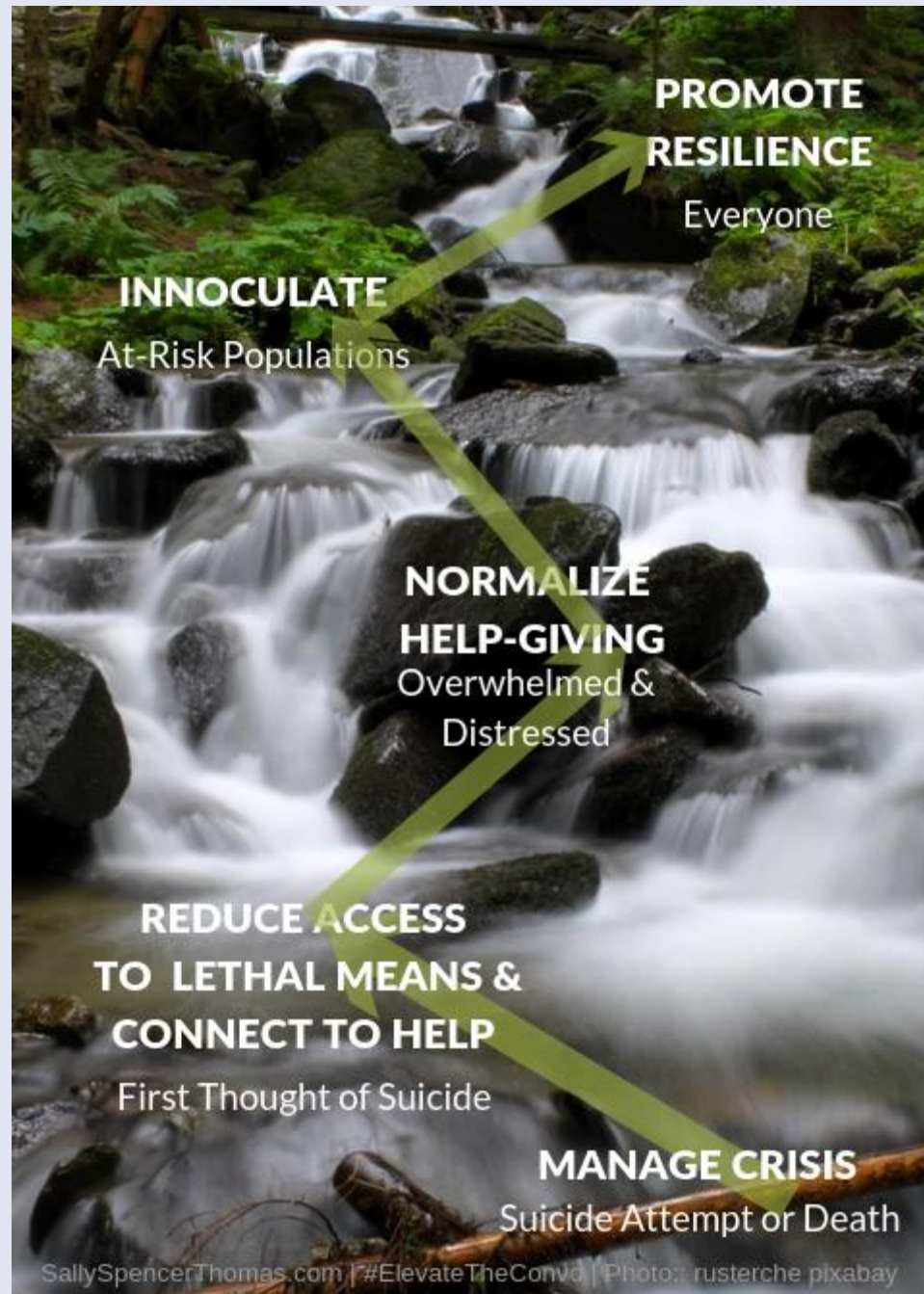
■ Make plan for action

■ Do something

■ Evaluate and support efforts

Adapted from: Prochaska, J., DiClemente, C. & Norcross, J. (1993). In search of how people change: Applications to addictive behaviors. *Journal of Addictions Nursing*, 5(1): 2-16.

# Stream Parable



# Upstream Solutions

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



Denver Fire Department: Making Suicide Prevention Part of Total Wellness

# Midstream Solutions

Building Out Safety Net (or Pyramid)

Annual Multi-Component Suicide-Specific Training Program

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



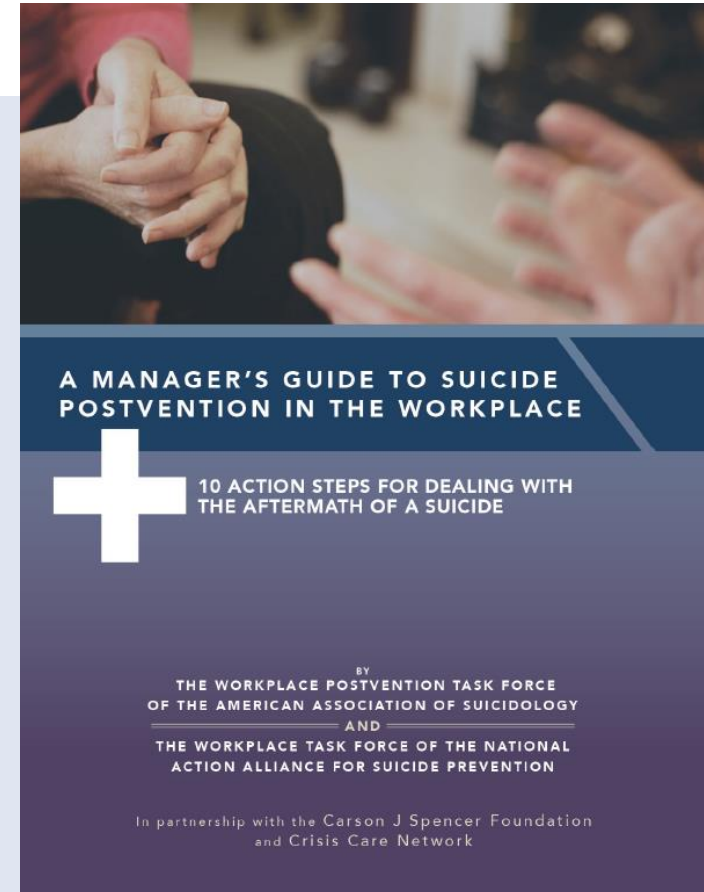




Next  
with Kyle Clark

# Downstream Solutions

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



# Make suicide prevention a health and safety priority.

**Be part of the solution.**

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



# Discussion

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



# Words Make Worlds

## Say this

Died of Suicide

Suicide Death

Suicide Attempt

Person Living with Suicidal Thoughts or Behavior

Suicide

(Describe the Behavior)

Working with

## Instead of this

~~Committed Suicide~~

~~Successful Attempt~~

~~Unsuccessful Attempt~~

~~Suicide Ideator or Attempter~~

~~Completed Suicide~~

~~Manipulative, Cry for Help, Suicidal Gesture~~

~~Dealing with Suicidal Employee~~



# Resources

## Education & Training

- [Counseling on Access to Lethal Means \(CALM\)](#)
- [Dialectical Behavioral Therapy \(DBT\)](#)
- [Collaborative Assessment & Management of Suicidology \(CAMS\)](#)
- [Suicide Safety Planning](#)
- [Recognizing and Responding to Suicide Risk](#)
- [Assessing and Managing Suicide Risk](#)
- [QPR](#)
- [safeTALK](#)
- [Working Minds](#)

## Screening

- [Interactive Screening Program \(ISP\)](#)
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)

## Postvention

- [Manager's Guide to Suicide Postvention in the Workplace](#)

# Stay Connected

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