



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



THE Carson J Spencer
FOUNDATION

Making Suicide Prevention a Workplace Priority

Sally Spencer-Thomas, CEO and Co-Founder
The Carson J Spencer Foundation

June 25, 2015, 1:00 - 2:00 p.m. ET



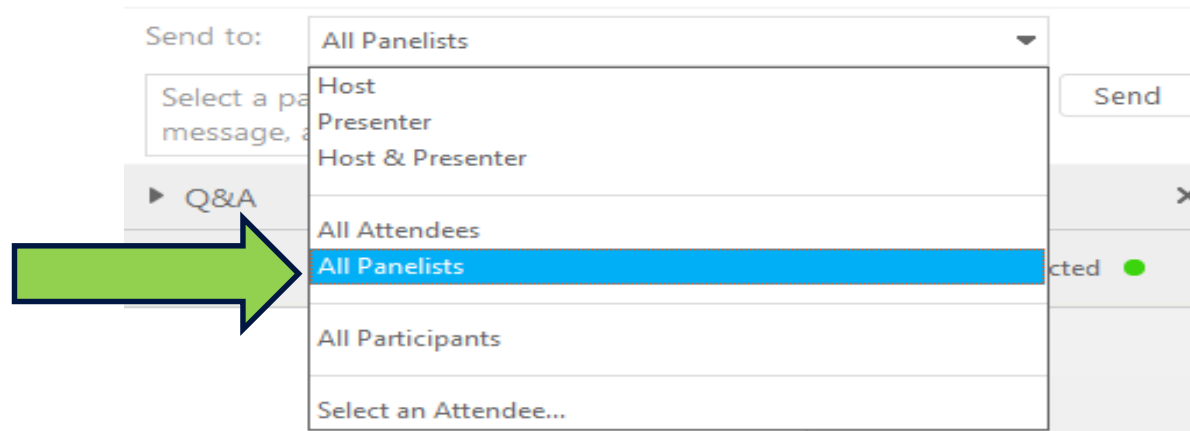
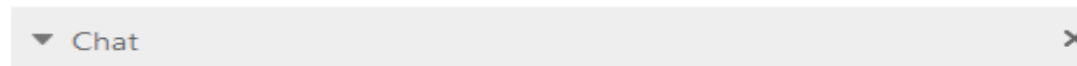
THE Carson J Spencer
FOUNDATION



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Important! Send questions/comments to
'All Panelists'



@mhcc_ #workplaceMH #StandardCda

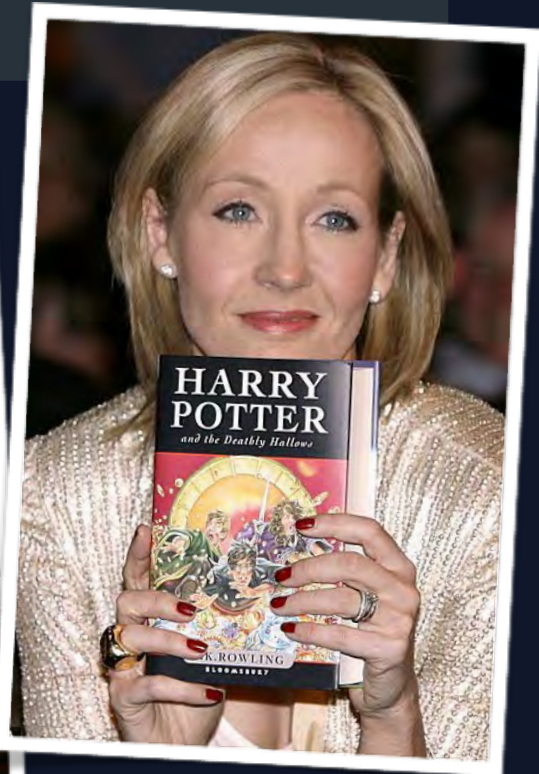
Presenter



Sally Spencer-Thomas, Psy.D., USA
CEO and Co-Founder
Carson J Spencer Foundation
Sally@CarsonJSpencer.org



Why We Are Here



Goals for the Webinar

- Make a **business case** for suicide prevention
- Recognize key strategies in a **comprehensive approach** to workplace suicide prevention
- Articulate how the **stages of change model** applies to suicide prevention implementation at work
- Conceptualize a **blueprint** for helping workplaces implement a public health approach to suicide prevention
- Identify **10 action steps** workplaces can take in the aftermath of a suicide that affects its employees

Social Media

Share the Conversation

Webinar Hashtag

#WorkingMinds or #workplaceMH

#SuicidePrevention

@MHCC_

#MentalHealth

@sspencerthomas

#SuicideGrief

@cjsfoundation

#SPSM (suicide prevention social media) @EAPA



About the Presenter



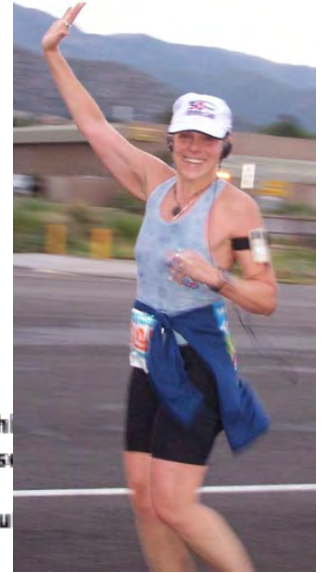
Sally Spencer-Thomas,



CEO
The Carson J Spencer
FOUNDATION



Working Minds
Suicide Prevention in the Workplace





Carson Spencer 1969-2004

www.CarsonJSpencer.org



@sspencerthomas

Founded 2005



Leading Innovation in Suicide Prevention

Vision

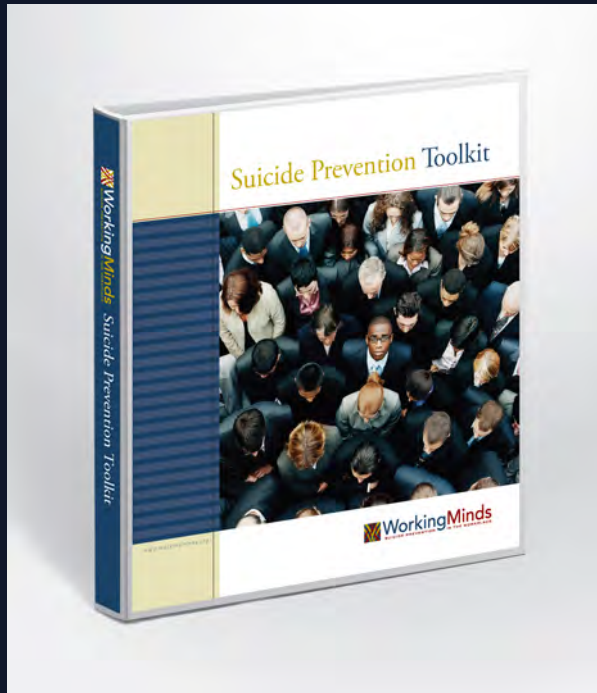
“We envision a world where leaders and communities are committed to sustaining a passion for living.”

Mission

“As leaders in innovation in suicide prevention we elevate the conversation to make suicide prevention a health and safety priority.”

Core Values

Entrepreneurship
Collaboration
Upstream
Passion for Living
Integrity



- The majority of people who die by suicide are men of working age
- First organization dedicated to helping workplaces build a comprehensive suicide prevention program
 - Website, toolkit, training, policy, communication, consultation
- Best Practice Registry

www.WorkingMinds.org



Making the Business Case

“The workplace is the last crucible of sustained human contact for many of the 30,000 people who kill themselves each year in the U.S. A co-worker’s suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school.”

Business Case

- Up to **25%** of U.S. population experiences mental illness at any given time. **1 in 5** - number of Canadians who will experience a mental health problem or illness this year.

From: Partnership on Workplace Mental Health

- Nearly **2/3 of people** with diagnosable mental disorders do not seek treatment.

- Typically **delay care for a decade** or more, during which time disorders can worsen.



- Comorbidity with other health conditions. Individuals with depression **consume 2-4 times the healthcare resources** of other enrollees.
- **Treatment works** and is inexpensive, especially compared to impact.
- Investing in mental health and substance use disorders yields **positive ROI** – especially when you factor in productivity gains.
- **Bottom line:** You can't afford to ignore mental health.

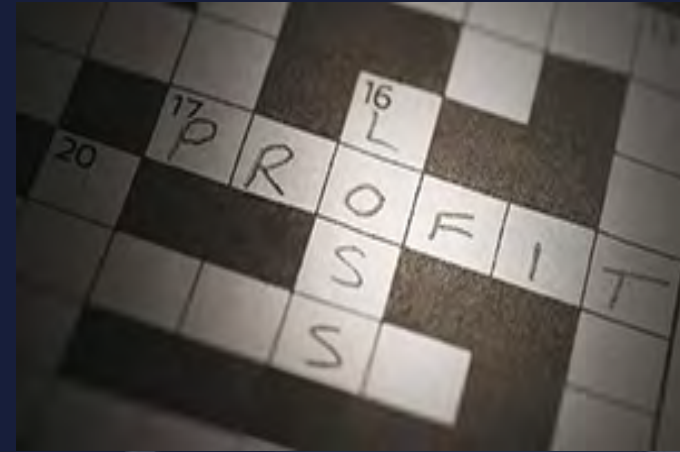
Deeper Dive: Depression

From: Partnership on Workplace
Mental Health

- **1 in 10 adults** will experience depression in their lives.

- Individuals with depression are

- twice as likely to develop coronary artery disease,
- twice as likely to have a stroke, and
- more than four times as likely to die within six months from a myocardial infarction.



- 80% of people with depression report some level of **functional impairment** because of their depression.

- **Absenteeism/Presenteeism:** In a 3-month period, patients with depression miss an average of 4.8 workdays and suffer 11.5 days of reduced productivity.

Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 2005 Jun;62(6):617-27.

McVeigh, K.H., Sederer, L.I., Silver, L., & Levy, J. (2006). Integrating Care for Medical and Mental Illnesses. *Preventing Chronic Disease*, 3(2), A33.

Pratt LA, Brody DJ. Depression in the United States household population, 2005-2006. National Center for Health Statistics: NCHS Data Brief No. 7; 2008. Available from: <http://www.cdc.gov/nchs/data/databriefs/db07.htm#ref08>.

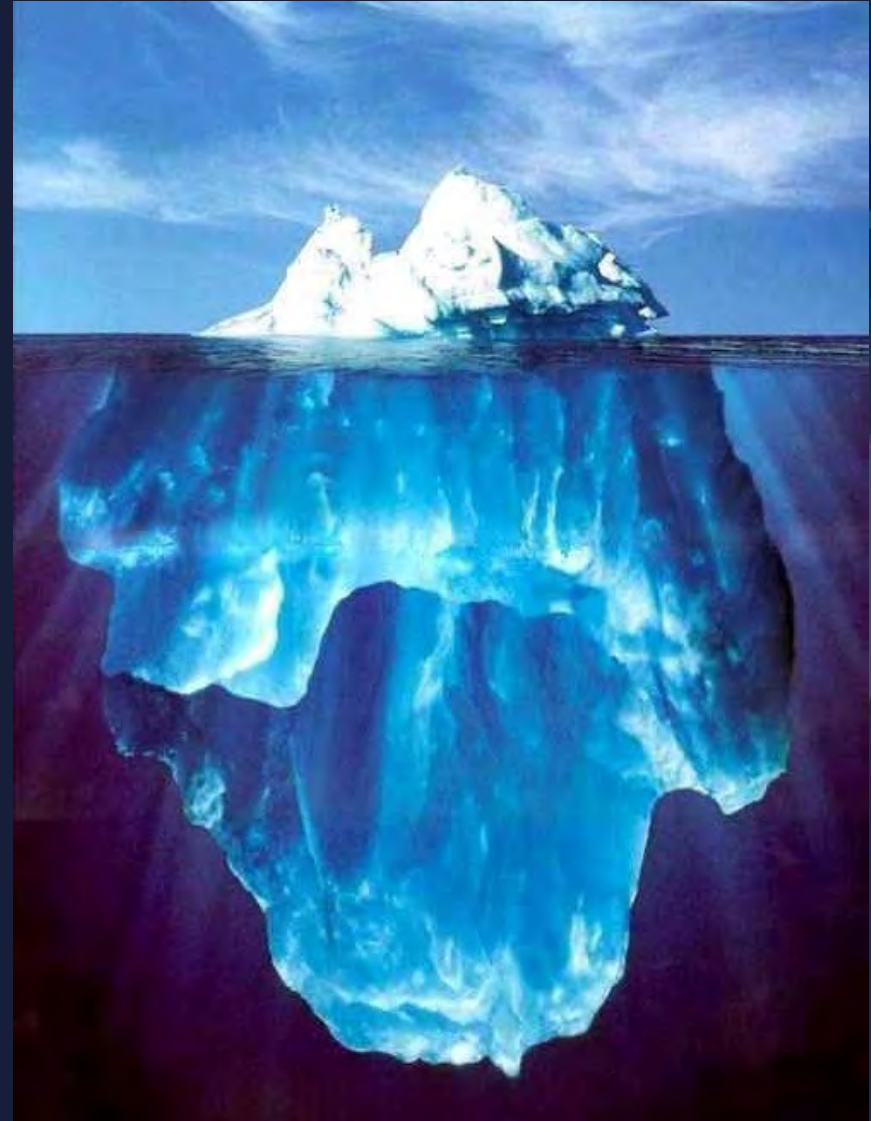
Valenstein M, Vijan S, Zeber JE, Boehm K, Buttar A. The cost-utility of screening for depression in primary care. *Ann Intern Med* 2001; 134: 345-360.

Impact to the Workplace

From: Partnership on Workplace
Mental Health

Medical
Mental health/substance abuse
Pharmacy
Disability

Presenteeism and lost productivity
Absenteeism
Overtime to cover sick-day absences
Unrealized output
Overstaffing
Temporary workers
Stress on team members
Recruitment
Hiring costs
Retraining



Suicide impacts workplaces in a number of ways...

- Employee suicides occur on site
- Employee suicides occur off site
- Recently terminated employees die by suicide
- Suicides by loved ones of employees occur
- Suicidal behavior affects workplaces





Before Work



After Work



Why the Workplace?

Positive Influence

- Another important piece of community-wide prevention
- Place of “belonging”
- Place of “effectiveness”

- Built in methods of **dissemination** of training and information
- Built-in **referral** mechanism for mental health services
- “Social Responsibility” part of **holistic** movement
- Workplaces already tuned into workplace **violence prevention**

Why the Workplace? Readiness



Suicides and the Workplace



On average, surviving partners/spouses estimate that the death of their loved one intimately and directly affected an average of **20** co-workers.

Berman (2011)

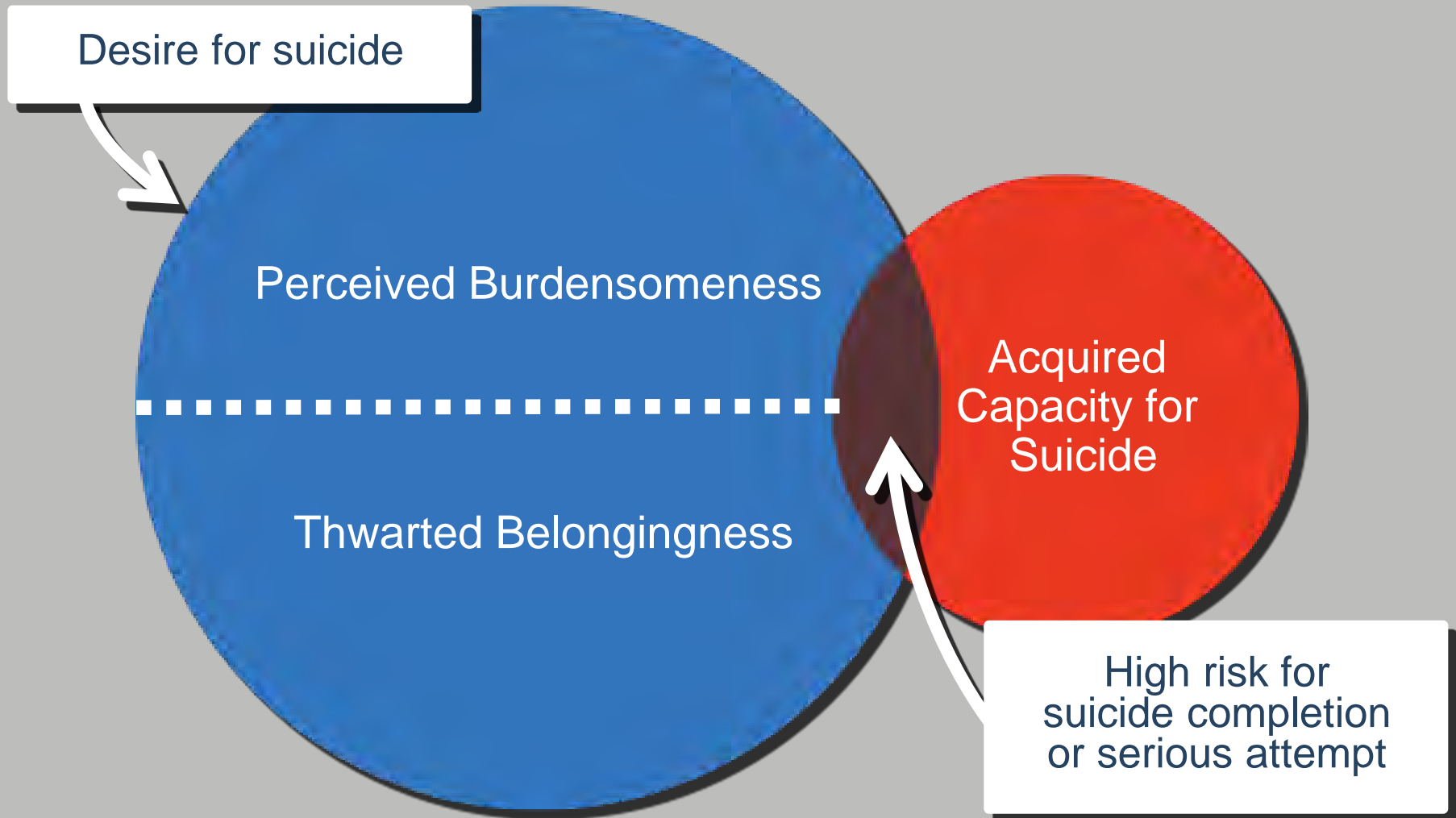
Workplaces Most at Risk

- Male dominated (esp. white males)
- Access to lethal means
- “Acquired capacity” – fearless, reckless and/or stoic
- Exposed to trauma
- Culture of substance abuse
- Fragmented community/isolation
- Humiliation/Shame/Purposelessness
- Entrapment



Comprehensive
Approach

Model of Suicide Risk





PROMOTE MENTAL HEALTH
WHOLE POPULATION

MINIMIZE RISK
AT-RISK POPULATIONS

INCREASE HELP-SEEKING
DISTRESSED INDIVIDUALS

**RESTRICT LETHAL MEANS &
TREAT DISORDERS**
PEOPLE THINKING ABOUT SUICIDE

MANAGE CRISIS
SUICIDE ATTEMPTS & DEATHS

Upstream Prevention: Promote Protection

- Promoting social networks
- Mental Health Literacy
- Life Skills



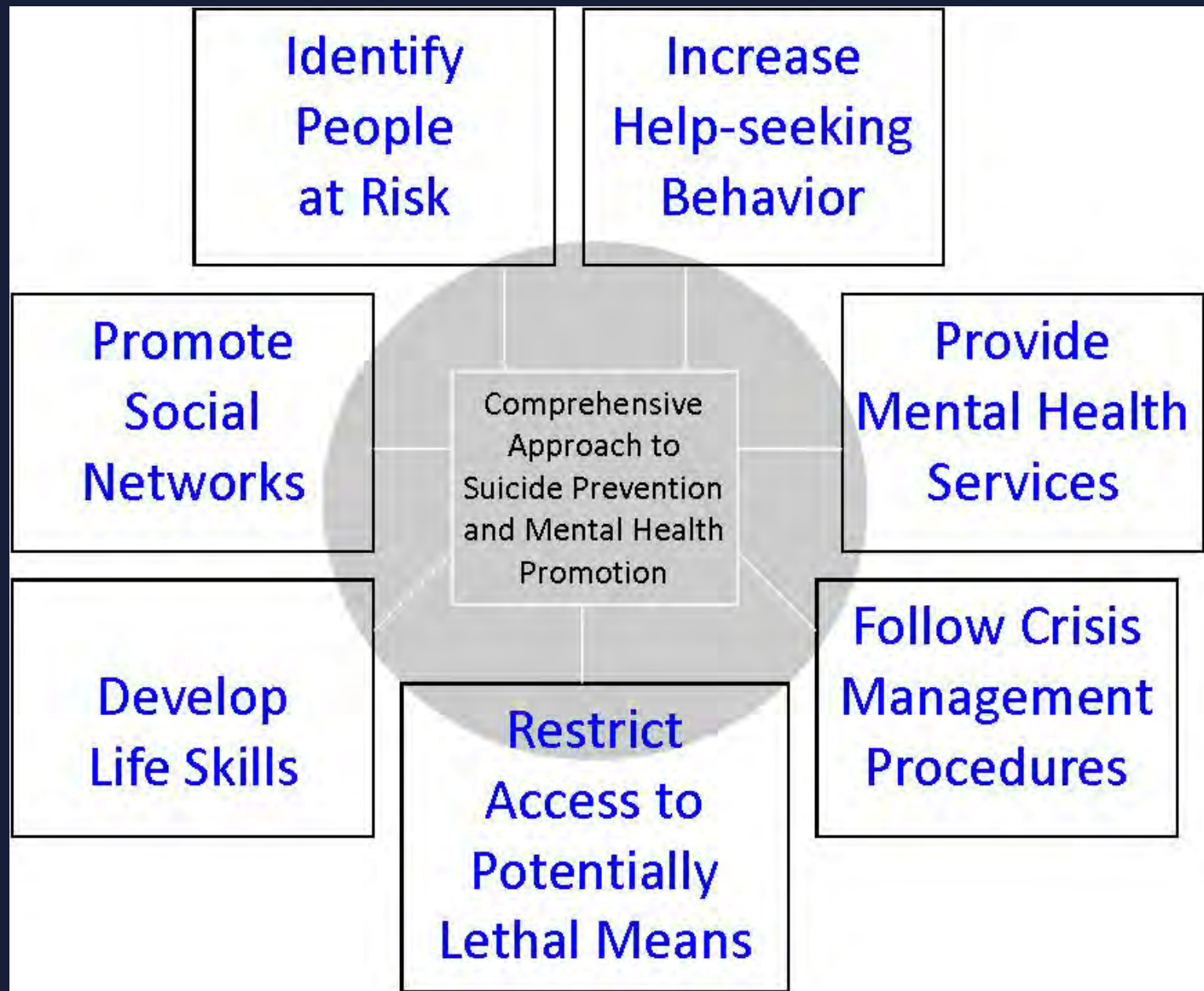
Midstream: Early and Effective Intervention

- Gatekeeper Training
- Screening
- Promote help-seeking
- Assure quality mental health services

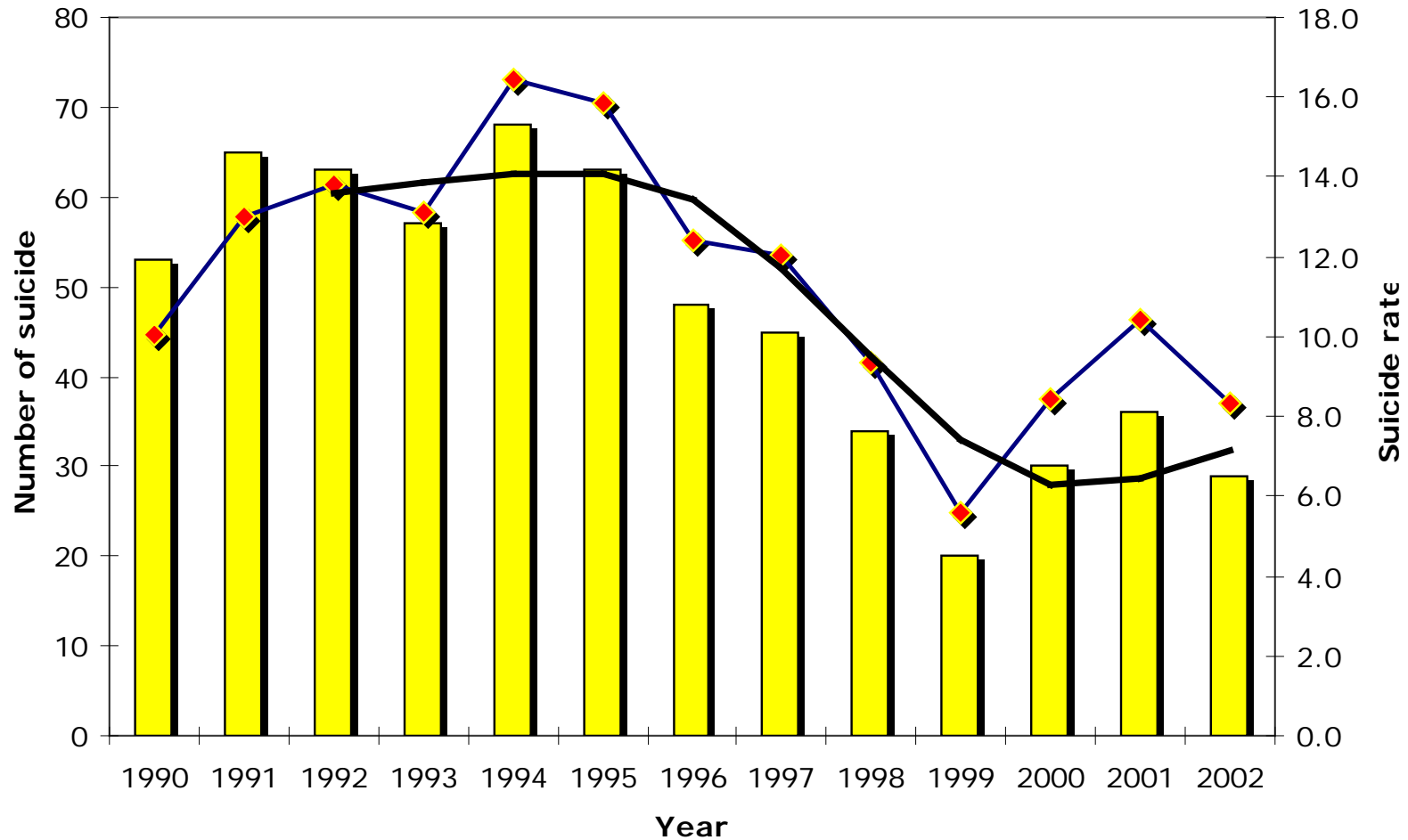


Downstream: Crisis & Postvention

- Restrict means
- Dignity and empowerment
- Safe and effective grief and trauma support



U.S. Air Force Study



Number of Suicides per Year

Rate per 100,000

3 per. Mov. Avg. (Number of Suicides per Year)

Source:

Knox, K, et al., Risk of Suicide and related adverse outcomes after exposure to a suicide programme in the US Air Force: cohort study. British Medical Journal, December 13, 2003.

@sspencerthomas

Results

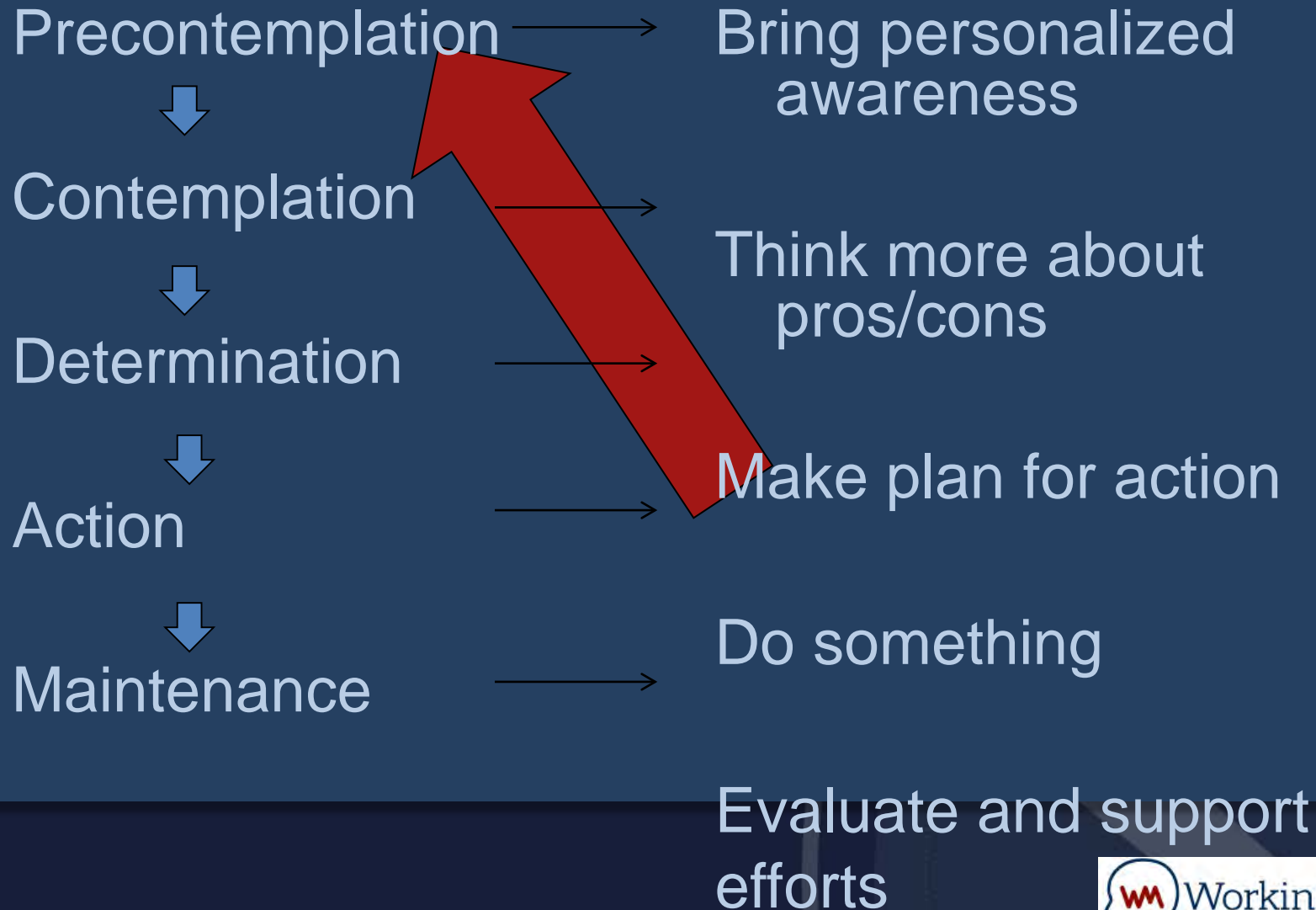
Table 3: Comparison of the effects of risk for suicide and related adverse outcomes in the USAF population prior to implementation of the program (1990-1996) and after implementation of the program (1996-2002).

Outcome	Relative Risk (RR) and 95% CI	Risk Reduction (1- RR)	Excess Risk (RR-1)
Suicide	.67 [.5702, .8017]	↓ 33%	--
Homicide	.48 [.3260, .7357]	↓ 51%	--
Accidental Death	.82 [.7328, .9311]	↓ 18%	--
Severe Family Violence	.46 [.4335, .5090]	↓ 54%	--
Moderate Family Violence	.70 [.6900, .7272]	↓ 30%	--
Mild Family Violence	1.18 [1.1636, 1.2040]	--	↑ 18%

Stages of Change Model

Stages

Intervention



Seek First to Understand

- Executive Roundtable
- Needs and Strengths Assessment/Baseline Data
 - Focus Groups
 - Surveys (attitudes, knowledge, behavior)
 - In Depth Interviews
 - Data Analysis
 - Environmental Scan
 - Literature Review

Leadership Call to Action

Higher Education Center

“Be vocal, be visible, be visionary. There is no shame in stepping forward, but there is great risk in holding back and just hoping for the best.”



@sspencerthomas

Leadership: Common Thread of Success

- Be bold!
- Suicide Prevention = Health and Safety Priority
- Leaders with Lived Expertise
- Hierarchy influence/Peer influence



Other Voices of Lived Experience: Common Thread of Success

- “Vicariously Credible” peers talking about experiences with despair and journey in recovery
- Coached in best practices in story-telling
 - Language, safe messaging
 - Craft of story-telling for influence and impact
 - 20% on despair, experience of being suicidal
 - 80% focus on turn-around moment, coping, supports, resources, and how thriving/maintaining today



Postvention

The SPRC's Postvention Workgroup defines it as, "The provision of crisis intervention and other support after a suicide has occurred to address and alleviate possible effects of suicide."

Smith, Kerri, Rivero, Estela & Cimini, Dolores (2010, June 8) Postvention as a Prevention Tool: Developing a Comprehensive Postvention Response for Your Campus. A webinar of the Suicide Prevention Resource Center.



A MANAGER'S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE



**10 ACTION STEPS FOR DEALING WITH
THE AFTERMATH OF A SUICIDE**

About the Manager's Guide

Collaborative partners:

- Carson J Spencer Foundation
- Crisis Care Network
- American Association of Suicidology
- National Action Alliance for Suicide Prevention

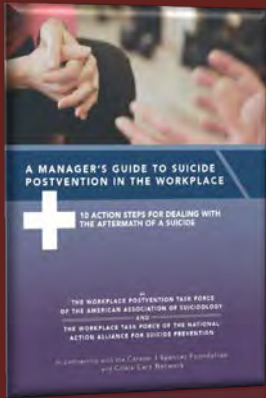


FREE download

(www.WorkingMinds.org)



Manager's Guide (2013)



- Gives leadership 10 action steps:
 - Immediate trauma response
 - short-term recovery
 - long-term strategies for helping employees cope down the line
- Succinct checklists, communication templates and flow charts
- Goal is to help to reduce the impact of the suicide event by offering a blueprint for action
 - Minimize contagion
 - Honor life lost/space for grieving
 - Help workplace return to functioning



IMMEDIATE RESPONSE: Acute Phase

1. Coordinate: Contain the Crisis

- flow chart

2. Notify: Protect privacy

- sample letter

3. Communicate: Reduce potential for contagion

- safe messaging guidelines

4. Support: Offer practical assistance



SHORT-TERM: Recovery

5. Link: to support

- EAP, suicide bereavement specific resources

6. Comfort: promote healthy grieving

- mourning rituals same as other forms of death

7. Restore: functioning in workplace

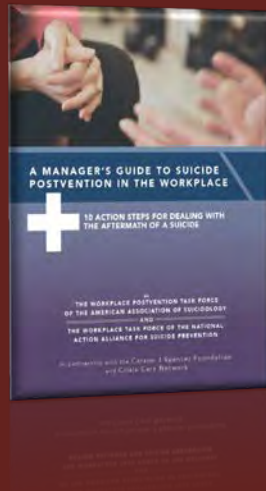
- “return to work” plan

8. Lead: build trust in organizational leadership

- ACT – acknowledge, compassion, transition to resilience and prevention



LONGER-TERM: Reconstructing Phase



9. Honor: anniversary or milestone dates

10. Sustain: Transition from postvention to prevention







THE Carson J Spencer
FOUNDATION



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



@mhcc_ #workplaceMH #StandardCda



THE Carson J Spencer
FOUNDATION



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Resources

Working Minds - Suicide Prevention in the Workplace

<http://workingminds.org/>

A Manager's Guide to Suicide Postvention in the Workplace (Free)

<http://www.workingminds.org/ManagersGuidebook.pdf>

The Carson J Spencer Foundation

www.carsonjspencer.org

Canadian Association for Suicide Prevention

<http://suicideprevention.ca/>

Hope at Work - Suicide Prevention in the Workplace

<http://hopeatwork.ca/>

National Standard for Psychological Health and Safety in the Workplace

www.csa.ca/z1003

Assembling the Pieces - An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace

www.csa.ca/z1003



@mhcc_ #workplaceMH #StandardCda



THE Carson J Spencer
FOUNDATION



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Next Workplace Webinar

Date: The series resumes on September 30, 2015 at noon ET.



To watch our past webinars, visit our website at:
www.mentalhealthcommission.ca/English/workinar



@mhcc_ #workplaceMH #StandardCda

Thank you

The Carson J Spencer Foundation

Sally Spencer-Thomas, Psy.D.

1385 South Colorado Boulevard, Suite A-316

Denver, CO 80222

Contact us: Sally@CarsonJSpencer.org Telephone: 720-244-6535

Visit us: www.carsonjspencer.org

Follow us:   

Mental Health Commission of Canada

Contact us: info@mentalhealthcommission.ca

Visit us: www.mentalhealthcommission.ca

Follow us:    



@mhcc_ #workplaceMH #StandardCda