WE CAN'T FIX MENTAL HEALTH WITH DUCT TAPE:
A New Frontier in Safety

Historically, mental health and suicide have not been considered safety priorities—until now. Here is why industry should care deeply about these issues, along with evidence-based tactics to save lives and alleviate suffering.

By Sally Spencer-Thomas, Psy.D.

Safety professionals are well-versed in the "fatal four"— falls, struck by object, electrocution, and caught in between—and know that if they are able to prevent these forms of death, they will save almost 600 lives each year.[1] What most safety professionals are unaware of is that suicide in construction takes many more lives. A recent study published by the Centers for Disease Control and Prevention (CDC)[2] found that, in their sample, 20% of all men who died by suicide in the United States were in the construction/extraction industry. 47,173 people died by suicide in 2017, and 27,404 of them were men ages 20-64.[3] If 20% of these men were in construction/extraction, that means we can estimate that over 5,000 men working in this industry died by suicide—about nine times more than all of the fatal four deaths combined.

When a workplace fatality happens, the cause is very frequently determined to be "accidental" and a deeper investigation into *intent* to die is not undertaken. With this mindset, the remedy is often simple: more safety training. When we look at these fatal occupational injuries, however, the first two most common (transportation incidents and falls) are also common ways people think about taking their lives.[4, 5] Thus, it is possible that some, if not many, of these workplace fatalities are actually suicide deaths— which means that additional safety training may not be effective in preventing them.

The reason suicide has not widely concerned safety professionals before is that most suicide deaths do not occur at the workplace and thus were not considered work-related fatalities. Today, we know different, and there are many

things workplaces can do to prioritize suicide prevention and mental health promotion within their health and safety programs.

Why Is Construction at Risk?

[text]Not all workplaces are created equal when it comes the so-called "deaths of despair"—suicide, overdose, and the fatal outcomes of addiction.[6] In the U.S., the construction industry ranks first for all industries by highest number of suicides, and second for all industries by rate of suicide. White men of middle age have some of the highest rates and total numbers of suicide in the U.S.,[7] so part of the answer is due to the demographic working in construction; however, many aspects of the work also increase risk.
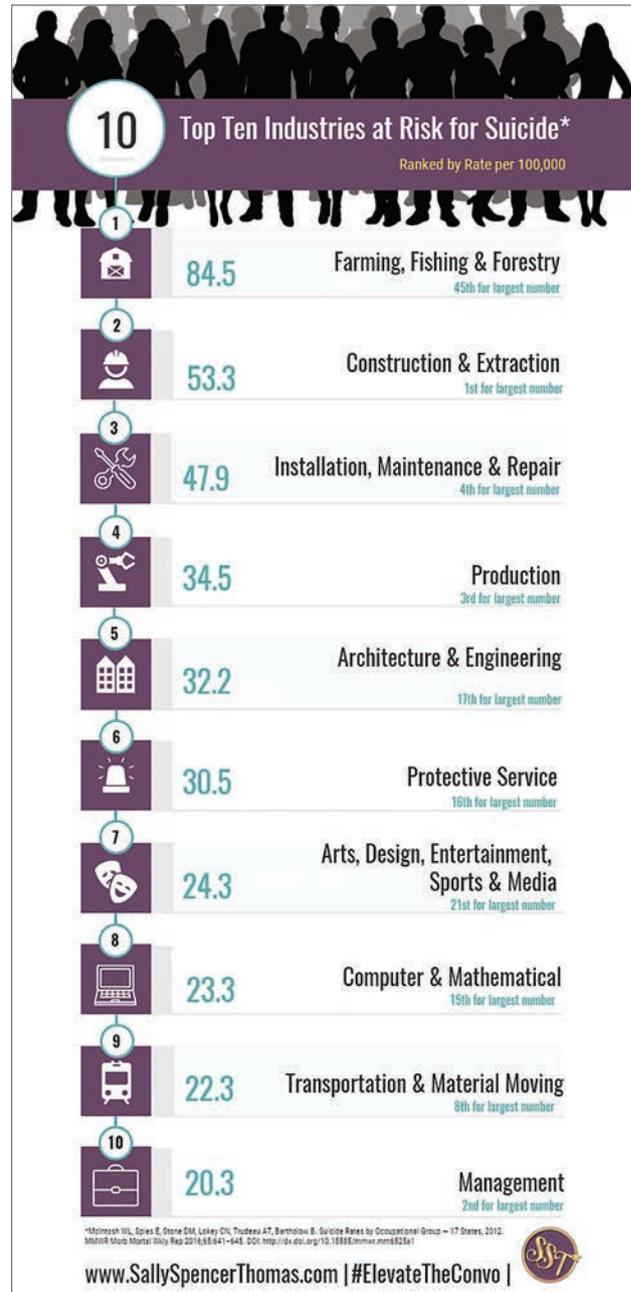
While self-reliance is often valued as a sign of strength and mental stability, it is paradoxically one of the strongest predictors of poor mental health and suicide risk when looking at several attitudes.[8, 9, 10] Therefore, industries that value self-reliance are often at heightened risk. Attitudes and beliefs such as "I can solve my own problems" and "Others do not need to worry about me" are often a major barrier to seeking support from family, peers, or professionals.

Thus, it is not surprising that occupations like construction that tend to be male-dominated and value stoicism and other traditional masculine norms have the highest rates (in construction's case, a rate of 53.3 per 100,000 workers) of suicide.[2]

Why Are These Workplace Safety Concerns?

There are many reasons why mismanaged mental health conditions and unchecked suicidal thoughts can lead to safety concerns.

- **Distraction.** Having suicidal thoughts and symptoms of illnesses like depression, anxiety, and addiction are intense, and trying to hide them from other people can make them all-consuming. For example, racing or intrusive thoughts as experienced by people living with bipolar condition, trauma, or thought disorders such as schizophrenia can be very distracting. This distraction can interfere with decisiveness and attention to safety.
- **Impulsivity, impaired perception, and bad judgment.** Agitation, tunnel vision, distorted thinking, and paranoia are common symptoms among several mental health conditions. When left untreated these symptoms can interfere with workplace security, safety, and morale.
- **Fatigue and microsleep.** Sleep disorders are common in many forms of mental illness and suicidal intensity. Insomnia is present in many forms of mood disorders, anxiety disorders, and substance use disorders. People living with depression often experience lethargy and what is known as anhedonia—the inability to feel pleasure. Sometimes extreme fatigue can result in

10 Top Ten Industries at Risk for Suicide*
Ranked by Rate per 100,000

	Rate	Industry	
1	84.5	Farming, Fishing & Forestry	45th for largest number
2	53.3	Construction & Extraction	1st for largest number
3	47.9	Installation, Maintenance & Repair	4th for largest number
4	34.5	Production	3rd for largest number
5	32.2	Architecture & Engineering	17th for largest number
6	30.5	Protective Service	16th for largest number
7	24.3	Arts, Design, Entertainment, Sports & Media	21st for largest number
8	23.3	Computer & Mathematical	15th for largest number
9	22.3	Transportation & Material Moving	8th for largest number
10	20.3	Management	2nd for largest number

*McIntosh WL, Spies E, Stone DM, Lokey CN, Trudeau AT, Bartholow B. Suicide Rates by Occupational Group — 17 States, 2012. MMWR Morb Mortal Wkly Rep 2016;65:641–645. DOI: http://dx.doi.org/10.15585/mmwr.mm6525a1

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microsleep,[11] where the brain involuntarily goes "offline" into a sudden sleep state for a matter of seconds. This state can have disastrous consequences for many safety-conscious professions, including those involving the operation of machinery and heavy equipment.

- **Other medical complications.** When mental health challenges reach crisis levels, other physical health challenges involving pain, gastro-intestinal problems, and heart function can result.
- **Risk-taking and disregard for safety precautions.** When people are overwhelmed by the emotional pain in their life and have come to a place where the only

way they can get out of this pain is to die, they often consciously or subconsciously start to take more risks or even practice suicidal behavior as they test out their capacity for self-harm.

What Contributes to Suicide Risk?

Mental Health Conditions

"Mental health conditions" is a broad phrase that encompasses a wide spectrum of issues, from what mental health providers call "adjustment disorder" (reaction to a stressful life event) to depression to bipolar condition to schizophrenia. The phrase can also include the wide range of substance use disorders like binge drinking and opioid addiction. Most of these conditions are dynamic and exist on a continuum, which means people can move up and down the severity scale of their symptoms. We tend to call something a mental health "condition" or "illness" or "disorder" when the symptoms get in the way of love, work, and play.

For instance, if your anxiety is so intense you cannot sleep well for the better part of two weeks, you might meet the criteria for an anxiety disorder. If you find yourself craving alcohol and continually overconsume despite consequences like hangovers or risky behaviors, you might meet the criteria for an alcohol use disorder.

Mental health conditions may be brought on by things that happen to us. Some people may succumb to mental health conditions like depression when experiencing overwhelming life challenges like divorce, layoffs, pain, or other health challenges. Still others may feel the effects of trauma from car accidents, sexual assault, or natural disasters.

Some people may inherit a predisposition to certain mental health conditions based on their genetics or how their brains were wired when they were born. Some people live with chronic and severe symptoms; others experience symptoms only once or intermittently.

The good news is that treatment can be very effective for most people. According to the CDC, 80% of people with depression will improve with treatment.[12] When depression or other mental health conditions are not well managed, however, workplaces often see a drastic impact on productivity and absenteeism. For instance, in a three-month period, people living with depression experience an average of 11.5 days of reduced productivity and 4.8 missed work days. Of all the costs related to workplace depression, the American Psychiatric Association Foundation found that "presenteeism" was the biggest drain—in other words, people were showing up to work but they were unable to function.[13]

When left untreated, mental health conditions can progress, like cancer, to become life-threatening. The emotional pain and hopelessness can leave many to feel there is no other way to escape the unimaginable suffering. For others, the experience of feeling like a burden or feelin like important social connections have been lost can trigger suicidal thoughts. When an employee also has the "capability for suicide"—an innate or learned fearlessness of death—the risks for death by suicide increase.[14]

Job Strain and the Stress Injury Continuum

Many workplaces realize that the concept of "occupational health" has shifted to "total worker health." According to the National Institute for Occupational Safety and Health (NIOSH), "Total Worker Health" is a holistic approach to promote worker well-being through policy, programs, and practices.[15] Researchers are clear: Risk factors in the workplace can contribute to health concerns—including suicide risk—previously considered unrelated to work.[15, 16, 17] Thus, improvements in the psychosocial conditions of work may improve well-being and prevent suicide.
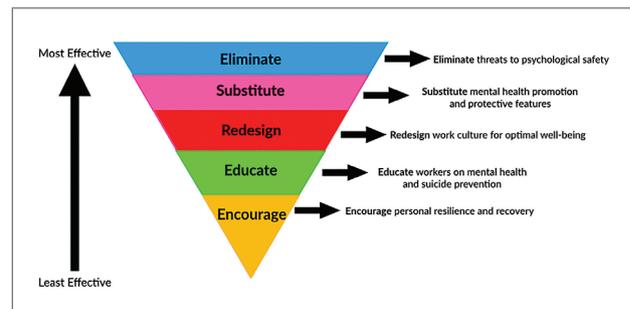
Adapted from NIOSH's Hierarchy of Controls

When we look at NIOSH's Hierarchy of Controls, workplaces striving to prevent suicide can first eliminate threats to psychological safety (e.g., bullying and/or toxic management practices) and substitute these unsafe practices with those that promote mental health and protective factors (e.g., cultivating a sense of belonging). Redesigning work culture for optimal well-being might include making access to quality mental health care easier or changing the process of performance reviews to make them more collaborative and mindful of how psychological distress impacts work abilities.[18] At the bottom of the hierarchy, we find personal empowerment interventions of education and training for psychological safety and encouraging individual practices of self-care and treatment. The environmental interventions at the top of the pyramid are more likely to be effective because they impact everyone is a systemic way.

Many workplace well-being hazards and "job strain" put workers at risk for suicide and significant emotional distress. These hazards include but are not limited to:

- Low job control, a lack of decision-making power, and limited ability to try new things;
- Lack of supervisor or collegial support and poor working relationships;
- Excessive job demands and constant pressure or overtime;

- Effort-reward imbalance, related to perceived insufficient financial compensation, respect, and/or status;
- Job insecurity, such as the perceived threat of job loss and anxiety about that threat;
- Bullying, harassment, and hazing at work;
- Prejudice and discrimination at work;
- Work-related trauma;
- Work-related sleep disruption;
- Toxic work design elements (i.e., exposure to environmental aspects that cause pain or illness); *and*
- Workplace culture of poor self-care and maladaptive coping (e.g., alcohol and drug use).

Of these, job security has been associated with higher odds of suicidal ideation and issues with job control appear to be more connected to a risk of suicide attempt and death.[16] Prospective evidence also exists that workplace bullying, especially physical intimidation, can lead to suicidal intensity.[17]

One study[16] found that proximal risks to the construction workers' suicide deaths included a transition in work experiences, a workplace injury resulting in pain or disability, and financial issues. The study also found that the decedent often disclosed to coworkers about suicide plans prior to death, indicating that peer support could be a life-saving intervention.

By understanding the interplay between environmental hazards and mental health, we can start to conceptualize workers' distress and despair. The U.S. Marine Corps has done this as a color-coded continuum, from the green zone of vibrant well-being to yellow and orange zones of reaction and injury to the red zone of potentially life-threatening illness.

This continuum helps us to normalize these states and allows managers and employees to appreciate how people can move along this continuum when experiencing different life events, environmental threats, and internal challenges. Once we better understand the challenges, we are in a better position to take action.

Aspiring to a Zero Suicide Mindset at Work: Building a Resilient Workforce

The idea of "aspiring to zero" is not foreign to safety-conscious workplaces. Workplaces and industries that have successfully reduced work-related mortality and morbidity went beyond just compliance with workplace safety regulations. They fully embraced a 24/7 mindset and a paradigm-shifting commitment to safety that permeated all areas of their cultures and became closely tied to the core values of their organizations.[19] The concept of making construction a zero suicide industry is aspirational.[20] It is not "zero tolerance," a quick fix, a marketing strategy, or a short-term goal that we have "failed" if we don't reach it. The intent is to create a stress- and blame-free culture that examines every suicide death with this perspective—how can our company improve to save lives?

In order to prevent suicide and alleviate the suffering brought on by mental health conditions, companies must develop a comprehensive and sustained approach to prevention and risk mitigation. A comprehensive and sustained suicide prevention strategy does not consist of a "one-and-done" training session or a standalone awareness day. Rather, activities, communications, training components, and other elements are woven into the places where other health and safety activity is already happening. This

The Stream Parable

You are walking along a river one day and you hear a plea for help from someone who is drowning. You are startled but energized as you dive into the water and save him. Using all your strength you pull him to shore and start administering CPR. Your adrenaline is racing as he starts to regain consciousness. Just as you are about get back on your feet, another frantic call comes from the river. You can't believe it! You dive back in the river and pull out a woman who also needs life-saving care. Now a bit frazzled but still thrilled that

you have saved two lives in one day, you mop the sweat from your brow. When you turn around, however, you see more drowning people com-ing down the river. One after another.

You shout out to all the other people around you to help. Now there are several people in the river with you—pulling drowning people out left and right. One of the rescuers swims out to the drowning group and tries to start teaching them how to tread water. This strategy helps some, but not all of them

because it's hard to learn how to tread water when you are drowning.

Everyone looks at each other, completely overwhelmed, wondering when this will stop. Finally, you stand up and start running upstream. Another rescuer glares at you and shouts, "Where are you going? There are so many drowning people; we need everyone here to help!" To which you reply, "I'm going upstream to find out who or what is pushing all of these people into the river—and why."

Stress Continuum Model

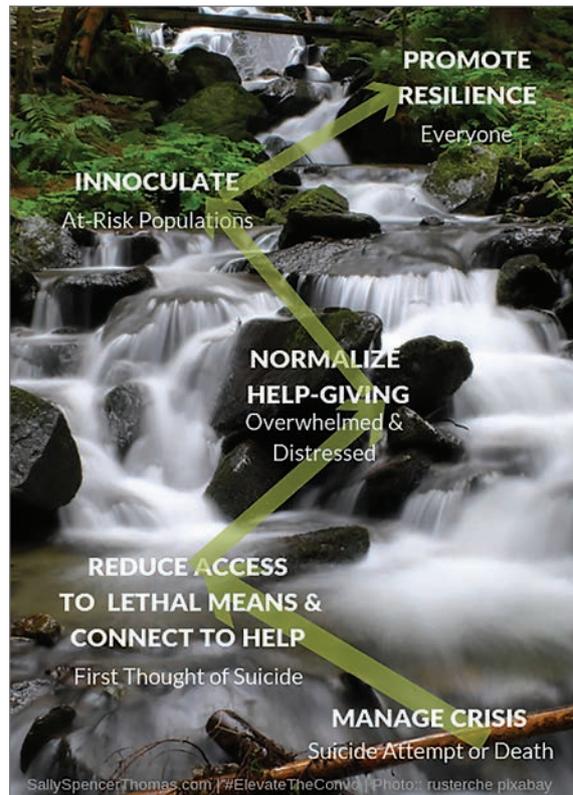| READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION ◇ Optimal functioning ◇ Adaptive growth ◇ Wellness	**DEFINITION** ◇ Mild and transient distress or impairment ◇ Always goes away ◇ Low risk	**DEFINITION** ◇ More severe and persistent distress or impairment ◇ Leaves a scar ◇ Higher risk	**DEFINITION** ◇ Clinical mental disorder ◇ Unhealed stress injury causing life impairment
FEATURES ◇ At one's best ◇ Well-trained and prepared ◇ In control ◇ Physically, mentally and spiritually fit ◇ Mission-focused ◇ Motivated ◇ Calm and steady ◇ Having fun ◇ Behaving ethically	**FEATURES** ◇ Feeling irritable, anxious or down ◇ Loss of motivation ◇ Loss of focus ◇ Difficulty sleeping ◇ Muscle tension or other physical changes ◇ Not having fun **CAUSES** ◇ Any stressor	**FEATURES** ◇ Loss of control ◇ Panic, rage or depression ◇ No longer feeling like normal self ◇ Excessive guilt, shame or blame **CAUSES** ◇ Life threat ◇ Loss ◇ Moral injury ◇ Wear and tear	**FEATURES** ◇ Symptoms persist and worsen over time ◇ Severe distress or social or occupational impairment **TYPES** ◇ PTSD ◇ Depression ◇ Anxiety ◇ Substance abuse

U.S. Marine Corps

integration will not only help preserve the longevity of the efforts, but it will also help people connect the dots between these varying health and safety priorities.

Framework for a Comprehensive Approach: The Stream Parable

What the research tells us is that our best outcomes in reducing suicide rates come from comprehensive and sustained efforts where training is just one component of an overall strategy.[21] Viewing a common parable (see the sidebar) from a public health perspective illuminates what a comprehensive approach might entail. Upstream, midstream, and downstream approaches are needed to prevent suicide.

Upstream strategies build protective factors that can mitigate risk, such as cultivating a healthy culture of respect, compassion, and dignity and eliminating stigmatized language and discriminating actions against people living with mental health conditions. Additionally, companies can focus on building resilience by enhancing life skills and mental hardiness and by bolstering mental health and suicide prevention literacy. With an upstream focus we can build a smarter workplace design with more flexibility and greater individual and team input into decision-making. We can also focus on psychosocial harm and hazard reduction.

PROMOTE RESILIENCE
Everyone

INNOCULATE
At-Risk Populations

NORMALIZE HELP-GIVING
Overwhelmed & Distressed

REDUCE ACCESS TO LETHAL MEANS & CONNECT TO HELP
First Thought of Suicide

MANAGE CRISIS
Suicide Attempt or Death

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External Links and Resources

General Resources for Workplace Mental Health and Suicide Prevention

- Construction Working Minds: http://www.constructionworkingminds.org/
- Construction Industry Alliance for Suicide Prevention: http://www.preventconstructionsuicide.com/
- Suicide Prevention Resource Center resource: P*reventing suicide among men in the middle years: Recommendations for suicide prevention programs*: http://www.sprc.org/sites/default/files/resource-program/SPRC_MiMYReportFinal_0.pdf
- Partnership for Workplace Mental Health: http://www.workplace-mentalhealth.org/

Upstream Resources

- KyndHub, an online community (with workplace partners) that fosters daily practices of volunteerism, intentional acts of kindness, and gratitude: www.KyndHub.com
- Right Direction (addresses depression in the workplace): http://www.rightdirectionforme.com/

Midstream Resources

- Man Therapy: www.ManTherapy.org

- Screening for Mental Health, Inc.: www.mentalhealthscreening.org
- Interactive Screening Program by the American Foundation for Suicide Prevention: https://afsp.org/our-work/interactive-screening-program/

Downstream Resources

- National Suicide Prevention Lifeline: http://www.suicidepreventionlifeline.org/
- Crisis Text Line: www.CrisisTextLine.org

Communication

- Framework for Successful Messaging in Suicide Prevention: http://suicidepreventionmessaging.org/

Training

- Mental Health First Aid for Workplaces: https://www.mentalhealthfirstaid.org/at-work/
- Working Minds: https://www.coloradodepressioncenter.org/workingminds/
- safeTALK: https://www.livingworks.net/programs/safetalk/
- Question, Persuade, Refer (QPR): https://qprinstitute.com/
- Advanced Crisis Intervention Training (ASIST): https://www.livingworks.net/programs/asist/

A major key in developing a proactive mental wellness mindset is leadership engagement. Successful programs will have top-level leaders that see issues of mental health promotion and suicide prevention as cutting edge issues and imperative to workplace ethics. Cultivating the mindset of civility in community and a culture of trust comes from the top. True leadership isn't afraid to be bold; true leaders are vocal, visible, and visionary with no fears of stepping forward to do the right thing. Communication from leadership on building a caring culture where people look out for each other's well-being and pull together when times are tough needs to be tied to the mission and vision of the organization—and properly communicated to the workers. Leaders demonstrate this commitment by investing resources of time and money into mental health resources, training, and education and by modeling appropriate self-care and compassion.

Midstream approaches help identify those workers facing emerging risk and then link them to appropriate support before the issues develop into a suicidal crisis. Midstream strategies include screening for mental health conditions and suicidal thoughts, promoting and normalizing help-seeking behavior, and training populations on how to have difficult suicide-specific and mental health support conversations.

At the heart of midstream psychological safety workplace programs is effective peer support. No longer is it only the mental health professionals' responsibility to prevent suicide—everyone can play a role. In fact, as the founder of the well-known suicide prevention gatekeeper training program Question, Persuade, Refer (QPR), Dr. Paul Quinnett states, "the person most likely to save your life from suicide is someone you already know." Some companies have developed an informal "buddy check" program that goes beyond looking out for physical safety but also has coworkers noticing patterns of emotional distress.

Other groups have set up more formal peer support programs as a way to promote a caring culture and increase the chances of early intervention. Many military and first responder communities have discovered this type of program is often the key in building a link in the chain of survival, especially among their stoic, "tough guy" cultures where men in particular are reluctant to seek professional mental health services.

We know that many of those most at risk for suicide are sometimes the least likely to reach out to professional clinical services,[22] but they often will reach out to a trusted peer or colleague. A properly selected, trained, and supervised peer has the potential to decrease loneliness through empathic listening and shared lived experience, and he or she may provide hope as a model of recovery.

Downstream tactics are necessary when determining how best to respond when a suicide crisis has happened, including acute thoughts of suicide, suicide attempts, or suicide deaths. Downstream approaches support recovery by helping employees reintegrate and receive help during and after stressful life events and challenges with mental illness. This support includes allowing for sick leave and

other accommodations just like would be provided after other major illnesses, injuries, or accidents.

Having access to the right mental health services through a quality Employee Assistance Program (EAP) program is essential. Mental health conditions top the list of the most costly illnesses in the United States, far outpacing the cost burden of cancer, obesity, heart disease, and stroke; one-third of this cost burden is connected to productivity loss, disability, and decreased work performance.[23]

Unfortunately, only 50–60% of adults with these mental health conditions are getting the services they need. Because many people who have suicidal thoughts do not connect their despair to a mental health issue, and the majority who die by suicide do not have a known mental health condition,[22] the assumption can be made that many people living with suicidal thoughts are also not getting any treatment.

When people do get treatment for depression, they improve in work and in life. One report23 mentioned that 80% of people who were treated for depression improved quickly, especially when the problems were identified early in the progression. Additionally, 86% of employees who were treated reported a decrease in absenteeism/presenteeism and an increase in work performance.[23]

Downstream approaches also address what to do after a mental health or suicide crisis has impacted the workplace. These events cannot be swept under the carpet—they must be addressed head-on with compassion and dignity for all involved.

Suggested Activities

Toolbox talks. Many construction companies are now integrating mental health and suicide prevention topics by developing toolbox talk briefings that educate the workforce on what to look for and what to do (see some examples from Construction Working Minds at http://www.constructionworkingminds.org/toolbox-talks.html).

Stand Down for Suicide Prevention. This very well-established OSHA program usually focuses on preventing falls and is highlighted in May of each year, involving millions of employees.[24] Others have now taken up this concept in suicide prevention. For example, the U.S. Army has conducted a Stand Down for Suicide Prevention where a mandatory servicewide shut down occurred so that service members could be trained in suicide prevention.[25] Union Pacific (UP), an organization with 10,000 employees, also conducts a stand down event every year on World Suicide Prevention Day.[26] Nearly 200 volunteers throughout the UP system make personal contact with employees as they report to work or leave work, handing out wallet-sized cards about suicide and giving employees a key chain with the inspirational message, "Stay Connected."

Tackle prejudice by educating and inspiring your workforce. Too often our reluctance to talk about mental health and suicide stems from fear, and this fear is the result of ignorance—we fear what we don't understand. Providing education and awareness can help reduce this fear and replace it with a reassuring reality.

Education on mental health and suicide prevention literacy primarily focuses on three things:
1) Knowledge about mental health conditions and substance use disorders (especially alcohol and opioid use), as well as how these are connected to other health issues like pain and sleep dysregulation;
2) Familiarity with mental health resources, support tools, and treatment options; *and*
3) Stories of hope and recovery.

Of these three, the last is the most powerful in creating change. Facts and frameworks are helpful, but getting to know people who have "lived expertise" with depression, anxiety, addiction and suicidal thoughts does more to undo stigma than all other methods.

One innovative approach that helps with all three goals is "Man Therapy," a program designed to reach the "double jeopardy" man—the man who lives with a number of risk factors for suicide and also is the least likely to reach out for help himself. Man Therapy uses compelling, humorous media to drive men to the Man Therapy website portal (www.ManTherapy.org), where they can take the 20-point head inspection. The results help answer the question "How bad is it?" when it comes to their depression, anxiety, substance use issues, or anger. Based on the results, the website then helps link the man to specific resources based on his presenting concerns. Some are self-help tips, others are external resources, and some are inspirational videos of real men in recovery.

Develop a tiered training program. One best practice for a comprehensive mental health promotion and suicide prevention program is to build out a stratification of roles and skills. At the bottom level everyone gets some basic mental health awareness and skills training. The more

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people know, the more eyes we have on the playing field and the more likely someone will notice and take action when needed. Indeed, research supports the conclusion that greater awareness of symptoms of suicidality is associated with greater help-seeking.[27]

At the middle tier are managers, peer supporters, wellness coordinators, safety man-agers, and the like with advanced mental health and suicide prevention aware-ness/skills and psychological first aid skills. MATES in Construction (http://matesinconstruction.org.au/about/how-mic-works/), an evidence-based work-place program, call this tier "The Connectors." This tier is like the EMT level of the comprehensive suicide prevention community. They are the ones people turn to in or-der to see if prob-lems can be resolved with basic active listening, empathy, empowerment, and caring follow-up, or if a more rigorous intervention is needed.

At the top level are highly trained and supported EAP mental health professionals and trusted community men-tal health partners—these professionals assist with the most complicated and acute cases. The top level also helps supervise the middle tier, regu-larly providing state-of-the-art continuing education to sharpen their skills on suicide risk assessment, management, and recovery.

Anonymous and confidential screening. Anonymous and confidential screening can help engage those most reluctant to seek help on their own. Frequent and regular screenings for testicular cancer or blood pressure can help identify problems before they develop into life-or-death situations—similarly, the prognoses for mental health con-ditions are most favorable when they are detected early and treated appropriately.

Like other medical checkups, screenings for mental health conditions are most effec-tive when they are repeat-ed over time and considered a standard part of one's overall healthcare routine. Screenings are a universal tool—any-one can use them to help de-tect signs and symptoms of larger issues. They should not be used to diagnose, but they can provide a snapshot to help identify low- and high-risk populations and pro-vide a call to action. Screening that is given throughout a workplace sends a strong cultural message—we value what we measure.

Kick the tires of your Employee Assistance Program. EAPs are a valuable asset to the workplace. They help employers by offering psychological assessment and short-term counseling, managing critical incidents, and conducting fitness for duty evalua-tions, to name just a few services. EAP providers can be critical consultants when an employer is concerned about a staff member's safety and can help develop reintegra-tion plans for employees who need to go on medical leave due to a mental health problem.

The problem with most EAPs is that they are a hidden benefit when offered by em-ployers. Most people don't know how to access their EAP or what services are offered. Not all EAPs are equal—some provide state-of-the-art care in a wide range of ser-vices, while others just provide superficial, short-term, or inadequate referral services. Therefore, the first step in promoting mental health ser-vices like EAPs or other com-munity mental health centers is to kick the tires a bit. Company leaders should personally investigate or even partake in the services to understand the experience and ei-ther advocate for better services or simply be an informed liaison to the existing services. Once a quality EAP has been identified, the benefit needs to be promoted regularly through multiple communica-tion channels along with on-site opportunities to meet providers and ask questions.

Promote crisis resources. The National Suicide Pre-vention Lifeline (NSPL) repre-sents the prevailing network of hotlines today. Calls to this national toll-free number, 1-800-273-TALK (8255), are funneled through this net-work to local call centers across the U.S. based on the area code of the caller. During calls, the crisis call counselors listen empathically and empower callers to make decisions that resolve their own cri-ses. They offer information and resources, and they help callers craft plans for how they will prevent, cope with, or get help for their emotional crises.

The Crisis Text Line (www.CrisisTextLine.org) also of-fers immediate support during any type of crisis. Just like

the NSPL, the Crisis Text Line is free and offers 24/7 support for those in crisis. People in crisis (and/or the people who are supporting them) just text HELLO to 741741 from anywhere in the U.S. to be connected via text to a trained crisis counselor.

The New Safety Frontier

To help you on your journey to keep your workforce safe from both physical and mental health hazards, we've provided an extensive array of external links on page 18. Please don't hesitate to use them!

Workplace mental health promotion and suicide prevention is not only a good safety priority, it's the right thing to do. Workers who know that their well-being is connected to the mission of the company are more likely to be engaged and productive. It's time safety professionals embraced this new frontier of safety—because no one should die in isolation and despair. SD

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