





Creating Caring Culture: Suicide Prevention in Construction November 19, 2020 RESPONSES TO QUESTIONS DURING WEBINAR (provided by Cal Beyer)

#	Question	Response and/or Resource
1	What are the major warning signs to look for?	This question was answered live during the webinar. A few thorough resources for additional learning include: National Suicide Prevention Life Risk Factors and Warning Signs National Institute of Mental Health Suicide Signs and Symptoms
2	Our crew is currently concerned about an individual. Myself and others have tried to help, however the individual hasn't utilized the help offered. What else can I do?	This question was asked anonymously OR the presenter and Kevin Byrnes Chief of Staff for Ironworkers International would have contacted the questioner. During the webinar we talked about a caring culture and ensuring that companies and locals work together to provide a safety net for workers who are showing outward signs of distress or struggles. In this case, it sounds like crewmates reached out to provide support. Please try again and do so one on one if your safety is not at risk. • Ask if you can talk in private. • Let him or her know you're concerned about them; Let them know you're there for them: they can count on you • Encourage them to call the Local's Business Agent or Business Manager • Offer them information about the Union Local's Employee Assistance Program (EAP) or Member Assistance Program (MAP) if there is one – check with your Local • If the Union local does not have an EAP or MAP, then check with the signatory contractor if they have an EAP. • Also share the National Suicide Prevention Lifeline (800/273-8255) or Crisis Text Line (Text HOME to 741741) • Offer to get coffee or a meal after work • Ask them to follow up with you by text or phone so you know they're ok. • Send a text to check up on them letting them know you care and will help. If you're worried about imminent risk, stay with that person, and try to make the call together with them to seek support. If concerned about the risk of their safety or others, you may need to call 911 for crisis support.

3	Could our new safety	This question was answered live during the webinar. As IMPACT and the presenter prepared for this webinar a wise
	culture with zero	contractor said they want to consider the role of too much emphasis on reporting "near hits/misses" in the field because
	tolerance policies,	the office workers do not report when they make an accounting error or open up the wrong spreadsheet. It was an
	although safer in	insightful way of saying we need to be certain our safety program is achieving its goals without creating unintended
	many ways, have	consequences.
	workers stressed and	
	scared of being fired	A caring safety culture does not mean there is no emphasis on accountability. Unfortunately, too often accountability in a
	for making a	"zero tolerance" environment means discipline vs. learning and taking corrective actions. Zero tolerance policies are
	mistake?	often punitive and focus on assessing blame rather than truly pinpointing root causes and contributing factors leading up
		to an incident. The goal of a safety program is to have employees take personal accountability for safety and have crews
		take shared accountability for performing work safely.
4	Can you share	Importantly, lethal means reduction must include more than firearms safety, including prescription and over-the-counter
	additional	medications. Veterans Crisis Line
	information for	
	Veterans for lethal	US Dept of Veterans Affairs on Lethal Means Safety (Feb 2020)
	means reduction in	
	their homes?	Firearms Safety for Your Lifestyle Infographic (National Shooting Sports Foundation)
		Staying Safe on Prescription Opioids (US Dept of Veterans Affairs)
5	Are there differences	The American Foundation for Suicide Prevention (AFSP.org) is a great resource for US suicide statistics. AFSP graph of
	in suicide rates	suicide rates by age range
	between different	
	age ranges for	Here is summary from their section on suicide by age for 2018:
	adults?	• suicide rates were higher among adults ages 45 to 54 years (20.04 per 100,000) and 55 to 64 years (20.20)
		highest rate among adults ages 52 to 59 years (21.56)
6	Are there	There is more data available for the US. Yes, there are geographical differences in the US. There are many reasons and
	geographical	factors and there is extensive research on various reasons. Too many factors to summarize, including genetic, cultural,
	anomalies in suicide	demographic, economic, weather/geographic differences, etc.
	rates?	
		AFSP 2020 State Data Sheets for individual states
	5 6	AFSP Suicide by State Infographic that shows suicide rates by state that illustrates some of the regional differences.
7	Dysfunctional	The presenter is not a clinician, but a health/safety, wellness, and risk management consultant. I share your comments
	romantic	about how important family and romantic relationship crises are as a suicide risk factor.
	relationships seem to	
	heavily weigh in	This is why IMPACT is promoting signatory contractors and union leaders working together on building caring cultures to
	suicide choices.	reduce suicide risk. A few important strategies include:

	Employers and co- workers feel helpless in witnessing a troubled person's relationship problems. How can workplaces offer support for these employees?	 Displaying posters in the workplace and at jobsites with crisis hotlines for emergency support, like the National Suicide Prevention Lifeline (800/273-8255) and Crisis Text Line (Text HOME to 741741) Member Assistance Programs (MAP) or Employee Assistance Programs (EAPs) to provide counseling support Critical Incident Response services for work crews following traumatic injuries or workplace fatalities Suicide Bereavement Support in the aftermath of a suicide loss among a union local Providing training to company and union leaders on mental health, substance misuse and suicide prevention Creating a Peer to Peer Support Network
8	Are there any statistics on how many workers who attempted or contemplated suicide, had addictions such as alcohol and or drugs?	The presenter is not a clinician, but a health/safety, wellness, and risk management consultant. There are many studies that cite various statistics and we one digs deeper a study may have been a small population or a specific population that may not be generalizable. So, the short answer is yes, there appears to be evidence that there is a connection between substance misuse and suicide risk. Since the presenter is not a researcher, I'll provide a link to a useful article in the American Journal of Psychiatry from June 1, 2018 A Closer Look at Substance Use and Suicide. Excerpts from opening paragraph of referenced article: Substance use is a risk factor for both fatal and nonfatal overdoses, suicide attempts, and death by suicide. Compared with the general population, individuals with alcohol dependence and persons who use drugs have a 10–14 times greater risk of death by suicide, respectively (2), and approximately 22% of deaths by suicide have involved alcohol intoxication (2). Furthermore, one study found that opiates were present in 20% of suicide deaths, marijuana in 10.2%, cocaine in 4.6%, and amphetamines in 3.4% (2). Among the reported substances, alcohol and opioids are associated with the greatest risks of suicidal behavior.
9	Are you also familiar with the Heads-up Guys website? Please share this website.	The Heads Up Guys website is offered by the University of British Columbia in Canada. Man Therapy website is one provided during the webinar.
10	I attended Mental Health First-Aid training through our Provincial Building Trades organization (in Canada).	Selected Suicide Prevention Training Resources Mental Health First Aid in Canada: Mental Health First Aid in US