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
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

https://suicidology.org/facts-and-statistics/
Population statistics

<table>
<thead>
<tr>
<th>National suicide rate: 14.8 per 100,000</th>
<th>Suicide rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White male (33,576)</td>
<td>~26.6</td>
</tr>
<tr>
<td>White female (9,299)</td>
<td>~7.2</td>
</tr>
<tr>
<td>Nonwhite male (4,185)</td>
<td>~12.0</td>
</tr>
<tr>
<td>Nonwhite female (1,284)</td>
<td>~3.4</td>
</tr>
</tbody>
</table>

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

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

According to recent CDC estimates, more than $\frac{1}{2}$ of those who die by suicide do not have a known mental health condition.

https://www.cdc.gov/vitalsigns/suicide/index.html
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about suicide</td>
<td>~10.7 M</td>
</tr>
<tr>
<td>Plan suicide</td>
<td>~3.3 M</td>
</tr>
<tr>
<td>Attempt suicide</td>
<td>~1.4 M</td>
</tr>
<tr>
<td>Died from suicide</td>
<td>&gt;40,000 adults</td>
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</table>

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

Model of Suicide Risk

Desire for Suicide/Desire to escape emotional suffering

"I want to."

Perceived Burdensomeness

Thwarted Belongingness

"I can."

Capability

High risk for near lethal suicide attempt or death.


https://workplacesuicideprevention.com/understanding-suicide/
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.

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

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584


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.

https://www.crisistextline.org/mental-health/notes-on-coronavirus-how-is-america-feeling-part-6/
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%)

https://www.crisistextline.org/mental-health/notes-on-coronavirus-how-is-america-feeling-part-7/
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

https://www.sprc.org/settings/workplaces
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

https://www.sprc.org/settings/workplaces
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?

https://afsp.org/what-we-ve-learned-through-research
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

<table>
<thead>
<tr>
<th>Issues to address</th>
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<tbody>
<tr>
<td>Mental illness</td>
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<tr>
<td>Financial stressors</td>
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<tr>
<td>Experience of suicidal crisis</td>
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<tr>
<td>Domestic violence</td>
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<tr>
<td>Alcohol consumption</td>
</tr>
<tr>
<td>Isolation, entrapment, loneliness, and bereavement</td>
</tr>
<tr>
<td>Access to means</td>
</tr>
<tr>
<td>Irresponsible media reporting</td>
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https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30171-1.pdf
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

https://afsp.org/practical-information-for-immediately-after-a-loss
https://afsp.org/ive-lost-someone
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://www.sprc.org/resources-program/working-minds-suicide-prevention-workplace](https://www.sprc.org/resources-program/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.”

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584
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

Trevor Project
1-866-488-7386
Text START to 678678
https://www.thetrevorproject.org/
Trevor Chat

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

https://www.physiciansupportline.com/
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


http://strengthafterdisaster.org

http://disasterdistress.samhsa.gov


https://www.fema.gov/media-library-data/1586012635278-78d2af2e31ce723e7ac9ed3805392e2d/COVID19CrisisCounseling.pdf
References


Gunnel, D. et. al. Suicide Risk and Prevention During the COVID-19 Pandemic. The Lancet. Published online April 11, 2020


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