Construction Industry Suicide Prevention Take Action Guide

RESTORE · REFOCUS · RECOVER

NOT TODAY

CONSTRUCTION SUICIDE PREVENTION PARTNERSHIP

TABLE OF CONTENTS

NOTICE:

This document deals with the sensitive topic of suicide. If you or someone you know needs support, call the toll-free, 24/7 **National Suicide Prevention Lifeline at 1-800-273-8255.** You can also **text TALK to 741741** for free, which offers 24/7 support from the Crisis Text Line.

ACKNOWLEDGMENTS

This work would not have been possible without:

INTRODUCTION

Construction sites can be highly stressful environments. They also cultivate innovation, valuable friendships, and deep trust. Together, we can inspire change within our industry that leads to lower suicide rates, improved mental well-being, and safer, healthier, and more humane workplaces.

This guide's purpose is to help make that happen – for construction companies, safety managers, and trade workers. It is designed to help improve mental health, access services, and encourage healthy conversation around mental wellness.

We hope you find these tools helpful.

THE HEART OF THE MATTER

According to the CDC, the construction industry has one of the highest suicide rates compared to other industries. Research suggests several risk factors may play a role in these elevated rates.

Risk factors include:

- Cultural mindset of toughness and stigma associated with needing/ seeking help

- Substance abuse from self-medicating pain or stress with drugs or alcohol; includes addiction to opioids, often prescribed for pain management

- Lack of knowledge or access to mental health programs or personnel support for overall well-being

- Increased access to lethal means

- Seasonal and intermittent nature of construction work

- Demographic factors that may present additional higher risk of suicide

- Isolated work environments; frequent travel and separation from family and friends

Our goal is to fully integrate mental well-being into the construction employment education and training infrastructure to reach the diverse workforces it represents. As your workplace takes on suicide prevention policies, procedures, and protocols, you are creating the change our industry needs.

Use this guide's information, resources, materials, and trainings to build out your own internal program. **Together, we can make meaningful and long-lasting change.**

SECTION 1:

COMMUNICATING AND PROMOTING POSITIVE MENTAL HEALTH MESSAGES

COMMUNICATING AND PROMOTING POSITIVE MENTAL HEALTH MESSAGES

WHY

Simply checking boxes around training, benefits, and procedures doesn't work. The key: building a community of care that accepts and normalizes actions and emotions associated with stress, anxiety, depression, frustration, fear of failure, and more.

Budget, scheduling, and other production metrics have traditionally been measures of success in construction. Safety is held in high regard because we value the importance of sending our team home safely every day. We have seen an evolution of extensive laws, rules, and policies that address worker physical safety but rarely those that prioritize mental well-being. This imbalance, along with a host of societal pressures, has been detrimental to our workers physical and emotional health. Traditionally, our industry sees an alarming number of construction professionals engaging in unhealthy behavior as a coping mechanism which can lead to self-injury and suicidal ideation.

We know employees can feel overwhelmed by the competing expectations between work and home. Many may have a perceived message that they need to deal with problems alone, "tough it out," or else risk retribution or ridicule from their peers.

As mental health erodes, so does workers' attention which translates into more injuries and accidents, declining job performance, deteriorating employee relationships, and a diminishes work culture. This cycle is destined to repeat until something is done to address the root cause of challenges with mental health. Education and training can reverse that, with practical tools to make our job-sites safer, healthier, and more inclusive.

Leading by example, from the top down, is critical to the success of this program as well as the perception in the field.

> **A community of care that accepts and normalizes the actions and emotions associated with stress, anxiety, depression, frustration, fear of failure and more – starts now.**

COMMUNICATING AND PROMOTING POSITIVE MENTAL HEALTH MESSAGES
(CONTINUED)

HOW

From the top. Management and supervisors play an important role in preventing suicide and **helping employees confidently, candidly, and comfortably during times of distress.**

This guide will help you identify signs of distress and empower employees to do the same for their peers.

Of course, leaders are enormously influential in how mental wellness is seen within our industry. Upper management support is critical for a culture to evolve and be successful. A consistent message, reinforced with collaboration and support from other construction companies, owners, and business partners, will allow our workforce to rise up together and restore hope to our industry.

> **Leaders influence how the workforce promotes mental wellness in our industry.**

Easy ways to get started:

- Commit as an organization to make mental well-being and suicide prevention an organizational priority – then discuss it every chance you get

- Deliver the message during onboarding that mental well-being is encouraged and valued at your organization

- Make the cause visible and routine, with flyers, t-shirts, hard hat stickers; make it seen

- Donate to and attach your logo to recognized suicide prevention and mental wellness efforts

- Create initiatives that promote wellness and reaching out for assistance

- Engage organizations such as Lines for Life – the Oregon branch of a nationwide non-profit support and crisis line, dedicated to preventing substance abuse, suicide, and promoting mental wellness

- Keep the conversation going; make it heard

COMMUNICATING AND PROMOTING POSITIVE MENTAL HEALTH MESSAGES
(CONTINUED)

WHAT

Our industry has the power to reduce stigma and increase employees' sense of well-being. It is in our nature to build, change, evolve. We can ensure individuals know where and how to get help when they need it without feeling shame or guilt.

Shifting workforce culture can feel like a big undertaking; we are here to support the movement.

Our workforce climate and culture are endlessly adaptable. By sharing messages of hope, educating around mental wellness, and openly discussing mental health to reduce the stigma, **you will change the face of our industry!** Talk about it. Publicize it. Market it. Normalize it. Use your natural channels of communication (ie: newsletters, meetings, tool box talks, etc.).

> **Talk about it. Publicize it. Market it. Normalize it.**

As leaders, consider the following:

- Employees work hard, make personal sacrifices for work, and may need help and tools to maintain balance in their lives

- A culture that intentionally recognizes and spotlights mental health ultimately pushes your workplace towards a safer, stronger place of business

- Make mental well-being discussions part of your everyday language and overall goals of the company

WORKPLACE COMMUNICATIONS

Educational messaging that focuses on resiliency skill-building or the mental and physical connection can be powerful, hopefilled messages.

HOW

COMPANY NEWSLETTER:

Publish a routine mental wellness article as part of a larger routine workforce communication initiative. Adapt or rework an existing Tool Box Talk or article to fit the message you want to send.

COMPANY EMAIL:

Send out a routine email that highlights safety and other achievements. Include a message that promotes mental or physical health. Include crisis numbers, healthcare benefit information, or EAP phone numbers.

WHAT

NEWSLETTER EXAMPLE:

Stress and anxiety are very real. They layer added pressure onto already pressure-filled days. At [company name] we care about each person's total health – physical **and** mental health.

Worried about the mental health of someone near you? **Keep an eye out for these signs:**

- Emotions are more volatile (higher highs and lower lows)
- Mood is depressed for two weeks or more
- No longer showing interest in previous hobbies
- Struggling with sleep
- Giving away personal items
- Distracted and unable to focus or retain information

These signs can be symptoms of treatable mental health issues. A doctor or mental health counselor can provide access to potentially life-saving paths. Take your mental health seriously. Getting help of any kind is courageous.

EMAIL EXAMPLE:

Mental health and wellness is every bit as important as your physical health. [Insert infographics, links and content about the link between physical and mental health. See our pre-developed resources]

Keep an eye out: if your co-worker or a loved one seems to be struggling with stress, anxiety or depression, there's help. [Insert your company's EAP information or your local crisis line such as Lines for Life 800-273-8255 or www.linesforlife.org]

WORKPLACE COMMUNICATIONS (CONTINUED)

HOW

ANY MEETING OR HUDDLE:

Use all opportunities to put mental well-being out there; break down stigma through repetition.

Start every meeting with a physical safety moment and incorporate an emotional safety moment. (We have Tool Box Talks and custom messaging you can use.) Encourage participation and feedback from your team.

CONTRACTOR ONBOARDING:

Ask that contractors and business partners have a suicide prevention program. At a minimum ask them to note their EAP resource in their emergency planning document. Have the conversation at the beginning of the project. Make sure a plan is in place to address a mental health crisis.

LISTSERV, TELEPHONE AUTO RECORDED MESSAGES, OR TEXTING SERVICES:

Sending pre-recorded messages to employees and families via a telephone notification system can quickly address mental health awareness.

WHAT

EXAMPLES:

- **Your mental health and wellness are just as important as your physical health.** Take a minute to check on your emotional wellness today. At [company name] we want you to be well both physically and mentally. If you need support, please talk to someone you trust.

- **Good morning! We want to remind you that if you are feeling stressed or anxious, please talk to someone you trust.** Keeping your feelings bottled up never makes things better. Reach out to a friend, your EAP, or Lines For Life for support by calling **1-800-273-8255**. You don't need to struggle alone. If you are not sure who to talk to, look around; any worker with a (QPR) sticker can help you.

- **Sometimes you just need someone to talk to.** Lines For Life is here for you. Call or text any day of the week. Visit **LinesForLife.org** for more information. Remember to take care of your mental and physical health this year. We care about how you are doing physically and mentally.

EXAMPLES:

- It's TCO/Topping Out/Final Punch list week! We know this is a stressful stage and can be overwhelming. Take a few moments to pause, breathe, and notice if you need extra support this week. Make sure to check on a friend, too.

- Winter is just around the corner! Please know that your mental health matters. Check in with yourself to plan for mental health resources available over the coming months as the days get shorter and darker.

NOTE ON EFFECTIVE MESSAGING

For stronger impact, messaging should be informative,

positive, interactive, and include skill-building.

WORKPLACE COMMUNICATIONS (CONTINUED)

HOW

TOOL BOX TALKS:

Quick, Easy, Effective: Tool Box Talks are one of our easiest and most effective tools to create discussion around mental health at our jobsites. See the examples to the right or create your own. Keep them brief and do them consistently to make sure they have the most impact for each person on your workforce.

WHAT

TOPIC EXAMPLES:

- Coping with Stress
- Suicide Awareness
- Under Pressure
- Diversity, Equity, & Inclusion
- Veteran Challenges
- Lines For Life
- EAP and Benefit Resources

HOW

SHARING RESOURCES:

Notifications: Consider places in your communication strategy where you can add a link to mental health resources in your area. This could also be a space to remind employees to practice stress management, talk to a mental health provider, access their EAP, or reach out for crisis support. **Get creative.**

WHAT

EXAMPLES:

- Payroll/Timecard portal site
- Internal employee websites
- Bookmark websites on company computers

PRINT MEDIA

Keeping resources like employees' EAP, medical plan benefits for mental health, and local crisis lines (eg. Lines for Life) top of mind further normalizes that help is possible and accessible.

Place messages in spaces where employees hang out regularly. Encourage employees to pass materials out and refer their friends to them – imagine the impact that can have.

HOW

POSTERS:

Canvas worksites with banners, posters and reminders at different locations that see a lot of traffic. Communication boards, bathrooms, breakrooms, magnets on first aid kits - **be creative!** These can also be stuffed into paychecks or mailed home to help education family members.

PROMOTIONAL MATERIAL:

Distribute Hard Hat stickers, wallet cards, key chains, flashlights, t-shirts (especially high vis), pop sockets with crisis line numbers, or company EAP resources.

WHAT

FOR EXAMPLE:

Create your own visuals or download this example.

FOR EXAMPLE:

Industry-specific swag with meaningful messages and mental health resources

SOCIAL MEDIA

Share Lines For Life's Social Media Content

You don't have to spend a lot of time or reinvent the wheel. Follow organizations with messages you trust, such as Lines for Life, and share their content along with your own resources.

[f] **Lines for Life**

[Instagram] **@wearelinesforlife**

[Twitter] **@Lines_for_Life**

[LinkedIn] **Lines for Life**

HOW

MESSAGES FOR EMPLOYEES:

Just like your company promotes things like Safety Week, DEI learning events, and company picnics, use social media to promote the mental health and wellbeing of your workforce.

This is a small step that can really alter the stigma around mental health issues.

For instance, you can promote Lines for Life as a resource for your employees and families, in addition to what's already in your benefit program like benefits related to mental health, EAP services, etc.

WHAT

SOCIAL MEDIA MESSAGE EXAMPLES:

Support is available right where you are. Lines for Life is available for you any time. **800-273-8255 (TALK) 24/7/365**

Feeling stressed? Dealing with stress can look different for everyone. Things to try: getting outside, talking to friends, listening to music, going for a run, or doing a breathing exercise. Keep trying different ideas until you find what works for you or switch it up if your "go-to" isn't working for you today.

Mental health is just as important as physical health. You deserve to be well and feel well. Get support right here at [insert medical plan or EAP info].

Dealing with depression or anxiety? Lines for Life wants to support you right where you are. Talk to a trusted friend, family member or co-worker, or call/text with Lines for Life. Hope is just a phone call away. **800-273-8255 (TALK) 24/7/365**

HASHTAGS

#itsoknottobeok
#youarenotalone
#mentalhealthmatters
#reachout
#letstalk

#recoveryispossible
#itsoktoaskforhelp
#destigmatizementalhealth
#mentalhealthishealth
#suicidestopshere

SECTION 2:

PRIORITIZING SUICIDE PREVENTION EFFORTS

Prevention

Suicide Prevention is the intentional path your organization takes to create a workforce culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way.

- Mental health education for employees
- Suicide prevention training for supervisors
- Mental health awareness campaigns

Intervention

Suicide/Crisis Intervention is the intentional path your supervisors or employees take in the event of an employee mental health crisis.

- Getting an employee to open up
- Guiding them to professional resources
- Emergency services

Postvention

Suicide Postvention is the intentional path your organization takes in the event of a suicide in the construction community. Best practices in postvention are designed to reduce the rate of suicide contagion.

- Communication with employees
- Promoting healing in your industry
- Communication with the media

SUICIDE PREVENTION PURPOSE AND PROCEDURE

Similar to safety protocols, CSPP encourages the adoption of suicide prevention protocols.

QUICK NOTES: WHAT EMPLOYERS NEED TO KNOW

- Every employee needs to know that protocols exist; that they can refer at-risk co-workers to trained professionals so the burden of responsibility is not solely with them in the moment or "on the scene."

- Talking about suicide or asking if someone is feeling suicidal **should not be avoided**. Research has shown that talking about it does not put the idea in someone's head or cause them to end their life. They may instead feel relieved that someone has asked.

- Workers need to be confident that help is available when they speak up about suicidal behavior, whether it is regarding themselves or another coworker. Having **support in place can lessen the reluctance to speak up** when employees are concerned about a fellow co-worker.

- Advance planning is critical to providing an **effective crisis response**.

- We know that **the more we support and address concerns** about worker's mental health, the more productive, present, and safe our workers are. It is not only the right thing to do for our employees, it is also the right thing to do for our businesses.

SUICIDE PREVENTION PURPOSE AND PROCEDURE
(CONTINUED)

CONFIDENTIALITY NEED TO KNOW

While employment relationships and requirements vary from company to company, be aware that employees with mental health problems could be protected by the Americans with Disabilities Act, Family and Medical Leave Act, and other local laws.

As with all medical information, you should take steps to ensure the security of the employees' mental health information. If information must be kept, keep it outside of any personnel records, in a locked file cabinet, in a locked office. Only designated individuals should have access to such information. Supervisors and managers typically may be told about mental health concerns to the extent necessary to protect employees and provide appropriate and necessary accommodations.

Good Samaritan Laws protect individuals who intervene in a suicide attempt – everyone should be encouraged to engage in verbal suicide prevention and have the training and resources to do so. (Physical suicide prevention should be left up to professionals and first responders.)

No one should be reluctant to take any action set forth in this Guide because of perceived liability and employees can be educated and empowered to help should this situation arise.

Companies should consult human resources professionals or counsel related to employment relationship issues, which include but are not limited to required time off, position or responsibility changes, perceived accommodations, medical examinations, corrective action, termination, and employment file documentation. There can be many implications related to The Americans with Disabilities Act "ADA", Family and Medical Leave Act "FMLA", or other local laws designed to protect employees.

INFORMATION SHARING

Employees often spend more time with their coworkers than they do with their own family – so they may be inclined to reach out for help from someone on the job. In a crisis situation, professional assistance should be sought out as soon as possible. If there is no immediate threat, encourage the employee to widen their support network and engage with a mental health professional or crisis line.

Your company's suicide prevention contact person could say, "I know this is hard to share so I'm glad you did. I want to help you but this is really big for one person to handle alone. Do you have someone in your life that you trust that you have or can share this with?"

Assure the employee that conversations are confidential, potentially outlining who else within your organization may need to know about it. This increases the likelihood that the employee will come to that support person again if they need additional help.

SUICIDE INTERVENTION PROTOCOL

WARNING SIGNS FOR SUICIDE

Signs of suicide are similar to the signs of depression. However, depression is a risk factor for suicide, not necessarily a cause. Signs can last for a period of two weeks or longer, but some people may act impulsively and choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

WARNING SIGNS OF AN IMMEDIATE DANGER OR THREAT

- Someone who has already taken action to kill themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking, joking, or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to an employee at your company that has QPR or ASIST training. Try not to panic, stay calm, and continue conversation with the at-risk worker. Try to make sure they feel listened to and cared for. Call the suicide help-line if the matter is urgent.

If there is imminent danger, call 911.

RECOMMENDED RESOURCES

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK
www.suicidepreventionlifeline.org

CRISIS TEXT LINE
TEXT TALK TO 741741
www.crisistextline.org

SUICIDE POSTVENTION PROTOCOL
(CONTINUED)

Companies need to be prepared to act and provide postvention support in the event of a suicide attempt or completed suicide. That means providing crisis intervention, support, and assistance for anyone affected by a suicide.

Postvention strategies are very important and should not be understated. Employees associated with the event can be vulnerable to suicide contagion; in other words, at increased risk for suicide themselves. Coworkers, families, and communities can be especially sensitive after a suicide event.

The company's primary action at this stage is to respond to the suicide attempt or completion in a manner which appropriately supports their employees. This includes having a system in place to work with anyone who may eventually be involved such as coworkers, managers, media, law enforcement, etc.

POSTVENTION GOALS

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy company climate
- Provide lasting help and resources
- Integrate and strengthen protective factors (i.e. community, positive coping skills, resiliency, etc)

HOW DO WE REACH THESE GOALS?

- Do not glorify or romanticize the suicide; treat it sensitively when speaking about the event, particularly with the media
- Address all deaths in a similar manner; having one approach for an employee who dies in an accident and a different approach for an employee who dies by suicide reinforces the stigma surrounding suicide
- Research and identify the resources available to your employees

SUICIDE POSTVENTION PROTOCOL
(CONTINUED)

RESOURCES

Company: _____

Community: _____

County Supports: _____

Grief Support: _____

Friends and Family: _____

POSTVENTION RESPONSE

Generally, postvention response covers the actions like these:

- Verify the suicide attempt or completion

- Estimate level of response resources required

- Determine what and how information is to be shared (in-person conversations are more supportive than emails or memos)

- Mobilize the Crisis Response Team; if your company has a Crisis Response Team, know how they are contacted

- Inform management

- Refresh personnel on prevention protocols and be responsive to signs of risk; be aware that persons may still be traumatized months after the event

- Know who in your company is trained to initiate this response

KEY POINTS TO EMPHASIZE TO EMPLOYEES AND MEDIA

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Normalize anger
- Stress alternatives
- Help is available

- **CAUTIONS:**
  - Avoid romanticizing or glorifying event or vilifying victim
  - Do not provide excessive details or describe the event as courageous or rational

SUICIDE POSTVENTION PROTOCOL
(CONTINUED)

SAFE REPORTING

Media outlets, reporters, and others can safely share news that someone has died by suicide. **Safe reporting can also help reduce the risk of suicide contagion and/or cluster in a community.** Safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and communicating resources for help if needed by employees.

RISK IDENTIFICATION STRATEGIES

BE AWARE of employee absentees in the days following a suicide attempt or completion. This can include anyone struggling with drug and/or alcohol addiction, who identifies with or belongs to a marginalized group, who may be isolated from a larger group, or who have weak levels of social/ familial support.

REFER employees to mental health services or to your local crisis line.

WORKING WITH THE MEDIA
A death by suicide in any community can attract media attention. Because the risk of suicide contagion is related to the amount, duration, prominence, and content of media coverage, it is extremely important that you encourage the media to adhere to safe reporting practices as well.

THEMES OF RESPONSIBILE POSTVENTION

- Suicide is preventable
- Grief is normal and help is available
- We want to help you be resilient
- Healthy coping skills can be learned
- Suicide loss survivors are not responsible for the death

PRIORITIZING YOUR SUICIDE PREVENTION EFFORTS

WHY?

Again, our industry has the second highest rate of death by suicide in the country. The numbers are devastating. But as a strong management team, supervisors, and employees who know how to recognize, handle, and care for workers in crisis, we can turn the tide.

WHAT

Changing an industry is daunting; take one small step at a time. Tasks and strategies here will help prioritize what's most important to your workforce and guide your company's suicide prevention policy and procedures. You may even discover that you currently have some great work already started.

What needs improving and what is already going well?

HOW

STEP 1:

Start with the Primary Checklist Assessment on **pg. 25** to review seven suicide prevention areas outlining the minimum of what can be done. Indicate whether the area is currently being addressed.

Choose one or two areas your workforce will focus on. Priority areas are color coded — just follow your color to the Advanced Assessment.

STEP 2:

Use the Advanced Checklist Assessment on **pg. 27** to take a closer look at the areas you prioritized in the Primary Checklist.

Review in-depth ways to bring your workforce up to date on suicide prevention best practices and determine what tasks you'll tackle first.

STEP 3:

Use the extensive resources found in the "Further Info" column to put priority areas into action.

Additional education, training, and suicide prevention resources are available on our website.

STEP 1:
WORKFORCE SUICIDE PREVENTION CHECKLIST

This step identifies areas you'll want to focus on right away and others you'll tackle later.

Broaden your perspective by creating a small but diverse team to assess your organization. This group should include: executives, upper management, supervisors, those in leadership roles, those in marginalized groups, and those driven to make an impact around mental health topics.

Instructions

- Review each area for best practices in suicide prevention procedures.
- Indicate whether the area is currently being addressed.
- Use the priority ranking system to determine immediate priority areas and others you plan to address later.

Ranking Your Priorities

- **Priority 1:** address within a few months
- **Priority 2:** address within this year
- **Priority 3:** address next year
- **N/A:** not a priority for your organization at this time or has already addressed

Looking ahead
After completing Step 1, you'll further assess your Priority 1 areas and build out next steps.

STEP 1: WORKFORCE SUICIDE PREVENTION CHECKLIST

Priority Levels: **1** (Do now) **2** (Do this year) **3** (Do next year) **N/A** (Already addressed)

SECTION	YES / NO / UNSURE		PRIORITY				PAGE
1. PREVENTION Does your workforce currently have a suicide prevention policy in place?	YES NO UNSURE		1	2	3	N/A	**27**
2. INTERVENTION Do workforce procedures/protocols identify key personnel within each work location as contacts when suicidal behavior occurs? Do supervisors or employees know who these people are?	YES NO UNSURE		1	2	3	N/A	**28**
3. POSTVENTION Do you have a policy or training in place for how to handle the loss of an employee to suicide?	YES NO UNSURE		1	2	3	N/A	**29**
4. SUPERVISOR TRAINING & EDUCATION Have all supervisors received training and information on Suicide Prevention?	YES NO UNSURE		1	2	3	N/A	**30-31**
5. EMPLOYEE TRAINING AND EDUCATION Has an effective employee suicide prevention education curriculum been incorporated?	YES NO UNSURE		1	2	3	N/A	**30-31**
6. RESOURCES Does your workforce have a list of community agencies and resources that could provide help and assistance to an employee at risk for suicide?	YES NO UNSURE		1	2	3	N/A	**32**

Choose a section that you want to address now. Follow the number to the Advanced Assessment section of this workbook.

STEP 2:
ADVANCED CHECKLIST ASSESSMENT

Goal

- Develop priority areas with specific action steps.

- Follow the number to the following Advanced Assessment section of this guide.

- Please see **suicide-stops-here.org** or **linesforlife.org/construction** to download a PDF of this document with active links to resources and further information to guide your assessment process.

Instructions

- Verify areas of high priority.

- Bring your workforce up to date on suicide prevention best practices and use the priority ranking system to determine and communicate immediate priority areas.

Ranking Your Priorities

- **Priority 1:** address within a few months

- **Priority 2:** address within this year

- **Priority 3:** address next year

- **N/A:** not a priority for your organization at this time or has already addressed

Looking ahead

After you complete Step 2, use the resources in this guide to help you put your priorities areas into action.

1: PREVENTION TOOLS

Priority Levels: 1 (Do now)   2 (Do this year)   3 (Do next year)   N/A (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY				FURTHER INFO
1. Does your company currently have a suicide prevention policy in place?	YES NO UNSURE	1	2	3	N/A	
2. Is there suicide prevention and awareness training for all management and supervisors? If yes, what training does your workforce provide? _____ All supervisors should be (re)trained every 2 years.	YES NO UNSURE	1	2	3	N/A	Finding the Right Training **page 34**
3. Is there suicide prevention training or curriculum in place for employees?	YES NO UNSURE	1	2	3	N/A	Finding the Right Training **page 34**
4. Have all management and supervisors been provided with the workforce protocol for suicide prevention? If yes, how is this protocol disseminated (ie: supervisor meetings, emails, home mailers) _____ Is there a method for acknowledging receipt of these protocols, and a point of contact for questions and concerns? Is there a plan for providing new supervisors with protocols? If yes, who implements that plan? _____	YES NO UNSURE	1	2	3	N/A	
5. Is there a person within your workforce, such as an HR manager or member of senior leadership, that is assigned the responsibility of maintaining and reviewing suicide prevention efforts at your company? If yes, who? _____	YES NO UNSURE	1	2	3	N/A	
NOTES:						

2: INTERVENTION TOOLS

Priority Levels: **1** (Do now)   **2** (Do this year)   **3** (Do next year)   **N/A** (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY				FURTHER INFO
1. Do employees (i.e., superintendents, foreman, and tradespersons) know what to do in the event that they come upon or hear about suicidal ideation?	YES NO UNSURE	1	2	3	N/A	Educate and discuss regularly, including during onboarding
2. Do company procedures/policies identify key people within each job site as contacts to help when suicidal behavior occurs? If yes, who are these people? _____ If yes, where can employees access these procedures? _____ Do the protocols inform employees about what to do if there is any reason to suspect means are present/available? _____	YES NO UNSURE	1	2	3	N/A	Identify individuals, communicate, and post information at each location
3. Does the company provide information to employees and their families about the importance of removing lethal means and access to appropriate support and resources?	YES NO UNSURE	1	2	3	N/A	Consider sending prevention and education materials to employee's homes
4. Does the company have a system to alert employees of an emergency during the workday? Have tradespersons and sub-contractors been informed of this system? _____	YES NO UNSURE	1	2	3	N/A	Create email groups, text/phone call trees, or consider purchasing a notification system/app
5. Are there systems/teams in place to address the needs of employees who are exhibiting high-risk behaviors (i.e. substance abuse, self-injury, isolation, sudden change in behavior)?	YES NO UNSURE	1	2	3	N/A	Identify individuals, communicate, and post information at each location
6. Is there a written protocol for responding to employees who attempt suicide at work? If yes, who is involved? _____	YES NO UNSURE	1	2	3	N/A	Create protocol with upper management and exec team, educate supervisor of such policy

NOTES:

3: POSTVENTION TOOLS

Priority Levels: 1 (Do now)   2 (Do this year)   3 (Do next year)   N/A (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY	FURTHER INFO
1. Do you have a policy or training in place for how to handle the loss of an employee to suicide? If yes, where can you access this protocol?_____	YES NO UNSURE	1 2 3 N/A	A Manager's Guide to Suicide Postvention in the Workplace
2. Are there protocols concerning how to help an employee return to work after an absence or hospitalization for suicidal behavior?	YES NO UNSURE	1 2 3 N/A	
3. Are employees who will implement the suicide response protocol familiar with this protocol and the tools that will help them fulfill their responsibilities? If yes, who are the employees involved, how often will they be refreshed, retrained? _____	YES NO UNSURE	1 2 3 N/A	
4. In the event of a suicide of an employee, do the protocols include a section about working with the media? If yes, has a spokesperson been designated? _____	YES NO UNSURE	1 2 3 N/A	A Manager's Guide to Suicide Postvention in the Workplace
5. Have protocols been developed that explicitly detail what to do following a suicide to avoid contagion? Do all faculty and staff know what contagion is? _____	YES NO UNSURE	1 2 3 N/A	A Manager's Guide to Suicide Postvention in the Workplace
6. Do the protocols recommend that all employee deaths should be treated the same, regardless of how they died? If yes, what does that treatment look like? _____	YES NO UNSURE	1 2 3 N/A	
7. Do the protocols take into account the role the company will play in the event of any and all death(s)? If yes, where can that protocol be found? _____	YES NO UNSURE	1 2 3 N/A	
NOTES:			

4-5: SUPERVISOR/EMPLOYEE TRAINING & EDUCATION

Priority Levels: **1** (Do now) **2** (Do this year) **3** (Do next year) **N/A** (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY	FURTHER INFO
1. Have all staff received information about the importance of work site-based suicide prevention efforts?	YES NO UNSURE	1 2 3 N/A	See Prevention Tools & Training Section on page 33
2. Are the following staff provided with training regarding suicide warning signs and risk factors and what to do if approached by coworker who may be at risk for suicide? **Executives?** **HR representatives?** **Managers/Supervisors?** **Safety Personnel?**	YES NO UNSURE	1 2 3 N/A	Reference Training Section on page 33
3. What suicide prevention training do office staff, site supervision, and the field crews receive? Check all that apply: QPR safeTALK ASIST Other None	YES NO UNSURE	1 2 3 N/A	Training Pyramid Recommendations on page 34
4. In the event of risk for suicide, is there a backup plan in case trained staff are unavailable?	YES NO UNSURE	1 2 3 N/A	
5. Is there a plan in place to provide suicide prevention training to current and new staff? If yes, who ensures these trainings occur? _____	YES NO UNSURE	1 2 3 N/A	
6. How do staff communicate to employees and coworkers that they are willing to talk about mental health and suicide? In what ways (ie. sign on a door, bracelet they wear)?_____	YES NO UNSURE	1 2 3 N/A	
7. Does your company intentionally provide support and resources to staff as they work with employees who are at risk for suicide?	YES NO UNSURE	1 2 3 N/A	

Priority Levels: **1** (Do now)   **2** (Do this year)   **3** (Do next year)   **N/A** (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY	FURTHER INFO
8. Has an effective workforce suicide prevention education program been incorporated? If yes, which one? _____	YES NO UNSURE	1 2 3 N/A	
9. Is suicide prevention integrated into health/mental health benefits, training, policies/programs, and initiatives? If yes, in what ways? _____	YES NO UNSURE	1 2 3 N/A	QPR is minimum recommended training for all employees
10. Do employees know who to go to at work if they are worried about a suicidal friend, coworker, or struggling themselves?	YES NO UNSURE	1 2 3 N/A	Make sure this is communicated frequently
11. Are there procedures in place that provide information to families/ dependents about suicide prevention and mental health supports available to families?	YES NO UNSURE	1 2 3 N/A	Consider home mailers with educational content for families

NOTES:

HIPAA Confidentiality

You are required to have a procedure in place to secure confidentiality of employees under the HIPAA (Health Insurance Portability and Accountability Act). Please consult external legal and/or HR consultants if you do not have access to internal resources to discuss your responsibilities under the HIPAA law.

6: RESOURCES

Priority Levels: 1 (Do now)   2 (Do this year)   3 (Do next year)   N/A (Already addressed)

QUESTION	YES / NO / UNSURE	PRIORITY				FURTHER INFO
1. Does your company have a current list of community agencies and resources that could provide help and assistance to a employee at risk for suicide? If yes, how can this be accessed? _____	YES NO UNSURE	1	2	3	N/A	
2. Are behavioral health services readily available to employees? If yes, how do they access them? _____ How are they informed of them? _____	YES NO UNSURE	1	2	3	N/A	
3. Are there established agreements with outside agencies to provide effective and timely mental health services to employees? If yes, which agencies does your workforce work with? _____	YES NO UNSURE	1	2	3	N/A	
4. Are there identified resources to help in the event of a suicide? If yes, who? _____	YES NO UNSURE	1	2	3	N/A	

NOTES:

SECTION 3:

TRAINING SUGGESTIONS

FINDING THE RIGHT TRAINING

What training is right for you and your staff?
This chart can help you choose what suicide prevention training is the best fit for your team.

Toward the top:
More intensive skills training for de-escalating crisis.

Closer to the bottom:
A more general approach to destigmatizing the topic of suicide and steps to take during a crisis.

ASIST

livingworks.net/asist

Recommended for: Those who wish to provide advanced intervention support

MENTAL HEALTH FIRST AID

mentalhealthfirstaid.org

Recommended for: all supervision

SAFETALK

livingworks.net/safetalk

Recommended for: all supervision & staff

CALM

sprc.org/resources- porgrams/calm-counselin- access-lethal-means

Recommended for: all supervision & staff

QPR

qprinstitute.com

Minimum recommended training for all workplaces

RECOMMENDED TRAINING PROGRAMS

Workforce suicide prevention programs should train employees to identify suicide risk factors and warning signs.

These programs are not intended to train participants in clinically diagnosing individual mental health situations, but rather bringing awareness, increasing empathy, and promoting a willingness to engage with those who may be in crisis.

Choosing a training program for your company does not need to be challenging. Select a program that meets your company's needs, readiness, and climate now – evolving it over time if necessary.

PROGRAM/TRAINING	WHY THIS TRAINING?	AUDIENCE	COST
CALM: Counseling on Access to Lethal Means **90 min – 2 hours** sprc.org	▪ Increase knowledge about access to lethal means and suicide, and the role of means restriction in preventing suicide ▪ Increase skills and confidence in working with people in crisis and their families to assess and reduce access to lethal means	▪ Mental health professionals ▪ Social service professionals ▪ Health care providers	▪ Varies by trainer and agency ▪ FREE online version
ASIST: Applied Suicide Intervention Skills Training **16 hours/2 days** livingworks.net/asist	▪ Identify and respond to people at immediate risk of suicide ▪ Provide suicide first aid and intervention to workers when high risk or having thoughts of suicide ▪ Practice these skills in group and one-on-one interventions ▪ Composed of lectures, small group discussions, and interactive exercises	▪ Gatekeeper Training* ▪ Managers ▪ Supervisors ▪ Foreperson	▪ Varies by trainer and agency ▪ Counties often offer FREE trainings
Adult Mental Health First Aid **8 hours/1 day** mentalhealthfirstaid.org	▪ Identify risk factors and warning signs of mental health problems ▪ Information on depression, anxiety, trauma, psychosis, and addiction disorders ▪ A 5-step action plan to help someone developing a mental health pattern or in crisis ▪ Where to turn for help — professional, peer, and self-help resources	▪ Community members ▪ Families ▪ Caregivers ▪ HR Professionals	▪ Varies by trainer and agency ▪ Counties often offer FREE trainings

Suicide Alertness for Everyone (safeTALK)
 	
4 hours
 	
livingworks.net/safetalk
	▪ Become suicide aware
	 ▪ Identify when a person may have thoughts of suicide
	 ▪ Apply TALK steps, including:
	  ▫ Ask about suicide
	  ▫ Listen
	  ▫ Connect a person with suicidal thoughts to appropraite support
		▪ Community members	▪ Varies by trainer and agency

Question, Persuade, Refer (QPR) **1 – 2 hours** QPRInstitute.com	▪ Learn how to recognize early warning signs ▪ De-stigmatize asking about suicide ▪ Persuade the person to get help ▪ Identify appropriate resources and help	▪ Gatekeeper Training* ▪ Community members ▪ Staff ▪ Managers ▪ Families	▪ Varies by trainer and agency ▪ Counties often offer FREE trainings

SECTION 4:

PUTTING IT ALL TOGETHER

PUTTING IT ALL TOGETHER

Congratulations! You've reviewed, identified, and prioritized the six suicide prevention areas in your organization.

With your action items in hand, it's time to pull it all together.

For clarity and your own focus, record your priority areas here:

RECOMMENDED RESOURCES

National Suicide Prevention Lifeline

1-800-273-TALK (1-800-273-8255) or text TALK to 741741

suicidepreventionlifeline.org

A Toolkit for Employers

sprc.org/sites/default/files/resource-program/
WorkplaceWellnessToolkit%20FINAL%20083116.pdf

Suicide Prevention Resource Center

sprc.org

American Foundation for Suicide Prevention

afsp.org

The Action Alliance

theactionalliance.org

Man Therapy

mantherapy.org

Construction Working Minds

constructionworkingminds.org

Lines For Life

linesforlife.org

The Trevor Project

thetrevorproject.org

American Foundation for Suicide Prevention

suicidology.org

REFERENCES

- Lines For Life
- Willamette Education Service District
- The Trevor Project
- American Foundation for Suicide Prevention

GLOSSARY

Talking about mental health and suicide can be challenging and we may not know how to start the conversation.

In this section, you'll find terminology that can help normalize this conversation and guide you through the process of educating and supporting others.

It is important to clarify these terms during meetings, trainings, tool box talks, and any other discussions where mental health or suicide are mentioned.

Evidence-Based Training:

Training Programs that have undergone scientific evaluation and have proven to be effective.

Lethal Means:

The instrument, object, or environment that is used to end a person's life.

Mental Health:

Someone's state of being in regard to their emotions and feelings. Everyone has mental health similar to how everyone has physical health. Mental health is a spectrum and can present strengths and challenges at all stages of life.

Risk Factors:

Risk factors are parts of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide. Examples of risk factors may include trauma exposure, identifying with or belonging to a marginalized group, and experiencing a recent loss (especially a loss due to suicide).

Protective Factors:

Protective factors are parts of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive relationships, and financial stability.

Resilience:

Capacities within a person that promote positive outcomes, such as mental health and well-being, that provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Safe Messaging:

Words matter. It is especially important to use words that are not triggering or that may cause additional harm to someone's mental health. For example, it is not considered safe messaging to say that someone has "committed suicide" and this should be replaced with "died by suicide".

Because suicide is usually seen as a deliberate act, many feel that it's logical to describe it as something a person commits (i.e., "does, performs, perpetrates"). The issue, though, is that when we use the word commit to describe suicide, it implies that a choice was made in the same way that one might choose to commit a crime or a sin. However, those who die by suicide usually do not feel as though they have a choice.

Safe Reporting:

The way we can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Remember that one of the biggest risk factors is a recent death by suicide.

GLOSSARY

Safe Reporting (Continued):

Examples of safe reporting practices include: not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed. This will need to be applied when your company is talking about an employee, an employee's family member, or friend who has attempted or died by suicide. Relaying that message to the company and crew needs to be handled sensitively and with safe messaging. It is recommended to discuss announcements or talking points with a professional who has expertise in safe messaging prior to having these discussions – a licensed therapist or your local crisis line are good resources for this.

Self-Harm:

A behavior that includes harming oneself in a variety of ways with the intent to injure oneself. Self-harm can be a coping behavior for distress and does not necessarily indicate that a person is thinking of suicide. However, treatment and intervention can help replace this behavior with healthy coping skills.

Stigma:

A negative perception of a societal topic due to a combination of lived experience, culture, and belief systems in communities. Mental health topics are stigmatized, with messages such as those that live with mental illness are weak, dangerous, or unstable.

Suicide Contagion/Clusters:

The researched pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily "contagious" to otherwise mentally healthy individuals. Usually, suicide contagions occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.

Suicide/Crisis Intervention:

The intentional steps that your workforce and its supervisors take in the event of an employee mental health crisis. Examples include written procedures, safety planning, and emergency services.

Suicidal Ideation:

Thoughts about killing oneself or ending one's life. These thoughts can range from "I wish I could go to sleep and not wake up" to detailed planning for suicide. ALL thoughts of suicide should be taken seriously.

Suicide Prevention:

The intentional steps that your workforce takes to create a culture that encourages positive coping skills, reaching out for support, and talking about suicide in a safe and healthy way. Examples of suicide prevention include mental health education, supervisor training, and creating an empathic and supportive working environment.

Suicide Postvention:

A strategy or approach that is implemented after a crisis or traumatic event has occurred. These are intentional steps taken by supervisors/management in the event of a suicide in the construction community. Best practices in postvention are designed to reduce the rate of suicide contagion. Examples include safe communication with employees and families, providing grief counseling, memorials, and communication with the media.