

# **The Addiction and Suicide Epidemic: *A Practical Guide for Leading Change***

IMPACT Webinar Series  
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# Quick Review: Statistics of Mental Health and Suicide in the Construction Industry

- The construction and extraction industries have the second-highest rate of suicide – 53.3 per 100,000 workers
- For men between the ages of 25 and 54, suicide is the second biggest cause of death.
- 21 Veterans per day die by suicide
- Construction workers are responsible for the highest percentage of opioid-related deaths in several states
- These rates have steadily increased during COVID outbreak



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# Risk Factors for Suicide

- History of suicide attempts
- Addiction
- Mental health diagnosis
- **Access to means**
- Knowing someone who suicided/legitimization of suicide
- Social isolation
- Chronic disease and/or disability
- Lack of access (or stigma barriers) to mental health care

# Warning Signs That Indicate Risk of Self-harm

## **Expression of Negative Emotions:**

- Statements of feeling hopeless, like: “there’s no way out” or “I have no reason to live”
- Expressions of excessive guilt, shame, or failure
- Excessive and/or ongoing declarations of rage or anger

## **Demonstration of Destructive Behaviors:**

- Increase in drug or alcohol use
- Neglect of personal welfare, including physical appearance
- Anxiety, agitation, sleeplessness, or frequent mood swings
- Lost interest in work, hobbies, or personal relationships
- Violent or careless behavior

## **Signs of Planned Intention to Commit Self-harm:**

- Giving away of prized possessions
- Getting affairs in order, tying up loose ends, or preparing a will
- Statement of intention to hurt themselves or that they are looking for ways to hurt themselves
- Increase in unnecessary risks to their health and safety

# An Important Note on Sub-intentional Suicide

## **Sub-intentional Suicide/Indirect Suicide:**

*The covert or subconscious act of placing one's self in a very vulnerable position with greatly increased risk of death; participation in behaviors that not directly intended to end life, but clearly jeopardize health and longevity*

## **Recognizing Sub-intentional/Indirect Risk:**

- Accident proneness
- Statements of carelessness, like: "If something happens, it happens" or "Who cares if I get hurt?"
- Descriptions of the inability to feel, like: "I need the adrenaline to feel alive"
- Disregard for established safety measures, prudence, or common sense
- Increased use of drugs and alcohol
- Increased desire for violent physical confrontations

# How to Have a Conversation About Suicide: Some Key Principles to Consider

## 1) Identify the specific behavior or change in behavior that you're concerned about

- It is often more helpful to be specific about what you notice – it shows that you care and are paying attention
- Stay away from general statements, like: “is everything okay?”; talking about a specific behavior forces discussion

## 2) Roll with the resistance

- Keep in mind that despite your best efforts, someone might still not be ready to talk
- Let them know that they don't have to talk if they don't want to, but you're here for them if they do

## 3) If they are willing to talk, ask directly and without judgement

- Especially if they mention suicidal thoughts – don't react, be supportive and non-judgmental

## 4) Normalize what they are going through

- Whatever they decide to disclose, let them know they're not the only person who ever felt this way
- If you feel comfortable, share a struggle you went through – but make sure it relates to what they're going through

## 5) Get them to the appropriate level of help – and go together!

- This can be a crucial moment, where offering to be with them can make all the difference
- If they are in crisis, offer to sit with them as they call the suicide hotline, or go with them to check-in to rehab
- If not in a crisis, see if you can help them set up an appointment with a mental health professional



# How to Have a Conversation About Suicide:

## A Short Demonstration

# Preventing Suicide: Let's Start with Some Critical Questions

**What is trauma?**

**Why should we talk about trauma?**

**Who is a trauma-informed leader?**

# Preventing Suicide: Principles of Trauma-informed Leadership

**Trust**

**Choice**

**Transparency**

**Cultural Humility**

**Collaboration**

# Encouraging Trauma-informed Teams

## 1) **Demonstrate a comfort with naming difficult subjects directly**

- People never stop looking to their leaders for behavioral cues
- Many people also need to see that talking about suicide doesn't lead to more suicide or suicidal ideation

## 2) **Establish a routine for checking in with your team**

- This helps establish trust BEFORE a crisis occurs

## 3) **Own the fact that you don't have all the answers**

- Remind your peers in crisis that you're going to figure out how to get help TOGETHER

## 4) **Invite your team to help brainstorm ideas for helping struggling teammates**

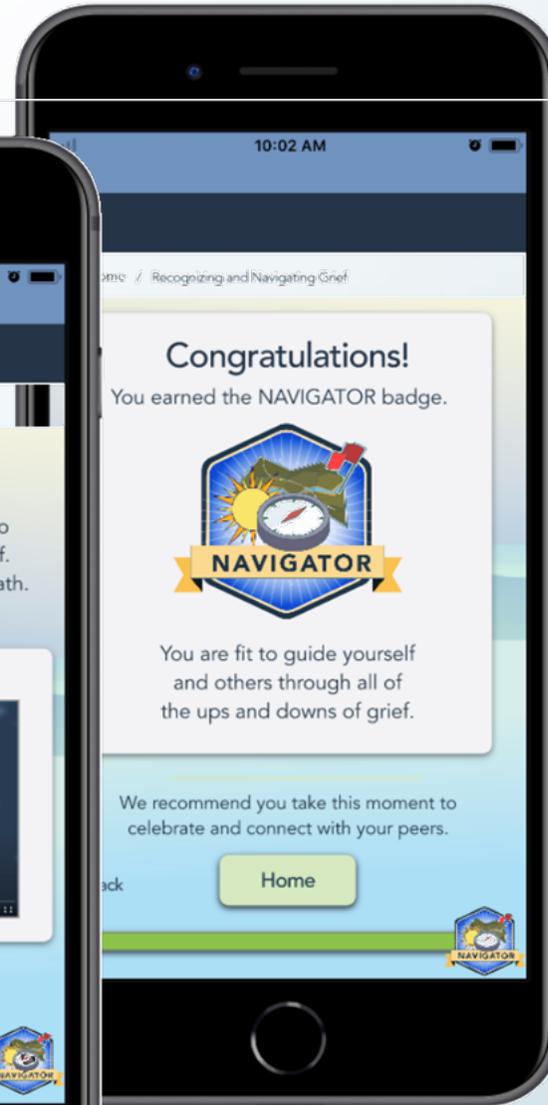
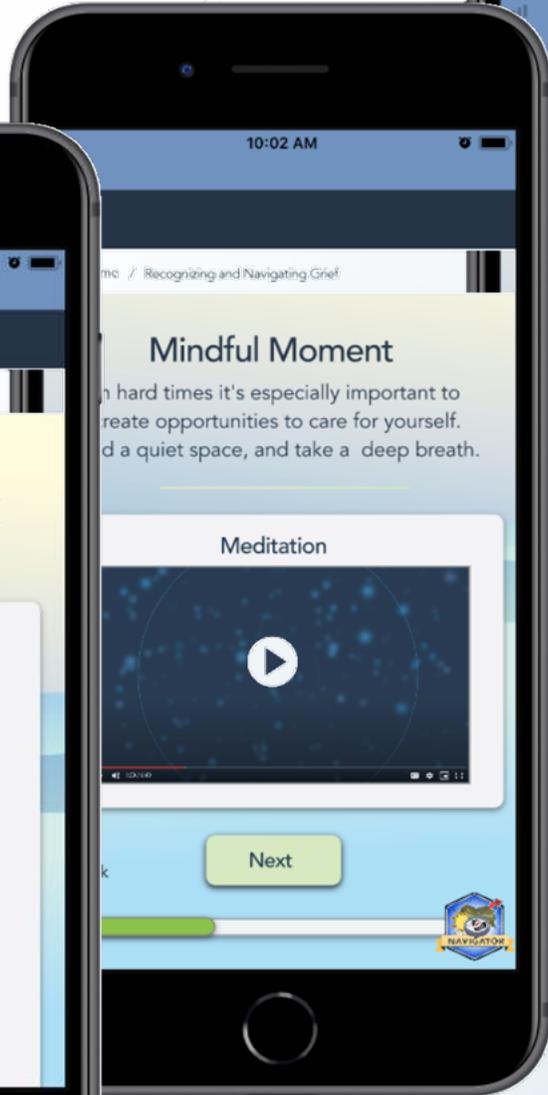
- Getting buy-in from your team will lead to greater ownership for team wellbeing

## 5) **Experiment with different modes of communication**

- Help people reframe failure by communicating disappointments as opportunities to grow
- Use humor appropriately
- Be patient during emotional relapse

## 6) **Establish your boundaries as a leader**

- DON'T promise things that are beyond your ability or control
- DO advocate for beneficial policies with your senior leadership



# Questions?

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