WELCOME!

CONSTRUCTION INDUSTRY
SUICIDE PREVENTION

FEATURING SALLY SPENCER- THOMAS

Sponsored by:

LAKESIDE INDUSTRIES
Construction Industry Blueprint for Suicide Prevention

February 9, 2016
AGC of Washington Safety Forum

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E = mc²
I HAVE
A DREAM
TO BE OR NOT TO BE
Who is this?
Share on social media

#AGC4Hope
“Statistics are merely aggregate numbers with the tears wiped away.”

~ Dr. Irving Selikoff
2008-2010, United States
Age-adjusted Death Rates per 100,000 Population
All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Age-adjusted Rate for United States: 11.81

Top States (2008-10)
1. Alaska (22.3)
2. Wyoming
3. Montana
4. New Mexico
5. Nevada
6. Idaho
7. Utah
8. Colorado
9. South Dakota
10. Arizona
11. Oregon
12. Oklahoma (15.8)

US: 11.8/100,000

CDC WISQARS
on 11/6/2013

Reports for All Ages include those of unknown age.
* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk.
The standard population for age-adjustment represents the year 2000, all races, both sexes.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC.
Data Sources: NHIS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.
Suicide Rates by Age, Race, and Gender
United States

Source:
National Center for Health Statistics
Note: Non-Hispanic Ethnicity
Suicide Trends in Washington State

Stats:
- Higher rates of suicide than national average; increasing since 2006
- Veterans = 23% suicide deaths (only 8.5% of the general population)
- 51% firearm suicides
- White men ages 45–64 had the highest number of suicides.
Washington State: Proactive Leadership

- 2012/2014: Matt Adler Act
  - 1st in the nation to require its licensed mental health (2366) and health care professionals (2315) to have training in how to assess, manage and treat individuals who are at risk for suicide.

- 2013: K-12 public schools are becoming more fully prepared to prevent suicide (1336).

- 2015: Creation of Task Force on Mental Health and Suicide Prevention in Higher Education (1138)
Model of Suicide Risk

- Desire for suicide
- Perceived Burdensomeness
- Thwarted Belongingness

Acquired Capacity for Suicide

High risk for suicide death or serious attempt

Thomas Joiner’s model of suicide risk, 2006
Connection between Mental Health, Substance Abuse and Suicide

• Mood Disorders (esp. Major Depression and Bipolar Disorder)\(^1,2\)
• Substance Abuse Disorders\(^3\)
• PTSD (especially w/ Anger and Impulsivity)\(^4\)
• Schizophrenia\(^5\)
• Borderline Personality Disorder\(^6\)
• Eating Disorders\(^7\)

(1) American Association of Suicidology (2010. June 29) Some Facts About Suicide and Depression
(4) U.S. Department of Veteran’s Affairs, National Center for PTSD
SOLUTIONS
STEP ONE = STRATEGY
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 and belonging
- Mental health literacy
- Effective performance management
- Life skills and purpose
Midstream: Early and Effective Intervention

- Gatekeeper training and peer training
- Screening
- Promote and normalize help-seeking
- Assure quality mental health services including peer support
Downstream: Crisis & Postvention

- Restrict means
- Dignity and empowerment
- Safe and effective grief and trauma support
Strategic Suicide Prevention
“Making Suicide Prevention a Health and Safety Priority”

Leadership Makes Suicide Prevention and Mental Health Promotion Health & Safety Priorities

- Follow Crisis Management Procedures and Long-Term Postvention
- Restrict Access to Potentially Lethal Means
- Provide Qualified Mental Health Services
- Develop Life Skills and Purpose
- Identify People at Risk
- Increase Help-Seeking Behavior
- Promote Social Networks and Belonging
- Restrict Access to Potentially Lethal Means

Adapted from SPRC/TJF
@DrRichMahogany @sspencerthomas #ManTherapy
U.S. Air Force Program

Number of suicides per year and suicide rate per 100,000.

Year

Number of suicides
0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110, 120

Suicide rate
0.0, 2.0, 4.0, 6.0, 8.0, 10.0, 12.0, 14.0, 16.0, 18.0

Source:
### 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).

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Relative Risk (RR) and 95% CI</th>
<th>Risk Reduction (1-RR)</th>
<th>Excess Risk (RR-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>.67 [.5702, .8017]</td>
<td>↓ 33%</td>
<td>--</td>
</tr>
<tr>
<td>Homicide</td>
<td>.48 [.3260, .7357]</td>
<td>↓ 51%</td>
<td>--</td>
</tr>
<tr>
<td>Accidental Death</td>
<td>.82 [.7328, .9311]</td>
<td>↓ 18%</td>
<td>--</td>
</tr>
<tr>
<td>Severe Family Violence</td>
<td>.46 [.4335, .5090]</td>
<td>↓ 54%</td>
<td>--</td>
</tr>
<tr>
<td>Moderate Family Violence</td>
<td>.70 [.6900, .7272]</td>
<td>↓ 30%</td>
<td>--</td>
</tr>
<tr>
<td>Mild Family Violence</td>
<td>1.18 [1.1636, 1.2040]</td>
<td>--</td>
<td>↑ 18%</td>
</tr>
</tbody>
</table>
“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.”
Leadership: Common Thread of Success

• Be bold!

• Suicide Prevention, Substance Abuse Prevention, Mental Health Promotion = Health and Safety Priorities

• Reassurance

• Policy Audit

• Leaders with Lived Expertise – role modeling

• Hierarchy influence/Peer influence

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Systems/Cultures Most at Risk

- Male dominated (esp. white males)
  first responders, construction, transportation, oil & gas, finance, farming
- 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
Why the Construction Industry?

- The construction industry is in the top nine occupations at risk for suicide (BLS)
- 97.4% of US Construction work force is male
- 56.9% of US construction work force is Caucasian
- Other risk factors: pain, sleep disruption, seasonal employment, alcohol abuse
World Suicide Prevention Day
9/10/15

A CONSTRUCTION INDUSTRY BLUEPRINT:
Suicide Prevention in the Workplace

Mental Illness & Suicide
Break the Silence & Create a Caring Culture

Construction Financial Management Association (CFMA) – Building Profits magazine

Risk & Insurance – Workers Comp Forum

Associated General Contractors of America (AGC) – Constructor magazine
STEP TWO = CULTURAL RELEVANCE
“Raising awareness is necessary but not sufficient in creating real change.”
WHAT WE LEARNED /

• Soften the mental health language in initial communication
• Use humor, particularly dark humor
• Show role models of hope and recovery
• Connect the dots: physical symptoms
• Meet men where they are
WHAT WE LEARNED /

• Target “double jeopardy men”
• Offer opportunities to give back & make meaning out of the struggle
• Coach the people around the high-risk men
• Give men at least a chance to assess and “fix themselves”
You can’t fix your mental health with duct tape.

mantherapy.org
Man Therapy Overview

@DrRichMahogany @sspencerthomas #ManTherapy
THE 7th INNING STRETCH.
Yoga. The way a man would do it.

mantherapy.org
Therapy. The way a man would do it.

GRILLING ANIMAL MEAT.
Aromatherapy. The way a man would do it.

mantherapy.org
Therapy. The way a man would do it.
Bosses, in the interest of your employee’s mental health, I’ve recommended he take a mental health day. So put that stack of paper on someone else’s desk, this guy is going golfing. And probably taking a nap.

TO FILL: give to your boss

Dr. Rich Mahogany, M.T.
mantherapy.org
MREs aren’t the only things that can make you feel like crap.

mantherapy.org

Therapy. The way a man does it.
Sometimes life gets FUBARED.

mantherapy.org

Therapy. The way a man does it.
QUESTION 11

Life is full of annoyances—like speed bumps, mosquitoes and telemarketers. On occasion, these annoyances can turn into anger. How easily are you angered?

- Not easily, I am able to control my temper
- Some things make me angry, but my temper is generally under control
- I don’t always show my anger, but if I do—watch out
- I fly off the handle easily
On the matter of **DEPRESSION**  
MAN-CON LEVEL: NOT SO HOT  
I think you're depressed. You spend your days thinking about how unhappy you are. You hate your job, you avoid your friends and overall you're pretty bummed out about your life. So what are you going to do? Continue to swallow in your sadness or get off your rear end and get some help? You know the answer. Here's what you need to do. Head over to the Professional Therapy section of my office to find a Man Therapist recommended doctor in your area, make an appointment and get better. If you need to talk to someone new, please use the red phone to reach the Crisis Line. Find yourself some hope, sir. I know you can.

On the matter of **ANGER**  
MAN-CON LEVEL: NOT SO HOT  
You're like a bottle rocket attached to a stick of dynamite attached to a pound of C-4 plastic explosives. You're just one tiny incident away from detonating with rage. It's time for you to get some serious help. In professional therapy, you'll find a listing of Man Therapist recommended psychologists and doctors in your area. With their expert knowledge, and in some cases, medication, these pros can help guys like you get your anger under control. With time, effort and hard work, you can get better. Anyone who doubt you can go straight to the cosmetic counter of a department store—also known as hell.

On the matter of **ANXIETY**  
MAN-CON LEVEL: NOT SO HOT  
You're anxious. You're nervous. You're stressed the hell out. You lose sleep over things you can't control. You need to get some help. But getting help is not something you should worry about. Because, in my office, I've made finding professional help easy. Simply click your way over to the Professional Therapy section. There you'll find Man Therapist recommended doctors and mental health professionals to help you get your anxiety under control. And with the help of a professional, many men just like you have transformed themselves from worriers into warriors.

On the matter of **SUBSTANCE USE**  
MAN-CON LEVEL: NOT SO HOT  
With a little work and the help if doctors and therapists, anyone can get over substance use issues. From stopping the use of drugs to quitting alcohol, finding the right therapist is the key to recovery.
Zero Suicide Initiative

A philosophy and a set of practices
“If zero is not the right goal, then what number is?”

~Ed Coffey, CEO & Chief of Staff, Menninger Clinic
“No one should die in isolation and despair.”