GBS
A Leavitt Group Company

Suicide Prevention in the Workplace

Recognizing Risk Factors & Responding to Crisis

PRESENTED BY

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GBS Director of Behavioral Health

Talking about suicide can be difficult.

Please take care of yourself and step away if need be.

We are here to support you.

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It Was An Instant Regret | This Is My #MentalHealth Story

Press Esc to exit full screen

Play (k)

0:00 / 7:07

Scroll for details

By the Numbers

Every 15 Minutes

1 person dies by suicide

Every 26 Seconds

There is a suicide attempt

Untreated depression and substance abuse increase the risk of suicide.

20% of the American Workforce

Experiences a mental illness at some point during their working life

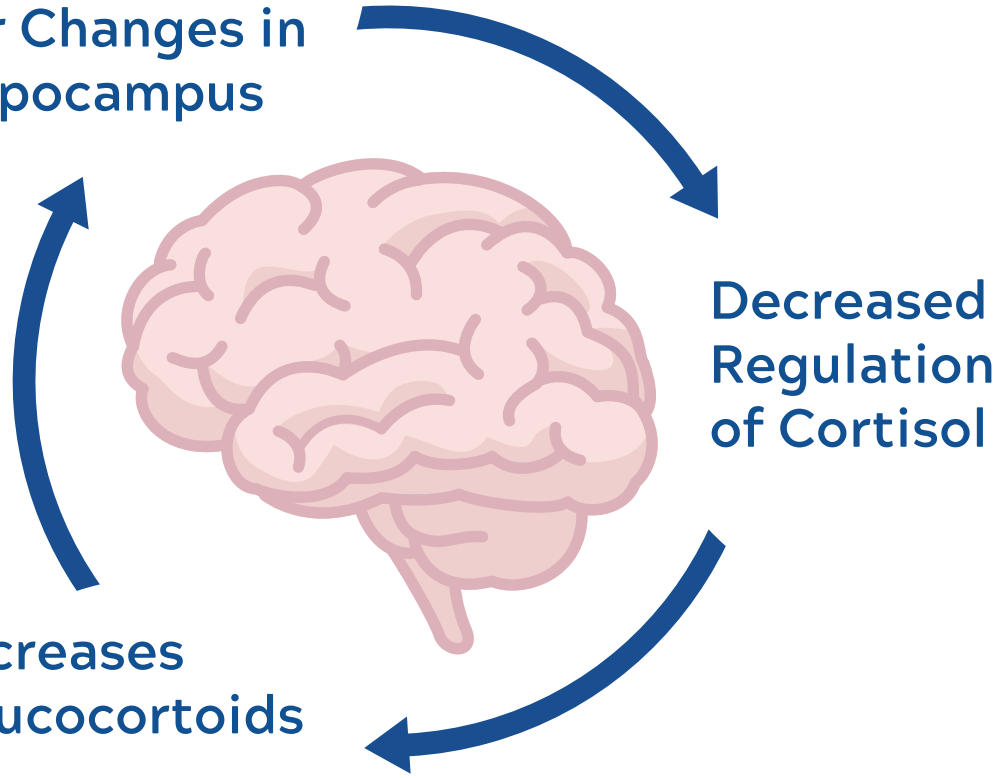
Depression and substance abuse are the most common.

The Stress-Brain Loop

- Attention
- Learning
- Perception
- Word Finding
- Short-Term Memory

Chronic Stress

- Inadequate Sleep
- Poor Nutrition
- Emotional Distress



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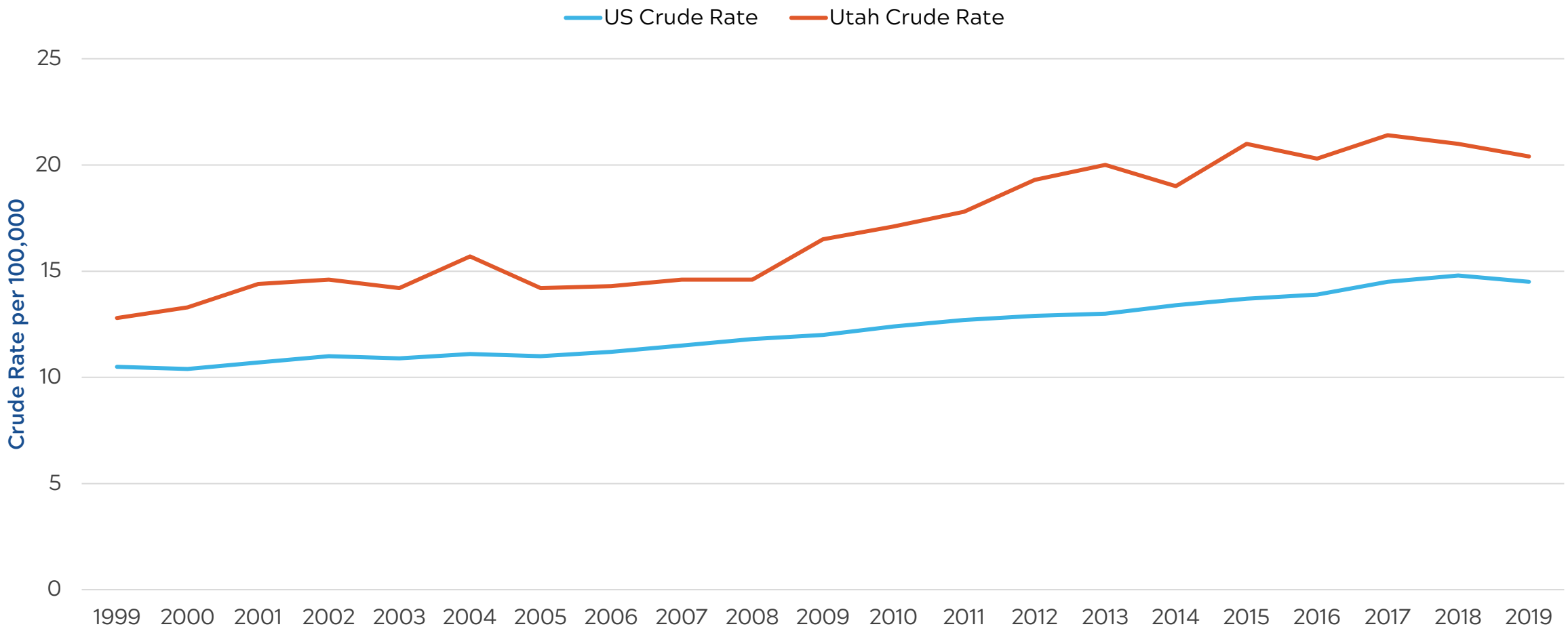
Utah is consistently above the national average.

Suicide crude rates per 100,000 in the United States and Utah, *1999 to 2019*



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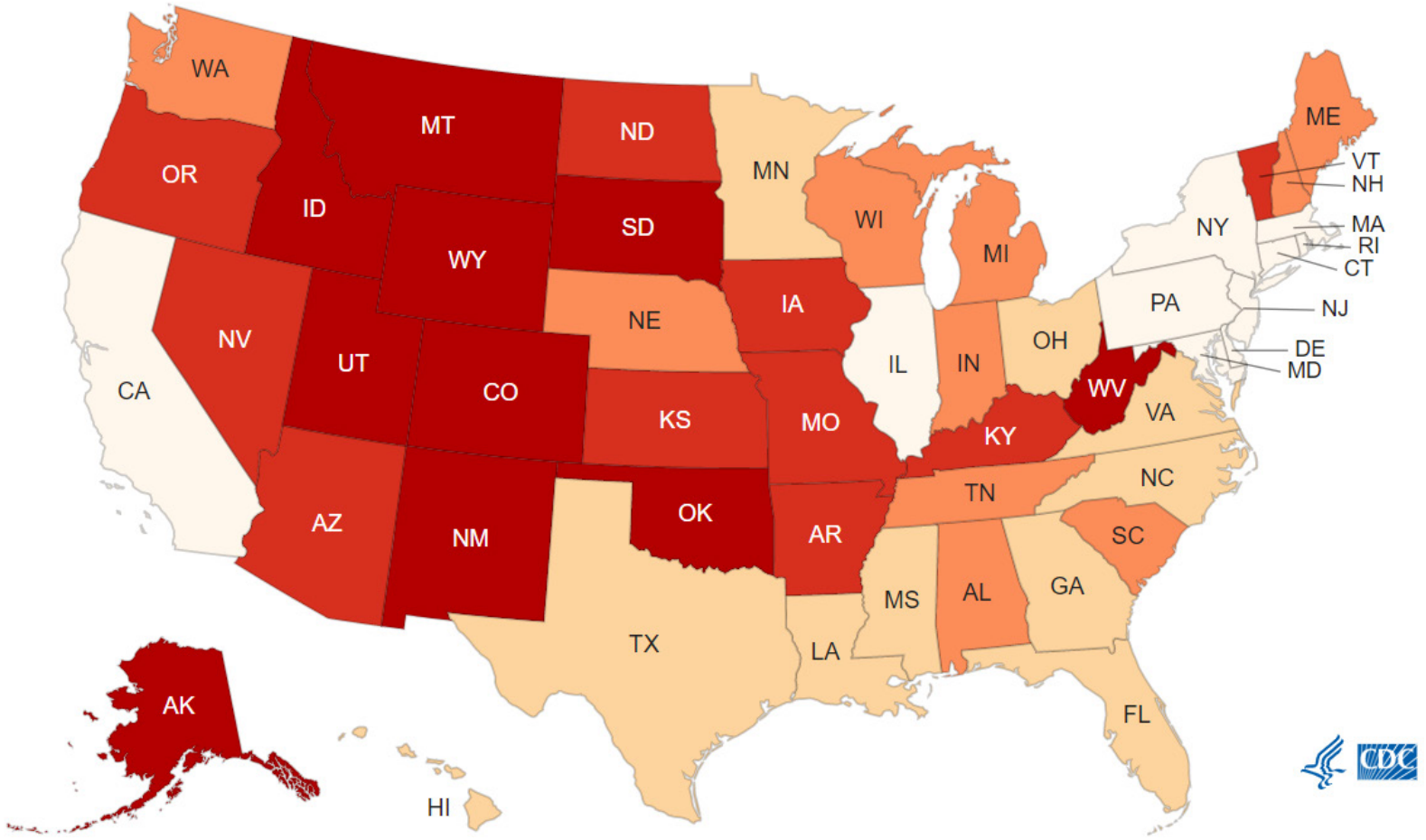
National Data

Utah has decreased in mortality rate over the past two years. This chart represents 641 deaths.

Age-Adjusted Suicide Rates Per 100,000 Population

CDC, 2020

- 7.1 - 12.6
- 12.9 - 13.9
- 14 - 17.2
- 17.6 - 19
- 19.4 - 30.5



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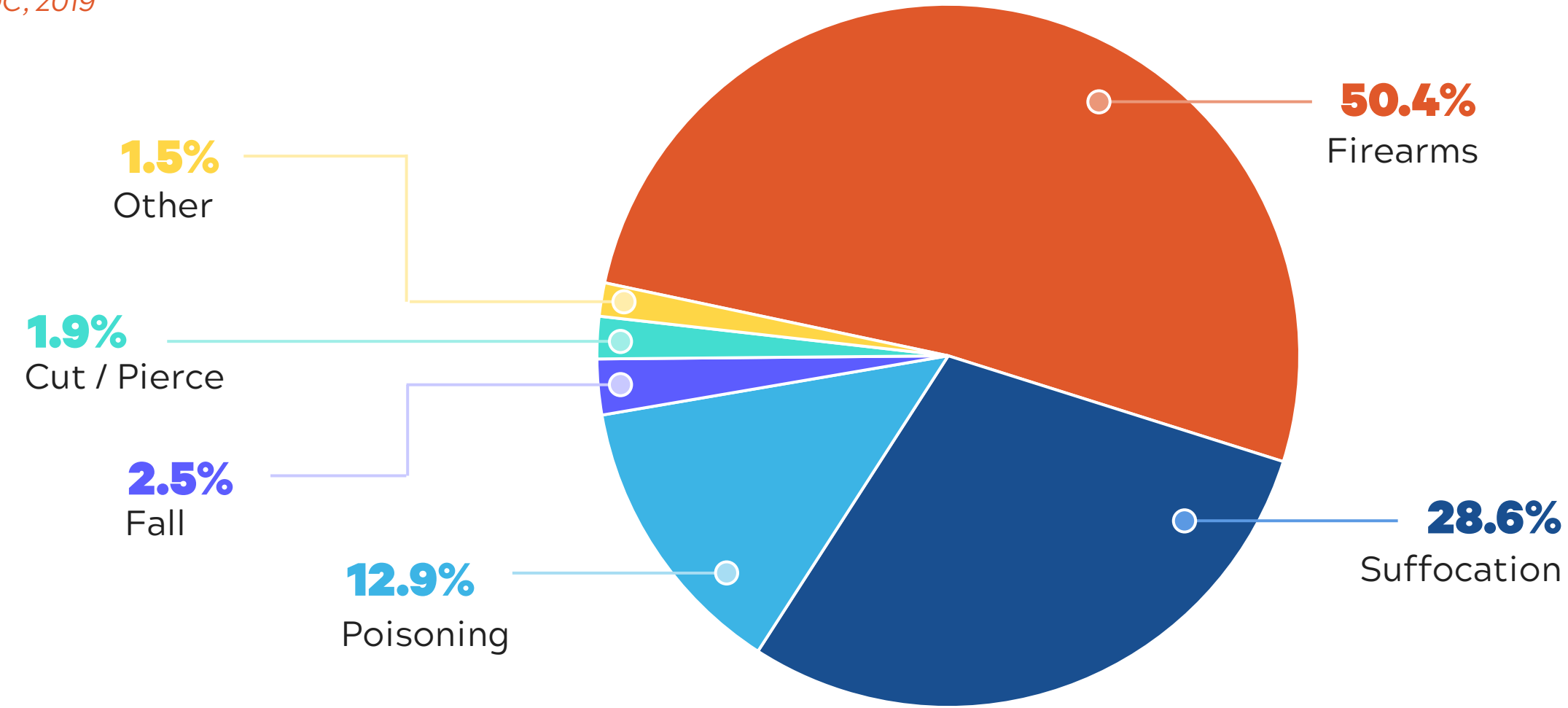
National Data

Means of Suicide in the United States

CDC, 2019



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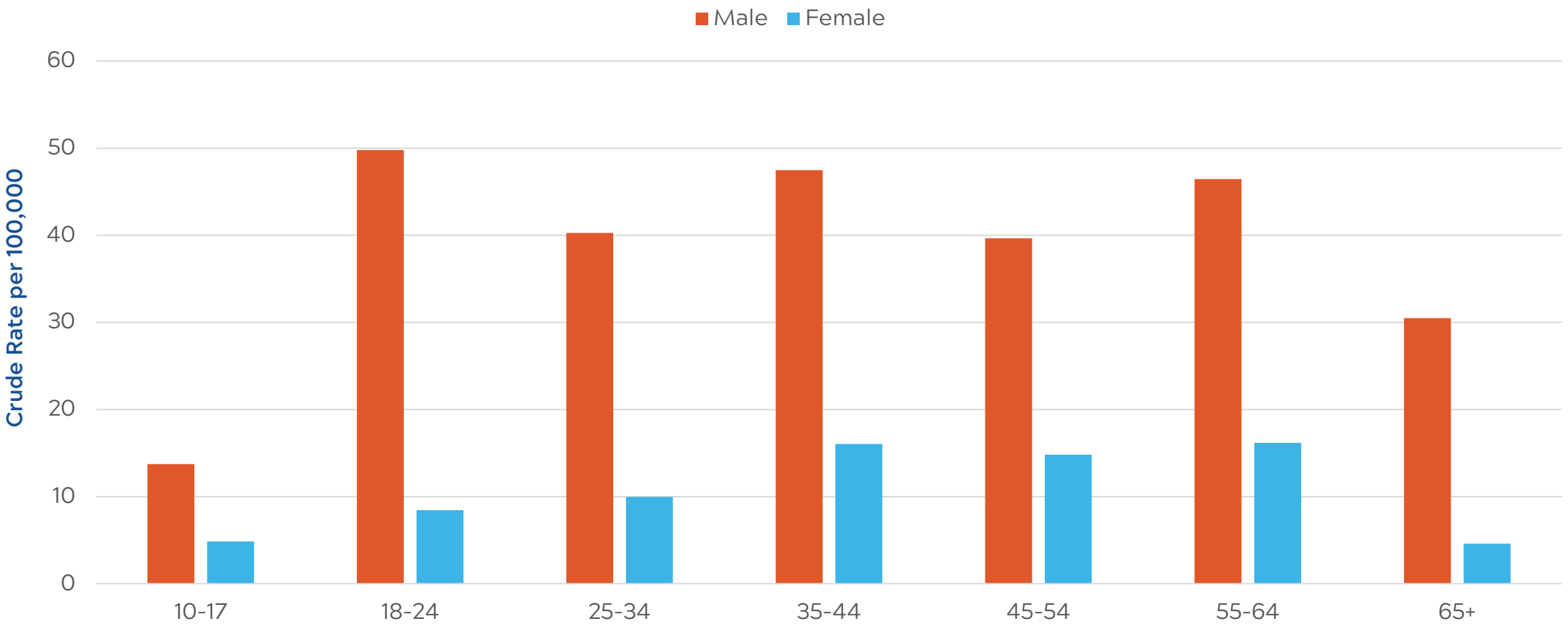
Suicide is a lifespan issue.

Rate of suicide per 100,000 population by age group and sex in, *Utah 2019*

Data Source: IBIS-PH, Utah Department of Health



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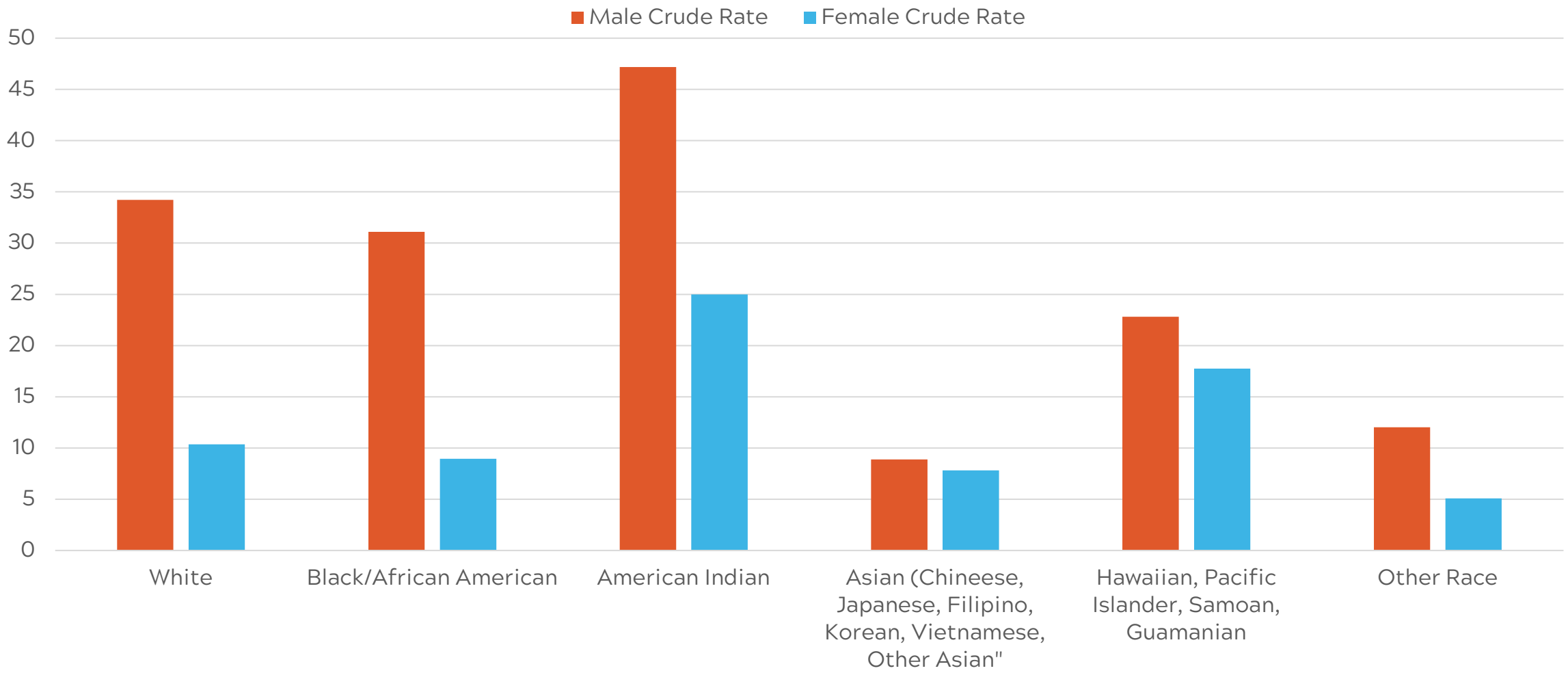
Suicide Crosses All Race, Ethnicity & Sex in Utah

Rate of suicide per 100,000 in Utah by Race, Ethnicity and Sex, *2015-2019*



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Suicide Myths & Facts

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Suicide: Myth or Fact?

Asking a person about suicide will make them angry and increase the risk of suicide.

Myth Fact

The Fact is:

Asking someone directly about intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.

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Suicide: Myth or Fact?

No one can stop a suicide, it is inevitable.
Especially once a person decides to take their own life, there is nothing anyone can do to stop them.

Myth Fact

The Fact is:

If people in a crisis get the help they need, they will likely never consider suicide again. If they are, they are better prepared to ask for or accept help. Suicide is one of the most preventable kind of death, and almost any positive action may save a life.

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Suicide: Myth or Fact?

Most people communicate their intent sometime during the week preceding their attempt.

Myth

Fact

A Common Myth is:

People keep their plans to themselves.

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Suicide: Myth or Fact?

People who talk about suicide may try, or even complete, an act of self-harm.

Myth **Fact**

A Common Myth is:

Those who talk about suicide don't do it.

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Protective & Risk Factors

Protective

- Connectedness
- Effective Behavioral Health Care
- Contact with Caregivers
- Problem Solving Skills

Risk

- Prior Suicide Attempts
- Mood Disorder
- Substance Abuse
- Access to Lethal Means

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What can you do?

WARNING

Be alert to warning signs of suicide.

Take all signs seriously.

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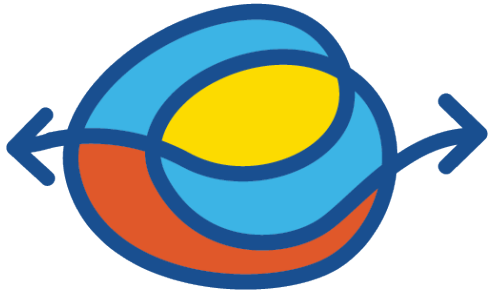
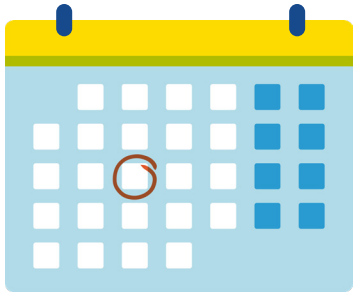
Warning signs can be displayed in a number of ways.

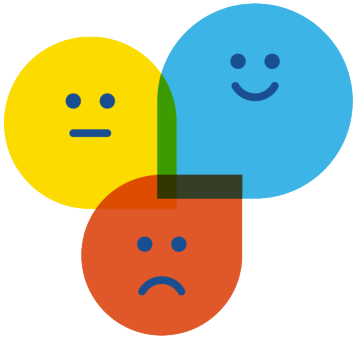
Talk



Behavior



Life Events



Mood

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Talk

Pay Attention to These Talk Topics

- Ending their lives
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

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Talk

Direct Verbal Clues

- I’ve decided to kill myself.
- I wish I were dead.
- I’m going to commit suicide.
- I’m going to end it all.
- If (such and such) doesn’t happen, I’ll kill myself.

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Talk

Indirect Verbal Clues

- I’m tired of life, I just can’t go on.
- My family would be better off without me.
- Who cares if I’m dead anyway.
- I just want out.
- I won’t be around much longer.
- Pretty soon you won’t have to worry about me.

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Behavior

Behavioral Signs

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Increased use of alcohol or drugs or relapse after a period of recovery
- Unexplained anger, aggression and irritability

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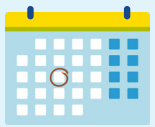

Life Events

Situational Signs

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

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Mood

The key is to watch for any significant CHANGE in mood.

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety
- Agitation

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Language & Discussion

Language Matters

If changing our language can help people to feel safer asking for help, then changing language can save lives.

Try to Avoid	Why?	Try to Use Phrases Like
Successful suicide Completed suicide	We never want to view loss by suicide as a success. It implies that suicide is a good thing or a “check box”.	Died by suicide
Unsuccessful suicide Failed suicide	Think of the sense of accomplishment you feel when you “complete” a big project. Then think of the disappointment you feel when you don’t.	They survived their attempt
Committed suicide	It implies that suicide is a crime or sin	Died by suicide Took their own life
“Sally” is suicidal	There is more to “Sally” than her thoughts	“Sally” has or had suicidal thoughts

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Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Allow the person to talk freely
- Give yourself plenty of time
- Talk to the person alone in a private setting
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember

How you ask the question is less important than you asking the question.

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Less Direct Approach

- Have you been unhappy lately?
- Have you been so very unhappy lately that you've been thinking about ending your life?
- Do you ever wish you could go to sleep and never wake up?

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Direct Approach

- You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?
- I have noticed _____ , I wonder if you're thinking about suicide?
- Are you thinking about killing yourself?

Note

If you cannot ask the question, find someone who can.

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How to NOT Ask the Suicide Question

- You're not thinking of killing yourself, are you?
- You wouldn't do anything stupid would you?
- Don't be so dramatic. You wouldn't actually kill yourself, would you?

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Assist

How to Persuade Someone to Stay Alive

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope
- Put away distractions and be PRESENT

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Then Ask...

- Will you go with me to get help?
- Will you let me help you get help?
- What can we do to keep you safe for now?

Remember

Your willingness to listen and to help can rekindle hope and make all the difference.

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Responding to a Crisis

Warning Signs

- Talking or writing about death, dying, or suicide.
- Threatening to hurt or kill themselves
- Looking for ways to kill themselves, seeking access to means
- Showing anxiety or agitation
- Being unable to sleep or sleeping all the time
- Feeling no reason for living, no sense of purpose in life
- Feeling trapped, like there is no way out.
- Thinking there is no reason for living.
- Thinking there is no safe way out of a bad situation.

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How to Approach

- Speak in a calm, non-accusatory manner.
- Appear confident, like a duck on a pond: Calm on the surface, but “paddling hard” internally to determine next actions.
- Try to understand how they feel from their point of view. Encourage them to express their feelings. Be empathetic and focus on concern for their well-being.
- Instill hope by asking about long-term plans or goals and letting them know that the feeling doesn’t last forever.

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Key Actions

Connect them with a professional.

If you don’t feel as though you can keep the individual or yourself safe, get help immediately.

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Suicide Risk Assessment

1. Assess

2. Ask the Question

Are you thinking about killing yourself?

Are you thinking about suicide?

If they answer yes to the question, proceed to Step 3.

3. Ask About Planning

Have you thought about how you would kill yourself?

Have you decided when you would do it?

Have you done anything to get the things you need to kill yourself?

If they answer yes to any of these questions, proceed to Step 4.

4. Get Help Immediately

Call 911. Tell the dispatcher that the person is at risk for suicide. If available, ask for a mental health crisis professional.

Connect the person to appropriate professional help.

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Workplace Prevention

Leadership
Cultivating a caring culture focused on community well-being

Communication
Reducing stigma and increasing awareness

Training
Mental Health First Aid, LiveOn Utah, QPR

Job Strain Reduction
Assess and address job strain and toxic work contributors

Peer Support & Well-Being Ambassadors
Informal and formal initiatives

Mental Health & Crisis Resources
Evaluate and promote

Available Resources

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Support Next Steps

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide.
- Any willingness to accept help at some time, even if in the future, is a good outcome.

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Available Resources

If you are calling from a non-Utah area code, but you want a Utah response, call the local number 801-587-3000.

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Access Crisis Resources

Dial 988

or

1-800-273-8255 (TALK)

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Next, Select an Option

Option #1
Veterans Crisis Line

Option #2
Spanish Crisis Line

Option #3
Trevor Lifeline

No Option Selected
Utah Crisis Line

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After an Option is Selection

A trained crisis worker answers the call

Stabilization for all crises, suicide prevention and resources provided

Referrals can include mobile crisis outreach teams (ALL counties) or a receiving center if needed

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988 Facts

- 988 is available in Utah
- It’s free and available 24/7, 365 days a year
- 988 will be the main way to access the crisis line
- Current crisis line phone numbers will continue to work

Suicide hotlines save lives.

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Available Resources

LGBTQ+ Lifeline
866-488-7386

24/7 Stabilization & Mobile Response
1-833-723-3326 (SAFE-FAM)

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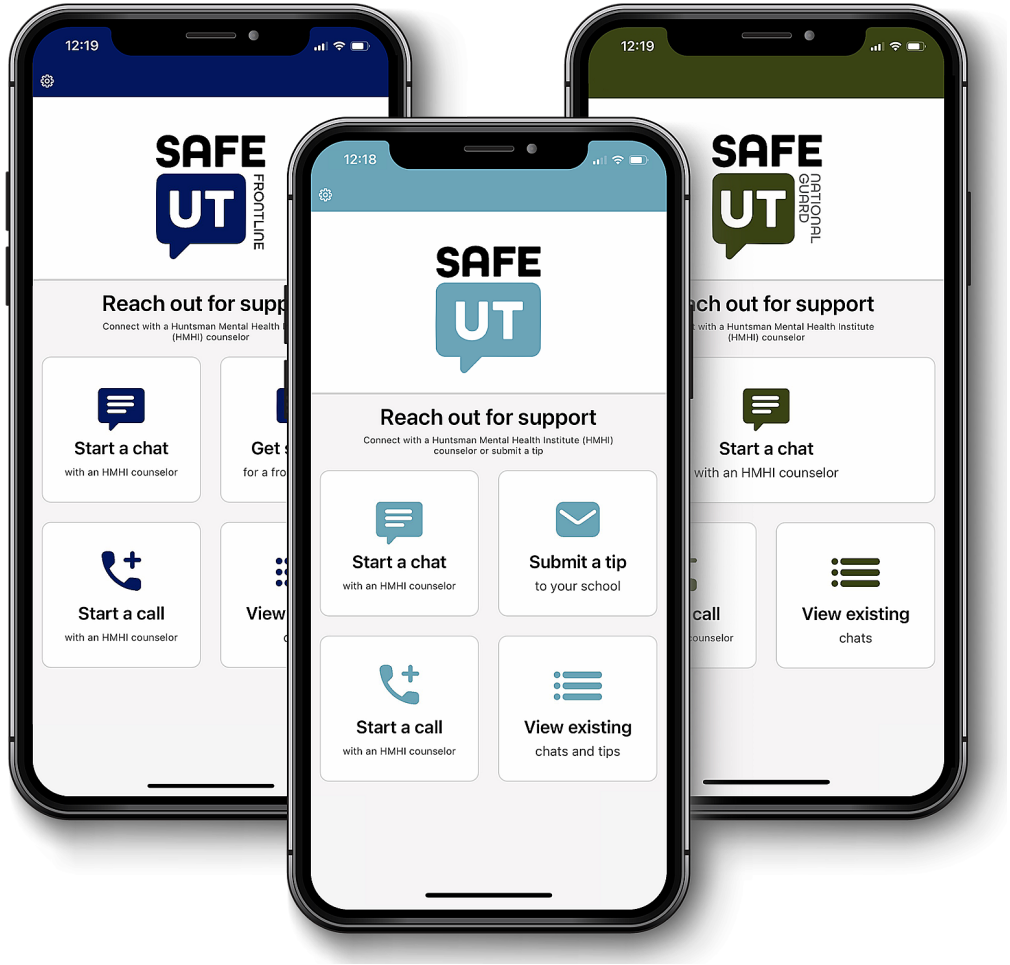
Available Resources

Utah Apps

SafeUT for students, education and parents

SafeUT First Responders for police, fire, etc., including front line healthcare workers

SafeUT NG for National Guard members and their families



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Additional Apps

myStrength

Download the myStrength app from mystrength.com

Or download at your favorite App store, passcode: UtahDHS

VIRTUAL HOPE BOX

What gives you hope, a reminder

notok

Sends a message asking for support

SafetyNet

Make a plan to be safe

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Available Resources

Behavioral Health Services Navigation
833.442.2211

Intermountain® Healthcare

Navigating Behavioral Health doesn't have to be complicated.

Behavioral Health Services Navigation *(formerly the Emotional Health Relief Hotline)*
One-call to help access available behavioral health resources

Available to everyone **833.442.2211**
HOURS: 7am to 7pm

What to expect:

When you call **833.442.2211**, you can expect to talk to someone who can help assess your needs and connect you with the right resources.

Behavioral Health Services at Intermountain Healthcare offer a variety of resources to keep your body and mind healthy. Just as Intermountain is here for your physical healthcare needs, we are here to provide for your emotional and mental well-being as well. Behavioral Health includes Mental Health + Substance Use Disorders assessment.

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Utah Warm Line

When feeling lonely or in need of support or resources

Call 801-587-1055

Free Gun Locks

Gun Locks available for free at the Utah Department of Human Services.

Contact

Allison Foust | afoust@Utah.gov

Carol Ruddell | cgruddell@utah.gov

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Available Resources

NAMI

National Alliance on Mental Illness

Training, support groups, mentors

Visit namiut.org

AFSP

American Foundation for Suicide Prevention

Training, support groups

Visit afsp.org

Local Mental Health Authority

Visit utah.gov

211

Visit 211utah.org

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Suicide Prevention in the Workplace Toolkit

- Salt Lake Chamber of Commerce, Community Builders
- In partnership with the Utah Suicide Prevention Coalition
- Downloadable in English and Spanish
- Technical Assistance is available for implementation

Download English & Spanish Toolkits

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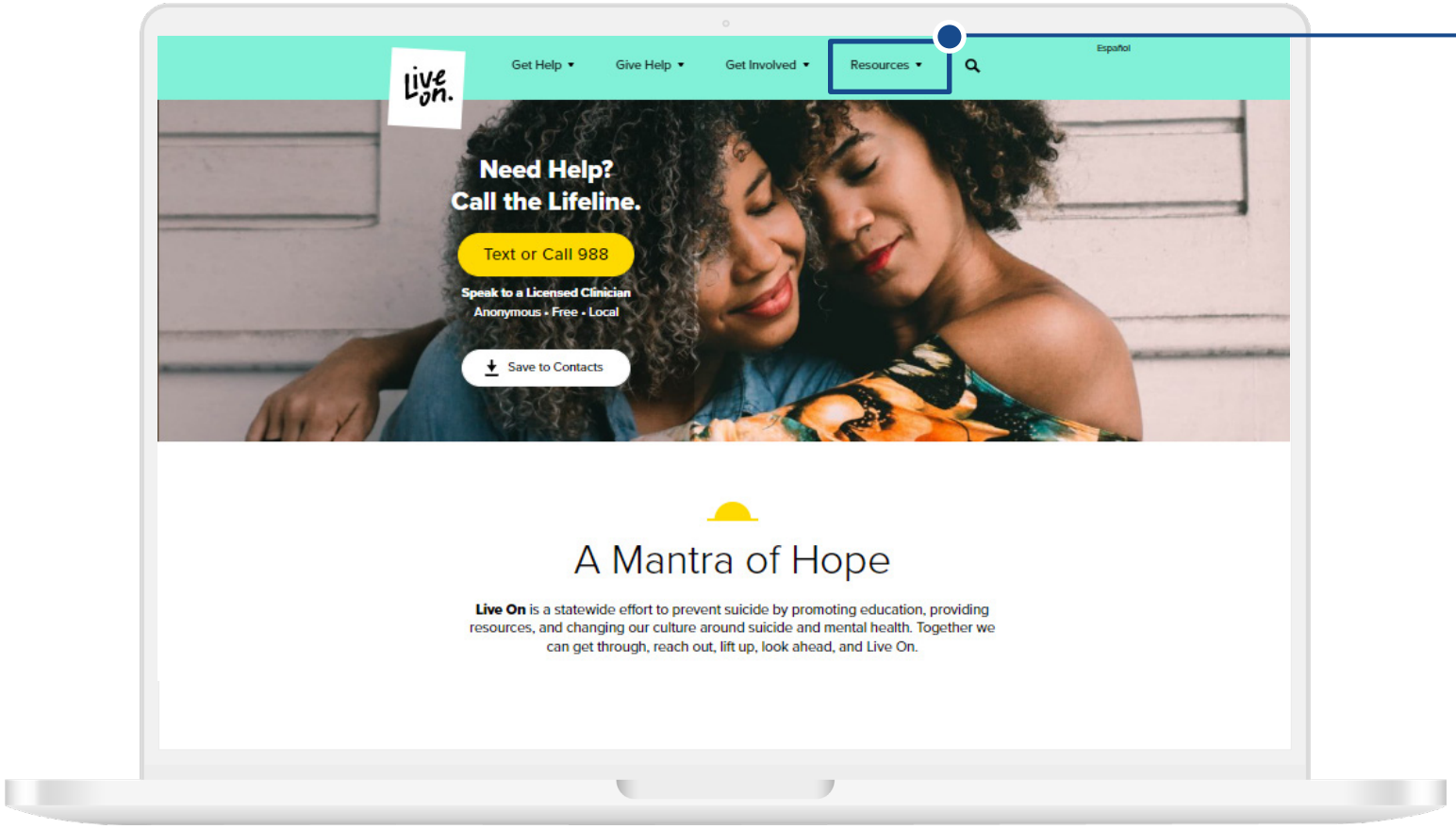
Available Resources

liveonutah.org



Resources

- Faith
- LGBTQ+
- Youth
- Workplace
- Crisis and Treatment
- Safe Messaging
- Firearm Safety
- Playbook

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Thank you for joining me today!

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GBS Director of Behavioral Health