



# A CONSTRUCTION INDUSTRY BLUEPRINT: Suicide Prevention in the Workplace



# The Issue

## The Construction Industry is at **High Risk** for Suicide

Here is why the nation should make suicide prevention a priority:



### National Statistics

- Over **41,000** suicides occur each year making it the **10th highest cause of death for all ages** (CDC).
- Each year, self-inflicted injury accounts for 836,000 emergency department visits (CDC).
- **Suicide is the 2nd leading cause of death for men 25-54** in the United States (CDC).
- More people die from suicide than from motor vehicle crashes (CDC).
- Men in high skill and high stakes occupations (i.e. supervisors of heavy construction equipment) are almost 1.5 times more likely to die by suicide (Business Insider)<sup>[1][2]</sup>.
- People in occupations requiring no education after high school are more at risk for suicide (Review of 34 Studies)<sup>[3]</sup>.

### Construction Industry Statistics

- **Men out-pace women four to one in suicide deaths** and white working-age men have the highest suicide rates. However, **among women, workers with the highest suicide rates were in construction and extraction** (134.3 per 100,000).
- The **construction industry is in the top nine occupations at risk for suicide** (BLS).



***“We have a tough guy mentality – suck it up and get through whatever is thrown at you. The idea to be open to something that is personal, at work, is difficult. Usually there is a perception that you’ll be met with indifference. The Operations Staff needs to understand that it is okay to discuss personal issues.***

***- Trade Supervisor***

***“You can’t fix your mental health with duct tape.”***

- [ManTherapy.org](http://ManTherapy.org)

[1] Lubin, G. (2011, October 18). The 19 Jobs Where You’re Most Likely To Kill Yourself. Retrieved August 5, 2015.  
[2] NIOSH (2015). National Occupational Mortality Surveillance (NOMS). U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Division of Surveillance, Hazard Evaluation and Field Studies, Surveillance Branch. Retrieved August 5, 2015.  
[3] Milner, A., Spittal, M., Pirkis, J., & Lamontagne, A. (2013). Suicide by occupation: Systematic review and meta-analysis. The British Journal of Psychiatry, 203(6), 409-416. doi:10.1192/bjp.bp.113.128405

# Industry Risk Factors



*“A big part of the depression is drinking or using. A lot of times the issue is pain. We are in labor, so literal physical body pain. The more in pain they are, the more they drink or take a couple extra drugs...”*

*- Field Manager*

**Access to lethal means:** People who have access to, and familiarity with, lethal means like firearms, pills and high places, are often less afraid and more capable of self-inflicted harm by these means.

**Capability for fearlessness:** When a workplace has a culture of recklessness, bravery and/or stoicism, and people are rewarded for being tough, they are often less likely to reach out and ask for help.

**Exposure to physical strain or psychological trauma:** Workplaces that expose employees to physical or psychological injury through traumatic life-threatening events can experience symptoms of chronic pain, post-traumatic stress, or burnout that can contribute to suicide despair.

**Culture of substance abuse:** Workplaces that informally support a culture of self-medication to relieve stress can experience escalating substance abuse problems that also increase the risk of suicide.

**Fragmented community/isolation:** When workers are often in transitory or seasonal employment, they can experience a lack of belongingness and a higher level of uncertainty that adds to a sense of isolation and lack of meaning.

**Humiliation/Shame:** When a humiliating job failure occurs and the employee’s main source of identity is their work, this event can trigger depression and suicidal thoughts.



# Industry Risk Factors (continued)

**Entrapment:** When employees feel that they must do something they would not normally do because they see no other way to meet their goals, hopelessness can result. Sometimes workers in the industry experience the “golden handcuffs” phenomenon: feeling entrapped into the one line of very stressful work because they see no other way to sustain a certain standard of life for themselves and their families.

**Workplaces involved in community suicide deaths:** Construction sites that include bridges and buildings are sometimes the death sites for suicide. These types of community suicides can trigger suicidal thoughts or depression in job site workers.



*“I know one person who killed himself and three more that OD’d. That’s a lot. A lot of guys just don’t think that they measure up, and all day they are just told to get it done, get it done, get it done.”*

*- Field Manager*

**Sleep disruption:** Working long or abnormal hours can effect sleep, causing mental and physical exhaustion. This effects performance, increases the probability of injury, and can exacerbate other mental health concerns.



*“A guy who worked with me started doing drugs, he always drank like a lot of workers do. He turned to meth and it went downhill. He needed someone to talk to.”*

*-Trade Supervisor*

# The Goal: Zero Suicide

## In the Construction Industry

Workplaces that adhere to a strong culture of safety set a goal of zero workplace-related fatalities. **Suicide is no exception.**

What if construction industry leaders believed that suicide could be eliminated and did everything in their power to prevent it?

### Leadership and role modeling matters!

This blueprint helps us start to build the policies and practices we need to have in place for **zero suicide** to become a reality. No one should die in isolation and despair. **All lives are worth saving!**



*"What your leader values is what you value."*

*- Trade Supervisor*

# How Prepared is Your Company?

## Workplace Checklist: Important Things to Note

Check if these qualities are often true of your workplace

### Characteristics of Workers:

- Male dominated workforce**
- Personality of machismo and fearlessness:** These individuals are least likely to admit to any type of perceived “weakness” and least likely to seek help on their own.
- Self-medication through alcohol or substance abuse**
- Transitory/seasonal workforce:** When workers are often in transitory or seasonal employment, they can experience a lack of community and a sense of isolation.
- Sleep disruption:** Working long or abnormal hours can effect sleep, causing mental and physical exhaustion.
- Chronic pain:** Employees experiencing physical injury or chronic pain can experience depression and hopelessness and the desire to escape through death.
- Undiagnosed and untreated mental health conditions:** Many barriers to proper diagnosis and treatment of mental health conditions exist. Sometimes it has to do with the stigma of having a mental illness. Sometimes it has to do with access to adequate care. Frequently, people do not connect physical symptoms of insomnia and agitation to underlying mental health conditions. Because of this disconnect, when these symptoms are present, they are not fully addressed.
- Lack of access to quality mental health care:** Because of temporary and contract labor status, many people in the construction industry do not have adequate insurance to cover treatment for mental health conditions and addictions.
- Strained marriages and family conflict:** Family problems can interfere with work productivity and long work hours and substance abuse can often contribute to divorce and family conflict.
- Financial strain:** Debt and lack of regular job opportunities cause financial hardship and can contribute to significant anxiety and instability.
- Access to lethal means (such as construction sites)**
- Shame:** When a humiliating job failure occurs and the employee’s main source of identity is their work, this event can trigger suicidal thoughts.
- Entrapment:** When employees feel that they must do something they would not normally do because they see no other way to meet their goals.
- Workplaces involved in community suicide deaths:** Sometimes construction sites like bridges and buildings are involved in suicide deaths and workers can sometimes be traumatized witnesses.



# How Prepared is Your Company? (continued)

## Workplace Checklist: Important Things to Note

Check if these qualities are often true of your workplace

### Culture of Workplace:

- Employer values do not make wellness a priority.
- Communication practices do not model openness and support.
- Workplace involved in community suicide deaths.
- Stigma for mental health conditions exists.
- “Pressure Cooker Stress” is the norm.
- Mental health benefits not offered or not covered at the same level as other physical disorders.
- Workplace not aware of general local mental health resources.
- Workplace doesn't have an Employee Assistance Program, or has one but doesn't promote it to employees.
- Workplace doesn't routinely offer educational programs and training on mental health topics.
- Workplace doesn't distribute mental health awareness material (brochures/posters/fact sheets).
- Workplace doesn't encourage screening for mental health conditions like depression, anxiety, and substance abuse.
- Workplace doesn't have Standard Operating Guide for how best to handle suicide crises.

**Answering yes to even one of these should make you ask yourself how are you and/or those around you doing? What can be done to lower the risk?**

# Warning Signs

Some behaviors may indicate that a person is at immediate risk for suicide. The following three should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional.

1. Talking about wanting to die or to kill oneself.  
*Communication may be veiled, such as: "I just can't take it anymore." or "What's the use?"*
2. Looking for ways to kill oneself, such as searching online or obtaining a gun.
3. Talking about feeling hopeless or having no reason to live.

**Other behaviors may also indicate 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 (SPRC)



*"I have had a couple of guys who probably needed to talk to someone, but I don't know how to bring that up."*

*- Foreman*



## **Warning: An Increasingly Medicated Workforce**

Employers underestimate how many employees struggle with mental health issues, but the use of medications has been significantly increasing over time. One study indicated that usage increased 22% between 2001 and 2010, and that approximately one in five adults is taking at least one prescription medication for psychological issues. Antidepressants are the second most commonly prescribed drug in the U.S.<sup>1</sup>

<sup>1</sup> American Psychological Association



# Protective Factors

- Culture that promotes the importance of safety
- Emphasis on teamwork
- Culture of employee engagement and connectedness, providing a sense of “brotherhood”
- Culture of wellness that values mental health
- Access to insurance and mental health care (e.g., Employee Assistance Program)
- Informational support systems (buddy systems)
- Leadership and supervisor training

*“The buddy system was originally set up as a safety concern. We’d ask each other, ‘Do you have everything planned out so you’ll be safe?’ The buddy system gave new people an opportunity to say something if they saw anything happening that was wrong. But it was never geared toward “how are you doing today?”*

*- Field Manager*



# Toolbox Talk #1: World Suicide Prevention Day is September 10<sup>th</sup> Every Year

## Field Manager Presentation:

Today, we are recognizing World Suicide Prevention Day. The safety of our employees is a high priority for us. Suicide is a major health and safety issue. The pain that leads people to take their lives is hard to imagine. Their deaths leave families and friends grieving, and often have a huge effect on communities.

Every year, over 800,000 people die from suicide globally; this is about one person dying every 40 seconds. The number of lives lost each year from suicide is more than the number of deaths from murder and war combined.

Mental health challenges (especially depression and alcohol use) are a major risk factor for suicide. World Suicide Prevention Day brings together individuals and organizations with an interest in suicide prevention, and mobilizes efforts to save lives.

Connectedness is crucial to people who might consider suicide. We know that isolation can increase the risk of suicide and, that having strong human bonds can be protect people from it. Reaching out to those who have become disconnected from others and offering them support and friendship can be a life-saving act.

More info on World Suicide Prevention Day: [iasp.info/wspd](http://iasp.info/wspd)



**1-800-273-TALK (8255)**  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

# What Should You Say if You are Worried Someone Might be Suicidal?

**First:** “I’ve noticed \_\_\_\_\_ (list specific behaviors), and I am concerned.”

**Second:** “Given what you’ve been going through, it would be understandable if you were thinking about suicide. I am wondering if this is true for you.”

**Third:** “Tell me more about your thoughts of suicide and your distress.” [LISTEN]

**Fourth:** “Thank you for trusting me. I am on your team; you are not alone. I have some ideas that might help.”

**Fifth:** Suggest resources:

- 1-800-273-8255 (National Suicide Prevention Lifeline)
- Employee Assistance Program
- [ManTherapy.org](https://www.mantherapy.org)
- Other local mental health resources

Source: [WorkingMinds.org](https://www.workingminds.org)



# Recommendations for Effective Suicide Prevention

“Bake it in, don’t bolt it on.” - D. Covington, Executive Committee Member of the National Action Alliance for Suicide Prevention, on the importance of integrating suicide prevention strategies into existing culture and strengths of organizations.

## UPSTREAM

Prevent Problems from Happening in the First Place

### Shift Workplace Cultural Perspective:

Make mental health and suicide prevention health and safety priorities. Leadership must model this, clearly communicate benefits and answer questions for concern.

Regularly promote mental health practices and a range of resources – e.g., new employee orientation, benefits renewal, newsletters.

**Develop Life Skills:** Offer training in conflict resolution, stress management, communication skills, financial planning, goal setting, parenting or other skills-based programs for employees.

### Improve Mental Health and Addiction Knowledge:

Deliver regular toolbox talks and awareness communication on mental health topics and how to improve wellness. Consistently link mental health with wellness and safety programs.

**Promote Social Networks:** Create a healthy community and foster genuine workplace support.

## MIDSTREAM

Identify Problems Early and Connect People to Help

**Identify People at Risk:** Detect early symptoms for depression, anxiety, substance abuse and anger.

**Promote Help-Seeking:** Promote resources like the National Suicide Prevention Lifeline 1-800-273-TALK (8255), provide peer assistance training and normalize help-seeking behavior.

**Increase Access to Quality Care:** Provide affordable mental health services well-versed in state-of-the-art suicide risk assessment, management and support and a range of effective treatment options.

## DOWNSTREAM

Safe and Compassionate Responses to Mental Health Crises

### Promote Worker Use of Mental Health Services:

When workers are struggling, supervisors can take the lead in connecting employees to immediate mental health and crisis services.

### Restrict Access to Potentially Lethal Means:

When potential for suicide is high, remove access to guns, pills and other means of suicide.

### Provide Support after Suicide:

Follow crisis management procedures and longer-term support in the aftermath of a suicide as outlined in “A Managers Guide to Suicide Postvention in the Workplace” [available as free PDF at [www.WorkingMinds.org](http://www.WorkingMinds.org)].

# Toolbox Talk #2: Practicing a Conversation for Life: Notice, Ask, Listen, Support and Follow-up

## Field Manager Presentation:

Starting courageous conversations about mental health isn't easy. We can learn the basic steps, but unless we practice and put them into our own language, we are likely to forget them. Let's imagine what we might do in this common scenario.

For example, you notice that someone on your team has been going out to the bar a lot after work. She or he is not always getting to work on time and seems pretty distracted.

1. Tell them you have noticed something is wrong. What types of things might you say?  
*Get 2-4 examples from your team.*
2. Ask them if there are some ways you can help  
*Get 2-4 examples from your team.*
3. Let them know that the EAP and/or wellness coach can help them make a plan to feel better.  
*Get a few examples of how they might offer this resource.*
4. Offer to do an alcohol-free activity with them outside of work.  
*Get 2-4 examples from your team.*
5. Check in with them after a few days to see how things are going.  
*Get a few examples of how they might check in.*
6. Escalate intervention if no improvement seen in attitude or behavior. Consult with EAP or other mental health professional.

Simple intervention conversations like these can save lives and help protect your coworkers, friends, and family members. You can't fix mental health with duct tape, but you can connect with people to help them find solutions that work.

# Call to Action

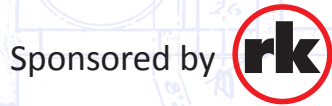
## Take action and save lives.

- ❑ For immediate help with a suicide crisis call **1-800-273-TALK (8255)**.
- ❑ Complete the Workplace Checklist to help you determine if you need to evolve to a more supportive culture; determine how you could implement some of the recommendations.
- ❑ Implement recommended Toolbox Talks (see pages 12-13).
- ❑ To learn more about the comprehensive approach to suicide prevention, visit the National Action Alliance for Suicide Prevention:
  - [actionallianceforsuicideprevention.org/task-force/workplace/cspp](https://actionallianceforsuicideprevention.org/task-force/workplace/cspp)
- ❑ Contact the Carson J Spencer Foundation for an initial consultation on developing a strategy or training options.
  - [CarsonJSpencer.org](https://CarsonJSpencer.org)
- ❑ Offer workplace screening for mental health:
  - [mentalhealthscreening.org/programs/workplace](https://mentalhealthscreening.org/programs/workplace)
- ❑ Implement suicide prevention skills training. For information on best practice training models such as Working Minds, ASIST, and QPR, visit:
  - [training.sprc.org/course/description.php#course4](https://training.sprc.org/course/description.php#course4)
- ❑ Learn how best to manage mental health related performance issues:
  - [mhwellnessworks.org](https://mhwellnessworks.org)
- ❑ Get to know your EAP or community mental health professionals. Invite them to get to know the employees and the culture of the construction industry.





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1. To download printable versions of this blueprint or to order hard copies, submit a request: <http://www.carsonjspencer.org/contact/>
2. For more information on suicide prevention in the workplace: [WorkingMinds.org](http://WorkingMinds.org)
3. For more information about the public-private partnership advancing the *National Strategy for Suicide Prevention*: [Actionallianceforsuicideprevention.org](http://Actionallianceforsuicideprevention.org)

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**suicidepreventionlifeline.org**

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