



Suicide Prevention Training for the Workforce

Making the Case

Suicide is the leading cause of death in the U.S. The CDC reports that between 1999 and 2016 the rate of suicide increased in all states except Nevada. ¹ In Oregon, 772 people died by suicide in 2016² and for our youth ages 10 to 24 years old, suicide is the second leading cause of death behind unintentional death. The tragic loss of life to suicide has long lasting affects on family, schools, friends, the workplace and the community at large.

In Oregon, 103 youth ages 10 to 24 years died by suicide in 2017.
(Oregon Violent Death Reporting System, 2018)

Suicide, widely recognized as a public health crisis, is preventable and involves everyone in the community. You can be part of the solution and as an employer (as a **leader** in your organization rather than employer??):

- Apply policies that create a safe, healthy and supportive work environment
- Provide resources for staff who may be experiencing a crisis
- Train staff to identify and support someone at risk of suicide

While these three items foster a comprehensive approach to workplace suicide prevention, this paper focuses on how to implement a **suicide prevention training** program at larger service oriented organizations. This specific workforce has contact with a significant number of individuals, some of who may be at risk of suicide. Preparing employees to spot risk factors and warning signs, engage with an at-risk individual, and make referrals for assistance, creates an opportunity to reach those who may otherwise not receive help.

Smaller organizations and businesses that may not be positioned to implement a larger training initiative are nonetheless important players in statewide prevention efforts. The Alliance encourages smaller organizations and businesses to **contact ???** for information on options for training their employees.

The Alliance is part of a suicide prevention movement galvanized to help people:

- Promote a sense of **hope** and highlighting resilience.
- Normalize **help**-seeking behaviors, and supporting individuals and systems to provide help
- Engage individuals and communities in the **healing** process after an attempt or suicide

¹ Centers for Disease Control, Suicide Rising Across the U.S. – More Than a Mental Health Concern. <https://www.cdc.gov/vitalsigns/suicide/index.html>

² American Foundation for the Prevention of Suicide – State Fact Sheet/Suicide Facts and Figures. <https://afsp.org/about-suicide/state-fact-sheets/#Oregon>



The following discussion centers on the benefits of training and key considerations for planning, development and implementation of a suicide prevention training program.

Why suicide prevention training?

Offering suicide prevention training to staff is in the best interest of the health and well being of consumers and staff. Employees, particularly in larger organizations, are in a unique and important position to identify, engage and refer consumers who may be at risk of suicide.

Suicide prevention training raises awareness within the workforce that suicide is preventable. It is an opportunity to remind staff there are organizational resources and community supports available to employees who may also be at risk. It can be an avenue to talk openly about how the stigma of mental health concerns may discourage staff from seeking help. For both large and small organizations and businesses that are not human service based, it is one tool in keeping the workforce safe.

Anticipated Outcomes

The purpose of suicide prevention training is twofold: to change practice within a workforce serving individuals who may be at risk of suicide and to support personnel should they be at risk of suicide. Suicide prevention training increases staff knowledge and understating of attitudes about suicide and develops skills to identify warning signs of at risk individuals, talk about concerns for someone's safety, and make referrals for assistance.

Planning, Development and Implementation

The following is a brief overview of planning, development and implementation of a suicide prevention training program in the workplace.

Planning

The planning stage is the first opportunity to engage staff in the process of designing a training program for suicide prevention that prepares supervisors and staff for practice changes. One approach is to establish a team comprised of managers, supervisors and line staff to plan for and develop implementation strategies for the training. It is also important to orient all staff about what is in the making, provide ongoing communications to keep all informed of progress and to allow for feedback loops. Early buy-in supports a successful implementation. Before the planning stage begins, take time with managers and supervisors to talk about the prospect of some staff sharing their experiences and feelings related to the loss of a family member, friend or acquaintance to suicide. Being sensitive to staff needs and having support resources available for them is essential.

During this phase, key activities include: a) exploring the benefits of and identifying the need for training; b) setting training goals and confirming desired outcomes; c) reviewing



curriculum options; and, d) assessing system capacity to implement a new training, collect related data, measure practice change and provide follow-up.

The planning phase also includes taking a look at anticipated financial and human resource needs. Keep in mind resource development may require refining existing budgets or securing additional funding to cover cost for curriculum and training materials, preparing in-house trainers or contracting with outside trainers, staff to manage start up and roll out activities, evaluation, and ongoing maintenance/quality control to ensure fidelity to the selected curriculum model.

Development

The development stage is for completing the design and operational components of a suicide prevention training that is specific to the organization, personnel and the consumers served. Areas that will need to be finalized before implementation begins are:

- Selection of a training curriculum - More than one type of curriculum may be appropriate based on the roles and responsibilities of staff in organizations providing an array of services such as mental health counseling, employment supports and benefits screening.
- Determine whether trainers will be in-house staff and require a training of trainers based on selected curriculum or secured through contract services. If contract services are required, meet with contract management staff to finalize arrangements.
- Review policies and procedures related to training staff and determine if adjustments are needed to accommodate the suicide prevention training. For example, will suicide prevention training be a standard component of new employee orientation/pre-service training? How often will it be offered as part of ongoing in-service for staff? If the organization provides professional development, will the training qualify for credits? It is also important to identify potential need for coaching resources post training and how this need will be met. Assess availability of resources and determine how to meet the needs of staff who may need additional support related to experiences and feelings that surface as a result of training.
- Survey options for facility use and secure training room/location.
- Identify data collection tools and evaluation methodology to measure output as well as practice and policy change; determine how data collection and measurement will be conducted.
- Map out timeline for first set of staff to be trained and sequence training for rollout to full organization. For example, the first phase might include all managers and a selected group of line supervisors.
- Finalize budget and secure financial commitments and human resources.

Implementation

Time to launch! Implementation is the action stage and is based on the thoughtful planning and comprehensive development phases. The following items highlight key steps in the process:

- Schedule training sessions - Select first cohort of personnel to be trained, engage trainers, prepare materials and facility, and draft a roll out plan for subsequent groups to be trained.
- Feedback - One of the most critical components of implementation is establishing an infrastructure for employee feedback. The feedback loop is an opportunity to assess how the training is working for staff and the organization and to consider modifications if indicated. Working through small glitches and major difficulties when training a few personnel will improve the training process before rolling out to the full workforce. Maintaining the feedback loop over time will continue to improve the quality of the training as well as provide an avenue for staff engagement.
- Communicate results – Keep leadership, management, supervisory personnel and staff informed throughout the process. Communications about staff feedback as well as initial data indicators supports ongoing training program improvement and engages the full organization in practice change.
- Scaling up - The goal of scaling up is to train all personnel within the organization. Prior to implementing training across the organization, determine what supports are required to maintain model fidelity and solidify practice change. All components of the training initiative will be affected by scaling up particularly in terms of human and financial resources. Secure necessary resources and commitments to ensure an organized and successful roll out.
- Evaluation – Launch data collection and measurement procedures including timelines for reporting findings. Measurement processes includes both

output (how many staff trained, hours of training completed, how many consumers received referrals for assistance, etc.) and changes to policy and practice. Coupled with staff feedback, evaluation informs whether the goals of training are being met and provide markers of success.
- Post-training - Initiate coaching and/or other follow-up processes to support staff during practice change and particularly when staff assist someone at risk of suicide. Confirm resource availability and processes for assisting staff who may need additional support.

Check-in with Annette on focus of closing paragraph



Resources

Crisis

Suicide LifeLine - If there is an immediate crisis:

Call **800-273-8255** (24/7/365)

Text **273TALK to 839863** (8am-11pm PST daily)

Oregon Youth Suicide Intervention and Prevention Project

The plan focuses on preventing suicide at the earliest ages where it begins to occur, among youth aged 10 to 24 years.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/plan.aspx>

Oregon Alliance to Prevent Suicide

The Alliance is charged with overseeing implementation of YSIPP and evaluating outcomes related to suicide prevention in Oregon.

<https://oregonalliancetopreventsuicide.org>

Training

Applied Suicide Intervention Skills Training (ASIST)

ASIST curriculum teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

<https://www.livingworks.net/programs/asist>

Connect Suicide Prevention/Intervention Training

Participants learn to recognize and respond to early warning signs of suicide, how to connect with individuals at risk and get them help.

<https://www.sprc.org/resources-programs/connect-suicide-preventionintervention-training>

safeTALK- a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

<https://www.livingworks.net/programs/safetalk/>

Question, Persuade, Refer (QPR)

QPR training focuses on how to question, persuade and refer someone who may be suicidal; it also covers common causes of suicidal behavior, warning signs and how to get help for someone in crisis.

<https://qprinstitute.com>