



Suicide Prevention

Workbook

The Program

Welcome/Learning Points

Prevalence of Suicide

Myths/Facts about Suicide

Risk Factors for Suicide

Suicide in LGBTQ+ Communities

Major Suicide Risk Factors

Symptoms of Depression

Depression in the Workplace

Stress and Anxiety

Stress and Anxiety in the Workplace

Substance and Alcohol Misuse

Warning Signs of Suicide

How to Intervene

QPR: Question, Persuade, Refer

About Professional Support

Closing

“We are only responsible to do something that we know how to do when it needs to be done.

So we should not feel guilty for something we didn't know how to do.”

– Dr. Paul G. Quinnett,
The QPR Institute

Learning Points

Participants will:

- Clarify your role as a supervisor and co-worker in monitoring changes in employee/co-worker behavior.
- Examine the prevalence of and myths/facts about suicide.
- Discuss higher risk of suicide in LGBTQ+ communities.
- Examine major suicide risk factors and what to look for in the workplace.
- Identify warning signs of suicide.
- Discuss the importance of intervention and how to intervene.
- Discuss how to find additional support for yourself and others.

Prevalence of Suicide

- The World Health Organization estimates 800,000 people each year die by suicide, that's one person every 40 seconds. It is also estimated that for each suicide death there are 20 other people who tried to die by suicide.
- Suicide is the 10th leading cause of death in the United States.
- In 2017, it is estimated 1.4 million Americans tried to die by suicide.
- Over 47,000 Americans died by suicide in 2017.
- Suicide rates are highest in middle-age white men. In 2017, men were 3.54 times more likely to die by suicide. In 2017, white men made up almost 70% of suicide deaths.
- In 2017, suicide rates were highest among adults between 45 and 54 years of age.
- In 2017, the second highest suicide rate by race/ethnicity was among Native Americans and Alaskan Natives.
- Sexual minority youth, LGBTQ+ (Lesbian, Gay, Bisexual, Transsexual, Queer & others) youth are at greater risk for death by suicide than their non-sexual minority peers.
- Between 2008 and 2016, there were more than 6,000 veteran suicides each year.
- In 2016, the suicide rate for veterans was 1.5 times greater than for non-veteran adults.
- It is estimated that 90% of all people who die by suicide have a health condition, such as depression, bipolar disorder, schizophrenia and/or alcohol or substance misuse disorder.

Myths/Facts about Suicide

Myths

- People who die by suicide or try to are “crazy.”
- People who die by suicide didn’t try to get help.
- If someone wants to die by suicide, no one can change their mind.
- If you talk about suicide with someone, you could give them the idea or encourage them.
- People who talk about dying by suicide don’t really mean it and probably won’t try it or do it.

Myths/Facts about Suicide

Facts

- Most people who die by suicide or who try to die by suicide try/tried to seek help.
- By talking to someone considering suicide, you may help stop them by listening and connecting them to resources.
- Any talk of suicide or behaviors associated with trying to die by suicide should be taken seriously and never dismissed.
- Asking someone if they are thinking about dying by suicide doesn't "give them the idea" or encourage them, it lets them know you care and that you are offering to listen to them.
- Most people who die by suicide or who try to die by suicide are not inherently flawed, they are people overwhelmed by stress, grief, depression, life events and/or life circumstances.

Risk Factors for Suicide

General list of suicide risk factors

- Previous attempt to die by suicide.
- Alcohol or substance use disorder.
- Veteran or survivor of violent conflict.
- Depression, a sense of hopelessness.
- Death of a family member or loved one.
- Loss of job or major financial burdens/loss.
- Loss of a major relationship due to break-up.
- Sense of isolation, lack or loss of social support.
- Trauma or abuse history, family history of suicide.
- Major life change, such as moving to a new location.
- Lack of access to mental health resources and information.
- Serious medical condition, either one's own or someone close to individual.
- Member of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer & others) community.

Suicide in LGBTQ+ Communities

LGBTQ+ children and adults are at a greater risk for suicide than their heterosexual peers.

Over 50% of transgender youth report trying to die by suicide.

There are many contributing factors:

- Low self-esteem.
- Substance misuse.
- Depression and anxiety.
- Social isolation and family rejection.
- Bullying, cyberbullying, harassment, discrimination.
- Absence of laws and policies protecting against discrimination of LGBTQ+ populations.

Suicide in LGBTQ+ Communities

How to help prevent suicide among LGBTQ+ people:

- Offer family acceptance.
- Create a support network and social connections.
- Create access to mental health care for LGBTQ+ people.
- Advocate for social media policies against cyberbullying.
- Advocate for and support LGBTQ+ people and communities.
- Educate others about suicide risk factors for LGBTQ+ people.
- Emphasize resilience, the ability to adapt to stressful and difficult circumstances.
- Create awareness about resources for LGBTQ+ youth and adults. See information in the Appendixes for more info.
- Help reduce stigma associated with mental health issues and suicide risk and bolster community education efforts about mental health.

Major Suicide Risk Factors

More details on major suicide risk factors.

Depression

Definition: clinical depression is an intense, overwhelming feeling which dulls our ability to function effectively, more than a passing sense of “feeling down.”

It is estimated 1 in 5 adults in the U.S. will experience a mental illness in a given year.

Symptoms of Depression

- Excessive crying.
- Feelings of fatigue.
- Misuse of alcohol or drugs.
- Feelings of hopelessness.
- Increased or reduced appetite.
- Intense and unrelenting feelings of sadness.
- Feelings of guilt, worthlessness or helplessness.
- Lowered self-esteem and behavior reinforcing that view.
- Difficulties with concentration, memory or decision-making.
- Disrupted sleep or sleeping too much, but not feeling rested.
- Lethargy, anxiety, a feeling of emptiness and/or isolating behavior.

Symptoms of Depression

- Suicidal thoughts, suicidal gestures or trying to die by suicide.
- Physical aches, pains and other ailments with no physical cause.
- Loss of interest in activities that normally bring pleasure, including sex.
- Increased irritability, decreased patience and/or expressing intense anger or rage.

Depression in the Workplace

How depression might manifest in the workplace:

- Decreased morale.
- Lack of cooperation.
- Reduced productivity.
- Decreased motivation.
- Increased likelihood of accidents.
- Alcohol and/or drug use or misuse.
- Reduced interaction with co-workers.
- Increased absenteeism and/or tardiness.
- Noticeable change in personal appearance.
- Working more slowly and missing deadlines.
- Frequent complaints about feeling tired and “achy.”
- Emotionally “flat” demeanor, or conversely, increased irritability or hostility.
- Making poor decisions and/or indecision; easily distracted; inability to comprehend instructions.

Stress and Anxiety

Stress, in an extreme form, may coexist with depression and share some of its symptoms.

The inability to handle stress properly can negatively affect someone.

Stress and Anxiety in the Workplace

How stress and anxiety might manifest in the workplace:

- Reduced patience.
- Reduced productivity.
- Increased absenteeism.
- Inattention, distractibility.
- Difficulties with organization and planning.
- Missed deadlines, difficulties with time management.
- Obsessing over tasks or trying to attain perfectionism.
- Frustration and agitation disproportionate with situation.
- Difficulties interacting with co-workers, uneasy in social situations.
- Physical symptoms like sweating, trembling and/or stomach issues.

Substance and Alcohol Misuse

Substance and alcohol misuse are a major health concern:

- It is estimated that substance misuse costs the United States \$442 billion each year in health care costs, productivity losses and criminal justice costs.
- It is estimated over 10 million full-time employees in the United States have a substance use disorder.

Substance and Alcohol Misuse

How substance or alcohol misuse might manifest in the workplace:

- Absenteeism.
- Blaming others.
- Poor concentration.
- Errors in judgment.
- Needless risk-taking.
- Carelessness/mistakes.
- Home/financial problems.
- Avoidance of co-workers.
- Inconsistent work quality.
- Vague physical complaints.
- Change in personal appearance.
- Extended lunches and early exits.
- Inconsistent behavior/performance.
- Uncharacteristic changes in behavior/performance.

Warning Signs of Suicide

All suicide warning signs must be taken seriously

- Sleeping a lot or not enough.
- Expressing strong sense of stress or anxiety.
- Aggressiveness, impulsiveness, recklessness.
- A sense of hopelessness, moodiness, depression.
- Sudden change of interest in or disinterest in religion.
- Extreme moods, expressing rage or wanting to take revenge.
- A family or personal history of death by suicide or trying to die by suicide.
- Saying there is no hope or expressing a sense of being trapped or in extreme pain.
- Giving away valued possessions, settling personal affairs, or suddenly making a will.
- Someone withdrawing from others, increasing social isolation, unexplained anger, aggression and/or irritability.
- Misusing alcohol or substances, increasing use of substances or alcohol, a relapse after a period of recovery.
- Making a plan to die by suicide, securing the means, for example, buying a gun or gathering pills.
- Saying they want to die or kill themselves, or direct verbal cues, such as: “I’ve decided to kill myself,” “I wish I were dead,” “I’m going to end it all,” “If such and such does/doesn’t happen, I’ll kill myself,” among others.

How To Intervene

This training is in part based on the QPR Institute model:

1. **Q**uestion a suicidal person.
2. **P**ersuade a suicidal person.
3. **R**efer a suicidal person for help.

How To Intervene

1. Question a suicidal person.

Intervention *can* help. It is important to:

- Ask the question.
- Be non-judgmental.
- Don't wait, take action to intervene.
- If you meet resistance or reluctance, be persistent.
- Speak directly and in a matter of fact way about suicide.
- Be prepared with resources to get more help, if needed.
- Find a private place to talk when there's plenty of time to meet.
- Remember, if you don't think you can ask them about suicide, find a person who can.
- Offer hope and support. Get help from people trained in crisis intervention.
- Let the person talk openly at their own pace and be ready to listen with patience and acceptance. Show interest in what they are saying. Make yourself available.

How To Intervene

Specific actions to avoid when you intervene:

Try to avoid this type of phrasing:

- "You are *not* thinking of killing yourself, are you?"
- "You wouldn't do anything foolish would you?"
- "Suicide is a stupid idea. You wouldn't be thinking about it, would you?"

This type of phrasing gives the person the opportunity to deny it and conveys that you are not prepared or willing to hear that they are thinking of suicide even though you suspect they are thinking about suicide. You are trying to create an open, honest dialogue, without judgment. You want to convey that you are there to listen to whatever it is they need and want to say. Ask them the question in a way so they can say "yes, I am thinking of dying by suicide."

How To Intervene

Ask the question in one of these ways:

- “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?”
- “You look pretty miserable, I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”

How To Intervene

Specific actions to avoid when you intervene, continued:

- Never dare them.
- Try to avoid simple assurances like “everything will work out.”
- If their plan involves a weapon or pills, remove those items from the area.
- Try to avoid lectures and questions of morality (“good/bad” or “right/wrong”).
- Try not to express shock or judgment. This may cause them to distance themselves.
- Don’t promise confidentiality or secrecy as you may have to get help and/or tell others if they are at risk.

How To Intervene

2. **Persuade a suicidal person to seek help.**

Specific ways to persuade:

- Create a sense of connection.
- Promote a healthy workplace culture.
- Take action, follow up and follow through.
- Express interest in what they have to say.
- Encourage coping and problem-solving skills.
- Provide professional training for crisis intervention.
- Give the person time to talk and express themselves.
- Let them know you are there to listen without judgment.
- Speak in concrete terms about other options and choices.
- Provide access to mental health resources trained in suicide prevention and crisis intervention.

How To Intervene

Most important, create a sense of hope.

Tell them: “I want you to live.”

Say: “I’m on your side ... we will get through this.”

How To Intervene

3. Refer a suicidal person for help.

- A person thinking about suicide may think there is no help or they can't be helped, so you may need to convince them.
- The best option is to take them directly to someone who can help.
- The next best option is to get them to promise they will accept help and then assist them with the arrangements to get that help.
- The next best option after that is to give the person resource information and try to get them to promise not to try to die by suicide. If the person agrees to accept help, even if it's not at that present moment, it is a positive outcome.

How To Intervene

Where to get help:

- 911 — for immediate safety concerns.
- Ask a supervisor, co-worker, member of HR Dept.
- National Suicide Prevention Lifeline, 1-800-273-TALK (8255), 24/7 resource.
- Get other people involved. Ask the person thinking about suicide who might be of help to them: Family? Spouse or partner? Friends? Siblings? Member of the clergy? Health care provider?
- EAP/toll-free number.

Call your toll-free number to access professional counselors or a management consultant. The call is confidential and free. There is more information in the About Professional Support pages and the Appendixes of this workbook.

Your toll-free number offers confidential services with no out-of-pocket costs for employees.

- Professional counselors are available to everyone.
- Management consultants are available to managers and supervisors.

About Professional Support

You may consider seeking professional support if you experience any of the following:

- Sleep problems.
- Performance issues at work.
- Relationship difficulties with family or friends.
- Loss of interest in hobbies you normally enjoy.
- Lack of care about normal everyday work tasks.
- Excessive anxiety or worrying more than normal.
- Feeling overwhelmed or sad for more than two weeks.
- A noticeable change in appetite, eating too little or too much.
- Behavior and coping methods have become harmful to yourself or others, whether that is through aggressive behavior or unhealthy habits, such as drinking too much alcohol or taking drugs.
- Thoughts of harm to self and/or others.

Keep in mind some of these conditions may warrant more urgent professional help and you should seek support if you are unsure.

Your Employee Assistance Program (EAP) is available to all employees and their covered dependents and may include some free counseling sessions per issue, per year. Please check with your employer or your health plan for details.

Citations

American Psychological Association: How to choose a psychologist.

<http://www.apa.org/helpcenter/choose-therapist.aspx>.

Helpguide.org: Depression Symptoms and Warning Signs.

<https://www.helpguide.org/articles/depression/depression-symptoms-and-warning-signs.htm>.

Helpguide.org: Suicide Prevention.

<https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm>.

Appendix A

QPR Institute Training

There are multiple resources for suicide prevention and suicide prevention training. This training was in part inspired by the QPR Institute's Gatekeeper training and their model of Question, Persuade, Refer. More information can be found at <http://lifespanresearch.qprtraining.com/>.

Appendix B

Non-profit organizations focused on suicide prevention

American Foundation for Suicide Prevention

<https://afsp.org>

IMAlive

Crisis Intervention/online chat 24/7

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

Lesbian, Gay, Bisexual and Transgender Hotline

1-888-843-4564

<https://www.glbthotline.org/hotline.html>

National Organization of People of Color Against Suicide

<http://nopcas.org/about-suicide/>

Save.org/Suicide Awareness/Voices of Education

<https://save.org/>

Suicide Prevention Lifeline

Reach by phone or online chat 24/7

1-800-273-8255 (1-800-273-TALK)

<https://suicidepreventionlifeline.org>

Suicide Prevention Resource Center

<http://www.sprc.org>

The Trevor Project

Geared toward LGBTQ+ youth under age 25

Reach by phone, text or online chat 24/7

1-866-488-7386

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