



Thank you for joining!

We will begin our webinar shortly.

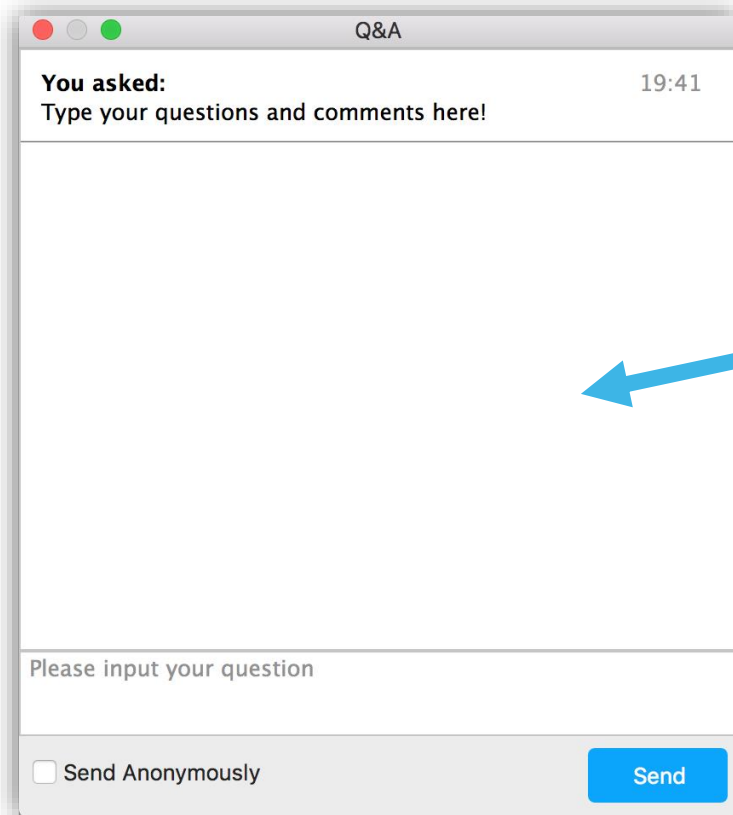
Before we begin, please check that the sound levels on your computer or phone are turned up to hear clearly.



Workplace suicide prevention during the COVID-19 pandemic and beyond

July 15, 2020

Housekeeping items



Q&A

You asked: 19:41

Type your questions and comments here!

Please input your question

☐ Send Anonymously

Send

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. For any questions or comments - please use the Q&A chat feature located on your Zoom dashboard. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted to www.beaconhealthoptions.com/coronavirus/ as well as to your client specific Beacon websites so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or as providing legal advice. We encourage you to consult with your legal counsel regarding the topics raised in this presentation.



Workplace suicide prevention during the COVID-19 pandemic and beyond

Today's speaker:

Wendy Martinez Farmer,
LPC, MBA
AVP Crisis Product



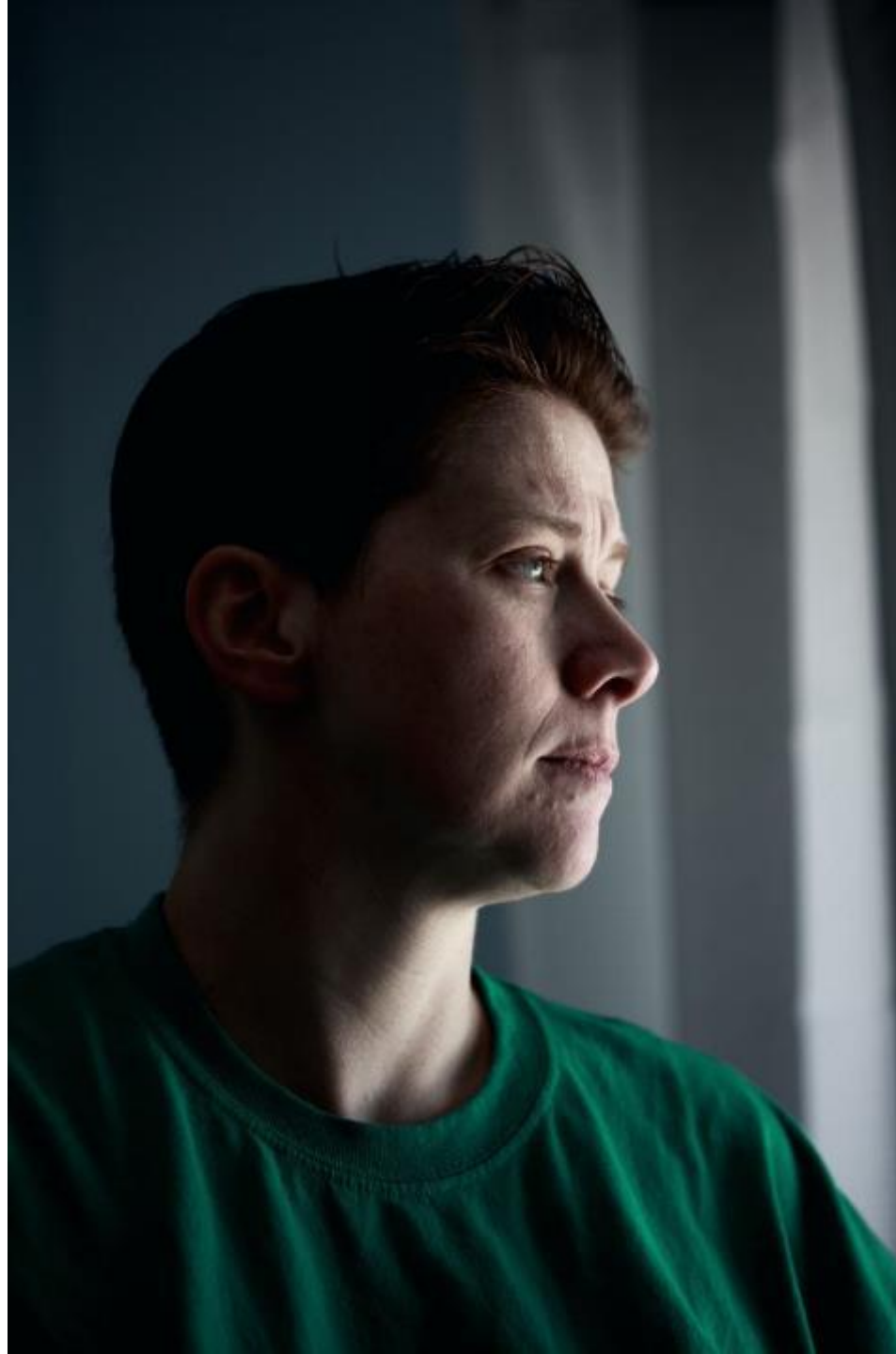
Agenda

Learning objective: To provide the most recent information available related to the potential impact of COVID-19 on workplace suicide prevention

- Participants will receive information on the most recently released suicide data.
- We will discuss how COVID-19 is impacting suicide risk factors and protective factors and ways to mitigate risk.
- Finally, we will discuss specific workplace implications for identifying people at risk, assisting individuals at risk and being prepared to respond to a suicide death.

Chapter

01



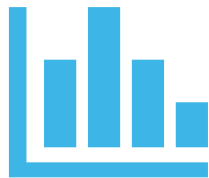
2018 suicide statistics

Suicide data 2018

In 2018, there was 1 death by suicide **every 10.9 minutes**



10th leading cause of death



48,344 lives lost



For each suicide, **135** people are exposed

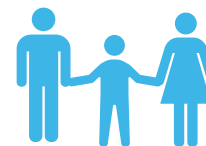


Population statistics

National suicide rate: 14.8 per 100,000	Suicide rate per 100,000
White male (33,576)	~26.6
White female (9,299)	~7.2
Nonwhite male (4,185)	~12.0
Nonwhite female (1,284)	~3.4

Suicide is the **2nd** leading cause of death after unintentional injury for 10 – 14-year-olds

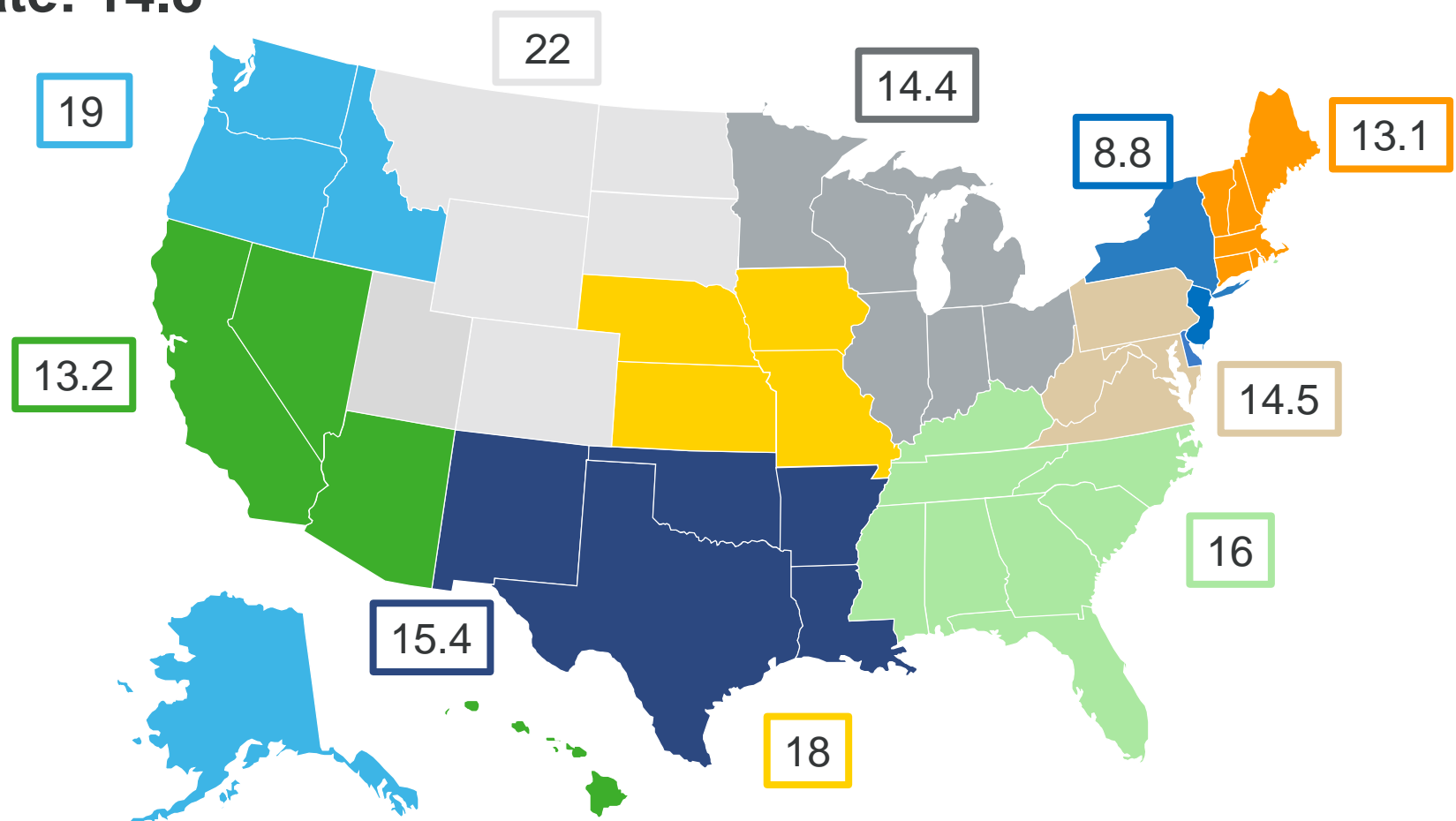
There has been a recent rise in suicide rates among African-American children of both sexes under the age of 13



According to recent CDC estimates, more than **1/2** of those who die by suicide do not have a known mental health condition

2018 rates of suicide per 100,000 residents by region

National rate: 14.8



Suicide and the workforce

“Approximately **80%** of all people who die by suicide are of working age (**18-65**) making the workplace the most cross-cutting system for suicide prevention, intervention and crisis response.”



Suicide rates by industry and occupation

The researchers found that suicide rates were highest among individuals working in five major industries:

- Mining, quarrying, and oil and gas extraction
- Construction
- Agriculture, forestry, fishing, and hunting
- Transportation
- Other services, like automotive repair

Suicide risk was also elevated among those working in six major occupations:

- Construction and extraction jobs
- Installation, maintenance, and repair
- Arts, design, entertainment, sports, and media
- Transportation and material moving
- Protective services
- Health care support



Male and female rates by occupational subgroup

Within *occupational subgroups*, the following male workers had the highest suicide rates:

- Fishing and hunting workers
- Machinists
- Welding, soldering, and brazing workers
- Chefs and head cooks
- Construction managers
- Farmers, ranchers, and other agricultural managers
- Retail salespeople

Among females, the following were at particularly high suicide risk:

- Artists and related workers
- Personal care aides
- Retail salespeople
- Waitresses
- Registered nurses



Reason for hope

Suicide is not inevitable. For every person who dies by

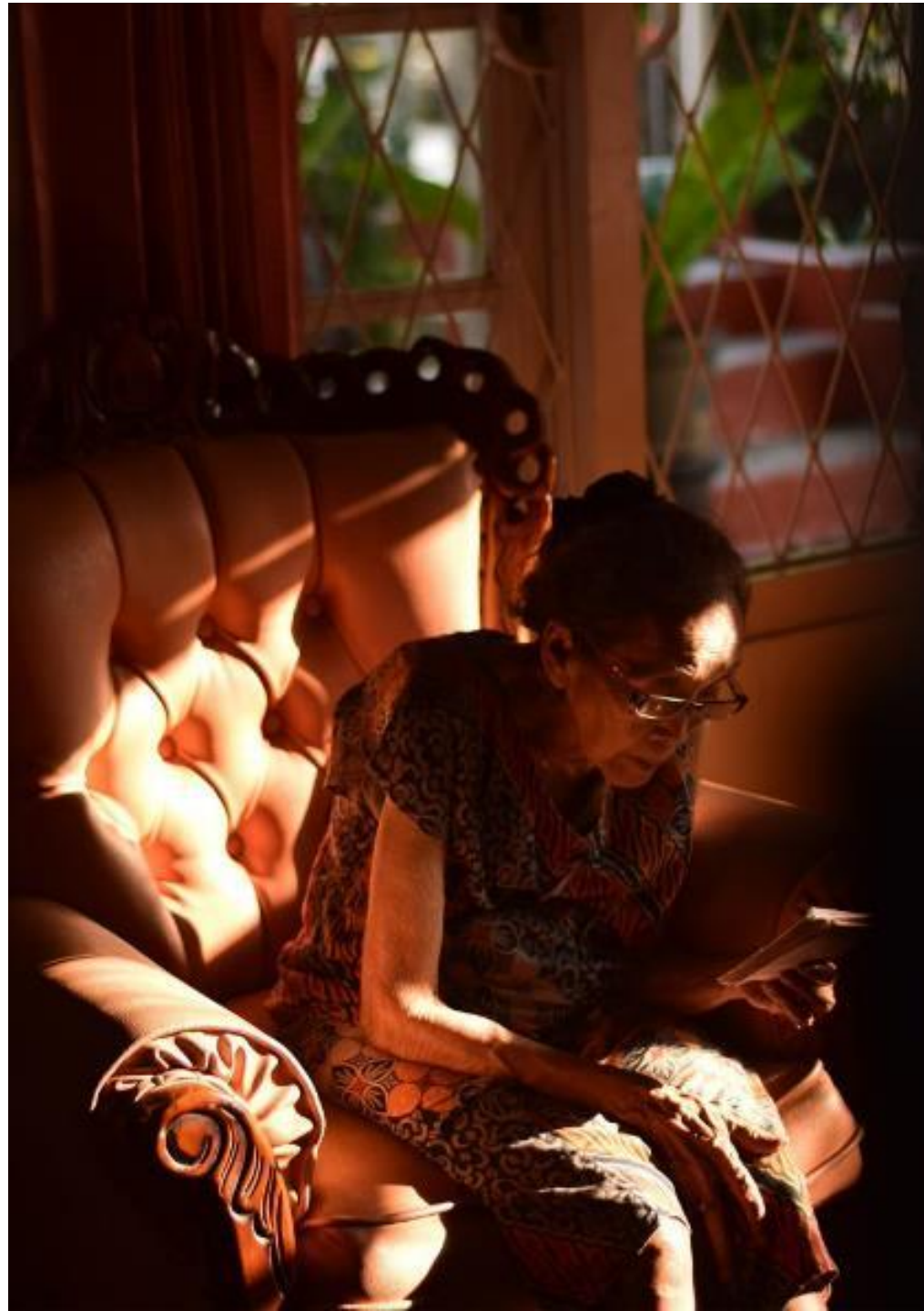
suicide, **280** people seriously consider suicide but do not kill themselves

Of those who attempt suicide and survive, more

than **90%** go on to live out their lives

National statistics 2018

Think about suicide	~10.7 M adults
Plan suicide	~3.3 M adults
Attempt suicide	~1.4 M adults
Died from suicide	>40,000 adults



Suicide and pandemics

Some limited studies have suggested a rise in suicide rates after the Spanish Flu pandemic in the US in 1918-1919 and among the elderly after the SARS outbreak in Hong Kong in 2003.

In both studies, social factors such as isolation, seemed to influence the rates, and the rise in rates occurred after the peak of mortality from the virus.



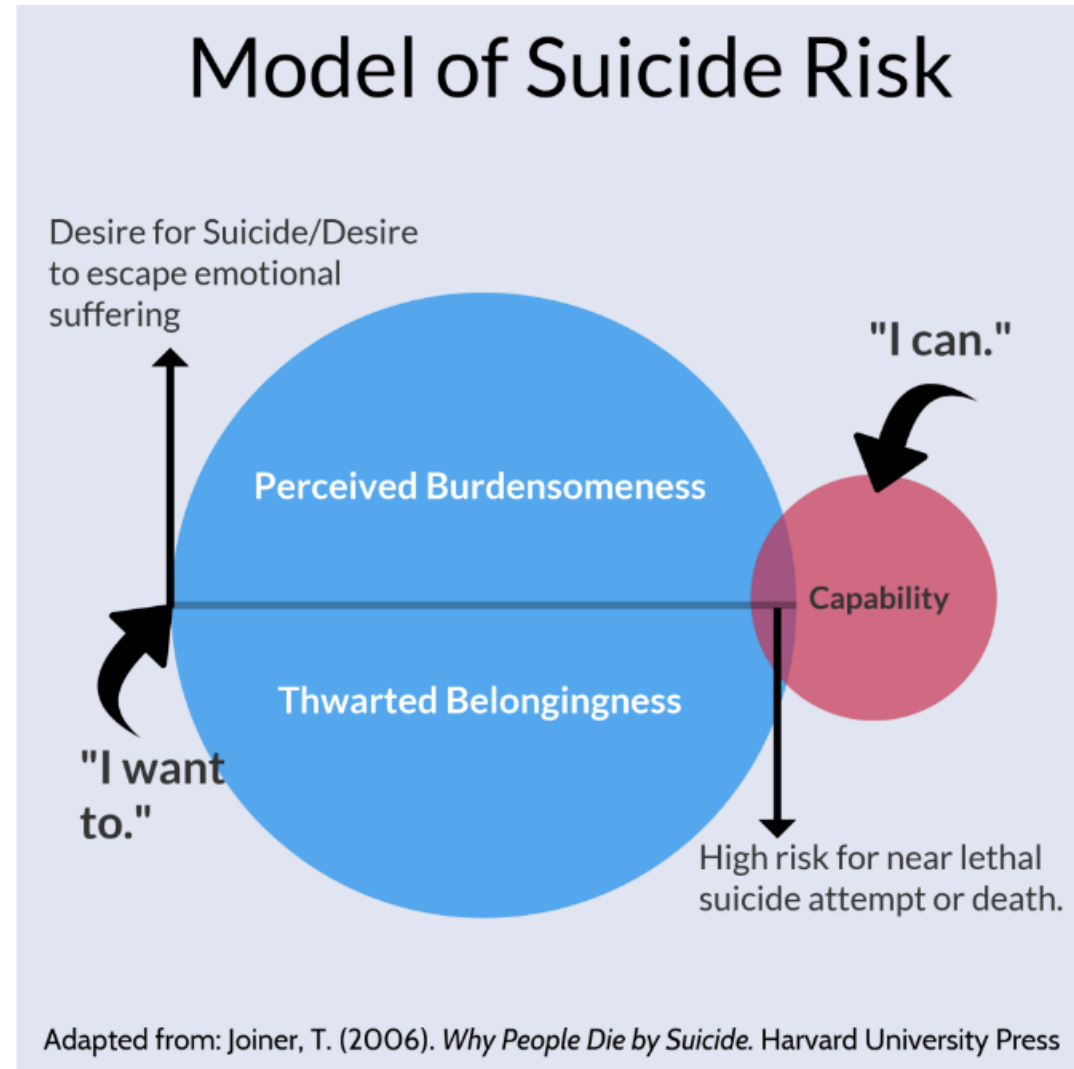
Chapter

02



Identifying individuals at risk for suicide- COVID-19 considerations

Understanding the suicidal mind



Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless, having no reason to live**



Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



Be alert to problems that increase suicide risk

- Prior suicide attempts
- Alcohol or drug abuse
- Mood and anxiety disorders (depression, posttraumatic stress disorder)
- Access to means to kill oneself, i.e. lethal means
- Suicide risk is usually greater among those with more than one risk factor
- For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide
- These events may include relationship problems or breakups, problems at work, financial hardships, legal difficulties, and worsening health

Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

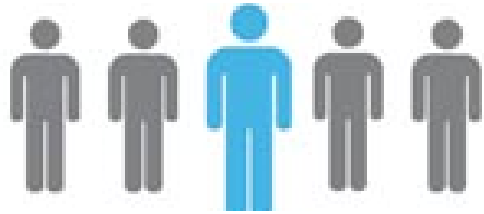
COVID-19-specific considerations

The virus itself and public health interventions initiated to slow the spread can exacerbate familiar risk factors for suicide and challenge crucial protective factors.



Take a second look
Firearm sales
Outcomes of national anxiety
Healthcare professional suicide rates
Economic stress
Seasonal variations in rates
Illness, medical problems and bereavement
Alcohol consumption
Decreased access to community and religious support (Protective)
Domestic violence and child abuse
Barriers to mental health treatment (Some may not seek help fearing risk of face-to-face care) (Protective)

Finances, loneliness and abuse



1 in 5

conversations involved financial issues, which was the same frequency as mention of the virus itself

12% reported living alone in quarantine and they reported higher rates of anxiety than those living with others



There continues to be concern that those experiencing domestic violence are facing unique challenges of sheltering in place with mentions of violence or abuse up from

10.5% in February to **13%** in April



43% under 13 mention fear or experience of harm (verbal, physical, or emotional) from people in their home

The effects of COVID-19 are impacting the population disproportionately

20% of Asian individuals reaching out mentioned having recent experiences of racism and/or discrimination (more than 3x the average)

46% of Hispanic, Latino, or Spanish origin texters mention current financial issues compared to 1 in 5 others reaching out for help

14% of African-American individuals mentioned having a recent loss of a loved one - almost twice as high as the average person reaching out (8%)

Chapter

03



Addressing suicide in the workplace

Why address suicide prevention?

- Workers are an employer's most valuable asset
- Creating a culture of health and safety is both humane and good for business
- Good mental and physical health can help enhance workplace productivity
- Many workplaces already have structures and resources in place to help employees get the help they need, so suicide prevention can be connected to existing structures



How employers can take action

The best way to prevent suicide is to use a comprehensive approach that includes:

- **Creating a work environment that fosters communication, a sense of belonging, connectedness and respect**
- **Identify and assist employees who may be at risk**
- **Be prepared to respond to a suicide death**



Identify individuals at risk

- Many people in distress don't seek help or support on their own
- Identifying people at risk for suicide can help you reach those in the greatest need and connect them to care and support
- Examples of activities in this strategy include gatekeeper training, suicide screening, and teaching warning signs



Three key questions

There is no evidence that asking about suicide can put the idea in someone's head. Most will be relieved that the conversation has started.

Are you thinking of
suicide?

Have you thought
about suicide in the last
two months?

Have you ever
attempted to kill
yourself?



COVID-19 considerations

- Social isolation
- Social conflict in sheltering together (risk of domestic violence or child abuse)
- Worry about health or vulnerability of self and close others
- Decreased social support or having to isolate with people who are not supportive
- Increased anxiety and fear
- Disruption of routines and support (including job and education related changes)
- Financial concerns

INCREASED ACCESS TO LETHAL MEANS

Lethal means awareness

Limiting access to lethal means dramatically reduces suicide rates in communities.



COVID-19-related risks

- Large quantities of Tylenol and other over-the-counter meds purchased to prepare for COVID-19
- Many are getting three months or more of prescription medications
- May be living with others with large quantities of medications
- Firearms sales are up
- Potentially living with others/others living with them - verify gun storage practices, which may be different than they are typically for the patient in their own home or when they are living alone

Lancet societal recommendations for reducing pandemic-associated suicide risk

Issues to address
Mental illness
Financial stressors
Experience of suicidal crisis
Domestic violence
Alcohol consumption
Isolation, entrapment, loneliness, and bereavement
Access to means
Irresponsible media reporting

Assist individuals at risk

- Call the Beacon toll-free number
 - Supervisors/Managers will receive guidance
 - When Member calls will be assessed for safety
 - Appropriate resources and support will be provided
 - Confidential
- Go to your Beacon website for support material
- Develop internal company crisis/emergency plans



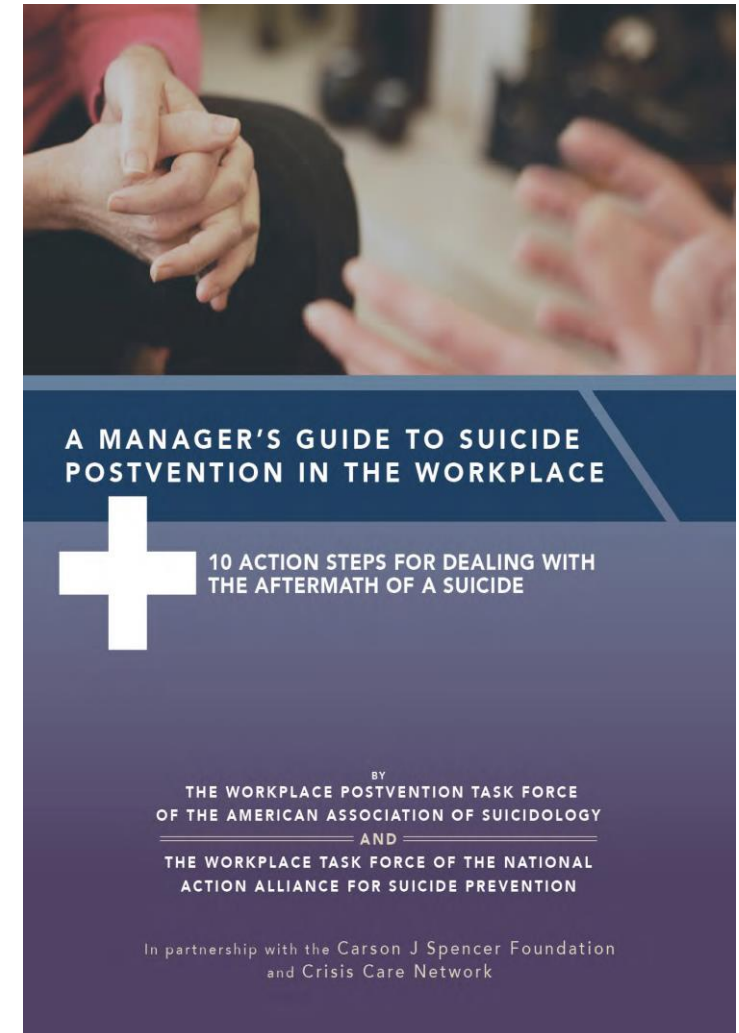
Postvention is a strong means of prevention

- There is evidence that exposure to the suicide of another person can increase risk of suicide
- Individuals exposed to suicide need support and intervention
- Your Beacon Account Executive can assist you in coordinating onsite support services



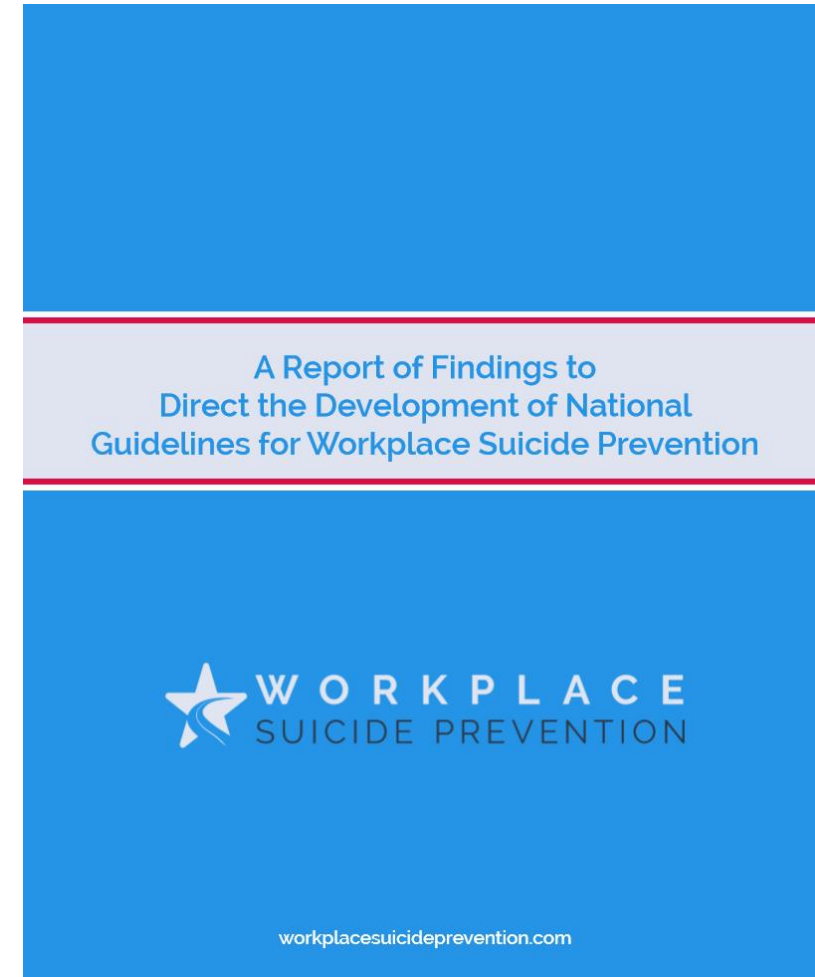
Be prepared to respond to a suicide death

- 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
- 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.
- Suicides portrayed in the media can even have an impact
- Managers play a critical role in setting the tone for how the rest of the workplace will respond to a suicide



Workplace suicide prevention resources

- <https://workplacesuicideprevention.com/wp-content/uploads/2019/11/20191113-2-Pager-Workplace-Suicide-Prevention.pdf>
- <https://workplacesuicideprevention.com/wp-content/uploads/2019/10/Executive-Summary.pdf>
- <https://www.sprc.org/resources-programs/working-minds-suicide-prevention-workplace>



Optimistic considerations

“There may be a silver lining to the current situation. Suicide rates have declined in the period after past national disasters (e.g., the September 11, 2001 terrorist attacks).

One hypothesis is the so-called pulling together effect, whereby individuals undergoing a shared experience might support one another, thus strengthening social connectedness.”



Chapter

03



Resources

Contact our 800 Number 24/7 for live assistance



Helplines

National Suicide Prevention Lifeline

1-800-715-4225



<https://suicidepreventionlifeline.org/>

Lifeline Chat

Crisis Text Line

Text Home to 741741

CRISIS TEXT LINE |



Trevor Project

1-866-488-7386

Text START to 678678



Trevor Chat

<https://www.thetrevorproject.org/>

Disaster Distress Helpline

1-800-985-5990

Text TalkWithUs to 66746



1-800-799-7233

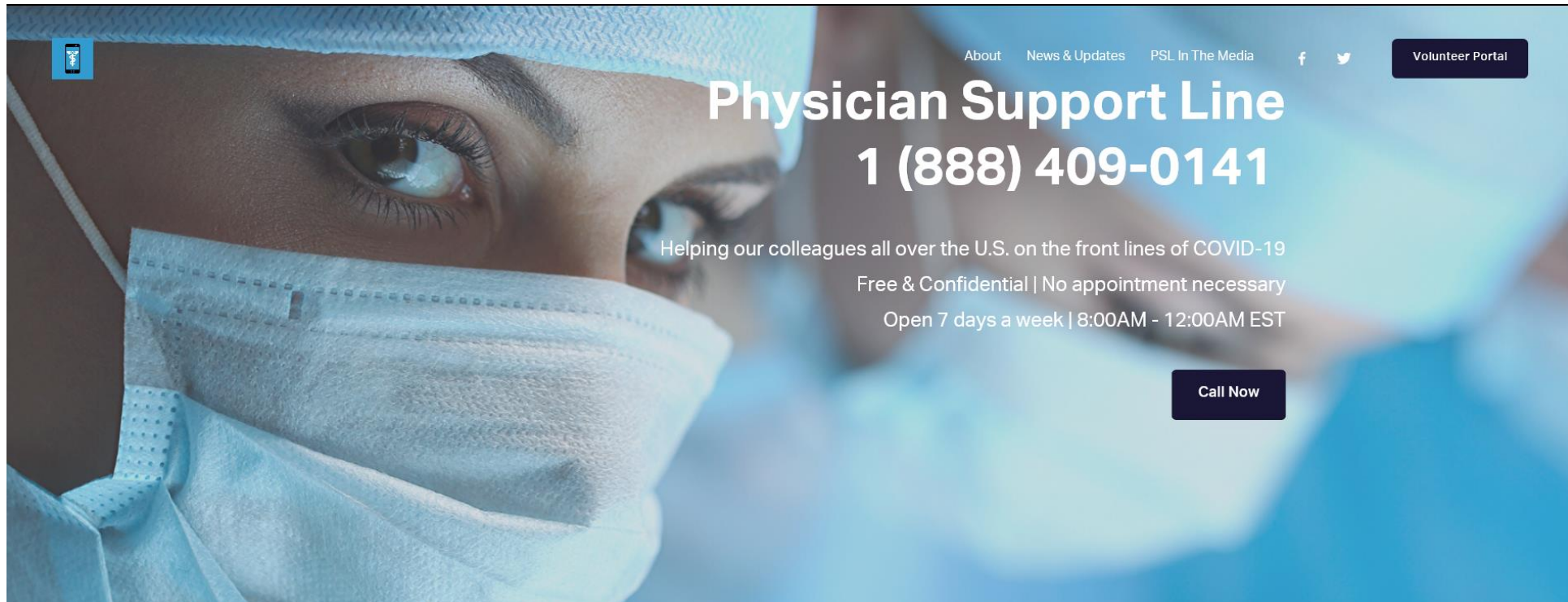
Text LOVEIS to 22522



covidmentalhealthsupport.org

Help for the helpers

- Exposure to trauma and death takes a toll
- Professionals often have difficulty reaching out for help

A banner for the Physician Support Line. The background is a close-up of a healthcare professional wearing a blue surgical cap and a white face mask, with only their eyes visible. The text is overlaid on the right side. At the top right, there are links for 'About', 'News & Updates', 'PSL In The Media', and a 'Volunteer Portal' button. The main text reads 'Physician Support Line' followed by the phone number '1 (888) 409-0141'. Below this, it says 'Helping our colleagues all over the U.S. on the front lines of COVID-19', 'Free & Confidential | No appointment necessary', and 'Open 7 days a week | 8:00AM - 12:00AM EST'. A 'Call Now' button is at the bottom right.

About News & Updates PSL In The Media f

Physician Support Line

1 (888) 409-0141

Helping our colleagues all over the U.S. on the front lines of COVID-19
Free & Confidential | No appointment necessary
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Call Now

Resources



Ask your Account Executive about available training options

Other Resources

Applied Suicide Intervention Skills Training (ASIST)

<https://www.livingworks.net/asist>

Safe Talk

<https://www.livingworks.net/safetalk>

Working Minds

<https://www.coloradodepressioncenter.org/workingminds/>

Construction and Suicide Prevention

<https://www.csdz.com/the-invisible-construction-crisis-stand-up-for-suicide-prevention/>



Disaster-specific resources

https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf?utm_source=linkedin&utm_medium=socialmedia&utm_campaign=covid19

<https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf>

https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf?utm_source=facebook&utm_medium=socialmedia&utm_campaign=covid19

<http://strengthafterdisaster.org>

<http://disasterdistress.samhsa.gov>

https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf?utm_source=linkedin&utm_medium=socialmedia&utm_campaign=covid19

<https://www.fema.gov/media-library-data/1586012635278-78d2af2e31ce723c7ac9cd3805392e2d/COVID19CrisisCounseling.pdf>

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<https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true>