# WORKPLACE
## SUICIDE PREVENTION

# Workplace Suicide Prevention, Mental Health Promotion & Worker Well-Being

## Program and Strategy Development

*Quick Start Guide*

Based on the National Guidelines for Workplace Suicide Prevention

www.WorkplaceSuicidePrevention.com

# Acknowledgments

This guide is part of the National Guidelines for Workplace Suicide Prevention.1 a partnership initiative of United Suicide Survivors International.

This Quick Start Guide was developed by the Workplace Suicide Prevention & Postvention Committee. This Committee and the National Guidelines for Workplace Suicide Prevention are part of the United Suicide Survivors International workplace priorities.

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|---|---|
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# Suggested Citation

## Disclaimer

The opinions and positions expressed in this white paper are those of the Collaboration and are not intended to provide legal, psychological, therapeutic counsel or other expert advice regarding any of the subjects mentioned. The Quick Start Guide is solely for informational purposes. Please consult knowledgeable legal counsel or other experts for any legal or technical advice.

*Workplace Suicide Prevention, Mental Health Promotion, and Worker Well-Being Program and Strategy Development: Quick Start Guide.*

# TABLE OF CONTENTS

# INTRODUCTION

## Purpose and Scope of the Quick Start Guide

With workplace organizations experiencing an increasing concern for worker mental health, suicide prevention, and addiction recovery, many are looking for answers, but quickly get overwhelmed by the complexity of building or expanding a comprehensive, strategic, and sustainable behavioral health program.

> While building a fully integrated Workplace Suicide Prevention, Mental Health Promotion, and Worker Well-being culture change initiative can be daunting, getting started doesn't need to be.

The purpose of this Quick Start Guide is to give you those first steps that will help build momentum. The aim is to use the tools outlined here to begin constructive conversations and establish buy-in from organization and industry leaders. It is not meant to be a comprehensive manual, just a way to prioritize initial action steps across several domains.

**This "Quick Start Action" icon is a cue to take an initial step!**
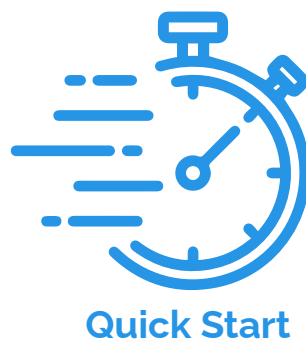
**Quick Start**

**TAKE ACTION NOW:** Reflect on the prompts and questions in the "Quick Start" sections and write down your ideas throughout the workbook. We suggest you work collaboratively with a team for best results.

The overarching goal of this Quick Start Guide is to help organizations advance beyond basic stress management and wellness programs, awareness initiatives, and the inclusion of Employee Assistance Programs (EAPs) or Member Assistance Programs (MAPs) in their benefits packages. The aim is to build confidence and competence in addressing the "tough stuff" more effectively. Tough life challenges like…

- significant worker mental health challenges
- addiction recovery and substance use disorders
- suicide prevention, intervention, crisis response, and
- overdose prevention

## The top objectives of this Quick Start Guide are to:

**1** outline initial action steps for workplaces seeking to build a mental health and suicide prevention program;

**2** provide a high-level overview to organization stakeholders and leaders just starting to build a culture change initiative;

**3** establish turn-key documents that can be used for duplication and reference for planning, prevention, and response.

**4** consolidate and centralize resources and identify key stakeholders that can help navigate them, for a multifaceted approach to the physical and mental well-being of the workforce;

## The Quick Start Guide is designed to help

| Companies (for- and non-profit) | Government Agencies | Professional Associations | Labor Organizations |
|---|---|---|---|

Like most organizational change efforts, a team approach helps make implementation effective. Successful teams will implement these practices and have representation from several different perspectives in the organization including but not limited to:

### Leadership
employer/professional association/labor executive-level leadership and internal change agents who are inspired to champion this process and who also have the authority to allocate resources
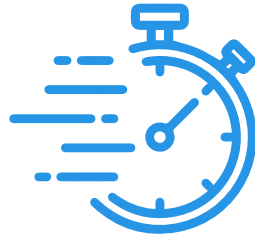
### Implementors
HR, management, safety, wellness, legal professionals, and others tasked with implementing this process

### Recipients
Workers/peers/people with lived experience

**Quick Start**

Considering the representation of members listed above, who might you enroll to be a part of a working group of mental health champions that will assist with your implementation of the practices in the Quick Start Guide? (Engage only a manageable number of team members.)

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**WORKPLACE**
SUICIDE PREVENTION

This guide simplifies the nine practices of the National Guidelines for Workplace Suicide Prevention to give organizations easy-to-understand starting points to build momentum.

For more information and tools visit: **www.WorkplaceSuicidePrevention.com**

The Quick Start Guide intends to offer adaptable "handholds" that will ultimately help an organization craft a strong culture of care that is responsive to industry, occupation, and sector needs. By regularly assessing, researching, and modifying practices, organizations will evolve their particular program to best suit their workforce.

For instance, in safety-critical industries, integrating programs and protocols into existing safety programs may help close a gap between technical job site safety and psychological safety.

Many of the ideas and programs expressed in this guide assume a certain level of organizational structure, capable of dedicating resources to help achieve success. For smaller organizations, it may be more appropriate to implement the practices but adapt the application to fit your size, structure, and resources. Each practice has many additional action steps for full implementation, but the goal of this guide is to get the momentum started. When you think about building out your mental health program consider the overall lifespan of the worker's experiences – from recruitment to retirement. For example, you might consider providing a list of the mental health resources during onboarding and departure from the organization.

### 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

# Eight Guiding Principles

Throughout the entire implementation process, these guiding principles can help your team stay focused on the values most likely to lead to an impactful outcome.

**Strategic integration**
Identify how workplace mental health, addiction recovery and suicide prevention align with other health and safety priorities.

**Comprehensive and sustained investment**
Prioritize the approaches with adequate financial and human resources.

**Harm reduction**
Appreciate that workplace environments are often drivers of poor worker mental health and mitigate these root causes.

**Culture cultivation**
Deploy approaches most likely to shift mindset versus those that only temporarily raise awareness.

**Dignity protection**
Consider practices and programs that uphold self-worth and a sense of belonging during vulnerable life experiences.

**Well-being promotion**
Create work environments that help sustain a passion for living.

**Empowered connection**
Build meaningful relationships with mental health supports and empower people to be accountable for their well-being.

**Action orientation**
Realize that awareness is necessary but not sufficient for cultural change.

# A Comprehensive and Sustainable Strategy: Upstream, Midstream & Downstream Approaches

For a workplace mental health and suicide prevention program to have lasting impact, it should be comprehensive, sustainable and strategic, focusing in equal measure on upstream, midstream and downstream approaches.

**1.Upstream:**
Build protective factors that prevent problems from happening in the first place by promoting life skills, community, and mental health/suicide prevention literacy.

**2. Midstream:**
Early and effective intervention that identifies problems early in the course of their development, and offers the opportunity to course-correct environmental hazards and efficiently connect people who are suffering to qualified supports.

**3. Downstream:**
Safe and compassionate responses to the aftermath of mental health and suicide crises that follow best practice guidelines help reduce the impact of suicide, suicide attempts, and other mental health crises while promoting dignity and empowerment for all impacted.

## 8 Guiding Principles

WORKPLACE SUICIDE PREVENTION

### Making Suicide a Health and Safety Priority at Work

| | | | |
|---|---|---|---|
| Strategic Integration | Comprehensive & Sustained Investment | Harm Reduction | Culture Cultivation |
| Dignity Protection | Wellbeing Promotion | Empowered Connection | Action Orientation |

# PART 1: UPSTREAM APPROACHES

## Leadership Engagement: Cultivating a Caring Culture Focused on Community Well-Being

> "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

Upper management support is imperative for the effectiveness of this program. A message or statement from the organizational leadership can help empower and build buy-in from all levels of the organization. Leaders can help drive a healthy and caring community and foster genuine community support and a sense of belonging. Bold leadership encourages the mindset that mental health and suicide prevention are important pieces of the To overall health and "safety concerns of the workplace community.

When leaders cultivate a caring culture, they must:
- Link the goals of a mental health program to the mission of the organization.
- Model their own mental health, emotional intelligence, and lived experiences.
- Invest financially in mental health components of safety and human resource protocols.
- Demonstrate knowledge about and experience with mental health supports.

## Executive Leadership
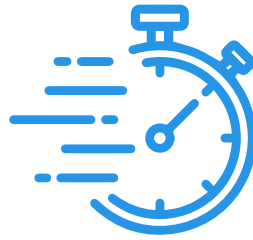
**Quick Start**

Who are your key top organizational leaders needed to prioritize the program and ensure its success through appropriate resource allocation and tying the efforts to the overall mission of your organization?

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## Lead Mental Health Champion (or Co-Leads)

This leader (or leaders) can hold other titles but will be known as the go-to advocate for the organization. The Lead Mental Health Champion should be "vocal, visible, and visionary." This champion can coordinate and meet with other leaders including but not limited to Human Resources, Safety, and Legal teams to align on processes and procedures. The Lead Champion will ultimately be responsible for overseeing and maintaining the success of the program. Their presence during the onboarding program for new hires and orientation will help establish an expectation for the culture from the beginning, whenever possible.

In addition to executive leadership, program leadership should be strategic and well-positioned within the organization. The role of all program leaders will be multifaceted and include the role of assisting workers looking for assistance by calling and helping to make initial connections with the referred resources if requested by the individual.
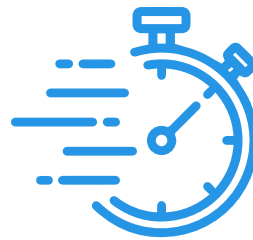
**Quick Start**

Who is/are your one or two Lead Mental Health Champion(s) best suited to direct the implementation of these practices at your organization?

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# Assess and Address Psychosocial Hazards, Job Strain, and Toxic Work Contributors

Sometimes what helps people reduce their distress is to give them coping strategies or mental health supports, but often what is needed is to address environmental problems. The goal of this practice is to reduce environmental aspects of job strain, stress, trauma, and life disruption that negatively impact employee vibrancy.

Some common psychosocial hazards linked to poor mental health and increased suicide risk:

1. Low job control
2. Poor support
3. Lack of role clarity
4. Poor organizational change management
5. Inadequate reward and recognition
6. Effort-reward imbalance
7. Exposure to traumatic events or material
8. Remote or isolated work

9. Poor physical environment
10. Violence and aggression
11. Bullying
12. Harassment, including sexual and gender-based harassment
13. Discrimination and racism
14. Conflict or poor workplace relationships and interactions

To implement this practice successfully, you must get a better sense from your workforce community about which specific environmental stressors are most prevalent. One way to do this is to conduct a pulse check with your workers. Have a conversation with a diverse group of workers. Ask: "Which work-related aspect drives the most distress around here?"

**Quick Start**

**Of the above list of workplace mental health hazards, which is the most commonly cited psychosocial hazard your workers are experiencing?**

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Once you have identified the most pressing psychosocial hazard(s), enroll your workforce community to help generate constructive ideas to mitigate those hazards.

# Communication: Increase Understanding Suicide and Reduce Fear

### Communication Integration

This practice is about creating a communication strategy to shift culture and increase psychological safety, help-giving, and help-seeking. By "baking in" messaging around suicide prevention, mental health promotion, and resilience wherever health and safety messaging is happening, you can find innovative ways of connecting the dots between overall physical health and mental health. Some suggestions are to have workers share stories of recovery, offer coping skills for resilience, and give examples of how peer support or mental health resources work. Consider creating shareable content that can be easily updated on a website portal and accessed through a QR code or shorthand link.

**NOTE ON "TRANSCULTURATION"**

Many organizations are considering translating mental health communication tools into Spanish and other languages. Merely translating word for word from English to Spanish or other languages is insufficient as the meaning can be lost. Given the cultural nuances of different dialects and languages, we suggest considering a "transculturation" approach to make sure the language used is actually reaching the intended audience effectively. The conversion of words often needs to be "localized" to be fully relevant among different groups in different parts of the country.

## Finding the Positive Frame

In addition to strategically aligning well-being, mental health, and recovery messaging with your overall health and safety communication, it's important to use tactics that emphasize a positive frame[1].

What do we mean by a positive frame? It means we balance out messages related to creating awareness about problems (e.g., statistics about rates of mental health conditions or suicide) with messages that inspire hope or are a call to positive action.

## What does "Positive Narrative" mean?

| Yes | No |
|---|---|
| There are actions that people can take to help prevent suicide | Everything is perfect |
| Prevention works | Recovery is easy and linear |
| Resilience and recovery are possible | We don't acknowledge pain or problems |
| Effective programs and services exist, and | |
| Help is available | |

[1]*Source: https://www.suicidepreventionmessaging.org/*
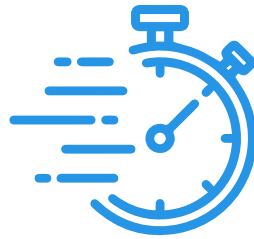
**Quick Start**

Where do communications about health and safety show up for your workforce over a typical day or career? How can you "bake in" additional communications about MENTAL HEALTH and PSYCHOLOGICAL SAFETY?

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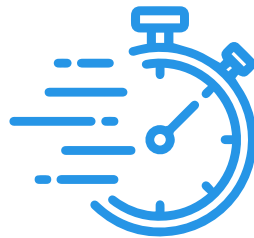
**Quick Start**

How can you cultivate a positive narrative about workplace mental health and recovery through your established or newly considered communication messages?

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### Establishing a Mental Well-being Hub

As you build out the organization's tools and resources, consider building a centralized "Mental Well-being Hub" database that organizes the content for easy access.

National and local organizations that promote mental health, suicide prevention, and addiction recovery awareness and research should also be included so that the most recent information can be accessed. This database may also include a variety of publications such as published articles, research studies, and best practices methods for creating awareness. A carefully curated list of podcasts and blogs might also add value.

For organizations with lesser technical or personnel capabilities, you might utilize internal communication methods to provide tools and resources to your workforce.
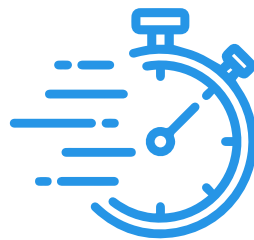
**Quick Start**

**Where on your organization's website might a "Mental Well-being Hub" live? What is the first step in getting it up and running? Who might have access to this site (workers, prospective hires, clients, etc.)?**

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# PART 2: MIDSTREAM APPROACHES

## Self-Care Orientation: Self-screening and Crisis Inoculation Planning

"Self-Care Orientation" implies a mindset that helps empower workers to prioritize their mental health, as they might do with other aspects of their health. For instance, we often check our weight, blood pressure, and cholesterol to stay in front of heart disease.

Similarly, mental health self-care, self-awareness, and proactive habits help workers stay in front of mental health emergencies and suicidal thoughts. They can also help workers gauge when they need to get additional possible professional help. For example, they might notice, "I've practiced all of the things that help me recharge my batteries but I just can't shake this feeling or solve this overwhelming problem. This is my cue to call someone for help."

Chances are good that many workers weigh themselves regularly, get their teeth cleaned, and get the flu shots. However, they seldom act proactively toward their mental health. This practice finds ways to empower people to self-detect emerging suicidal thoughts or mental health concerns (e.g., depression, anxiety, anger, and substance use issues) early in the development of these problems and link people to helpful resources and supports. Additionally, self-care orientation encourages people to plan for mental health emergencies before they are in crisis.

Many online mental health tools provide confidential screening or simple emotional regulation hacks. For instance, many apps for mood tracking, mental health screening, and self-care tools exist that will help workers prioritize this aspect of their mental health. Try them out before adding them to your Mental Well-being Hub to see if they are a good fit for your workforce.

Not all organizations have access to behavioral healthcare as part of their benefits package. If the organization does not provide an EAP or a MAP community, other self-help tools should be communicated to workers who utilize national and local resources (e.g., 988 and local crisis helplines).
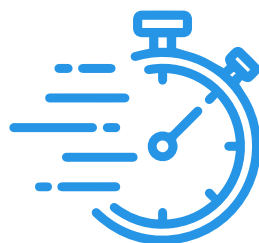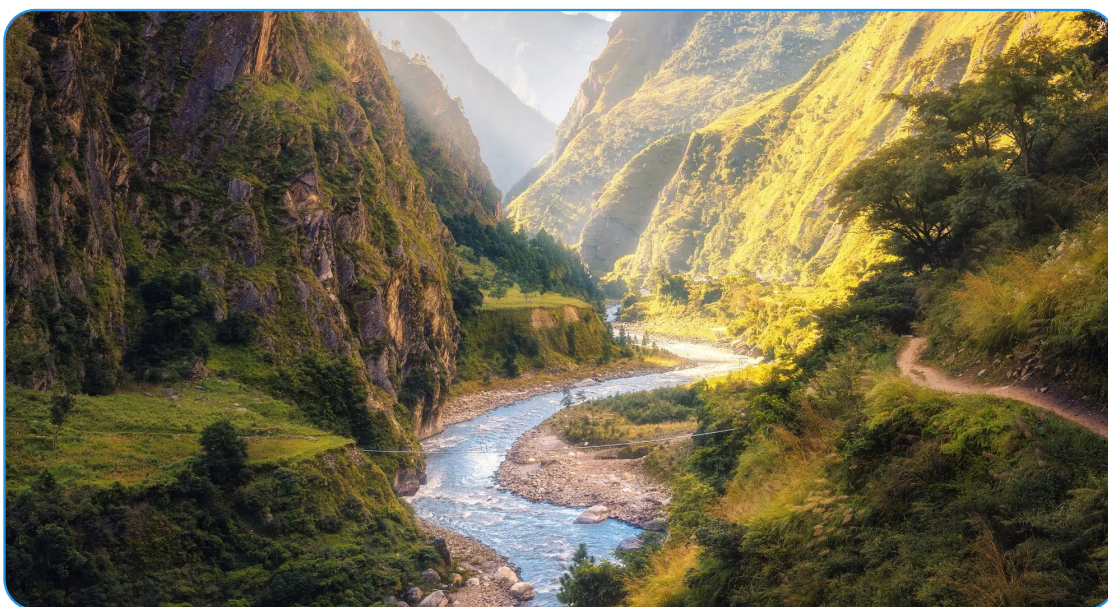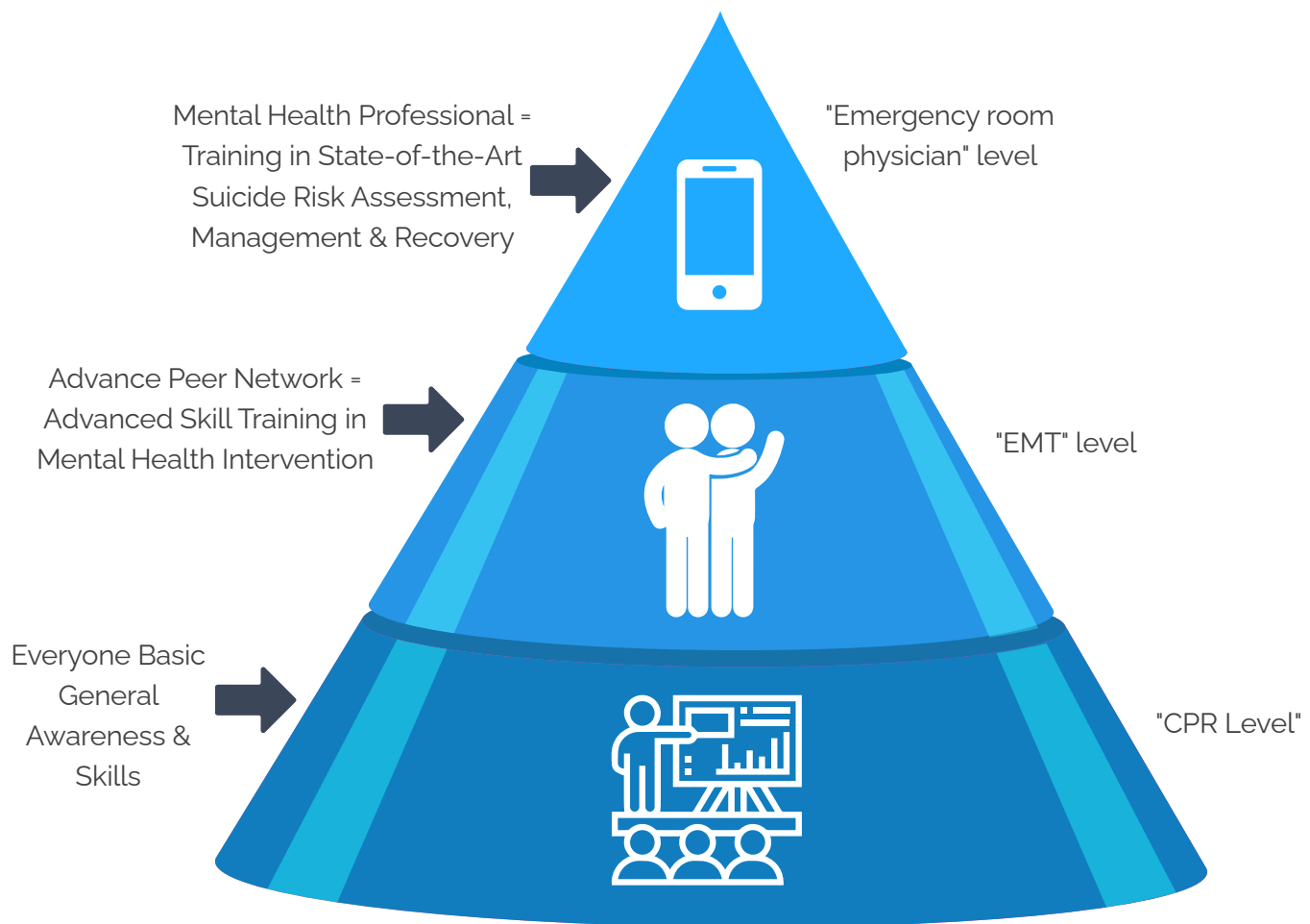
**Quick Start**
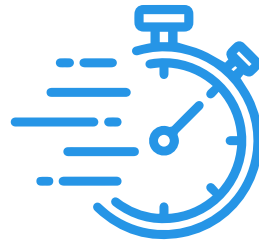
**Quick Start**

How might your organization incentivize or inspire people to be proactive about taking care of their mental health and emotional well-being? How might organizational (EAP/MAP) or community resources be communicated to your workforce?

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# Training: Build a Stratified Mental Health Promotion & Suicide Prevention Training Program

Training programs, preferably evidence-based programs, that go beyond raising awareness and teach skills about responding to mental health challenges and suicidal risks can help others learn to identify warning signs of suicide, start supportive conversations, and enlist workers to act as a knowledgeable and compassionate bridge to resources. The most evolved work organizations offer a tiered approach to training that builds skills and confidence at different levels of intensity throughout different levels and divisions of workers.

Mental Health Professional =
Training in State-of-the-Art
Suicide Risk Assessment,
Management & Recovery

→

"Emergency room
physician" level

Advance Peer Network =
Advanced Skill Training in
Mental Health Intervention

→

"EMT" level

Everyone Basic
General
Awareness &
Skills

→

"CPR Level"

For instance, organizations can offer managers and supervisors specialized training to help them drive culture change, address performance issues related to mental health or respond to mental health emergencies.

Other ongoing mental health training sessions might teach skills like emotional regulation, conflict resolution, stress management, communication skills, financial planning, goal setting, etc. Trainings like these can be integrated into the mandatory training curriculum. Many established mental health trainings offer train-the-trainer certification courses that can build capacity within your organization to scale the training broadly.

If an on-site instructor is not available, the organization can research alternative complementary training services offered by the local governmental health authority or other community crisis response organizations. Additionally, local labor organizations may already have this as a part of their training structure.

The intent of providing basic mental health or suicide training (sometimes known as "gatekeeper training") is to increase the number of people who can recognize suicide and mental health crisis warning signs and help connect people to professional resources.

Examples of basic and advanced training are listed in the "Helplines, Treatment Services & Suggested Training" section at the back of the Quick Start Guide.

Upon completion of the training, workers can be given a visual indicator like a sticker or pin that identifies them as a resource for identifying warning signs and support. This visual cue that someone might be a safe and knowledgeable person to reach out to could also be communicated during onboarding so new people know how to identify a trained person at work.
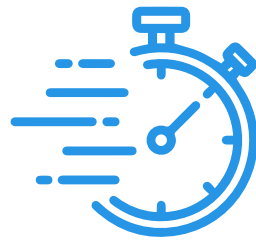
**Quick Start**

What mental health awareness or skills training might be beneficial for your workers? Who should you train first? How should you visually identify trained personnel?

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# Peer Support and Well-Being Ambassadors

For this practice, the Lead Mental Health Champion(s) and the organization should seek to enroll peers, ombudsmen, or ambassadors to increase awareness of and comfort with mental health and suicide prevention resources and to drive the implementation of best practices.

The Lead Mental Health Champion or another designated Chair of this group can recruit others who reflect the full demographics of the workforce. Once this group of "Peer Supporters" is established, a program charter is a good first step. Here the group defines the mission, vision, values, and top goals.

Peer Supporter subgroups can be formed to tackle diverse mental health topics such as domestic violence, and drug and alcohol use, and which offer peer support for veterans and military service members, LGBTQ+, Black, Indigenous, and People of Color (BIPOC), and other affinity groups.

The Peer Supporters may work together to provide oversight for any organizational mental health-related documents, resources, and programs for the inclusion of the following:

- applicability of materials, programs, and resources to the workforce population being served
- sharing the stories and voices of people with lived experience (e.g., suicide loss or attempt survivors, people in long-term recovery from addiction, etc.)
- safe and effective messaging related to mental health materials and communication efforts

Peer Supporters may also focus on empowering others at work. Shared stories of resilience and overcoming tragedy can give others the courage to take steps needed for self-care and for caring for others. Groups and social platforms for sharing resources can be established at the workplace location. This platform can serve as a resource for people who want to share best practices and resources, to pose questions, and to solicit feedback.

Other formal peer support groups such as a grief support group or a 12-step group can be established at times and locations where people feel comfortable participating. A conference room or other workspace location can be used to facilitate these discussions. Collaborating with community organizations such as a local chapter of the National Alliance on Mental Illness or the American Foundation for Suicide Prevention might assist the Peer Supporters in establishing initial standard operating procedures so the groups are run effectively.

These community-based organizations might be able to offer a meeting space to hold support groups in a more private location than at a workplace or job site. Alternatively, virtual meetings may be held after hours. Peer Supporters may also develop strategies to manage stress and connect with others. For example, a game room may also be considered as an alcohol-free way to blow off some steam after work. A Standard Operating Procedure can be developed for this space with feedback from a diverse team of workers that use it.
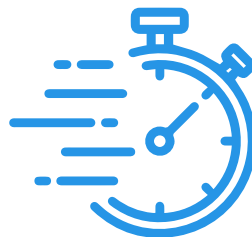
**Quick Start**

How might your organization pull together a representative group of passionate and effective Peer Supporters? What location might offer them meaningful and psychologically safe dialogue and activities?

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# Part 3: DOWNSTREAM APPROACHES

## Mental Health and Crisis Resources: Evaluate and Promote

The first step in building an effective go-to list of mental health services and supports is to take inventory of what already exists in the organizational benefits package and the local community. The second step is to conduct an audit of these services and supports to understand better how they work and if they are a good fit for the organization. This audit usually involves some "secret shopper" investigation and asking questions about how the partnership between the mental health resource and the organization would work best to support the workers. If they are worried about confidentiality, they should ask about how personal information is safeguarded.

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This audit work is a great project for the newly-formed groups of Peer Supporters or Mental Health Champions. By going beyond the HR and wellness departments to familiarize others with available resources, an organization garners more voices that lend endorsement to their credibility, accessibility, and trustworthiness.

Rather than developing a long list of hotline numbers and websites, streamline the list to just 5-7 key resources that are highly vetted by the Mental Health Champions/Peer Supporters. These might include.

- 988 Suicide and Crisis Lifeline
- Employee Assistance Program (EAP) or Member Assistance Program (MAP)
- Substance Use Recovery Center – offering multiple services like medical detox, inpatient/outpatient, family support, etc., and highly certified through LegitScript, the National Quality Approval' from the Joint Commission or NAATP
- County Mental Health Center
- Telemental Health
- Suicide or overdose bereavement support

Once the key resources are established, create an easy-to-assimilate "What to Expect" document that will help others link distressed workers to support quickly. This document should include a brief description of phone numbers/websites, services covered, and what a person accessing these services can expect when they call.

Add these services to the Mental Well-being Hub for quick access for the workers. The hub can be made available upon request or accessed anonymously by workers via a QR code that links to an organizational webpage. A resource hub can also be linked to a sharing type of program or can be found via the Mental Well-being Hub on the company webpage.

> NOTE: Consider language access, cultural responsiveness, waitlists, and compatibility with insurance when choosing mental health service providers.
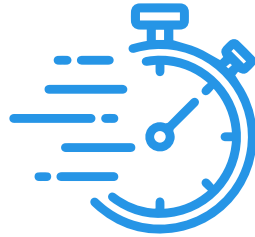
**Quick Start**

**Take inventory: What mental health services already exist for workers at your organization and what is known about their utilization and effectiveness?**

Employee Assistance Program or Member Assistance Program

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988 Suicide and Crisis Lifeline

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Addiction Recovery Resources

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Other Mental Health Services in the Community and/or Telemental Health Services

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# Mitigating Risk: Increase Lethal Means Safety and Address Legal Issues

For this practice, the organization focuses on the best ways to decrease the risk to the workers and the organization when facing mental health emergencies.

**Worker Risk Mitigation**

For instance, when the potential for suicide is high, one of the most concrete things we can do is increase the secure storage of any guns or potentially lethal medication. Ironically, certain workers (e.g., law enforcement and healthcare professionals) need access to these potentially lethal means as a part of their day-to-day job duties. Similarly, workers in the construction industry often have access to high places, deep holes, and heavy machinery that might be used for self-inflicted death. Organizations must recognize this risk and establish protocols on how the organization may be able to create a barrier between workers with disclosed suicidal intensity and these personal and work-related lethal means.

Another consideration is overdose prevention at work. Many workers, because of the nature of their jobs, have chronic and acute pain issues. Often, they are given opioid-based pain medication by their physician to deal with disabling pain. Sometimes, this prescription turns into a life-threatening addiction and increases the risk of overdose.

To prevent this tragic outcome, the organization can train workers in Naloxone intervention and educate workers on how best to dispose of unused medications in their homes through community pharmaceutical "takeback" programs.

Organizations subject to worker injuries need to partner with their worker compensation insurance carrier to assure that workers who are injured and need medical and pain management receive care that involves less addictive pain relief protocols.

Another work-related risk to workers is the culture of alcohol consumption at work functions. Are work-hosted happy hours promoting unlimited consumption of alcohol? Are holiday parties inclusive of people in recovery? New addiction-friendly workplace guidelines exist and can help with this policy development.[2]

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[2]*CDC NIOSH Landscape Report: https://tools.niehs.nih.gov/wetp/index.cfm?id=2621*
*Department of Labor Toolkit https://www.dol.gov/agencies/eta/RRW-hub/Toolkit*
*New Hampshire Program: https://www.recoveryfriendlyworkplace.com/join-us*
*CDC NIOSH Landscape Report: https://tools.niehs.nih.gov/wetp/index.cfm?id=2621*
*Colorado Toolkit: https://www.healthlinkscertified.org/uploads/files/2022_08_29_15_19_15_Colorado Recovery-Friendly-Workplace-Toolkit-2022.pdf*

Many safety-critical workplaces offer random drug screens. Literature on drug and alcohol use disorder recovery services can be distributed every time a drug test is required, regardless of results.



**Quick Start**

**Take inventory: Where might your workers have an increased risk for suicide, addiction, or overdose due to work-related factors? How might your worker insurance programs identify these risks and mitigate worker risks?**

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**Organizational Risk Mitigation**

At this level of risk mitigation, organizations address any workplace legal concerns such as the Americans with Disability Act (ADA), Family and Medical Leave Act (FMLA), privacy, liability, and others.

Additionally, the Mental Health Parity and Addiction Equity Act (MHPAEA, 2008) states that "large-group health plans cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits."

The spirit of this law is for organizations to ask themselves "Are you supporting workers' mental health needs with the same types of policies and treatment as you do their other healthcare needs?"

For example, when someone needs long-term, inpatient medical detox and recovery treatment, are they allowed the same type of paid time off (PTO) as someone who needs the same level of care and is recovering from a serious auto accident or cancer treatment?

Another consideration here is the need for workplace accommodations. Workers who experience disabling depression, anxiety, trauma, and grief might need accommodations – temporary or permanent – that do not interfere with the essential duties of their jobs.

For more information on the HR and Employment Law's role in mitigating organizational risk read **A White Paper for HR Professionals and Employment Lawyers: Mental Health Promotion and Suicide Prevention in the Workplace — Policy and Response Recommendations to Help Employers Positively Impact Workers and the Work Environment.**
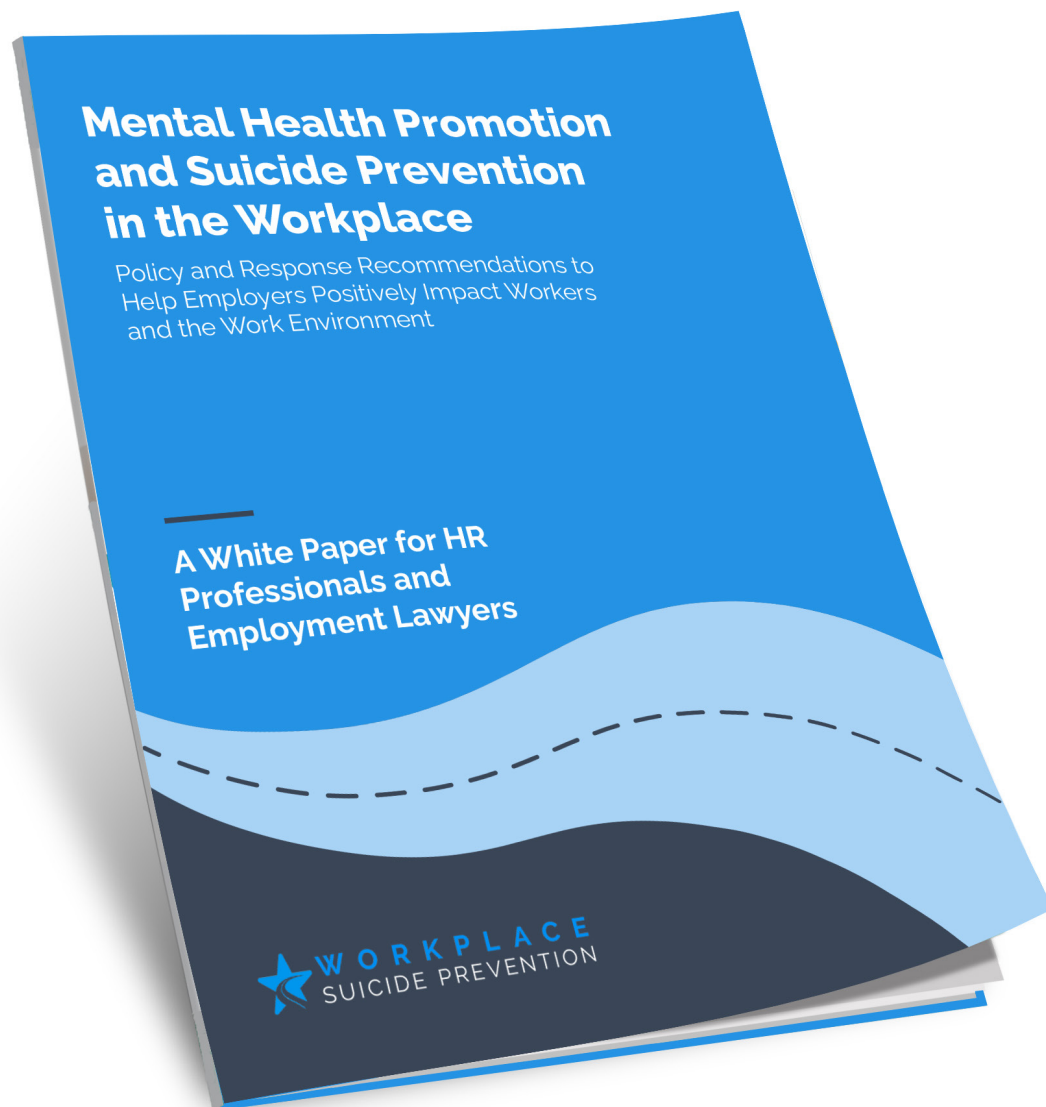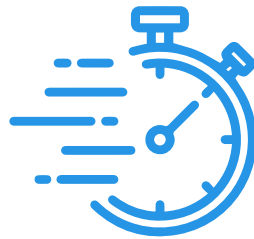
**Quick Start**

Take inventory: What are the biggest fears and concerns from your HR and legal counsel in implementing a comprehensive workplace suicide prevention, mental health promotion, and addiction recovery strategy? How might these fears be overcome?

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## Crisis Response: Accommodation, Re-integration, and Postvention

In this practice, organizations develop and implement crisis management procedures and longer-term support in the aftermath of mental health crises such as suicide or overdose death, or near misses of a worker or their family member.

The Mental Health Champions in partnership with HR, safety, and legal counsel can collaborate to develop a clear flow chart and protocol for responding to mental health-related fatalities and near-miss events. Cross-walking this protocol and any other workplace critical incident protocol (e.g., workplace violence) is essential. Once this crisis response protocol has been established, managers should be trained to increase their confidence and competence in implementing the steps. These steps often involve the following:

**IMMEDIATE: ACUTE PHASE (minutes to days after the critical incident)**

- Contain the crisis to minimize any collateral risk (e.g., exposure to death site)

- Notification to workers and others

- Activate any needed job site clean-up efforts

- Practical assistance and support to those most directly impacted (e.g., loved ones, witnesses)

**SHORT-TERM: RECOVERY PHASE (days to weeks after)**

- Offer specialized grief and trauma support services to those who need

- Promote healthy grieving (e.g., a workplace "celebration of life" gathering)

**LONGER-TERM: RECONSTRUCTING PHASE (weeks to years)**

- Re-integration of workers who may have been on leave due to a mental health emergency

- Plan for anniversary reactions

- Transition from crisis response to prevention

For workplace suicide postvention (response AFTER a suicide death) visit: https://workplacesuicideprevention.com/resources/
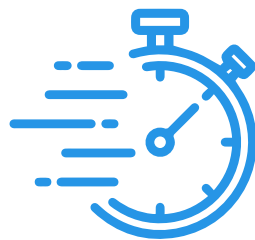
**Quick Start**

Identify ways to promote the 988 Suicide and Crisis Lifeline and educate workers so they better understand how the lifeline works and what to expect from the services provided.

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# CONCLUSION

The Quick Start Guide provides a framework for helping organizations start building their mental health initiative. It also aspires to assist workplaces in transforming their culture by creating an inclusive resource for mental health and suicide prevention support. It offers a high-level overview to inspire and guide stakeholders and leaders embarking on this crucial culture change. By centralizing and coordinating resources, and engaging key stakeholders, it fosters a holistic approach to the well-being of both the workforce and their families. With turn-key documents for planning, prevention, and response, this manual equips organizations with the tools they need to confidently and competently address the tough issues, paving the way for a healthier, more supportive work environment.

Organizational commitment is imperative for creating a company culture that supports mental health. Investing in worker well-being, taking advantage of the time spent building relationships with other organizations, and making improvements that will benefit the workplace are all opportunities to ensure the vitality of the workforce.

To take the next step in your journey, register as a pledge partner at Workplace Suicide Prevention or inquire about a H.O.P.E. Certification cohort at H.O.P.E. (Helping Our People Elevate through tough times) Certification.

# DEFINITIONS

**Lethal Means Safety:** Particularly firearms, the leading method of suicide nationally. If there are no means available to a person to act on their decision to self-inflict death, such as an unsecured firearm or medication, then the likelihood that that person will die by suicide drops significantly.[4]

**Lived Experience:** People who have direct experience with suicide have an important role to play in suicide prevention. These individuals — including suicide attempt survivors, others who have experienced a suicidal crisis, and those who have lost a loved one to suicide — can be powerful agents for challenging prejudice and generating hope for people at risk.[5]

**Postvention:** Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals or the workplace as a whole to alleviate possible negative effects of the event. A suicide death of an employee is only one type of suicide that could affect the workplace. The suicide death of clients, vendors, or a family member of an employee can also have a profound impact.[6]

**Safe Messaging:** Addresses "public messaging": any communications released into the public domain. Ranging from posters, PSAs, and social media to websites, newsletters, fundraising appeals, event publicity, press interactions, public talks, and advocacy efforts, each contributes to the public's perceptions about suicide and suicide prevention.[7]

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[4]*https://www.gettrainedtohelp.com/en/home/calm*

[5]*https://theactionalliance.org/our-strategy/lived-experience*

[6]*https://workplacesuicideprevention.com/resources/*

[7]*https://www.suicidepreventionmessaging.org/action-alliance-framework-successful-messaging*

# Helplines, Treatment Services & Suggested Training



## Helplines

- Call 988 National Crisis and Suicide Lifeline
- Disaster Distress: 1-800-985-5990 (press 2 for Spanish), or text TalkWithUs for English or Hablanos for Spanish to 66746. Spanish speakers from Puerto Rico can text Hablanos to 1-787-339-2663.
- National Domestic Violence Hotline: 1-800-799-7233 or text LOVEIS to 22522
- National Child Abuse Hotline: 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- National Sexual Assault Hotline: 1-800-656-HOPE (4673) or Online Chat
- The Eldercare Locator: 1-800-677-1116
- Veteran's Crisis Line:  988  then press 1

## Treatment Services

Find a health care provider or treatment for substance use disorder and mental health.

- SAMHSA's National Helpline: 1-800-662-HELP (4357) and TTY 1-800-487-4889
- Treatment Services Locator
- Interactive Map of Selected Federally Qualified Health Centers
- Health and Human Services: Dial: 211 https://www.211info.org/
- Alcoholics Anonymous: https://www.aa.org/

## Mental Health and Suicide Prevention Training for the Workplace

- VitalCog – one- to two-hour workplace suicide prevention training https://vitalcog.com/
- QPR (Question, Persuade, Refer) https://qprinstitute.com/
- Talk Saves Lives https://afsp.org/talk-saves-lives/
- safeTALKhttps://livingworks.net/training/livingworks-safetalk/
- Mental Health First Aid at Work https://www.mentalhealthfirstaid.org/population-focused-modules/workplace/