

Lunch & Learn Webinar Workplace Prevention: Suicide Prevention Training



Where There's Help, There's Hope

Suicide Prevention Month – **WED 9/4 (12:00-1:00)**

Suicide has no boundaries. It knows no age. It discriminates against no one. No race, ethnicity, or sexual orientation is exempt.



Jason Hughes

Ohio Suicide Prevention Foundation
Program Manager | Veteran Liaison

About Me – Program Manager | Veteran Liaison



2024 Innovations Conference – San Diego, CA



U.S. Army (1997-2019) – 22 years



2024 Star Behavioral Health Providers (SBHP) Tier 1 Training – Zanesville MHRS Board



OHIO'S VOICE FOR SUICIDE PREVENTION



Populations I serve: Service members (Title 32), veterans, military/veteran families, first responders, and employers.
o High-risk populations as identified in the **Suicide Prevention Plan for Ohio (2024-2026)**

Trainings I lead: QPR, VitalCog: Suicide Prevention in the Workplace, Counseling on Access to Lethal Means (CALM), and SBHP Tier 1

Mental Health Training – How Does it Apply to the Workplace?

- “Stigma is our biggest challenge in making progress. Reaching out for mental health challenges is viewed as a weakness.”
- **“Our field is dominated by the alpha-male culture. It’s not common for us to ask for help. We need a shift to break the stigmas around mental health.”**
- “We work in a high-stress field. There’s a feeling employees are at work to do a job, not be a counselor for workers.”
- **“We have mental wellness workshops, but no one shows up. There’s a feeling that no one has enough time for this. It’s not a priority.”**
- “There is a feeling that only certain people can ask for help in our industry. There’s a worry about what peers might think, especially if those peers are more experienced or have been through worse on the job.”





THE SUICIDE PREVENTION PLAN for OHIO

2024 - 2026

Presented by

The Suicide Prevention Plan for Ohio Implementation Team



Strategic Priority 1: Community systems

Build suicide prevention capacity and infrastructure within local and state organizations and communities.

Goal 1:

Strengthen public knowledge

Strengthen public knowledge and ability to promote wellness, recognize suicide risk and take appropriate action for self and others.

Objective

Provide learning opportunities for community groups, families, and other individuals in a person's support system on the prevention of suicide and related risk behaviors.

Action steps to reduce suicide

Partners across Ohio can support learning opportunities that reduce risk of suicide and increase protective factors.

1. Increase availability of evidence-based suicide prevention gatekeeper trainings for employers and those working with or coming in contact with higher-risk groups or individuals.
2. Promote evidence-informed education efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.
3. Offer programs and services that promote wellness and recovery.
4. Provide communication aides and resources on promoting healthy supports for individuals and families to trusted community leaders, including leaders of faith communities.

Evidence-informed strategies

The following evidence-informed strategies can be integrated into systems and institutions across the state to improve outcomes for Ohioans:

Gatekeeper trainings	<ul style="list-style-type: none"> ■ Suicide Prevention Resource Center: Suicide prevention gatekeeper training program comparison table ■ Question, Persuade and Refer ■ ASIST – Applied Suicide Intervention Skills Training ■ Vital Cog (formerly Working Minds)
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Community members, mental health professionals, healthcare providers, businesses, advocates, educators, coalitions, stakeholders, and community-serving organizations can play a vital role in preventing suicide. Partnerships, like suicide prevention coalitions, work well to accomplish cross system objectives.

Goal 2:

Reduce and address stigma

Reduce stigma associated with suicide and other mental health topics.

Objective

Expand stigma reduction messaging and communications to include messages about suicide and how to access help.

Action steps to reduce suicide

Partners across Ohio can support learning opportunities that reduce risk of suicide and increase protective factors.

1. Tailor stigma reduction campaigns to communities at higher risk of suicide and include members of those communities and their families in the design and implementation of campaigns and education materials.
2. Standardize the use of non-stigmatizing language.
3. Promote responsible media reporting of suicide that includes accurate portrayals of suicide and mental illness along with safe online content related to suicide.
4. Create strategies for promoting Ohio mental health and wellness campaigns.
5. Include 988 messaging with health promotion and stigma reduction campaigns.
6. Offer awareness programs among immigrants and refugee populations, including translation services.
7. Increase awareness of what mental health benefits are available to the general public, how to access those benefits, how to understand explanations of benefits from health plans, and how to file an insurance parity complaint.

Language

Stigmatizing Language

- Committed suicide
 - Sinful or immoral
- Completed suicide
 - Conveys success



Appropriate Language

- Died by suicide
 - “John died by suicide.”
- Killed himself/herself

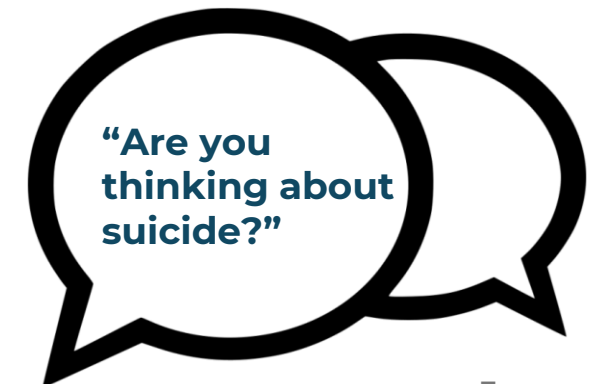




Asking – Direct Question

- “Are you thinking about killing yourself?”
- “Are you thinking about suicide?”
- “Are you thinking about ending/taking your own life?”

Asking directly may seem difficult and/or uncomfortable. This is understanding.

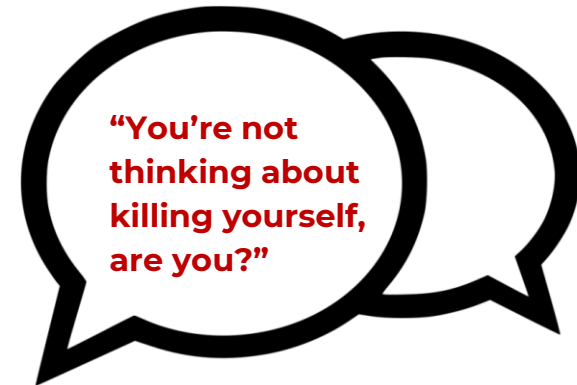


Asking – How **Not** to Ask the Question

- You're not thinking about killing yourself, **are** you?"
- "You wouldn't do anything **crazy**, right?"
- "Suicide is not the answer to your problems. You aren't thinking of that **are** you?"
- "You wouldn't do anything **stupid**, right?"
- "Are you thinking about **hurting** yourself?"

Be cognizant of Why questions:

- "Why did you do that?"
- "Why did you react like that?"
- "Why are you crying over something like this?"
- "Why are you upset about something so insignificant?"



How to Have a Conversation

- Mention warning signs that have noticed (with empathy and genuine concern).
- Allow the person to respond and talk freely without interruptions or judgment.
- Ask the suicide question directly and clearly.

Engagement and Support

How can you show engagement and support in a conversation about suicide?

- Be genuine and be yourself
- Ask direct questions to get direct and honest answers
- Thank them and let them know they are not alone
- Think about body language and give full attention
- Give choices on support and resources

Suicide Crisis in the Workplace

Objectives:

- Stabilize the workplace at all levels of an organization
- Prevent further suicides
- Help workplace return to normalcy

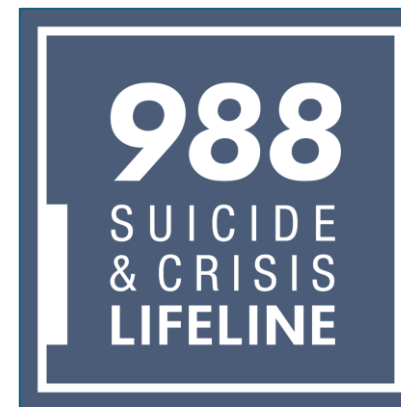
How might a suicide crisis “spread” in the workplace and what resources would you call to contain and defuse the crisis?

- Spread through social channels
- Give accurate information
- Provide outlets for people who need support
- Allow people to return to work normally if needed

Resources

What are some resources?

- National Suicide & Crisis Lifeline
- Mental health resources
 - Counselors, therapists, or support groups
- Medical professional
 - Primary care provider
- Faith and/or community partner
- Friends and family



Mental Health in the Workplace 

RESOURCE GUIDE FOR EMPLOYERS PAGE 1 OF 4

The workplace can be an important location for support designed to improve well-being among adults. Workplace wellness programs can identify those at risk, connect them to treatment, and put in place supports to help people reduce and manage stress.

Investing in mental health and safety is critical to building solid workplaces, a strong workforce, and strong communities.

Employers across the state are encouraged to review these resources and build on mental health strategies that will positively impact employee well-being, the employer's bottom line, and our communities.

EVERY 3 MONTHS PATIENTS WITH DEPRESSION

miss an average of **4.8 workdays** and suffer **11.5 days** of reduced productivity.*

A 2022 GALLUP POLL FOUND 50% OF EMPLOYEES EITHER REPORT THE ABSENCE OF EASILY ACCESSIBLE MENTAL HEALTH SUPPORT SERVICES IN THEIR WORKPLACE OR ARE UNAWARE IF SERVICES EXIST*

*Source: Cost of Poor Employee Mental Health Gallup Poll 2022

PROMOTING SUICIDE PREVENTION IN THE WORKPLACE
 Many people suffer from anxiety, depression, and suicidal thoughts in silence, and the warning signs of suicide often go unnoticed. Below are some myths and facts about suicide.

MYTH: <i>Only experts can prevent suicide...</i>	FACT: Suicide prevention is everyone's business, and anyone can help to prevent the tragedy of suicide.
MYTH: <i>If a person decides to die by suicide, there is nothing anyone can do to stop them...</i>	FACT: Suicide is the most preventable death, and almost any positive action may save a life.

Man Therapy Ohio



Mental Health in the Workplace – Why Does it Matter?

Upstream Prevention



VitalCog: Suicide Prevention in the Workplace

VitalCog trains organizations to proactively address the early warning signs of suicide in the workplace. Just as organizations have realized they can help reduce heart disease by encouraging exercise, they can also reduce suicide by promoting mental health and encouraging early identification and intervention. This training will educate and equip businesses with tools to address mental health and suicide concerns within the workplace.



Upcoming Virtual Training Dates:

- 1) 9/18 (10:00-12:00)
- 2) 10/9 (10:00-12:00)
- 3) 11/20 (10:00-12:00)
- 4) 12/4 (10:00-12:00)

Cost: FREE

https://www.ohiospf.org/events_calendar/

Questions?



Jason Hughes
Ohio Suicide Prevention Foundation
Program Manager | Veteran Liaison
614-429-1528 x105
jason.hughes@ohiospf.org

