

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**

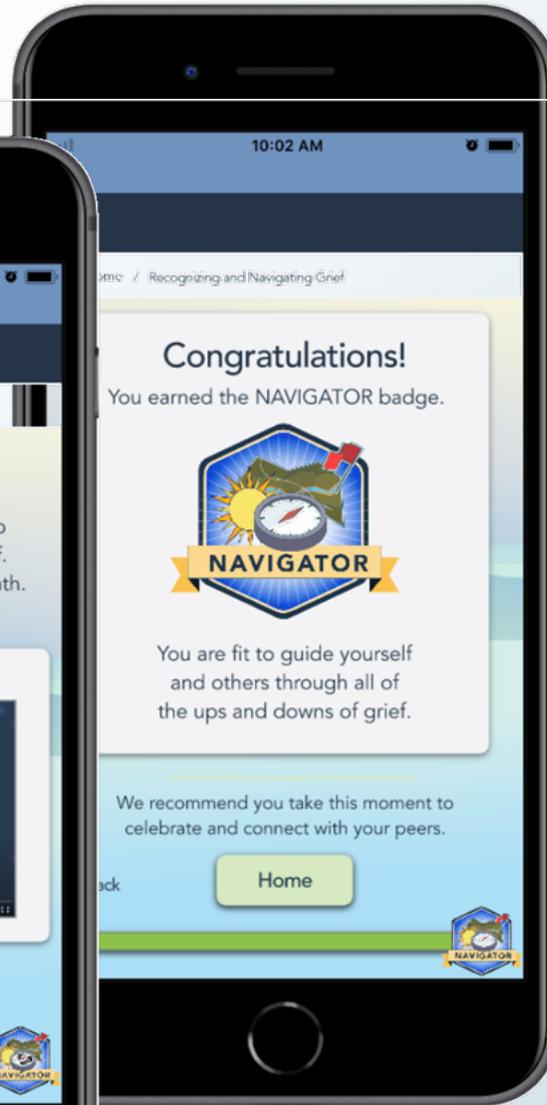
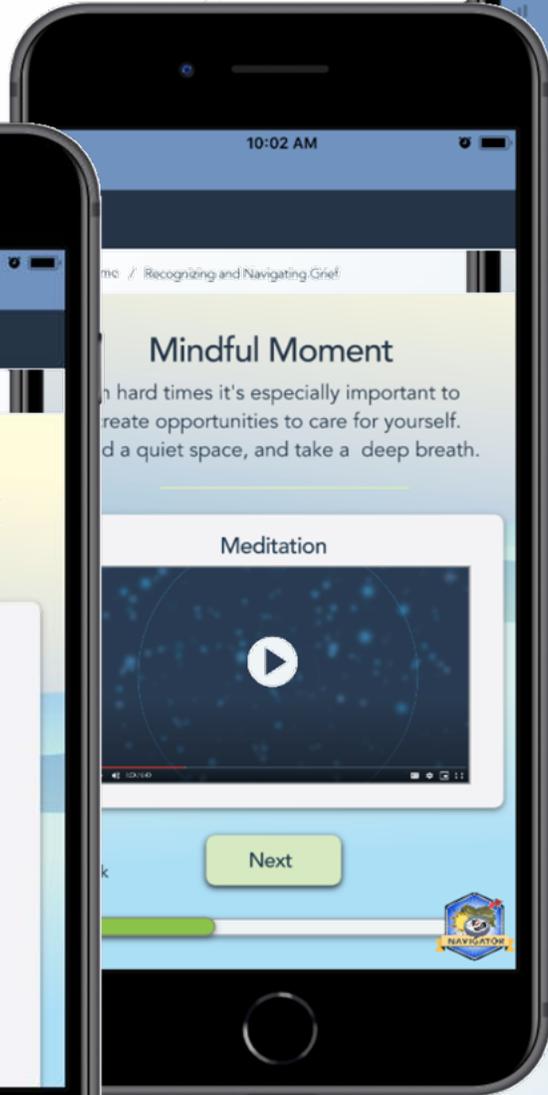
- Getting buy-in from your team will lead to greater ownership for team wellbeing

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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