

Suicide Prevention

A Beacon Health Options Workplace Wellness Initiative



INTRODUCTION

It's estimated that more than 1 million Americans attempt suicide each year. Of those, more than 40,000 people complete it. The number of attempts and completed suicides has grown by 24 percent over the past 15 years. Among many possible contributing factors, it is hard to predict who is most at-risk of suicide.

While the reasons for increased rates of suicide remain unknown, the good news is that considerable headway is being made in the prevention and treatment of those at risk. The way mental health professionals think about suicide has changed. Rather than being a side effect of depression or any other underlying mental health condition, we are now finding that suicide is a preventable condition on its own. It's called *suicidal behavior disorder*. The *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)* describes suicidal behavior disorder with the following diagnostic criteria:

- A person making a suicide attempt within the last two years
- The act taken couldn't be described as self-injury to get momentary relief
- There was no suicide plan
- It was not done in a state of confusion or delirium
- It was not done for a religious or political goal

Beacon knows how detrimental suicide can be to every person it touches. But there is hope—because there is a solution. Suicidal behavior disorder can be treated, like any other physical or mental health disorder.

WHAT SUICIDE COSTS THE WORKPLACE

Suicide not only has a tremendous emotional effect on family, friends, and acquaintances, but it can affect workplaces in a number of ways. According to the Centers for Disease Control and Prevention (CDC), on average, each suicide costs society more than \$1 million in 2010. Overall, completed suicides cost approximately \$51 billion in 2015—\$167 million in medical expenses, and the remaining \$50.8 billion in lost productivity. Non-fatal, self-inflicted injuries cost another \$10.4 billion in medical expenses and lost productivity.

Suicide can also cost a company in terms of absenteeism or presenteeism (reduced productivity while at work) by affected employees. Survivors of suicide are likely to miss work and/or to work less effectively when caring for a loved one who talks of suicide, or when grieving after a loss.

It's estimated that each suicide touches six to 32 loved ones, who then become at increased risk for taking their own lives. Many survivors experience a range of complex grief reactions, including:

- Guilt
- Anger
- Abandonment
- Denial
- Helplessness
- Shock

Some of the survivors can benefit from professional support themselves, which increases demand on the behavioral health care system. Employers can support their workers through these difficult times through such services as the Employee Assistance Program (EAP). Read the Achieve Solutions article "Coping With Suicide in the Workplace" for more resources to help.

Take the Suicide Assessment (see the Communication/Tools section below) to better understand the warning signs to look for among employees. Please note that as a manager, it is not your role to diagnose a condition in an employee.

DEVELOPING A SUICIDE PREVENTION PROGRAM

A comprehensive suicide prevention and awareness program may help reduce suicide and attempted suicide and promote a healthier workforce. *As your behavioral health partner, Beacon wants to help you create the environment in which such an effort can succeed.* As with any project, breaking down how to build a suicide prevention program step-by-step can make the project more manageable.

Let's take a closer look at each of the steps:

Complete a needs assessment to determine the value of a suicide prevention program.

- a. Assess workplace attitudes about suicide through online surveys and other means.
- b. If available, assess any vendor data on health and well-being that might reveal potential suicide behaviors or trends.

Ensure there is leadership buy-in for a suicide prevention program.

- a. Enlist support from leaders by showing them what your research has revealed, proving that your organization has a need for such a program.
- b. Gain consensus from senior management on what their roles and objectives are in launching this program.
- c. Get a commitment from senior management that both human and financial resources are available for launching such a program.

Develop the strategy.

- a. Once you get senior leadership feedback and approval, develop the objectives you want your suicide prevention program to achieve.

Build your team.

- a. Based on your program initiatives, put together a team to help with planning, implementing, and evolving the suicide prevention initiative.

Design the program.

- a. Your team should design the program based on the needs assessment, established leadership vision, resources, and funding, with a clear statement of intent.
 - i. Review and integrate your company's data on health and employee absence.
 - ii. Program offerings should be selected based on data and fact-based decisions.

Craft a project/implementation plan.

- a. Research and review suicide data.
- b. Identify any health behaviors you want to address.
- c. Propose suicide prevention activities.
- d. Develop a timeline.
- e. Develop a communications plan.
- f. Consider your audience.

Complete a needs assessment to determine the value of a suicide prevention program

Your team will want to review the company's current policies, practices, and employee attitudes. Think about the following as a team:

- What are some of the biggest workplace issues?
- Who is covered by an existing program?
- When was the program established, and why?
- Is it outdated?
- What are the employees' attitudes about the current program?
- Do employees comply with the program? If not, why not?
- Is there any vendor data available on health and well-being that can help shape the program?

ENSURE THERE IS LEADERSHIP BUY-IN FOR A SUICIDE PREVENTION PROGRAM

After gathering additional information, you have decided a suicide prevention program would be a good goal for your company. How do you gain support from senior leadership?

Present the business case for suicide prevention to the senior leadership team; it should be considered a core component of business strategy, budgeting, and planning. Senior leaders who understand how it will shape the business are more willing to devote the time and money that is required to visibly support it.

Provide senior leadership with:

- Detailed research on suicide prevention and reasons why the program would change your culture
- Time to consider what it would take to be fully invested and provide resources from their standpoint
- Reasons to commit to partially or fully fund and support a multi-year program at the outset—this is essential for ultimate success

With senior leadership support, you can then form a multidisciplinary workgroup, assess needs, design a program or programs, agree on objectives, identify resources, develop a timeline, communicate, implement, and evaluate those programs. And because this suicide prevention program will evolve over time, a strategy will help guide this process.

DEVELOP THE STRATEGY

Use the following checklist to create objectives for your suicide prevention program:

- ✔ Create a vision of how suicide prevention becomes part of “how we do things around here”—building on established norms for other elements of culture and strategy, such as safety, quality, customer service, etc.
- ✔ Prepare a plan to equip leaders and managers. Make sure to define their roles and provide them the tools and support to be successful.
- ✔ Balance short- and long-term goals. Some upfront expenses can be offset by also investing in program modules that have earlier results.
- ✔ Build a healthy culture with an all-encompassing strategic approach. Do not simply roll out a suicide prevention program and leave it.

Remember, employees and the organization will benefit from even simple interventions—such as an awareness campaign—so cost should not be a barrier to improving the workplace culture. Your EAP can also be a strong partner in fostering suicide prevention within individuals and the workplace.

BUILD YOUR TEAM

Once you have the senior management objectives in place, it's time to build your team. Consider who should have a role in the planning, implementing, and evolving suicide prevention initiative.

Assign the:

- Program owner/leader (Who will lead and manage the program and team regularly?)
- Program champion (Who will help the program owner and team overcome obstacles?)
- Development/planning team
- Corporate implementation team

- Additional internal and external support, such as:
 - IT for data interfaces
 - RFP and negotiations support
 - Communications
 - Legal
 - Vendors
 - Community resources
 - Clinical resources, such as a medical director or vendors' physician, to advise on the proposed strategic initiatives

Prior to bringing your team together, determine how to assign roles and what preparatory work needs to be done to facilitate an organizational culture change, such as:

- Support from key leadership that suicide prevention is part of everyone's job
- Align business leaders and managers to take comprehensive approaches to opportunities
- Enhance the skills and determine the objectives of staff members in their formal roles

Once you bring your team together, be prepared for potential skepticism, anxiety, and resistance. Staff may be concerned if the initiative will be a success or if they have the support, time, and skills to contribute.

DESIGN THE PROGRAM

As each company and its employees are unique, the strategies used to address employee suicide prevention will vary. The program will be based on available resources, as well as management and employee needs. Developing a comprehensive employee workplace suicide prevention program to address current needs—or making improvements to an existing program—requires an understanding of worksite contributors to employee mental health and well-being.

Increased medical costs, absenteeism and presenteeism, and mental health risks have dramatic effects on an organization's bottom line. By recognizing the impact, companies are strategically poised to leverage existing programs, promote early identification and intervention, implement new programs and services, and evaluate the effectiveness of suicide prevention.

After conducting the Suicide Assessment, reviewing existing programs, developing a strategy, and obtaining leadership buy in, you will be able to plan a workplace health program that promotes suicide prevention. For example, developing a suicide awareness campaign would help your employees learn more about suicide risks, how to access prevention resources, and ways to help throughout the community by doing a walk, in-house training, or other volunteer opportunities. Visible support from executive leadership, followed by the creation of a robust internal team, makes it clear how important the initiative is to the individual employee and to the organization.

CRAFT A PROJECT IMPLEMENTATION PLAN

If you have a program that addresses suicide prevention, your workgroup will review it with your new goals in mind. If you do not have a program in place, your team will develop one. This will provide:

- A clear statement of intent and firm foundation for the suicide prevention program
- A framework for action
- A commitment to the health of everyone in the workplace
- A justification for the allocation of resources to workplace suicide prevention

With a suicide prevention program, you send a clear message to employees and the community: We care about you and your loved ones. Be sure that your program is in line with other company policies and procedures, such as code of conduct and health and safety practices.

When you announce a new or revised workplace program, expect varied reactions. Some might dive right into a program while others might be wary. Be sure to communicate clearly and often to encourage employees to participate in the suicide prevention program.

Build a project plan for suicide prevention in your workplace. Start by conducting a four-step process of:

1. Reviewing all available data on suicide. This research can be on a national level through organizations such as the CDC and the U.S. Department of Veterans Affairs, as well as industry-specific resources that work with your company. For example, look for information on suicide and how it affects police officers, restaurant staff, factory employees, etc.
2. Identifying any health behaviors you want to address in the workplace to go along with suicide prevention. These behaviors can include depression, anxiety, and irritability. See the Achieve Solutions article [“Suicide: The Warning Signs”](#) for more information.
3. Proposing suicide-prevention activities, awareness events, and additional resources for your employees and their loved ones. The American Foundation for Suicide Prevention (AFSP) has several ideas on how to get involved, including prevention walks, training, and volunteer opportunities.
4. Developing a timeline. Build a detailed comprehensive deployment timeline that includes:
 - a. Plan proposal and refinement
 - b. Leadership and funding approval
 - c. Contracting with vendors
 - d. Legal issues



DEVELOP A COMMUNICATIONS PLAN

Once your team has completed the four-step process, determine how to reach the intended program audience. Be thoughtful of how to most effectively communicate with them. Suicide prevention awareness can be a very sensitive topic—particularly to those who have lost family members and friends.

Don't forget to involve and communicate with employee spouses, partners, and family members. Remember to include employees who don't have a typical schedule or telecommute. Keep in mind each group will differ based on their needs and interests.

Regular and consistent communication is a vital component of a suicide prevention program. It also fosters an organizational commitment to employee health. Employees are key stakeholders and should be informed of the program's purpose, the actions taken, and the reasons for and results of those actions. Consistency comes from repetition and uniform presentation from all levels of the organization. Over time, it will help shape your suicide prevention program.

Examples of communication methods:

- Companywide campaign kickoff
- Video message from senior leader
- Targeted email campaign
- Newsletter blurbs
- Dedicated intranet page
- Messages from managers during meetings
- Talking points for employees

Communicate early and often, but also have a long-term communication strategy. Provide periodic updates to the organizational leadership and workforce to maintain program visibility.

As you plan your companywide campaign kickoff to employees, consider developing the following:

- **A statement of purpose.** This is the foundation of the suicide prevention and awareness program. It acknowledges the issue of suicide and suicidal behavior disorder, commits to supporting the individual, organization, or group, and expresses the core objectives of the program. Try to develop a statement that closely supports the company mission statement.
- **Communication objectives.** Defining clear objectives will help set priorities among possible communication activities and determine the message and content to use for each. Once they have been defined and circulated, they serve as a contract or agreement about the purpose of the communication, and establish what outcomes should be measured.
- **Key educational messages.** These should include both the suicide prevention program's marketing strategy, as well as the rationale for the program's strategic direction. If employees are unaware of the program, they are unlikely to participate. Without sufficient participation, program success cannot be achieved.
- **A communication strategy statement or creative brief.** This includes:
 - A definition of suicidal behavior disorder, along with a description of the intended audience. This will likely include your employees and their loved ones.
 - A description of the action the intended audience members should take as a result of the communication
 - A description of the support that will make the suicide prevention program, and its ability to attain it, credible to the intended audience
 - The settings, channels, and activities that will reach intended audience members—particularly when they will be receptive to or able to act on the message
 - The image your program plans to convey through the tone, look, and feel of messages and materials. A branded suicide prevention program will make all materials immediately and easily recognizable.

HOW BEACON CAN HELP

SERVICES

We know that suicide is on the rise, and it is devastating to individuals and families and costly to employers. Suicide is now seen as a treatable condition. This paradigm shift offers hope to those who have suicidal behavior disorder—as well as their loved ones. Employers can become involved in suicide prevention efforts through thoughtful planned programs in the workplace. Beacon can support these efforts.

One of the many services Beacon offers is the EAP. Our suite of enhanced EAP and Work/Life services engages employees and their household members. It provides expert support and consultation on issues like suicide prevention that affect overall workplace health and performance.

Our EAP is not just about solving a one-time concern, but rather enhancing a culture of well-being within the workplace. It is a comprehensive program that also offers employees timely, relevant, and reliable resources for suicide prevention and everyday living. Our EAP benefits everyone, at any age or stage of life. The program can help you with measurable utilization of your suicide prevention program and improved member participation.

TOOLS AND RESOURCES

Suicide Assessment: Are your employees at risk?

Many employees will encounter problems at different times in their lives, but everyone does not attempt suicide. Certain situations and environments seem to go hand-in-hand with a person's wish to end his life. As a manager, it is not your role to diagnose a condition in an employee. Still, you can help. Does your employee:

- Have depression, a substance use disorder, or a combination of the two? More than 90 percent of people who die by suicide have these risk factors.
- Is she in the early stages of recovery from depression? Sometimes a person in recovery is at higher risk of suicide than he might have been prior to treatment. Recovery is a slow process that does not always move in a linear fashion. She may take one step forward, two steps back, and then feel like she has failed her last chance at peace and happiness. A person in recovery needs a great deal of support.
- Has he made prior attempts at suicide? More than 10 times as many people attempt suicide as those who complete suicide. Most people who die by suicide have attempted it before.
- Does she live in a family with substance use disorders, domestic abuse, and/or poor mental health?
- Has a family member or someone the person loves or admires, such as a favorite entertainer, teacher, or friend completed suicide?
- Does she have guns available in the home? More than half of suicides involve firearms.
- Does he have a poor support structure? Without the support of a circle of friends, family, spiritual community, or friendly co-workers, anyone can easily fall through the cracks in a crisis.
- Does she live in a high- or low-incidence environment? According to the CDC data, the five states with the highest rates of suicide per 100,000 people are Montana, Alaska, New Mexico, Wyoming, and Utah. The five states with the lowest rates are New York, Massachusetts, New Jersey, Connecticut, and Maryland.

If you answered “yes” to any of these potential signs and are concerned about an employee, talk with HR to determine your best approach. Follow company policy but do not promise confidentiality to your employee. You might need to reach out to his loved ones or police for additional assistance.

ADDITIONAL RESOURCES

Beacon White Paper: We Need to Talk About Suicide

www.beaconhealthoptions.com/we-need-to-talk-about-suicide/

Patient Health Questionnaire (PHQ-9)

www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf

The Columbia Lighthouse Project: Columbia-Suicide Severity Rating Scale (C-SSRS)

<http://cssrs.columbia.edu/>

Suicide Prevention Resource Center

<http://www.sprc.org/>

National Action Alliance for Suicide Prevention

<http://actionallianceforsuicideprevention.org/>

Sources:

Centers for Disease Control and Prevention, www.cdc.gov/violenceprevention

CDC Fatal Injury Mapping: <https://wisqars.cdc.gov:8443/cdcMapFramework/mapModuleInterface.jsp>

“Increase in Suicide in the United States, 1999-2014,” Centers for Disease Control and Prevention, www.cdc.gov/nchs/products/databriefs/db241.htm

National Institute of Mental Health Suicide, www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml#part_153176

“Preventing Suicide,” Centers for Disease Control and Prevention, www.cdc.gov/Features/PreventingSuicide/index.html

“Suicide: Consequences,” Centers for Disease Control and Prevention, www.cdc.gov/violenceprevention/suicide/consequences.html

