



## **Employer Self-Audit for Suicide Prevention**

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### **Background**

Most employers are sufficiently preoccupied with safety to spend time and resources to assure employees are not injured or killed on the job. From manufacturing to mining, employers keep safety top of mind. Many laws govern workplace safety best practices as well, and compliance is expected. Suicidal self-directed violence is a notable exception to practice and policy.

Free national resources are available to address what can be done to prevent suicide in the workplace, e.g., <https://www.sprc.org/settings/companys>, but experience suggests that these resources are little used and often brought into play only after one or more employee deaths by suicide. There are notable exceptions.

Since many suicidal people do not seek help, the prevention of their deaths is difficult. But since not seeking help is a known symptom of suicidality, the task of prevention lies more with those persons in the sufferer's existing social and work network than in the person contemplating suicide. This is especially true for male employees.

### **Identifying the Problem**

Preventing employee suicide requires a preoccupation with failure. The organization has to believe that, in fact, an employee could die by suicide and that suicide prevention measures are warranted to avoid the loss of life.

The larger the organization the greater the likelihood that someone could die by suicide. Among Amazon's 615,000 employees, the odds are far from zero that one or more employees will die by suicide within one year. If the suicide rate at Amazon were the same as the national average (14 deaths per 100,000 per year), Jeff Bezos could expect to lose roughly 84 employees to suicide in one year, and experience another 40 suicide attempt *per week* (25 attempts for every one death). But national average death rates do not apply to some industries, as suicide rates in some male-dominated industries, e.g., construction and extraction, are more much greater. Smaller companies experience fewer events, but are not risk free.

Whether a large or small employer, the first step toward preventing employee suicide - in the operating room, the cockpit of a fighter jet, or any company - is for the organization to be

“mindful” that one or more of its employees may attempt or even die by suicide. Leadership must believe that suicide is possible *in its own workforce*.

Only through the practice of “mindfulness” is it possible to contemplate that something bad can happen on any given day. Only mindful leaders can step away from the status quo and begin to take active steps to identify, intervene, and mitigate the risk of suicidal self-destructive violence among the members of its organization.

When a Navy pilot dies in an aircraft carrier crash, comprehensive study and review of what went wrong is undertaken by top leadership, all the way to the admiral - who feels and is personally responsible for the safety of every sailor under his or her command. The loss of a valuable pilot and plane is seen an opportunity to improve upon an existing culture of safety in which “everyone lives and nobody dies.” These “lessons bought in blood” by our service men and women are not wasted; they become the educational foundation for saving lives into the future.

However, in most workplaces, these “lessons bought in blood” are wasted by leadership who, in a rush to get back to normal operations, return as quickly as possible to an atmosphere of deadly complacency. The tragedy is grieved by families, friends, and coworkers, and then the entire event is swept aside as if nothing bad even happened. Benign neglect returns in full force. Future risk is not mitigated through action, and the mindset of “nobody dies by suicide” returns.

### **The First Step**

Given the known trajectory of the journey toward suicide – or even murder-suicide – the final tragedy often represents a failure to detect emerging risk and to take decisive action to mitigate that risk. As our most preventable form of death, quick, bold, informed action is required when warning signs are present.

In the aftermath of a death by suicide, “I could see it coming,” “I knew he was having problems” and, “I just thought he would never do it” are commonly heard, meaning that teachable warning signs were observed, but not responded to effectively. In most cases, the person who died by suicide knew they were at risk, but for a number of reasons did not seek help due to perceived barriers, e.g., confidentiality, stigma, fear, waiting lists, status, cost, and getting time off from work. Untrained supervisors and co-workers simply did not know what to do or say when actionable warning signs were present.

Unless leadership becomes “mindful” that suicide is a real and constant threat to the health and safety of its employees, the status quo will remain and lives will be needlessly lost.

Reference: Many of the ideas expressed above are from the excellent book, *Managing the Unexpected* 2<sup>nd</sup> edition by Karl Weick and Kathleen Sutcliffe, Jossey-Bass. 2007

## **Raising Mindfulness: a self-audit survey.**

This survey is designed to assist leadership to become “mindful” about the operations of its company regarding suicide prevention, its risk exposures, and even the fundamental numbers it needs to know to grasp the scope of the problem and the burden of suffering. This survey may also assist in strategic planning through a gap analysis.

Please do not take the survey unless you have at least five years of experience at your organization, or access to someone with an equal amount of company memory to be your informant. Since records of suicide deaths are rarely kept, you will be relying entirely on memory to complete this audit. Two or more persons may complete it as well. Share results with leadership for discussion and to create an action plan.

### **Section I: Past five-year event baseline information (begin on today’s date)**

1. Estimate of average number of employees for the past 5 years? \_\_\_\_\_
2. How many employees have died by suicide while actively employed in the past 5 years? Fill in the blank or circle all that apply.
  - \_\_\_\_\_
  - None
  - Don’t know.
  - I know but cannot disclose due to company policy.
  - To my knowledge, we keep no records of employee deaths by suicide.
3. How many employees died by suicide who soon before their death quit, retired, were suspended, fired from their job, or placed on involuntary medical leave? Fill in the blank or circle all that apply.
  - \_\_\_\_\_
  - None
  - Don’t know.
  - I know but cannot disclose due to company policy.
  - To my knowledge we keep no records of employee deaths by suicide no matter their status with our company.
4. How many supervisors or upper management people have died by suicide while employed at your company in the past 5 years (an estimate is acceptable)? Fill in the blank or circle all that apply.
  - \_\_\_\_\_
  - I know but cannot disclose for reasons of company policy.

- To my knowledge, we keep no records of any employee deaths by suicide.

## Section 2: Company Response

1. Does your company have a fatality review process or root cause analysis process in which suicide deaths are examined in detail by experts?
  - Yes
  - No
  - I don't know.
  
2. If a fatality review/critical incident/root cause analysis process is in place, and a report is produced, by whom is it reviewed and where it is filed?  
(comment) \_\_\_\_\_
  
3. Is an incident report required when any employee learns of the death by suicide of an active or recent active employee? Circle one.
  - Yes
  - No
  - Don't know.
  
4. What evidence-based suicide prevention programs have been initiated at your company?
  - None
  - Don't know.(comment) \_\_\_\_\_
  
5. Does your company have a suicide prevention coordinator or lead person tasked with preventing employee suicide? If yes, what is this person's title?
  - Yes
  - No
  - Title \_\_\_\_\_
  
6. Which department, division, or service center is responsible for suicide prevention at your company?  
(comment) \_\_\_\_\_
  
7. Which divisions or centers share responsibility for discrete areas of suicide prevention, such as resilience, EAP review, mental health, etc.?  
(comment) \_\_\_\_\_

8. If known, what is the budget amount designated for suicide prevention at your company?  
- Zero  
- Don't know  
Please estimate \_\_\_\_\_
9. Are protocols in place to activate a comprehensive response to a crisis or traumatic event like suicide or murder-suicide?  
- Yes  
- No  
- Don't know.

### Section 3: Employee Services

1. What percentage or number of self-terminating employees cite emotional distress as their primary reason for leaving your company?  
\_\_\_\_\_ %
2. What percentage or number of supervisors are trained in suicide prevention?  
\_\_\_\_\_ %  
(circle one)  
- Training is optional  
- Training is mandated
3. What percentage or number of EAP service staff are trained in suicide prevention?  
\_\_\_\_\_ %  
(circle one)  
- Training is optional  
- Training is mandatory
4. What percentage or number of employees are trained in suicide prevention?  
\_\_\_\_\_ %  
(circle one)  
- Training is optional  
- Training is mandatory
5. External EAP mental health staff have completed a best practice training program in suicide risk detection, assessment, and management? (circle one)  
- Yes  
- No  
- Don't know.
6. How are employees informed of mental health services available to them (if available) (comment) \_\_\_\_\_

7. What suicide prevention information is actively shared with employees, e.g., hotline numbers? Where are these posted?  
(comment) \_\_\_\_\_
8. What is your average waiting list time for employees to see a counselor (if available)?  
(comment) \_\_\_\_\_
9. Are approved off-site mental health resources identified and made available to employees? (circle one)
- Yes
  - No
  - Don't know.
10. Are protocols in place for supervisors to automatically refer a non-performing employee with declining performance to a Employees of Concern or similar group?  
(circle one)
- Yes
  - No
  - Don't know.
11. Are Security Officers or Employee Resource Officers trained in evidence-based suicide prevention strategies? (circle one)
- Yes
  - No
  - Don't know
12. Are veteran employees provided mental health supports, including outreach from veterans? (circle one)
- Yes
  - No
  - Don't know
13. Please list all veteran support services.  
(comment) \_\_\_\_\_

#### **Section 4: Barriers**

1. What do you see as the greatest barrier to implementing suicide prevention programs at your company? (comment)

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End

Thank you for exploring your company's suicide prevention policies and practices. If we can be of any help, you may contact us at [www.qprinstitute.com](http://www.qprinstitute.com).