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CFMA

Break the cycle.
Break the stigma.

Support Suicide Prevention

CFMA CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION

SUICIDE CRISIS
What is Happening?
What Can We Do About It?

Presented by:
Michael Macomber
Faith Boren
Adams Insurance Service

For: **CFMA**

September 7, 2022

AGENDA

What is Happening?

What to Do About It?

       Suicide Facts & Statistics

       Focus on Key Causes

       Company Culture & Intervention

       Construction Industry Alliance – Action Levels 1, 2, 3

       Medical Benefits, EAPs

       Other Resources
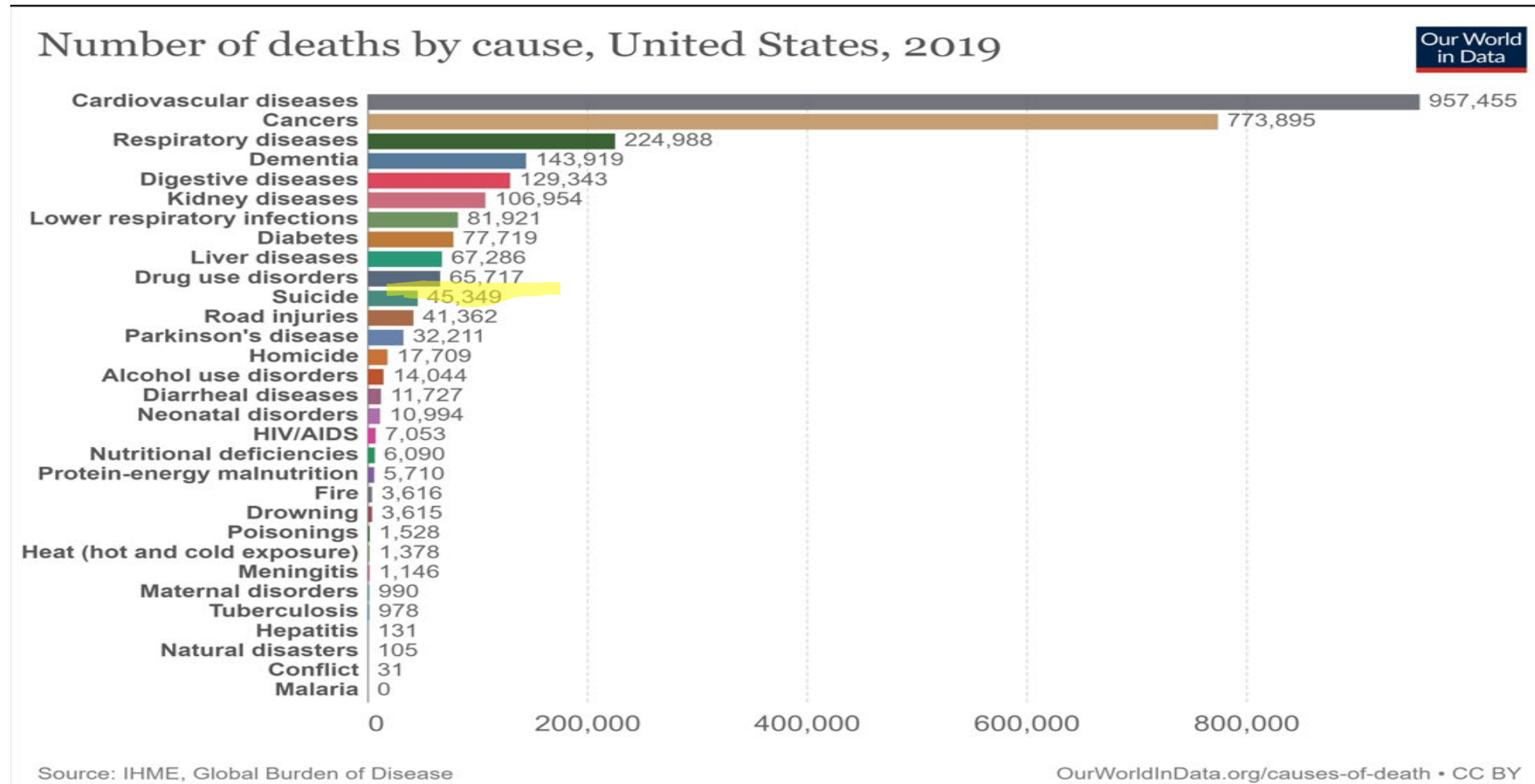
Suicide Facts & Stats

- <u>Death by Suicide</u> is caused by injuring oneself with the intent to die.

- <u>Attempted Suicide</u> is when someone harms themselves with any intent to end their life, but they do not die as a result of their actions.

Suicide Facts & Stats   (www.ourworlddata.org)

Number of deaths by cause, United States, 2019

Cause	Deaths
Cardiovascular diseases	957,455
Cancers	773,895
Respiratory diseases	224,988
Dementia	143,919
Digestive diseases	129,343
Kidney diseases	106,954
Lower respiratory infections	81,921
Diabetes	77,719
Liver diseases	67,286
Drug use disorders	65,717
Suicide	45,349
Road injuries	41,362
Parkinson's disease	32,211
Homicide	17,709
Alcohol use disorders	14,044
Diarrheal diseases	11,727
Neonatal disorders	10,994
HIV/AIDS	7,053
Nutritional deficiencies	6,090
Protein-energy malnutrition	5,710
Fire	3,616
Drowning	3,615
Poisonings	1,528
Heat (hot and cold exposure)	1,378
Meningitis	1,146
Maternal disorders	990
Tuberculosis	978
Hepatitis	131
Natural disasters	105
Conflict	31
Malaria	0

Source: IHME, Global Burden of Disease

OurWorldInData.org/causes-of-death • CC BY

USA - Suicide Stats & Facts   (CDC 2020)

Nearly 46,000 people died by suicide in 2020

1 death every 11 minutes

Many adults think about suicide or attempt suicide

12.2 million Seriously thought about suicide
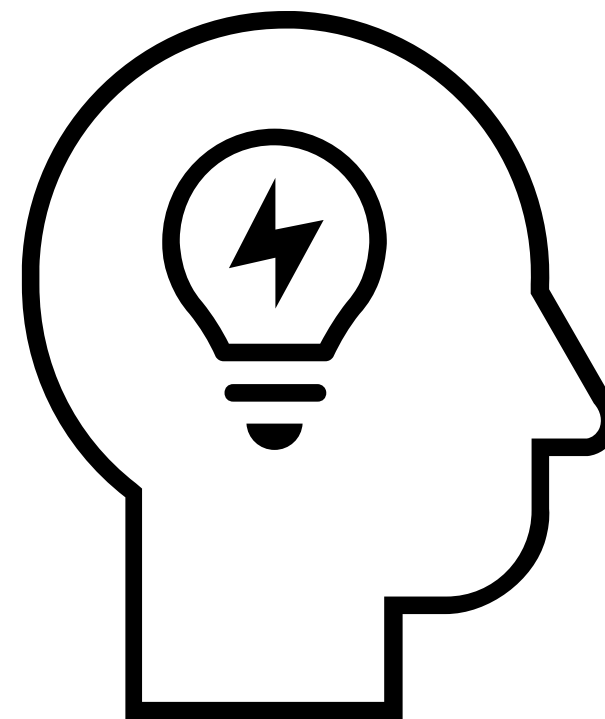
3.2 million Made a plan for suicide

1.2 million Attempted suicide

Poll Question #1

# Suicide Facts & Stats: By Age

- Death by Suicide occurs in all ages; however, certain groups have a substantially higher rate of suicide

- **Suicide rates are recorded as per 100,000 – the USA avg is 13.9**

- <u>Youth and Young Adults</u> (age 10-24) account for 14% of all suicides. Their rate of deaths per 100,000 is lower than average (at 10.5) but it is the **3rd leading cause of death** for these young people. For youth ages 10-14, suicide is the **2nd leading cause of death**.

- <u>Middle Aged Adults</u> (age 35-64) account for 47.2% of suicides in US, and it is the **9th leading cause of death for this group**. The highest incidents are with AI/AN men (36 per 100,000) and non-Hispanic white men (35.3 per 100,000). Among middle-aged women, suicide rates were highest among white women (10.5 per 100,000) and non-Hispanic AI/AN women (9.8 per 100,000).

- <u>Adults aged 75 and older</u> are fewer than 10% of all suicides but have the highest suicide rate of any age group (at 19.1 per 100,000). Men of that same age group have the highest rate compared to all other age groups (40.5 per 100,000) and non-Hispanic white men had the highest rate compared to other racial/ethnic men in this age group (47.8 per 100,000).
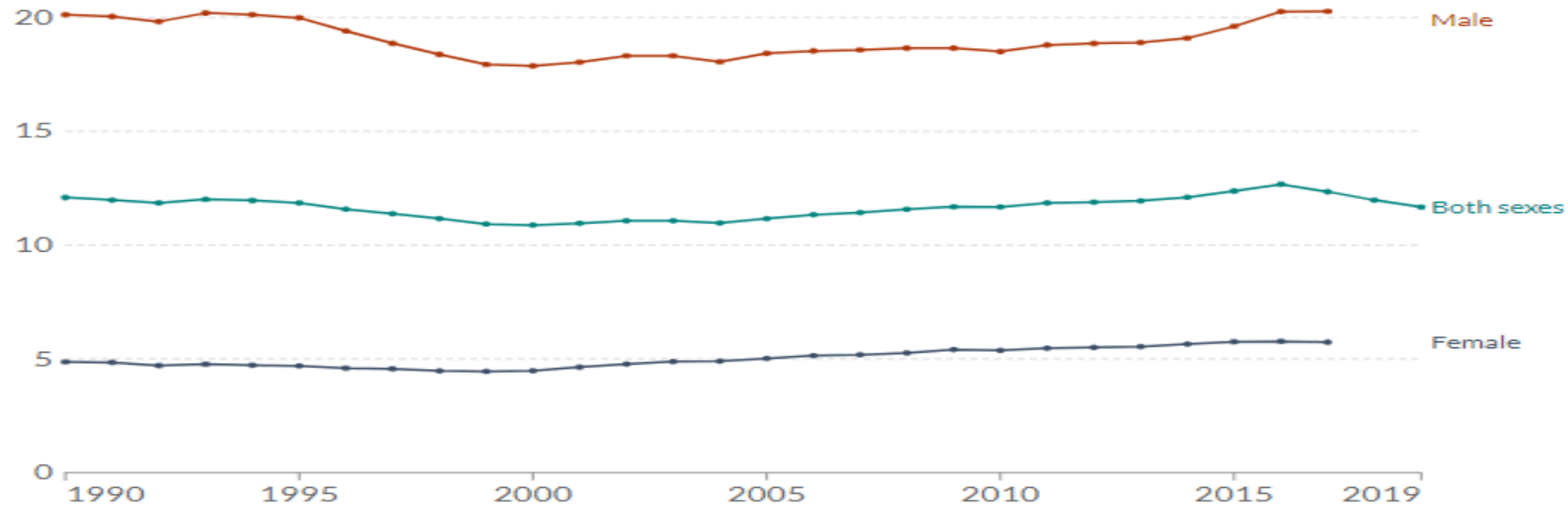
Suicide Stats & Facts: By Gender

Suicide death rates by sex, United States, 1990 to 2019
Suicide rates are measured as the number of deaths from suicide per 100,000 individuals in a given demographic.

Our World in Data

⇄ Change country   ☐ Relative change

Male

Both sexes

Female

20
15
10
5
0

1990   1995   2000   2005   2010   2015   2019

Source: IHME, Global Burden of Disease
Note: To allow comparisons between countries and over time this metric is age-standardized.

OurWorldInData.org/suicide • CC BY

▶ 1990 ◯——————————————————————————————◯ 2019

Suicide Stats & Facts : Location

Suicide rates vary substantially across geographic regions. Rural areas experience much higher rates of suicide compared to urban areas.
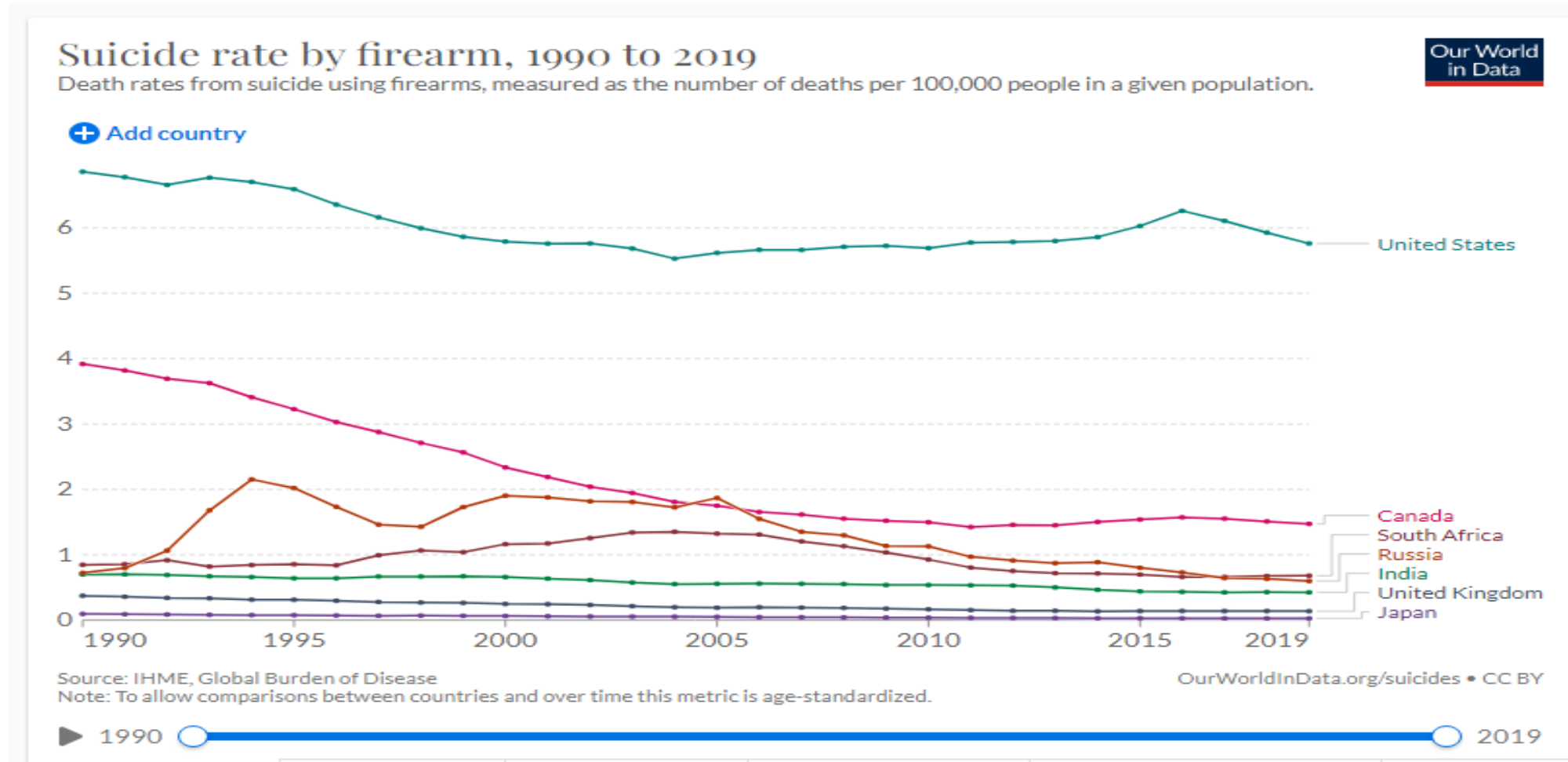

- Large central metropolitan: 10.9 per 100,000
- Large fringe metro: 12.5 per 100,000
- Medium metro: 15.3 per 100,000
- Small metro: 17.2 per 100,000
- Micropolitan (non-metro): 18.3 per 100,000
- Noncore (non-metro): 20.5 per 100,000

Suicide Facts & Stats: Veterans

- Suicide rates are higher among veterans.

- Veterans adjusted suicide rate is 52% greater than the rest of the population.

- People who previously served in the military account for about 14% of the suicides among adults in the USA.

Suicide Stats & Facts: Firearms

Suicide rate by firearm, 1990 to 2019
Death rates from suicide using firearms, measured as the number of deaths per 100,000 people in a given population.
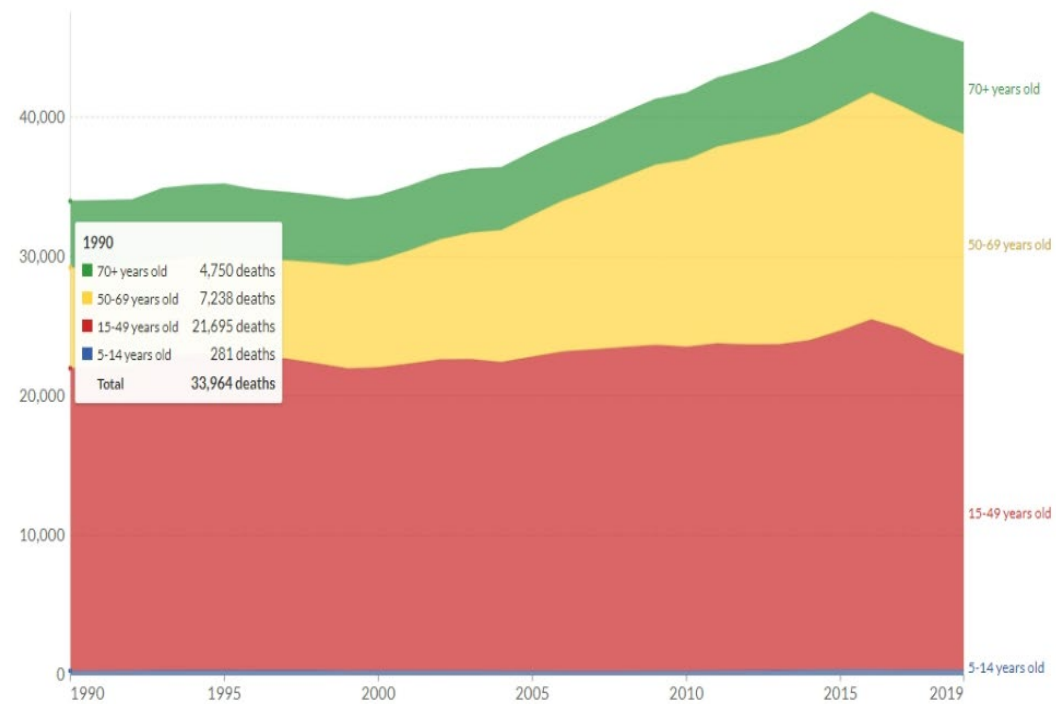
Have Death by Suicide rates changed?

Deaths from suicide, by age, United States, 1990 to 2019
Annual number of deaths from suicide/self-harm by age group.

1990
70+ years old   4,750 deaths
50-69 years old 7,238 deaths
15-49 years old 21,695 deaths
5-14 years old   281 deaths
Total   33,964 deaths

Source: IHME, Global Burden of Disease (GBD)   OurWorldInData.org/suicide/ • CC BY

Deaths from suicide, by age, United States, 1990 to 2019
Annual number of deaths from suicide/self-harm by age group.

2016
70+ years old   5,797 deaths
50-69 years old 16,281 deaths
15-49 years old 25,104 deaths
5-14 years old   369 deaths
Total   47,551 deaths

Source: IHME, Global Burden of Disease (GBD)   OurWorldInData.org/suicide/ • CC BY

Focus on Construction

Suicide rates differ by industry and occupation[†]

CDC researchers have studied suicide rates by industry and occupation. Industry is the type of activity at a person's place of work and occupation is the kind of work a person does to earn a living. A 2020 CDC study found that the suicide rate among workers in certain industries was significantly greater than the general U.S. population.[11] The industry groups that had the highest suicide rates are:

1. Mining, Quarrying, and Oil and Gas Extraction (males: 54.2 per 100,000)
2. Construction (males: 45.3 per 100,000)
3. Other Services (such as automotive repair; males: 39.1 per 100,000)
4. Agriculture, Forestry, Fishing, and Hunting (males: 36.1 per 100,000)
5. Transportation and Warehousing (males: 29.8 per 100,000; females: 10.1 per 100,000)

The suicide rate was also greater than the general population for the following major occupation groups:

1. Construction and Extraction (males: 49.4 per 100,000; females: 25.5 per 100,000)**
2. Installation, Maintenance, and Repair (males: 36.9 per 100,000)
3. Arts, Design, Entertainment, Sports, and Media (males: 32.0 per 100,000)
4. Transportation and Material Moving (males: 30.4 per 100,000; females: 12.5 per 100,000)
5. Protective Service (females: 14.0 per 100,000)
6. Healthcare Support (females: 10.6 per 100,000)

[†] Rates reflect 2016 data

**No other industry group among females had a rate of suicide greater than the general female population

INTRODUCTORY THOUGHTS
The Workplace is Where Accidents Happen

A. Accident prevention is the most crucial part of a safety program and safe culture.
Recognizing that every employee has a physical and mental state every day they are at work.
Both the physical and the mental can affect the quality of work and can be contributors in an accident.
The successful corporation will be aware of all the employee needs and will seek to provide a workplace that creates teamwork, not individualism. And that provides a wanted work process for the greater good of the employee and employer.

B. The physical safety of workers is well laid out in most companies.

C. The emotional condition of the worker impacts the physical safety.

▸ Drugs and Alcohol (at home)
▸ Family Issues (kids, spouse, etc.)
▸ Economic Issues
▸ Lack of Religious Affiliation

▸ Lack of "Bonding" with Friends
▸ Political Wars
▸ COVID | Seclusion
▸ Workplace Battles
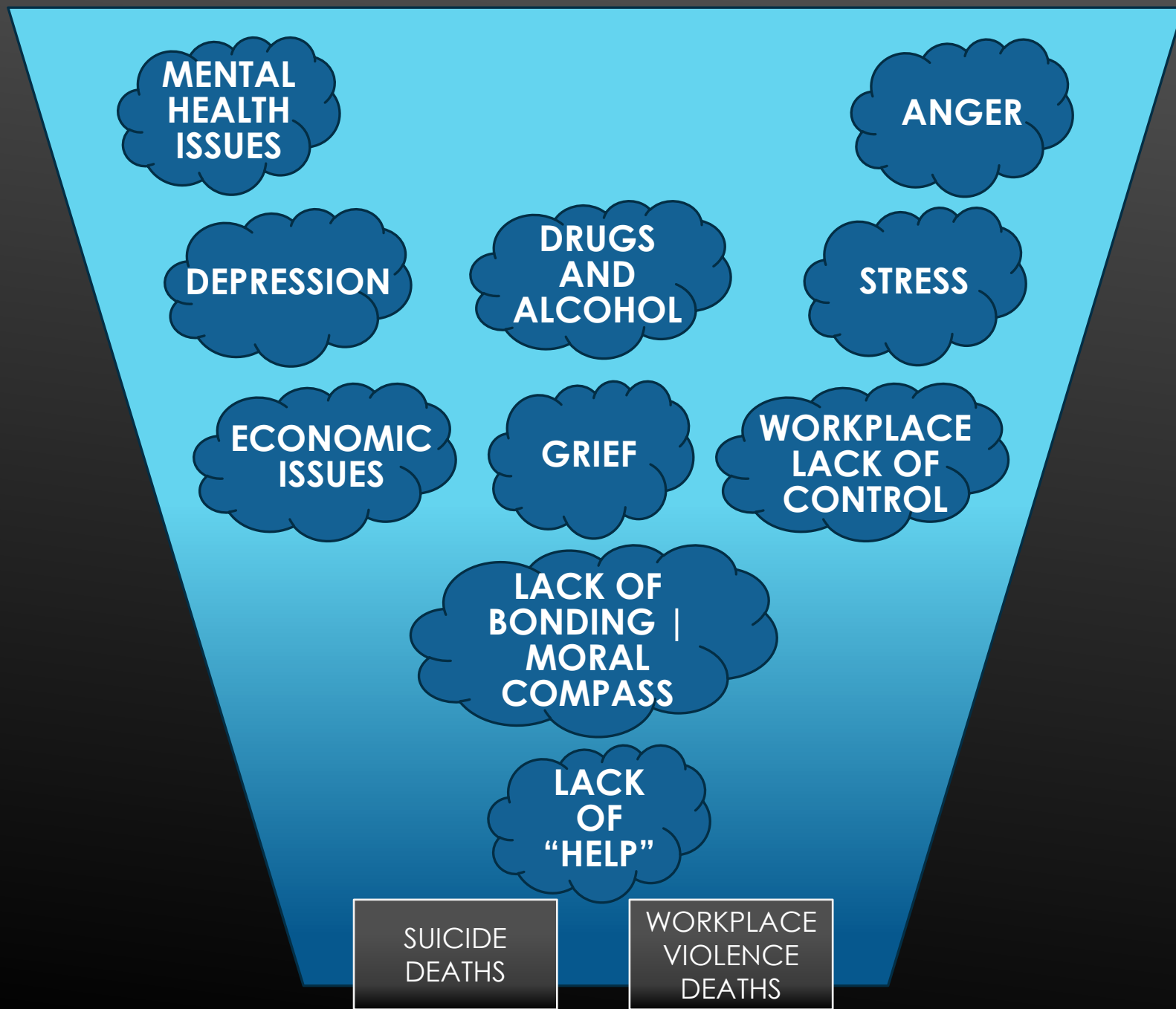
The employee you hired may not be the same employee today.

WHAT NEXT?

In the time we have today, we are acknowledging the crisis.
We wish to broaden its scope and understanding.

We want to:

► Focus on the Key Causes

► Share the Way of Intervention

► Discuss Ideas of Company Involvement

► View Safety as the "Whole" Worker Concept – Physical and Mental

PRIMARY RISK FACTORS FOR SUICIDE

MENTAL CONDITION

- Anxiety Disorder
- Drugs and Alcohol
- Depression
- Opioid Abuse
- Social Phobia

FAMILY HISTORY/MAKE UP

- Family of Origin Trauma
- Lack of Family Support
- Marriage Issues
- Children Issues

PHYSICAL ILLNESS AND DETERIORATION

- Age Related Physical Deterioration
- Injuries with Related On-Going Pain
- Life Experiences

LACK OF WORK UNDERSTANDING OR SUPPORT

- Relationally
- Procedurally
- Culture

Focus on Construction: Risk Factors for Suicide

Economic stressors – Seasonal Layoffs

Isolation & separation from family

High prevalence of alcohol and substance abuse

Competitive high stress environment

"Tough Guy" culture of fearlessness & recklessness&

Large exposure to potential physical strains &/or psychological trauma

WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:

- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

FEELING:

- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:
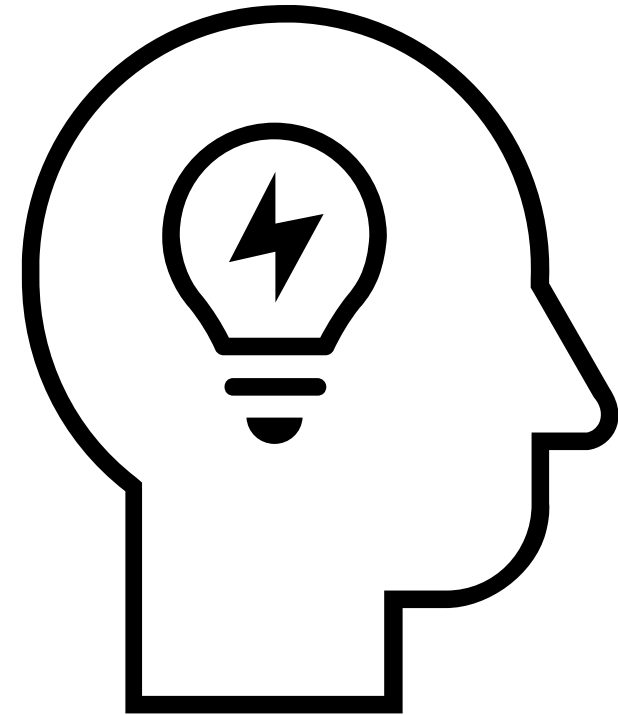
- ▷ Making a plan or researching ways to die
- ▷ Withdrawing from friends, saying goodbye, giving away important items, or making a will

- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

- Strengthen Economic Support
- Create Pro-Active Environments
- Promote Connectedness
- Teach Coping and Problem-Solving Skills
- Actively Lessen Harms and Prevent Future Risk
- Identify and Support People at Risk
- Strengthen Access and Delivery of Suicide Care

CDC STRATEGY TO REDUCE THE RISK OF SUICIDE

Poll Question #2

SUICIDE PREVENTION

MENTAL HEALTH ISSUES

Mental Health vs Mental Illness

A condition that affects a person's thinking, feeling, behavior, or mood.

1. This is day-to-day living and does affect our functioning.

2. Mental illness is when this normal condition is impacted by crisis which causes potentially severe mood swings.

- **NOTE:**
- ▶ 9 in 10 U.S. adults deal with mood swings
- ▶ 1 in 5 U.S. adults experience mental illness in a year
- ▶ 1 in 20 U.S. adults experience serious mental illness
- ▶ 50% of all mental illness begins by age 14; and 75% by age 24
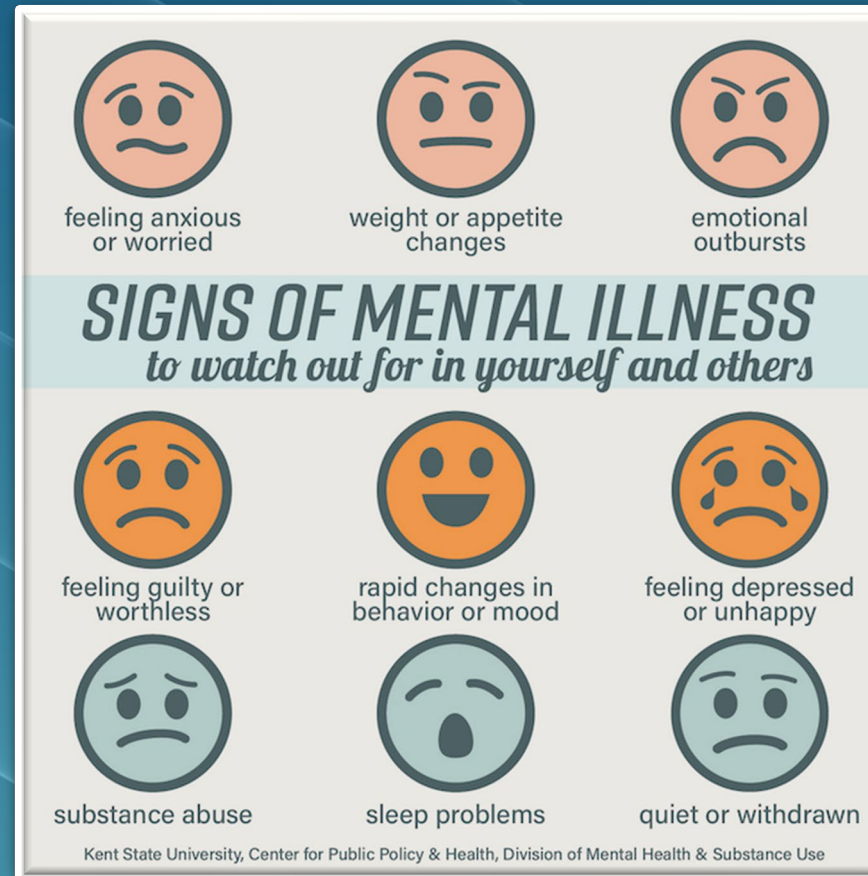
- ▶ Family History of Disorder
- ▶ Chemical Imbalances in the Brain
- ▶ Drug and Alcohol Abuse
- ▶ Significant Increase in Daily Stress
- ▶ Excessive Worries, Fears, etc.
- ▶ No Outlets for Stress
- ▶ Poverty and Low Levels of Social Support
- ▶ Extreme Changes in Regular Routine

CAUSES OF MENTAL ILLNESS

SIGNS OR SYMPTOMS OF ANXIETY DISORDER –
A Form of Mental Illness

- ▶ Worry
- ▶ Fear
- ▶ Tiredness
- ▶ Muscle Tension
- ▶ Chest Tightness
- ▶ Sweating
- ▶ Trembling
- ▶ Headaches
- ▶ Dizziness

NOTE: Unless extreme, could be normal life.

MENTAL ILLNESS MYTHS

MYTH: *Mental Illness Does Not Affect Anyone I Know.*

MYTH: *People With Mental Illness Cannot Hold Down a Job.*

MYTH: *People With Mental Illness Are Violent and Dangerous.*

MYTH: *Talking With Someone About Their Mental Health Struggles, Even Suicide, Will Make Them Feel Worse.*

Stigma of Mental Illness & Suicide Ideation

Definition: Stigma - A mark of disgrace associated with a particular circumstance, quality, or person:

1."the stigma of having gone to prison will always be with me" ·
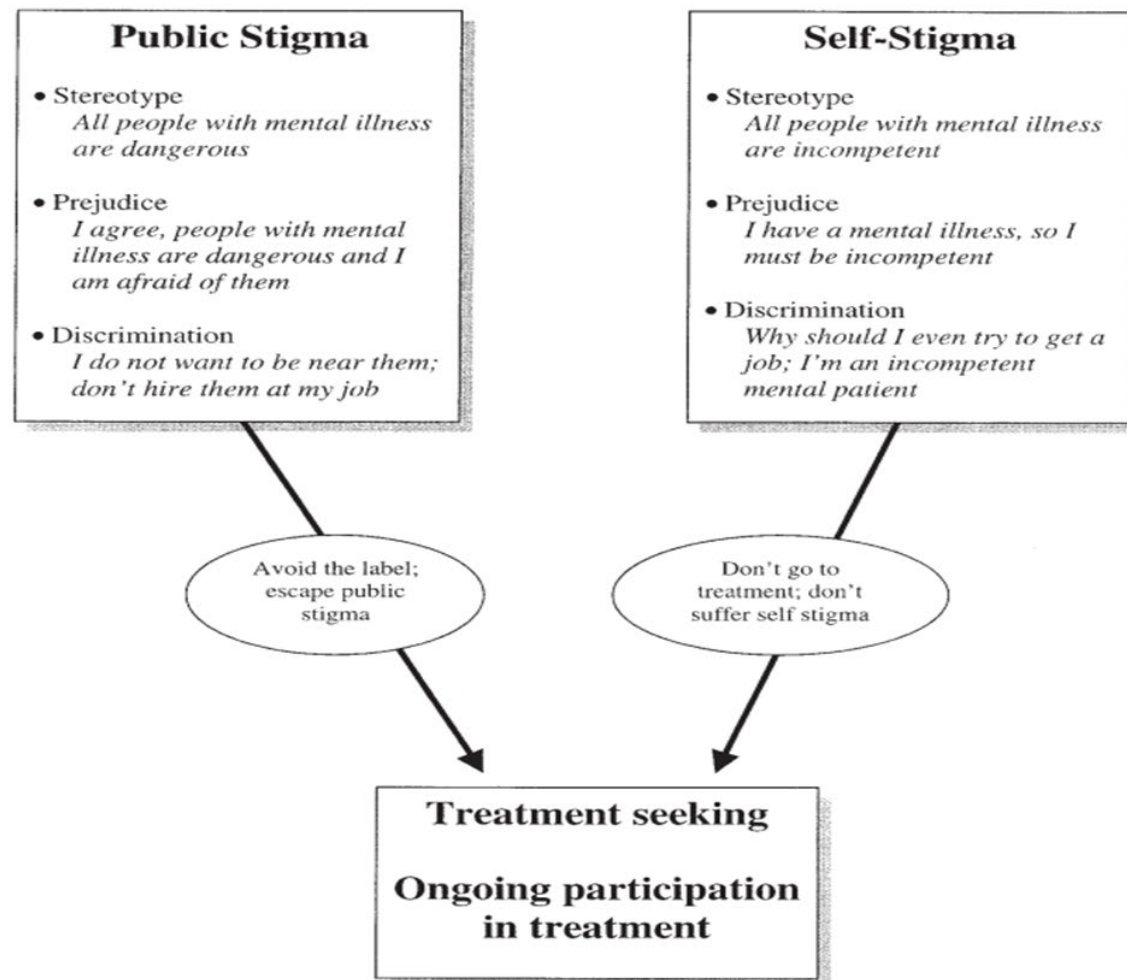
1.*synonyms:*

shame · disgrace · dishonor · stain · taint · blot · blot on one's escutcheon · blemish · brand · mark · slur · smirch

The Problem with Stigmatizing Mental Illness

Figure 1
Two Factors That May Influence Whether a Person Who Might Benefit From Mental Health Treatment Actually Seeks It

Public Stigma

- Stereotype
  All people with mental illness are dangerous

- Prejudice
  I agree, people with mental illness are dangerous and I am afraid of them

- Discrimination
  I do not want to be near them; don't hire them at my job

Self-Stigma

- Stereotype
  All people with mental illness are incompetent

- Prejudice
  I have a mental illness, so I must be incompetent

- Discrimination
  Why should I even try to get a job; I'm an incompetent mental patient

Avoid the label; escape public stigma

Don't go to treatment; don't suffer self stigma

Treatment seeking

Ongoing participation in treatment

- Accept Your Feelings

- Deal With Unusual Behavior

- Establish a Support Network

- Seek Counseling

- Take Time Out

- Deal With the Issue, Do Not Hide It

HOW TO COPE WITH DAY-TO-DAY VARIOUS DEGREES OF MENTAL ILLNESS

SUICIDE PREVENTION

- ▶ DEPRESSION
  - ▶ SADNESS
    - ▶ GRIEF

WHAT IS DEPRESSION?

Symptoms of Depression

Not caring about things one used to

Feeling sad, down, or hopeless most of the day, nearly every day

Weight gain or loss

Sleeping too much or too little

Fatigue | Lack of energy

Feelings of guilt or worthlessness

Forgetfulness

Confusion

Moving and speaking more slowly than usual

Restlessness or having trouble staying still

Thoughts of death or **suicide**

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think, and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

Depression is Different
from Sadness or Grief/Bereavement

But being sad is not the same as having depression. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities. They are also different in important ways:

► In grief, painful feelings come in waves, often intermixed
with positive memories of the deceased. In major depression, mood and/or interest (pleasure) are
decreased for most of two weeks.

► In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing
are common.

► In grief, thoughts of death may surface when thinking
of or fantasizing about "joining" the deceased loved one.
In major depression, thoughts are focused on ending one's life due to feeling worthless or undeserving of living or being unable to cope with the pain of depression.

Rest, Sleep, Seek to Be Calm	Improve Eating Habits	Exercise	Purposeful	Talk Out the Concerns	Make a List
Companions, Partners, Teammate Help	Medications – Various Kinds, Seek Medical Help	Counseling	Get Someone Else Involved – You are Not Alone
Avoid Alcohol and Uncontrolled Drugs	Never Hide It or Go Alone	Seek Others to Help	Find Ways to Stabilize Life More
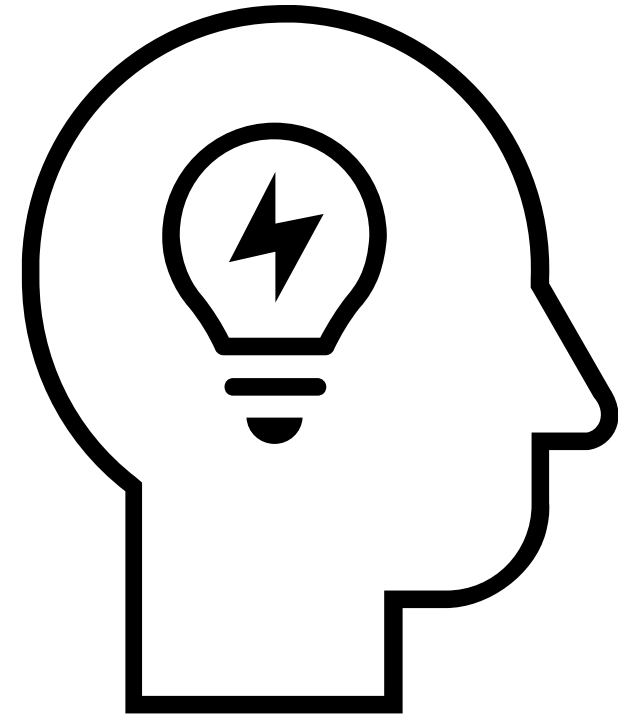
PREVENTATIVE MEASURES

Poll Question #3

SUICIDE PREVENTION

STRESS IN THE WORKPLACE

Stress is a normal human reaction that happens to everyone. In fact, the human body is designed to experience stress and react to it. When you experience changes or challenges (stressors), your body produces physical and mental responses. That is stress.

Stress responses help your body adjust to new situations. Stress can be positive, keeping us alert, motivated, and ready to avoid danger. For example, if you have an important test coming up, a stress response might help your body work harder and stay awake longer. But stress becomes a problem when stressors continue without relief or periods of relaxation.

Stress means different things to different people. What causes stress in one person may be of little concern to another. Some people are better able to handle stress than others. And not all stress is bad. In small doses, stress can help you accomplish tasks and prevent you from getting hurt. For example, stress is what gets you to slam on the brakes to avoid hitting the car in front of you. That is a good thing.

Our bodies are designed to handle small doses of stress. But we are not equipped to handle long-term, chronic stress without ill consequences.

WHAT IS STRESS?

WHAT ARE SYMPTOMS OF STRESS?

1. **Emotional symptoms** of stress include:

   ‣ Becoming easily agitated, frustrated, and moody

   ‣ Feeling overwhelmed, as if you are losing control or need to take control

   ‣ Having a hard time relaxing and quieting your mind

   ‣ Feeling bad about yourself (low self-esteem), and feeling lonely, worthless, and depressed

   ‣ Avoiding others

2. **Physical symptoms** of stress include:

   ‣ Low energy

   ‣ Headaches

   ‣ Upset stomach, including diarrhea, constipation, and nausea

   ‣ Aches, pains, and tense muscles

   ‣ Chest pain and rapid heartbeat

   ‣ Insomnia

   ‣ Frequent colds and infections

   ‣ Loss of sexual desire and/or ability

   ‣ Nervousness and shaking, ringing in the ears, and cold or sweaty hands and feet

   ‣ Dry mouth and a hard time swallowing

   ‣ Clenched jaw and grinding teeth

WHAT ARE SYMPTOMS OF STRESS?

3. **Cognitive symptoms** of stress include:

   ‣ Constant worrying

   ‣ Racing thoughts

   ‣ Forgetfulness and disorganization

   ‣ Inability to focus

   ‣ Poor judgment

   ‣ Being pessimistic or seeing only the negative side

4. **Behavioral symptoms** of stress include:

   ‣ Changes in appetite – either not eating or eating too much

   ‣ Procrastinating and avoiding responsibilities

   ‣ More use of alcohol, drugs, or cigarettes

   ‣ Having more nervous behaviors, such as nail biting, fidgeting, and pacing

WORKPLACE CONTRIBUTIONS TO STRESS

- ▶ Problems with Workers in Workforce
  - ■ Fellow Employees
  - ■ Supervisor
  - ■ Company Changes

- ▶ Job Expectations Not Clear, Changes, etc.

- ▶ Lack of Recognition for the Work You Do

- ▶ Work Becoming Harder or Monotonous

- ▶ Job Creating Unusual Exhaustion

- ▶ Feeling Company Does Not Care

OTHER STRESSORS WHICH COULD IMPACT WORKPLACE

- ▶ Getting Married or Divorced

- ▶ Starting a New Job

- ▶ The Death of a Spouse or Close Family Member

- ▶ Getting Laid Off

- ▶ Retiring

- ▶ Having a Baby

- ▶ Money Problems

- ▶ Moving

- ▶ Having a Serious Illness

- ▶ Problems at Work

- ▶ Problems at Home

You cannot avoid stress, but you can stop it from becoming overwhelming by practicing some daily strategies:

► **Exercise** when you feel symptoms of stress coming on. Even a short walk can boost your mood.

► **Think about what you have accomplished** – not what you did not get done.

► **Set time specific goals** for your day, week, and month. Narrowing your view will help you feel more in control of the moment and long-term tasks.

► **Consider talking to a therapist or your healthcare provider about your worries.**

WHAT ARE SOME STRATEGIES FOR STRESS RELIEF?

Many daily strategies can help you keep stress at bay:

- Try **relaxation activities**, such as meditation, yoga, tai chi, breathing exercises and muscle relaxation. Programs are available online, in smartphone apps, and at many gyms and community centers.

- Take good care of your body each day. Eating right, exercising, and getting enough sleep help your body handle stress much better.

- Stay positive and practice gratitude, acknowledging the good parts of your day or life.

- Accept that you cannot control everything. Find ways to let go of worry about situations you cannot change.

- Learn to say "no" to additional responsibilities when you are too busy or stressed.

- Stay connected with people who keep you calm, make you happy, provide emotional support, and help you with practical things. A friend, family member, or neighbor can become a good listener or share responsibilities so that stress does not become overwhelming.

WHAT ARE SOME WAYS TO PREVENT STRESS?

- Promote Open and Positive Communication
- Let Your Employees Know They are Valued and Appreciated
- Be Aware of Your Impact on Others
- Create A Culture of Support
- Ask Your Team For A "No Gossip" Agreement
- Conduct Regular Team Meetings at All Levels
- Request Feedback
- Celebrate Success!

- **Establish Trust**
  - **Be Real**
  - **Be Honest**
  - **Be Fair**
- **Set Clear Expectations**
- **Open Door Policy - Allow and Seek Feedback**
- **Recognize and Reward Good Work**
- **Have An Employee Development Attitude**
- **Get Employees Involved**
- **Keep Your Eyes and Ears Open**

BUILD A POSITIVE WORKPLACE ENVIRONMENT

SUICIDE PREVENTION

DRUGS
AND
ALCOHOL
IN THE WORKPLACE

DRUGS AND ALCOHOL IN WORKPLACE

Statistical Analysis

► 22-30% of all injured workers who are prescribed pain medication misuse them.

► More than 50,000 workers die each year due to opioid overdose.

► Most experts believe drugs to be the leading cause of workplace violence.

► Fatality rate for all industries is 3.5 per 100,000 workers.
In construction, it is 9.5 per 100,000 workers.

► Suicide rate for all industries is 13.9 per 100,000 workers.
In construction, it is 45 per 100,000 workers.

► Workplace violence claims are on a consistent rise every year over the last 10 years. The expectation is that there will be 21-25,000 workplace violence claims every year.

► Drug use is the most reported cause or contribution to workplace violence.

WORKPLACE FACTORS THAT CAN *INCREASE RISK FOR ABUSE*

► High Stress

► High Demand/Low Control Situations

► Low Job Satisfaction

► Long Hours or Irregular Shifts

► Fatigue

► Repetitious Duties

► Periods of Inactivity or Boredom

► Isolation

► Lack of Opportunity for Promotion

► Lack of, Remote, or Irregular Supervision

► Easy Access to Substances

Costs to a business may be both direct and indirect. The impact of substance use that have been reported include:

► **Safety (Fatalities, Incidents, etc.)**

► **Absenteeism | Sick Leave| Turnover or Presenteeism**

► **Loss of Production**

► **Workplace Violence and Harassment**

Additional costs can include:

► **Tardiness | Sleeping on the Job**

► **Theft (e.g., Money, Items Taken for Resale)**

► **Poor Decision Making**

► **Loss of Efficiency**

► **Lower Morale and Physical Well-Being of Worker and Co-Workers**

► **Increased Likelihood of Having Trouble With Co-Workers or Supervisors**

► **Disciplinary Procedures**

► **Drug Testing Programs**

► **Medical | Rehabilitation | Employee Assistance Programs**

► **Training of New Employees**

What Are The Costs to A Workplace?

DRUGS AND ALCOHOL IN THE WORKPLACE
Signs to Look For

Leave and Attendance

▶ Unexplained or unauthorized absences from work

▶ Frequent tardiness

▶ Excessive use of sick leave

▶ Patterns of absence such as the day after payday or frequent Monday or Friday absences

▶ Frequent unplanned absences due to "emergencies" (e.g., household repairs, car trouble, family emergencies, legal problems)

Performance Problems

▶ Missed deadlines

▶ Careless or sloppy work or incomplete assignments

▶ Production quotas not met

▶ Many excuses for incomplete assignments or missed deadlines

▶ Faulty analysis

DRUGS AND ALCOHOL IN THE WORKPLACE

Signs to Look For

Behavior at Work

The appearance of being inebriated or under the influence of alcohol might include:
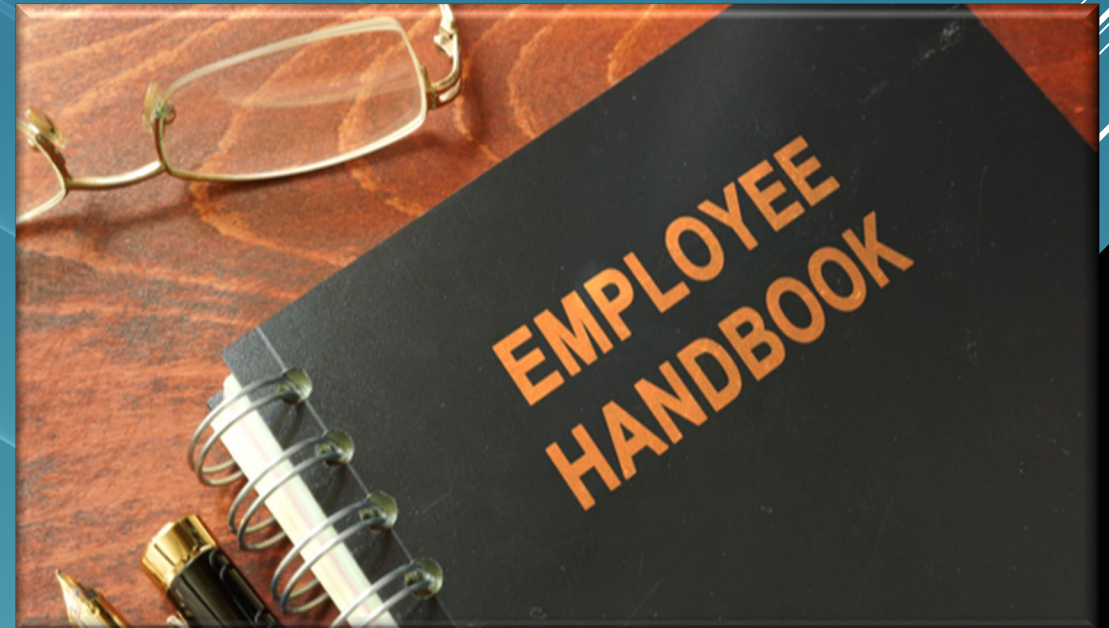
- The smell of alcohol
- Staggering or unsteady gait
- Bloodshot eyes
- Smell of alcohol on the breath
- Mood and behavior changes such as excessive laughter and inappropriate loud talk
- Excessive use of mouthwash or breath mints
- Avoidance of supervisory contact, especially after lunch
- Tremors
- Sleeping on duty

Relationship at Work

- Relationships with co-workers may become strained
- The employee may be belligerent, argumentative, or short-tempered, especially in the mornings or after weekends or holidays
- The employee may become a "loner"

What To Do?

1. Make Sure These Issues Are in Your Written Employee Handbook and Policy

2. HR Needs to Be Involved

3. Do You Have Employee Assistant Plan (EAP)

4. Gather and Document Fact, Firsthand

5. Review Facts Between All Appropriate Management Personnel

6. Confront Employee
   ▶ In Private Place
   ▶ Confidentially
   ▶ Let Employee Explain

7. Drug and Alcohol Testing

8. Follow Company Policy

SAMHSA

(Substance Abuse and Mental Health Services Administration)

National Helpline

(24/7 | 365 Days a Year)

1-800-662-HELP (4357)

New 24-Hour Suicide Watch Line

988

SUICIDE PREVENTION

ANGER MANAGEMENT IN THE WORKPLACE

PERSONAL ISSUES

► Salary and Benefits

► Vacation and Time Off

► Job Changes

► Lack of Job Security or Personal Security

PEOPLE ISSUES

► Horseplay

► Bullies

► Favoritism

► Lack of Consistency

HOME ISSUES

► Marital

► Kids

► Shock Life Experience
  ■ Death
  ■ Illness | Disease

PERSONALITY ISSUES

► Boss

► Fellow Workers

► Personal Personality

THE UNEXPECTED

CAUSES OF ANGER IN THE WORKPLACE

ANGER MANAGEMENT
Warning Signs of Anger

1. **Emotional signs** of anger include:
   - Sadness
   - Irritability
   - Guilt
   - Resentment
   - Feeling like you need to hurt someone
   - Needing to be alone
   - Needing to isolate one's self
   - Numbness

2. **Behavioral signs** of anger include:
   - Clenching of fist
   - Pounding of fist on any surface
   - Pacing
   - Raising one's voice
   - Any act of aggression/passive-aggression

3. **Physical signs** of anger include:
   - Rapid heart rate
   - Difficulty breathing
   - Headache
   - Stomachache
   - Sweating
   - Feeling hot in the face and neck
   - Shaking

4. **Mental signs** of anger include:
   - Difficulty concentrating
   - Obsessing on the situation
   - Thinking vengeful thoughts

WAYS TO CONTROL ANGER

**Workplace Causes
of Anger**

► Stress | Heat

► Improper Behavior |
Horseplay, Bullying, etc.

► Poor Communication

► New Work Environment

► Unresolved Conflict
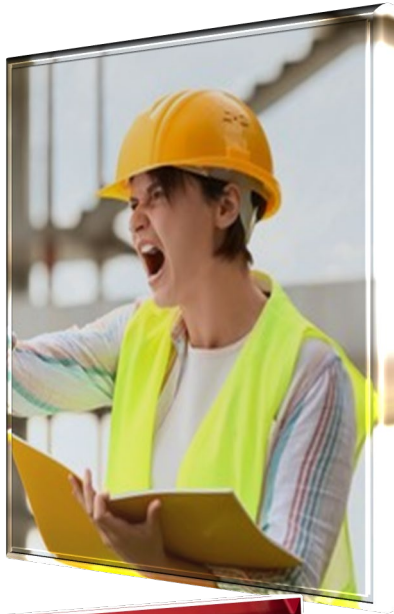
Using Coping Thoughts

Once you realize you are angry, you can start to calm yourself down mentally.

► Calm down first and think this through.

► This may not be as bad as it seems.

► This is just one incident – it does not define my life.

► I can manage this situation.

► It is alright to be upset. – I have the right to be upset. –
I am angry.

► What needs to be done immediately? (Damage control/solution-focused mode).

► Bad things/mistakes do happen. – Nothing says that things will go right all the time.

► There is no need to feel threatened here.

► I have no control over other people and their feelings. But I have control over myself.

► I have managed anger successfully before and I will again.

SUICIDE PREVENTION

WORKPLACE VIOLENCE

Workplace violence Statistical Information

▶ **In the United States, there are over 2,000,000 victims of workplace violence every year.**

▶ **Men represent 75% and women 25% of those affected.**

▶ **Workplace violence causes American businesses to lose 250-350 billion dollars every year.**

▶ **94% of American workers have been bullied at least once at work.**
  Note: **This was in 2020 – up from 62% in 2008.**

▶ **Workplace violence is real –**

  ▪ **Nearly 400,000 assaults occur in the workplace every year.**

  ▪ **52,000 rapes and sexual assaults occur in the workplace every year.**

  ▪ **Nearly 100,000 robberies occur in the workplace every year.**

  ▪ **There are between 400-500 workplace violence fatalities in the workplace every year since 2012.**

▶ **55% of employees, when surveyed, indicated they are unsure or unaware of their company's emergency and security plans.**

▶ **The average cost of a workplace violence incident settlement out of court runs $500,000.**

▶ **In 77% of all workplace violence incidences, the perpetrator is a fellow employee.**

Workplace violence

Indications

- Workplace Conflicts
- Increased use of alcohol or illegal drugs
- Unexplained increase in absenteeism; vague physical complaints
- Noticeable decrease in attention to appearance and hygiene
- Depression/Withdrawal
- Resistance or over reaction to changes in policy or procedures
- Repeated violation of company policies
- Increased or severe mood swings
- Noticeably unstable, emotional responses
- Explosive outbursts of anger or rage without provocation
- Suicidal: Comments about "putting things in order"
- Increasing talks of problems at home
- Escalating domestic problems into the workplace
- Talk of previous incidents of violence
- Empathy with individuals committing violence

Workplace violence
How to Resolve Employee to Employee Conflict

1. Understand Nature of the Conflict

2. Encourage Employees to Work Together to Work Out the Conflict

3. Nip It in the Bud Quickly

4. Listen to Both Sides

5. Determine the "Real" Issue... Together

6. Find a Solution

7. Write It Up... Document

All are contributions to workplace breakdown.

CAUSES OR INDICATIONS OF A "TOXIC" WORK ENVIRONMENT

Excessive Employee Turnover	Little to No Work-Life Balance
Cliques, Exclusive Behavior, Gossip	Ineffective Leadership
Poor Communication Up or Down	Few Growth Opportunities

What is Workplace Violence?

"Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite." OSHA

OSHA estimates there are over 2,000,000 victims of workplace violence in the workplace every year. These acts include:

► Violent acts by criminals who have no other connection with the workplace but enter to commit robbery or another crime.

► Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.

► Violence against coworkers, supervisors, or managers by a present or former employee.

► Violence committed in the workplace by someone who does not work there but has a personal relationship with an employee – an abusive spouse or domestic partner.

WORKPLACE VIOLENCE Prevention Training Tips

1. Adopt a formal workplace violence training program and policy.
2. Have supervisors take an active role in awareness, involvement, and prevention in the workplace.
3. Provide regular training.
4. Foster a climate of trust and respect in the workplace.
5. Prevent toxic workplaces by refusing to allow bullying and harassment.
6. Look out for steps to prevent negativity in the workplace.
7. Encourage employees to "speak up" if they have concerns.
8. Seek to resolve employee disputes early and clearly.
9. Document all threats and the steps you took to resolve.
10. Evaluate security systems and procedures at job sites.
11. Have open door policy.
12. Discipline offenders as needed up to termination.

Leadership

- Management Commitment
- Identify Program Champions
- Share Information & Educate Employees

Evaluate: Safety Culture
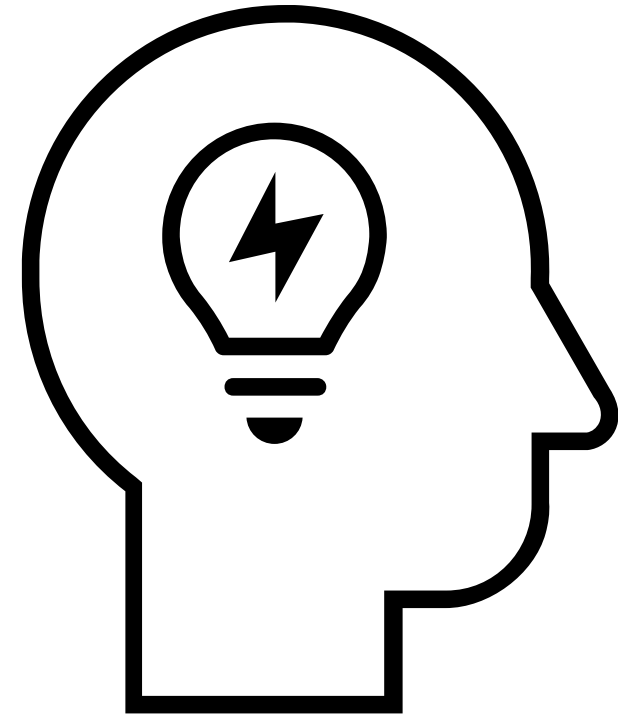
- OSHA standards
- Beyond Compliance: Health & Wellness
- Employee Engagement
- Incentives & Accountability

Programs & Resources

- Employee Benefits – Medical Plans, EAPs
- Action Plans: Level 1, 2, 3
- Other Resources
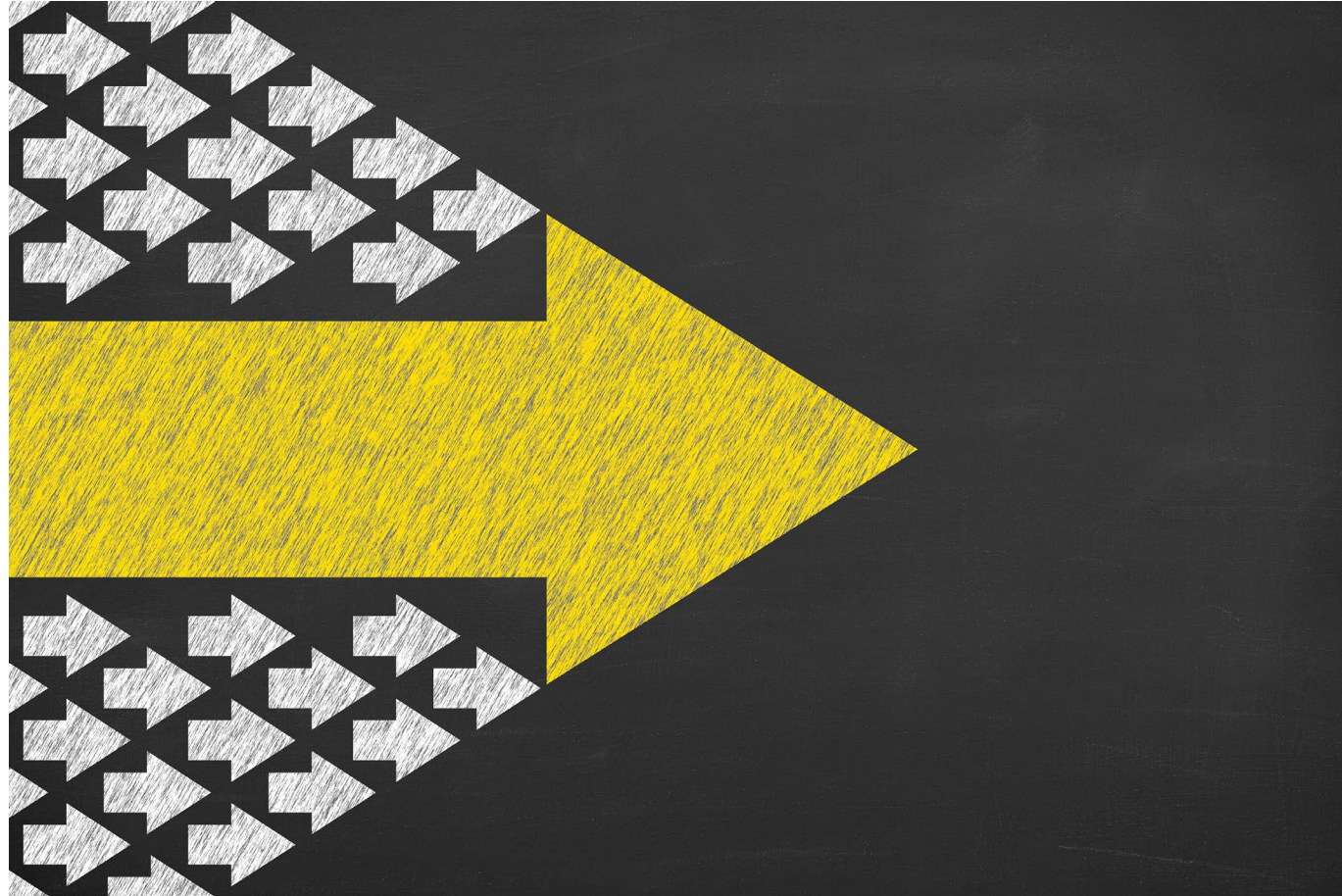
What Can We Do About it?

Poll Question #4

Leadership: Management Commitment

Leadership: Suicide Prevention Champions

Qualities to look for in Your Champions for Suicide Prevention:

- ✓ Bring positive energy to the focus
- ✓ Have good communication skills
- ✓ Have knowledge or be willing to learn
- ✓ Enjoy teaching and/or sharing information
- ✓ Ability to be flexible and work with others

# Leadership: Educating Employees

"Training is a Process, Not an Event" – SST
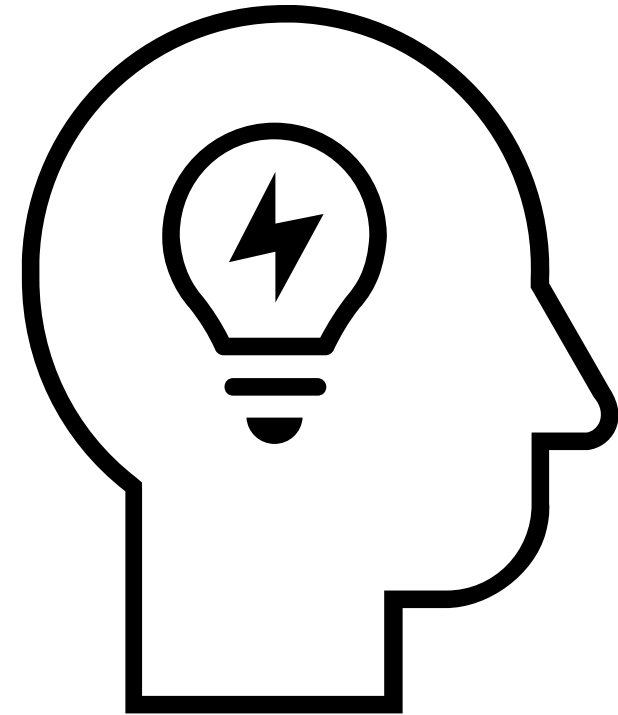
1. QPR – Question, Persuade, Refer: https://qprinstitute.com/

2. LivingWorks' training safeTalk: https://www.livingworks.net/

3. The Suicide Prevention Resource Center : https://www.sprc.org/training

4. Mental Health First Aid: https://www.mentalhealthfirstaid.org/take-a-course/

Safety Culture: Beyond OSHA

- OSHA is Making a Difference. Before the Occupational Safety & Health Administration Act, 40 workers on average e were dying at work daily, or 14,600 annually.

- Currently on average 13 workers are dying per day or 4,764 in 2020. Still too many, but with focus and attention it has improved!

- Death by Suicide is 10X this number but with focus and attention in the workplace we can make a positive impact.

- Safety Programs must include health & wellness including Mental Health and Suicide Prevention.

Poll Question #5

Suicide Prevention
5 Things You Should Know

Suicide is a leading cause of death among working-age adults in the United States. It deeply impacts workers, families, and communities. Fortunately, like other workplace fatalities, suicides can be prevented. Below are 5 things to know about preventing suicide.

1 BE AWARE

Everyone can help prevent suicide.
Mental health and suicide can be difficult to talk about—especially with work colleagues—but your actions can make a difference. When you work closely with others, you may sense when something is wrong.

2 PAY ATTENTION

Know the warning signs of suicide.
There is no single cause for suicide but there are warning signs. Changes in behavior, mood, or even what they say may signal someone is at risk. Take these signs seriously. It could save a life.

3 REACH OUT

Ask "Are you okay?"
If you are concerned about a coworker, talk with them privately, and listen without judgment. Encourage them to reach out to your Employee Assistance Program (EAP), the human resources (HR) department, or a mental health professional.

4 TAKE ACTION

If someone is in crisis, stay with them and get help.
If you believe a coworker is at immediate risk of suicide, stay with them until you can get further help. Contact emergency services or the 988 Suicide and Crisis Lifeline.

5 LEARN MORE

Suicide prevention resources are available.
- Call or text the Suicide and Crisis Lifeline at 988.
- Visit the American Foundation for Suicide Prevention (www.afsp.org) to learn more about suicide risk factors, warning signs, and what you can do to help prevent suicide.

Safety Culture: Enterprise Engagement
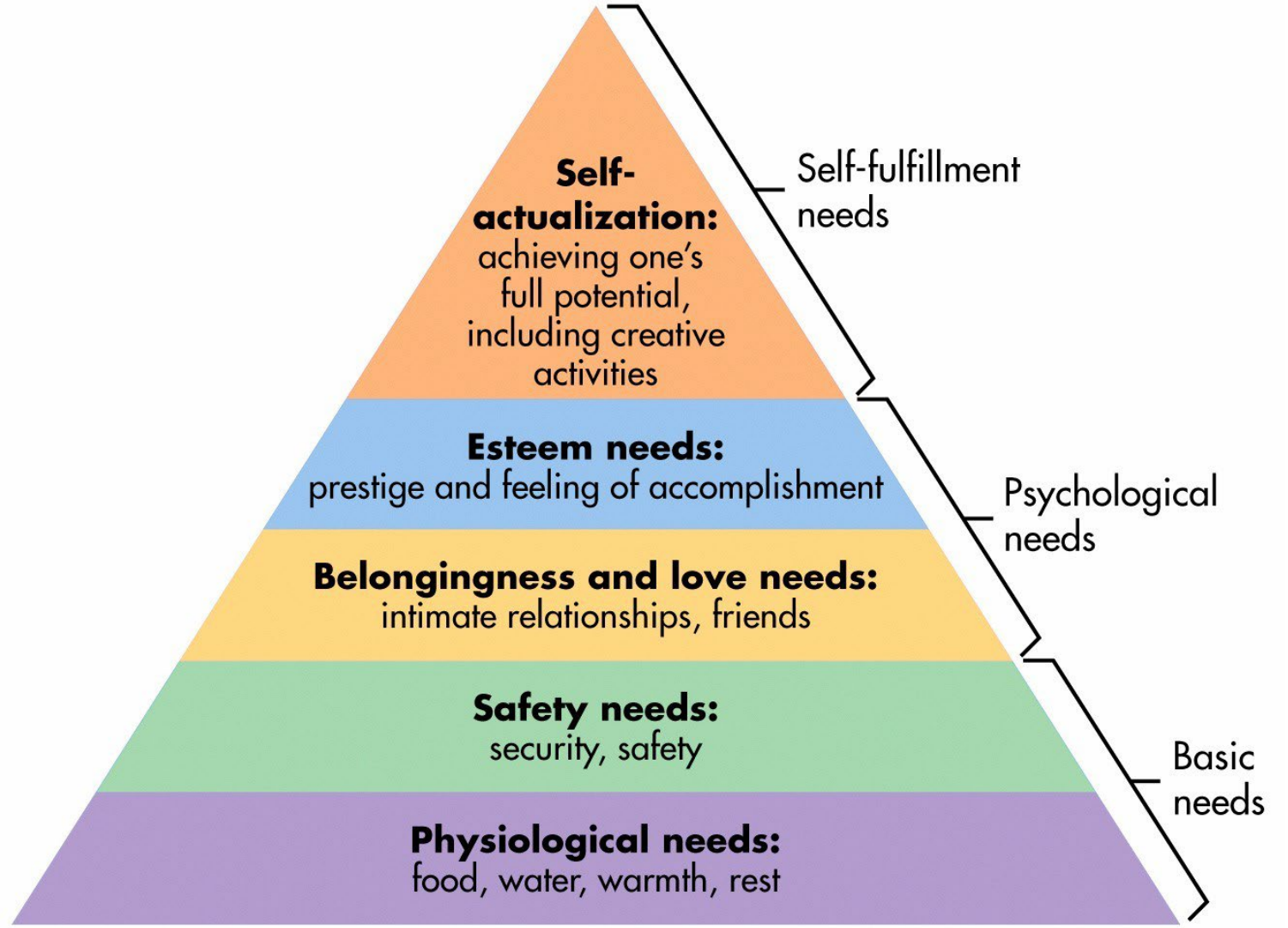
A company's culture is a shared attitude, beliefs and practices *demonstrated* by workers at all levels of the company.

A positive safety culture **connects** everyone to common goals and goes beyond procedures and rules.
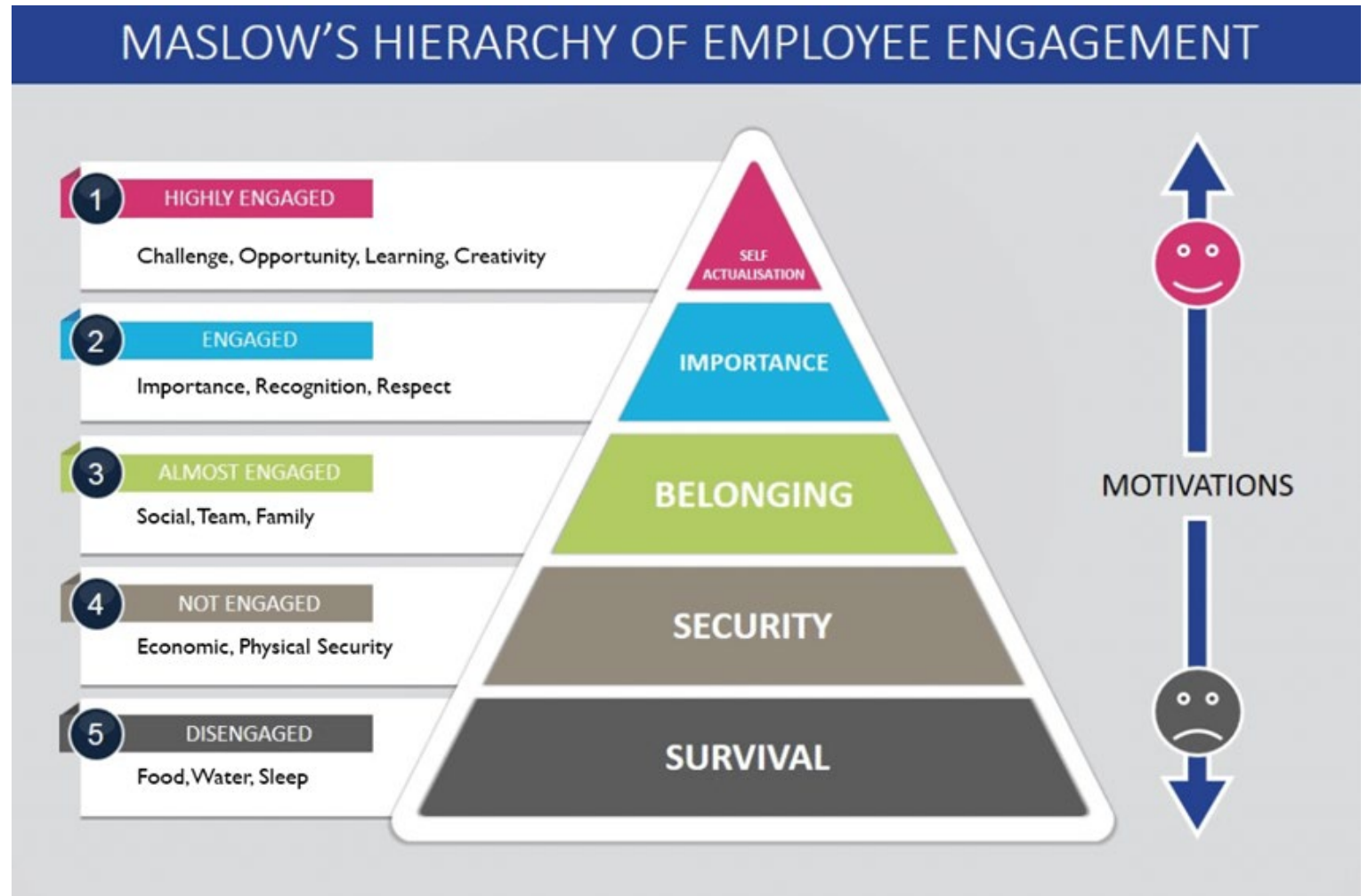
Behavior based safety expert, E. Scott Geller defines a TSC total safety culture as one where **"everyone feels responsible for safety and pursues it on a daily basis."**

Safety Culture: Health & Wellness

Self-fulfillment needs

Self-actualization: achieving one's full potential, including creative activities

Esteem needs: prestige and feeling of accomplishment

Psychological needs

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety

Basic needs

Physiological needs: food, water, warmth, rest

Safety Culture: Employee Engagement

MASLOW'S HIERARCHY OF EMPLOYEE ENGAGEMENT

1 HIGHLY ENGAGED
Challenge, Opportunity, Learning, Creativity

2 ENGAGED
Importance, Recognition, Respect

3 ALMOST ENGAGED
Social, Team, Family

4 NOT ENGAGED
Economic, Physical Security

5 DISENGAGED
Food, Water, Sleep

SELF ACTUALISATION
IMPORTANCE
BELONGING
SECURITY
SURVIVAL

MOTIVATIONS

Touch Points for Health & Wellness

Pre-Hire: *Background Checks, Reference Checks, MVR Checks, Health Screenings, Computer Based Assessments and Interviews*

Orientation: *Overview of safe work expectations & resources available – In-House Partners or Mentors, Medical Plan Resources, EAP*

Post-Incident: *Response Plan, WC Claim/Nurse Mgmt. Partners, EAP*

Annual: *Review Benefits and Resources available, Provide Health Screenings including for Mental Health*

Ongoing: *Employee Appreciation and Bonding Opportunities, Small Tokens of Appreciation, Periodic Formal and Informal Check-Ins*
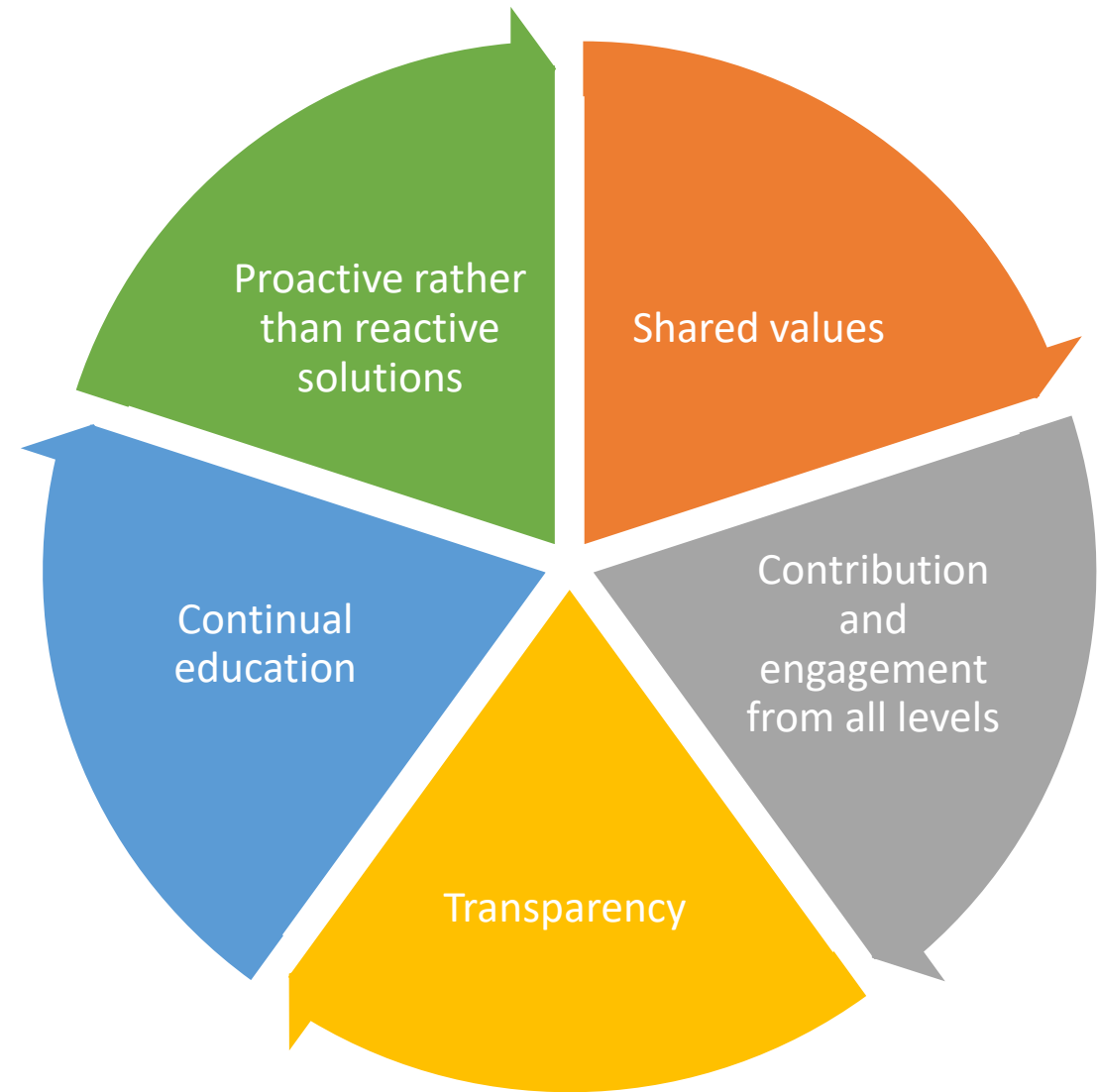
# Safety Culture: Care & Incentives

"People Do Not Care How Much You Know, Until They Know How Much you Care" – Theodore Roosevelt
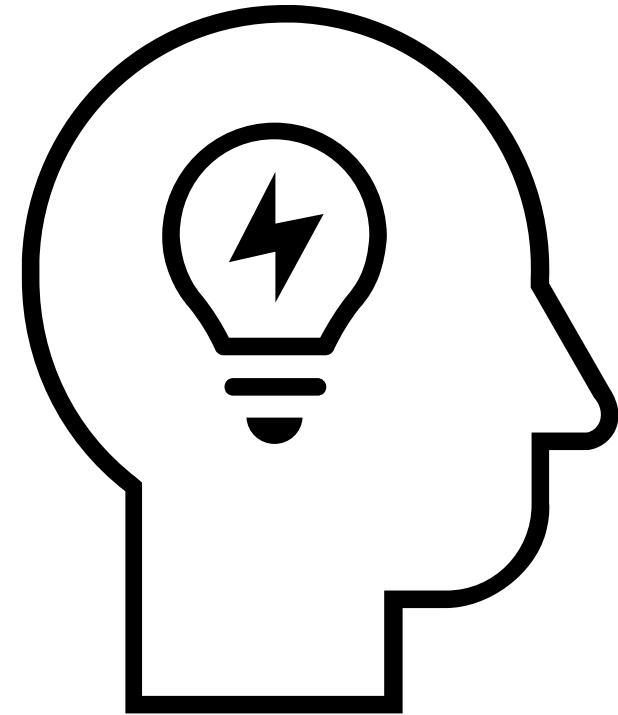
- Management must get to KNOW their people
- Brother's Keepers Mindset
- Mentorship Programs
- Give Thanks for All Worker for their Efforts not just Outcomes
- Incentivize and Recognize Safe Work

Strong Safety Culture

Poll Question #6

Programs & Resources: Insurance Health Plans

- Access to mental health has been improving, since the passing of Patient Protection and Affordable Care Act in 2010, and the Mental Health Parity and Addiction Equity Act of 2008, and additional updates in 2016. *Deductibles and co-payments and treatment limitations e.g., number of visits or days of coverage that must be no more restrictive*

- *However, not all plans are created equal – check your plans!*

- *Many of the Mental Health Issues discussed today are conducive to Cognitive Behavioral Therapy which work great Online/Video*

**Consider Therapy & Mental Health Checkups like you think about Physical Checkups and Exercise

Programs & Resources: EAPs

- Employee Assistance Programs are another great resource for mental health help.
- EAP are available – as standalone programs, part of Medical Plans, as part of Life/other Ancillary Benefits.

Medical	Allsavers		Yes	$0 HealthiestYou
	UHC Fully Insured	51-150	Yes	3 EAP visits
	Cigna		Yes	3 EAP visits
	Aetna		NO	Sold Seperately PEPM
	Humana		YES	all products unlimited
Ancillary	Sunlife	26+	YES	ER paid Life, STD or LTD - also sold seperately
	Metlife		YES	Grief only - full EAP is premium load with ER paid Life or LTD
	RSLI	10+	YES	Grief only with ER paid life - Full EAP available with ER paid life or LTD with premium Load
	Guardian		YES	3 lines of coverage with 1 ER paid - also sold seperately
	Principal		YES	ER or VOL paid LTD or STD
	Principal	50+	NO	ER paid Life - premium load
	Mutual of Omaha	10+	YES	ER paid Life or LTD
	BCBS(Dearborn)	50+	YES	ER paid LTD - also sold seperately with 1K minimum premium

Programs & Resources: Crisis & Postvention

- Emergency Plans should include procedures and plans for WHO respond and HOW the company will respond if an employee expresses suicide ideation or experiences the death of a loved one by suicide

- Be sure your employees have the EAP / Medical Plan phone numbers and know how to access provider lists

- Consider local community resources – ex. places of worship for support and counseling

CHECKLIST

Construction Industry Alliance: Suicide Prevention

1

Level I – Basic Steps toward establishing a program to address employee mental health & suicide prevention

2

Level II – Grows the Initial Steps into deeper commitment to the process

3

Level III – Outlines Steps to Incorporate into Company Culture to address Mental Health & Suicide Prevention

Additional Resources

- Construction Industry Alliance for Suicide Prevention [CIASP - Home Page (preventconstructionsuicide.com)](#)

- Center for Workplace Mental Health [Workplace Mental Health - Suicide Prevention](#)

- CDC [Suicide Prevention | Suicide | CDC](#)

- National Alliance on Mental Illness [Home | NAMI: National Alliance on Mental Illness](#)

- The National Action Alliance for Suicide Prevention[(theactionalliance.org)](#)

- Courage to Caregivers: [https://www.couragetocaregivers.org/](#)

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