

SUICIDE AND OPIOID OVERDOSE FATALITIES AMONG CONSTRUCTION WORKERS

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NIA | National Insulation
Association®

THE VOICE OF THE INSULATION INDUSTRY™

OVERVIEW

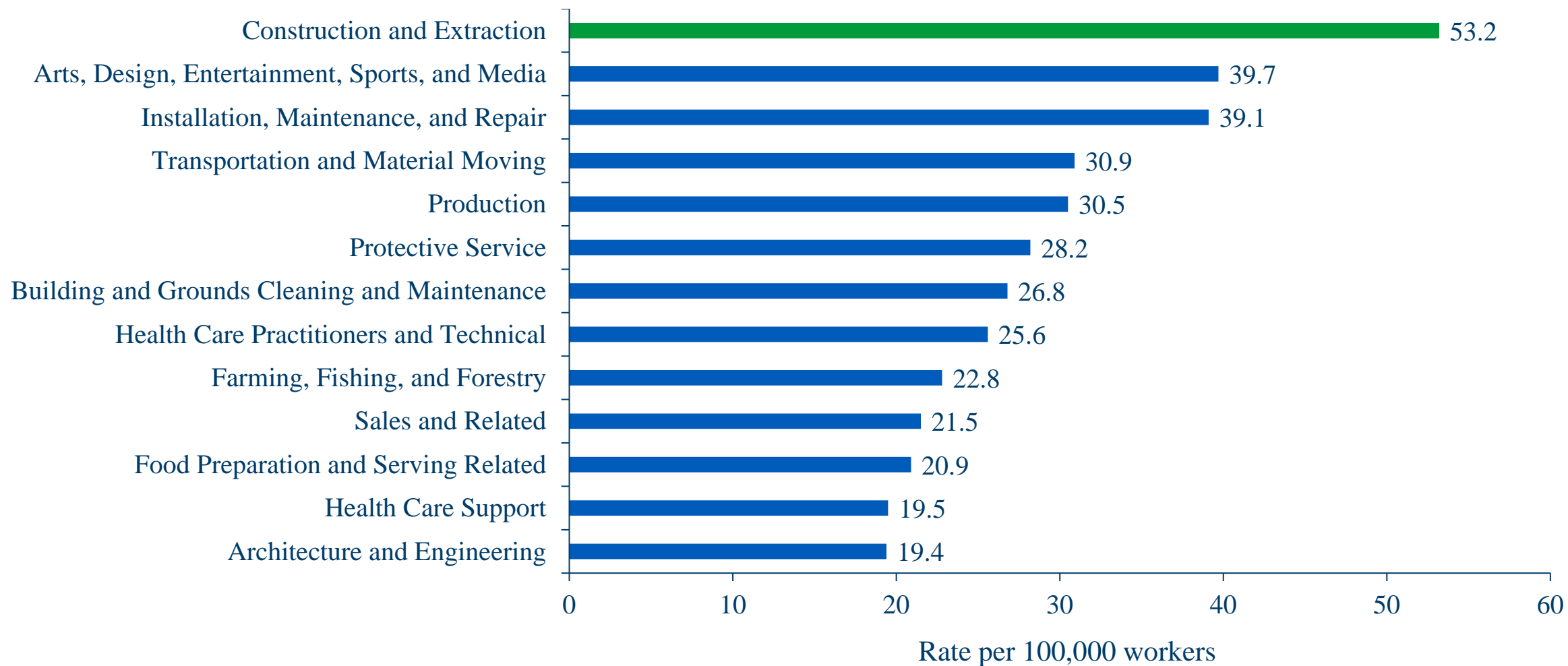
1. What's the problem?
2. What are your companies doing?
3. Two-day co-creation workshop
4. Your ideas on small studies
5. Free education and training materials

CONSTRUCTION WORKERS DYING BY SUICIDE

- Urgent national tragedy
- Outpaced other industries even before COVID-19
- Suicide rate for males close to 50/100,000 workers
 - 2x the rate of all industries
 - 4x the rate of general population

Source: CDC MMWR –
Suicide rates by major
occupation group –17
states, 2012 and 2015

SUICIDE RATES AMONG MALE U.S. WORKERS, BY MAJOR OCCUPATION GROUP, 2015



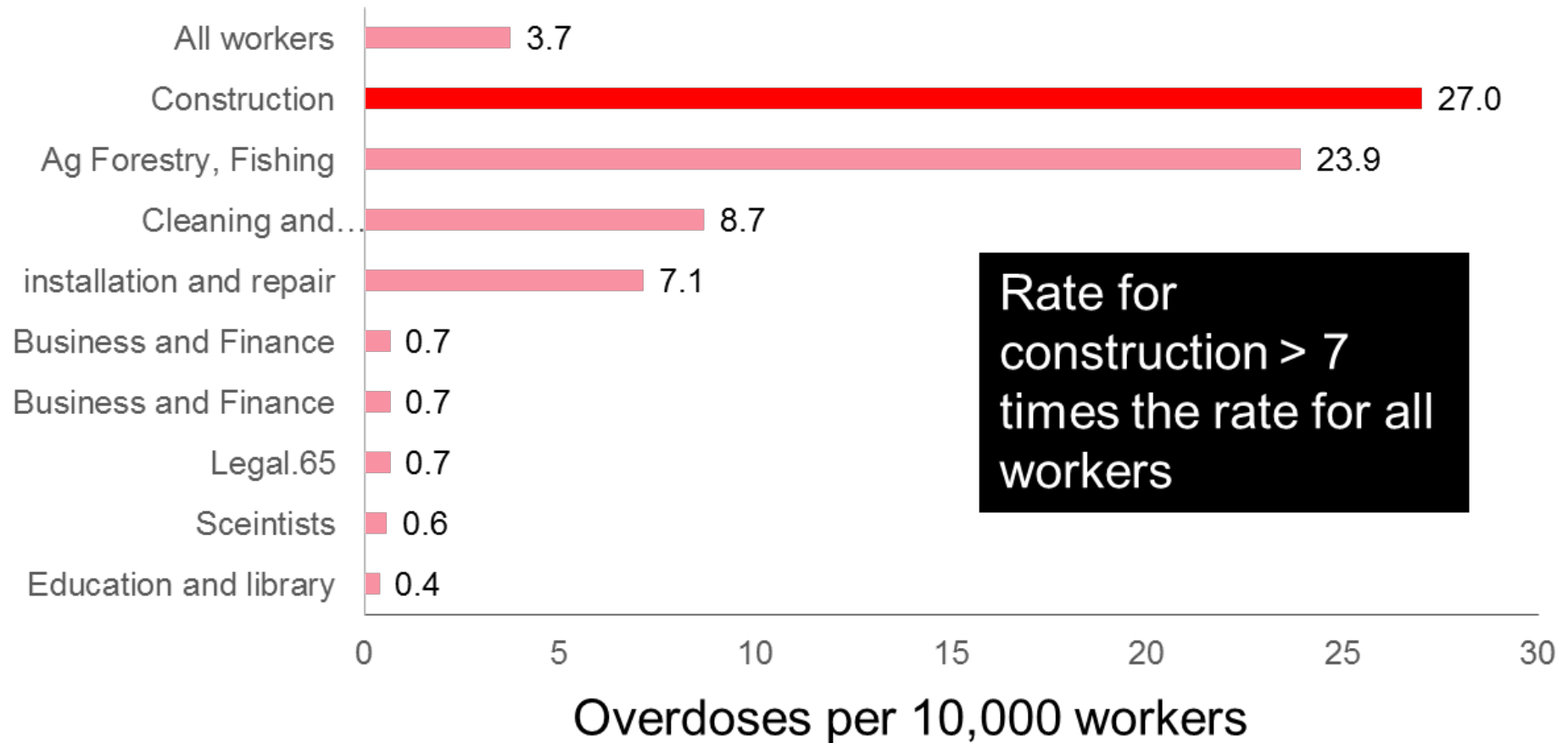
PSYCHOLOGICAL DISTRESS AND SUICIDAL IDEATION AMONG MALE CONSTRUCTION WORKERS IN THE UNITED STATES

- Nearly 1/3 male construction workers in the United States experienced psychological distress.
- Odds of suicidal ideation were 33 times higher among workers with serious psychological distress vs. those having no or minor psychological distress.
- At greatest risk were workers who were younger, worked part-time, missed workdays due to injury or illness, or were in poor health.

UTAH STUDY

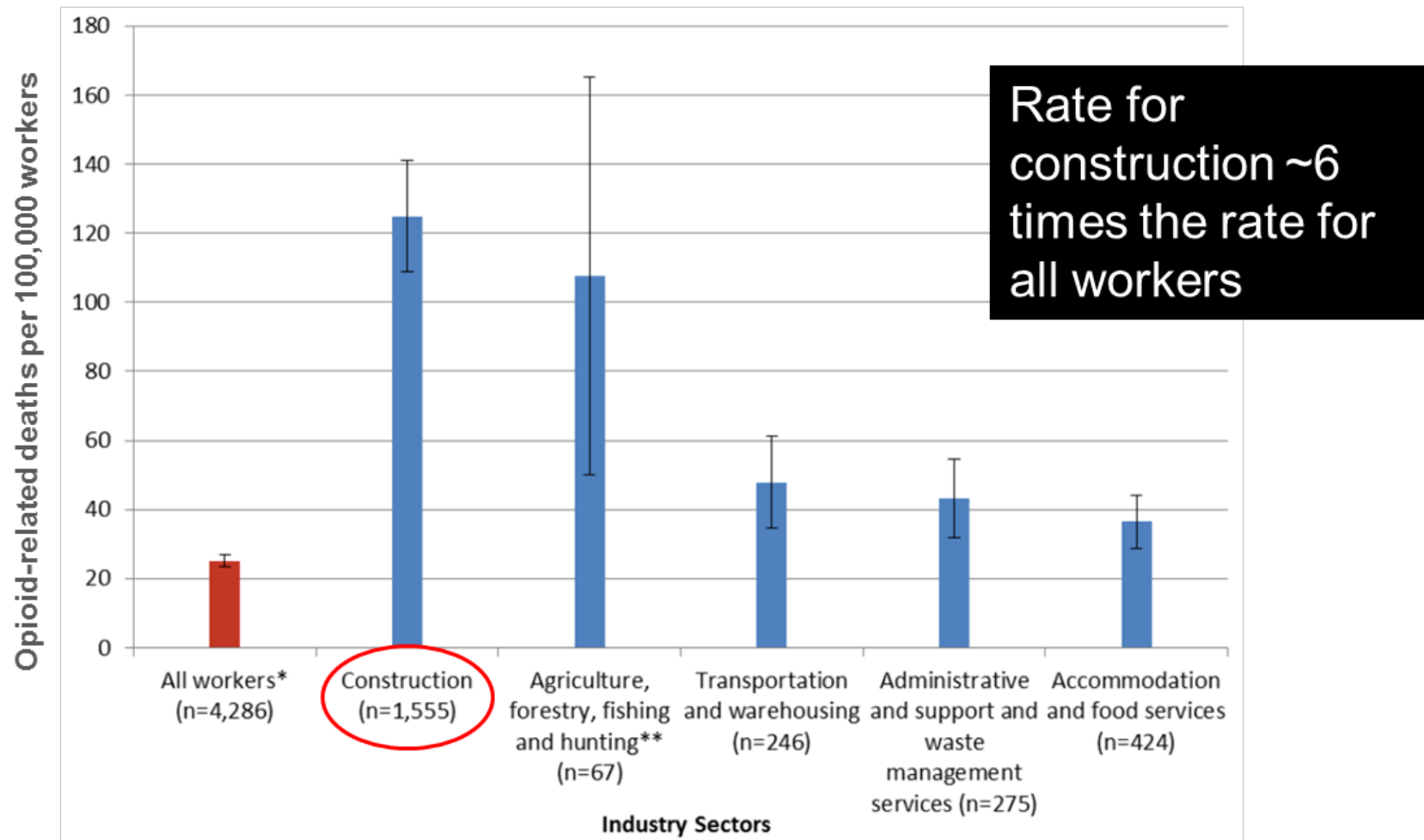
- 1 in 5 working-age men who took their life in Utah from 2005–2015 worked in Construction and Extraction occupation, with both the highest number and rate of suicides (86.4/100,000 men).
- For 2014–2015 deaths, a quarter (25%) tested positive for opioids on postmortem examination.

RATE OF OPIOID OVERDOSE DEATHS BY INDUSTRY, OHIO, 2010–2016*



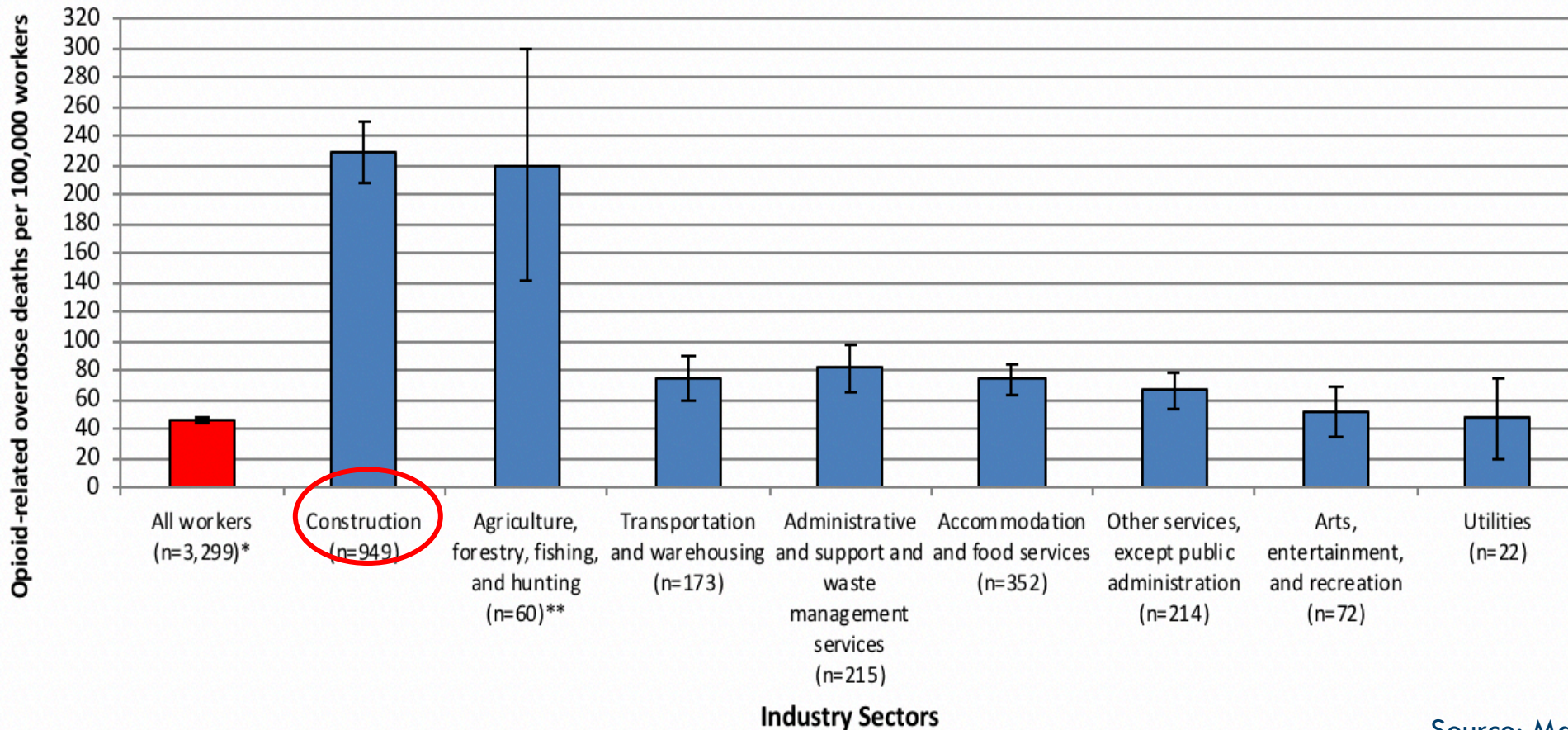
* Highest and lowest rate industries. Source: Cleveland Plain Dealer

INDUSTRY SECTORS WITH OPIOID-RELATED OVERDOSE DEATH RATES SIGNIFICANTLY HIGHER THAN THE AVERAGE RATE FOR ALL WORKERS, MASSACHUSETTS WORKERS, 2011–2015, N=4,302



UPDATE FROM MASS. DEPT. OF PUBLIC HEALTH

Figure 2. Industry sectors with opioid-related overdose death rates that are higher than the rate for all workers, Massachusetts workers, 2016-2017, N=3,354



- 2016-2017 Opioid-related overdose deaths were 229 per 100,000 construction workers
- 83% increase over the 2011–2015 rate (125/100K)

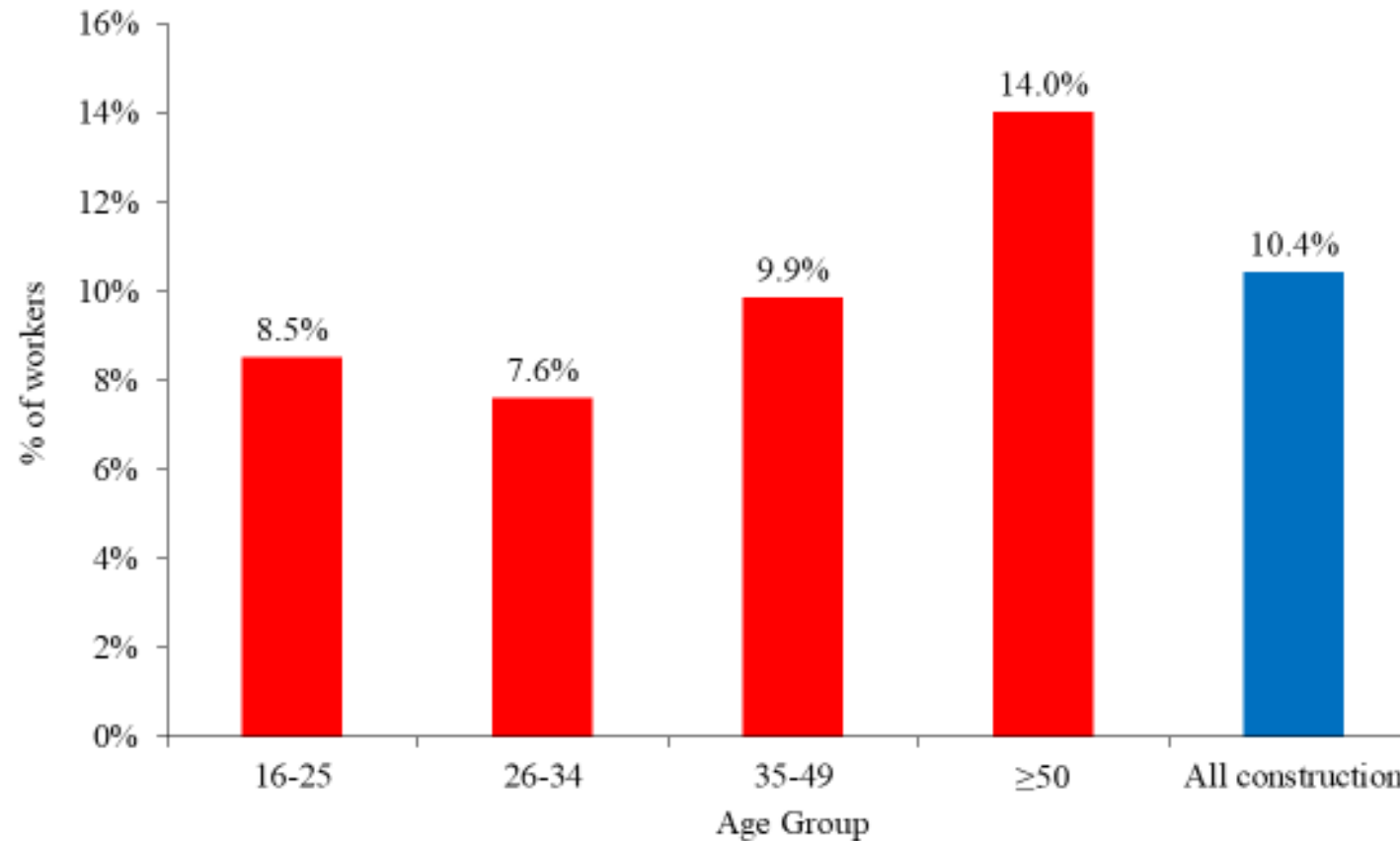
JOB → PAIN → PRESCRIPTION



- More than 1/3 of construction workers reported at least one type of musculoskeletal disorder (MSD).
- MSDs were more prevalent among construction workers who were older, self-employed, or in poorer physical or mental health.
- Compared to workers without MSDs, prescriptive opioid use **quadrupled** among those with MSD injuries.

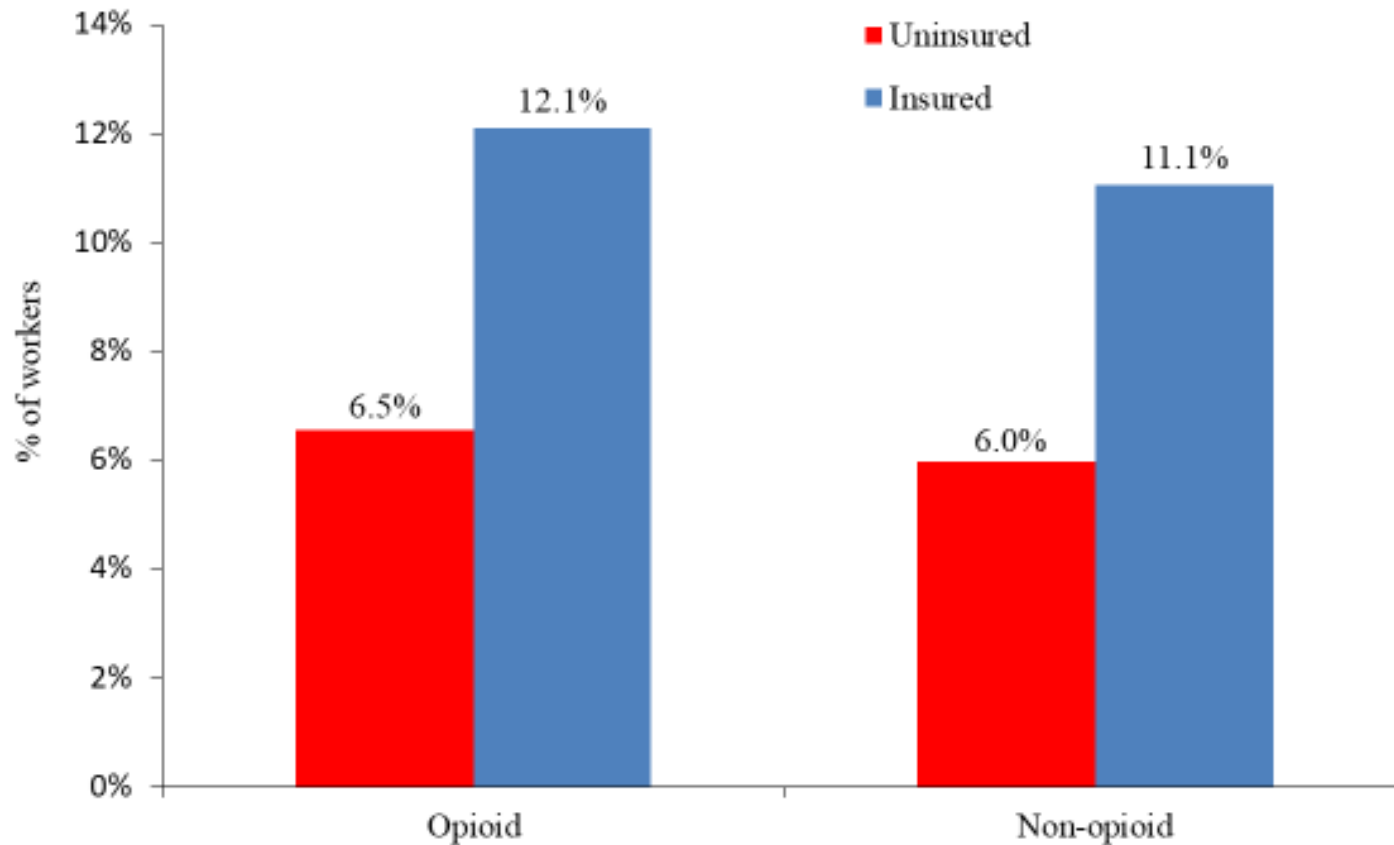
PRESCRIBED OPIOID USE IN THE CONSTRUCTION INDUSTRY

14. Prescribed opioid use among construction workers, by age group, average of 2011-2017



PRESCRIBED OPIOID USE IN THE CONSTRUCTION INDUSTRY

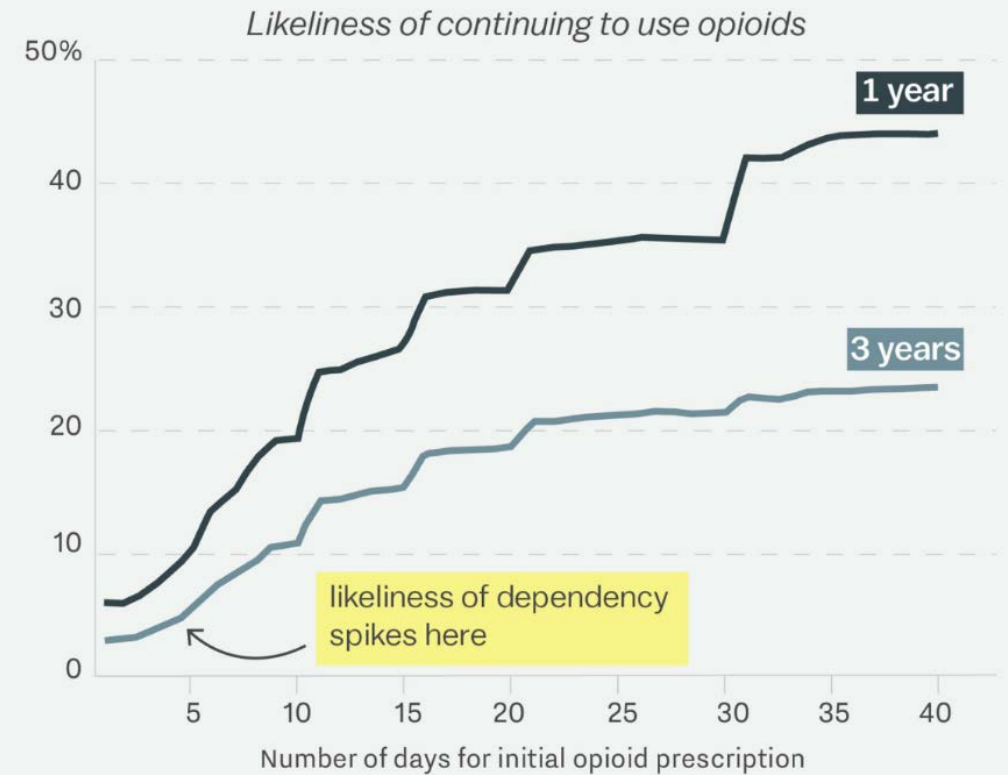
17. Prescribed pain reliever use among construction workers, by health insurance coverage, average of 2011-2017



WHO GETS ADDICTED?

- Anyone who takes opioids (legal or illicit) can become dependent
- Taking them for more than 4-5 days greatly increases the risk of dependency and addiction...
- Exposure to opioids = risk of addiction

Risk of continued opioid use increases at 4-5 days



Source: Centers for Disease Control and Prevention

Credit: Sarah Frostenson

Vex

PUBLIC HEALTH MODEL

Tertiary
Prevention

For workers with substance use disorder,
help get treatment and support recovery

Secondary Prevention

Move away from opioid
prescriptions for pain

Prevent pain caused
by work

Primary Prevention

Prevent injuries at
work

LET'S HEAR FROM YOU

Discuss at your table initiatives or actions taken by your company or others to combat the suicide and opioid overdose epidemic



TWO-DAY CO-CREATION WORKSHOP

WORKSHOP WITH 3 OBJECTIVES

Map

Map organizations and programs focused on preventing opioid overdose and suicide in construction, and relationships among them.

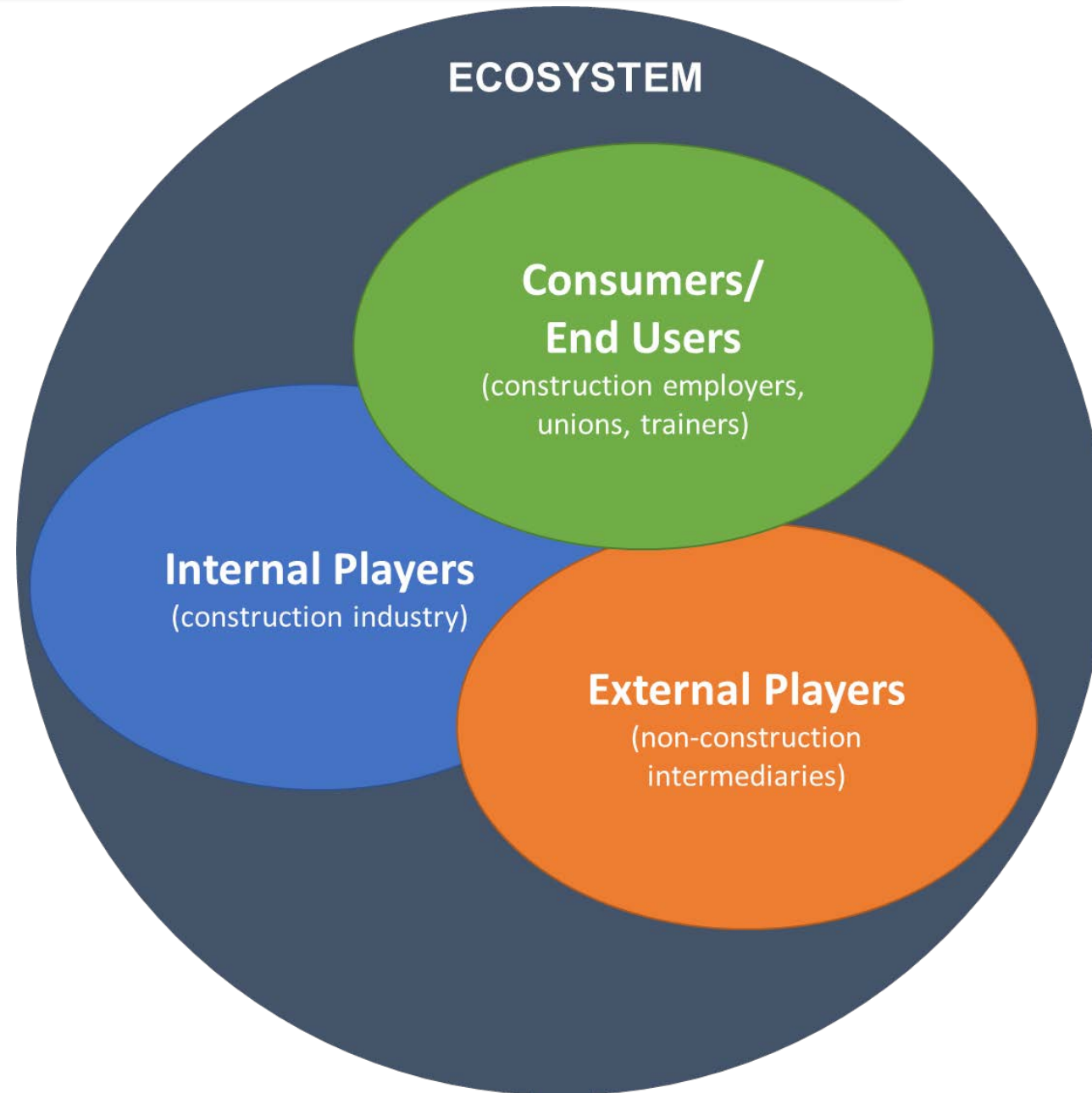
Identify

Identify opportunities for innovation, incubation, collaboration, and increased funding.

Create

Highlight actions for targeted data collection, evaluation, research, and learning. Create Topic Area Work Groups.

MAP



IDENTIFY

- Individual work:

I'd like to collaborate with others on/about [write on post-its] in an effort to combat suicide and overdose fatalities among construction workers.

- Table group work

- Whole group work

TOPIC FILTERING: IDEAS



CHOOSING TOPIC AREAS

Impairment (Testing) ..

Injury^{*} Prevention + Workplace Stress

Prevention

Liability / Privacy

Making the Case + Data, data-driven decision-making ✓

Peer Support (+ training, education)

Resources + Money

Return to Work

Stigma / Cultural Change

Targeted Outreach

Alt. Pain Mgmt.

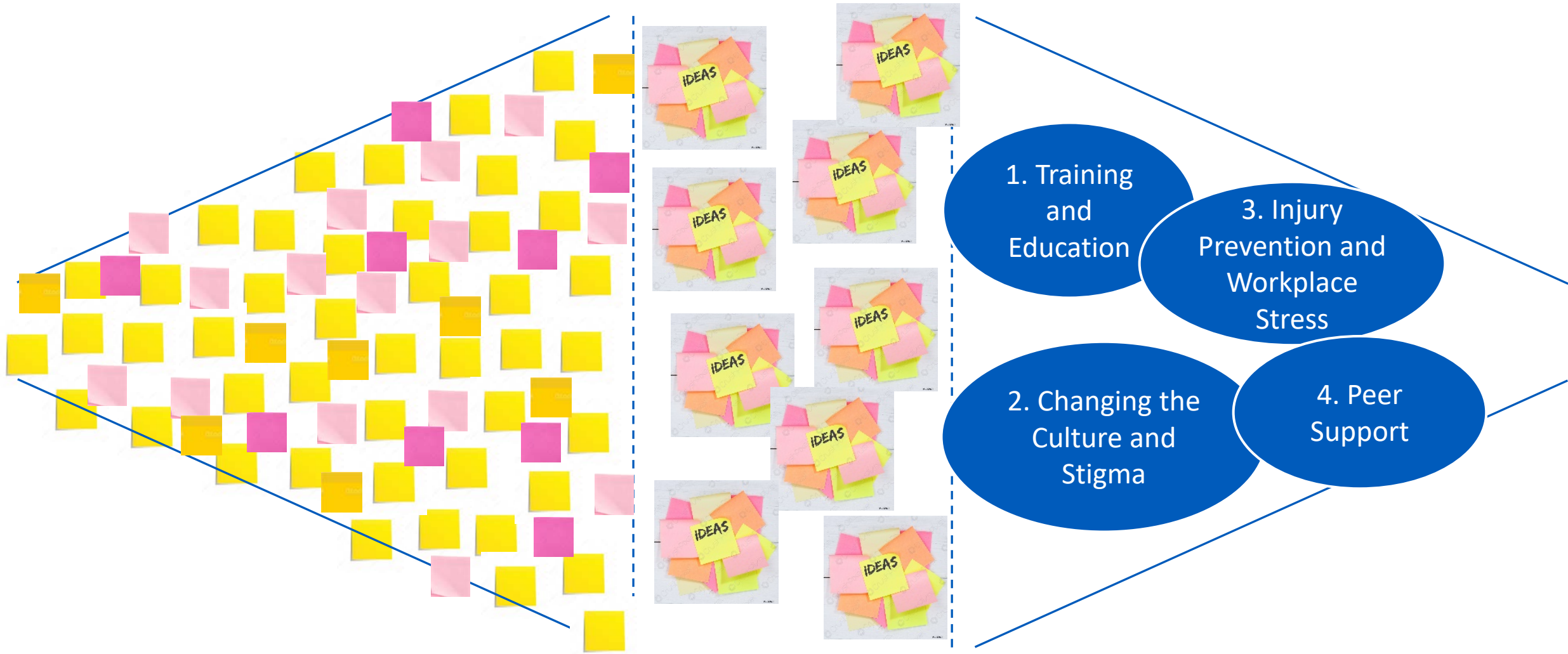
Coalition Building + Outreach
+ Leadership Identification

Communication + Media Advocacy

EAPs + Insurance

Harm Reduction

Topic Filtering



Day 1

Day 2

TOPIC AREA WORKING GROUPS (TAWG)

TAWG 1: Training and Education

TAWG 2: Changing the Culture and Stigma Reduction

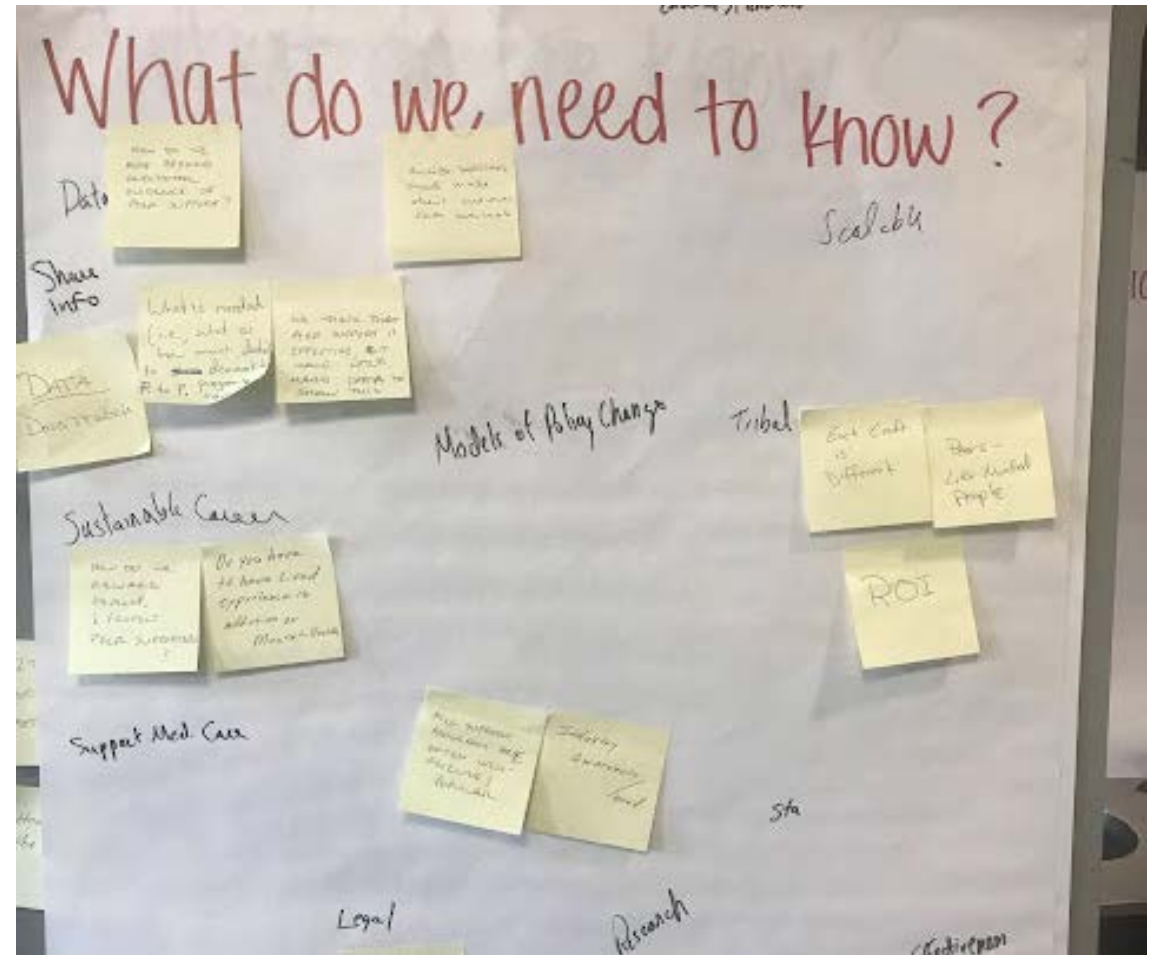
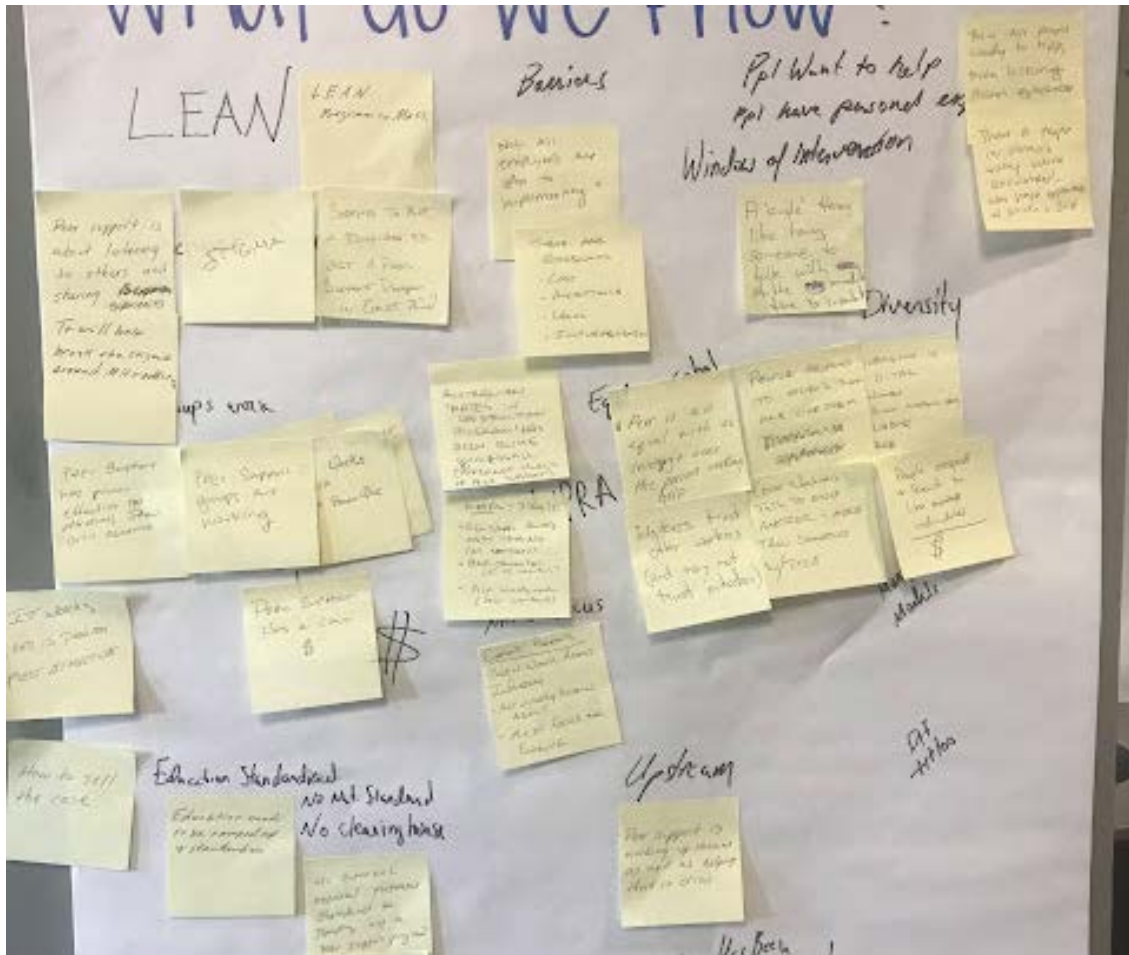
TAWG 3: Injury Prevention and Workplace Stress

TAWG 4: Peer Support

CREATE

- **Breakout work by each TAWG**
 - **What do we know?**
 - **What do we need to know?**
 - **What actions are being taken?**
 - **What actions can be taken?**
 - **Vision Statement**
 - **E.g., TAWG 1: We will educate and train to equip and empower the construction industry to provide a mentally and physically skilled workforce.**

CREATE



YOUR IDEAS ON SMALL STUDIES

SMALL STUDY TOPICS?

We have funding for several studies (\$30–50k range). What would you propose?



FREE EDUCATION AND TRAINING MATERIALS

DATA CENTER REPORTS

- Overdoses
- Opioid Use
- Mental Health During COVID

CPWR Quarterly DATA REPORT FOURTH QUARTER 2019

Overdose Fatalities at Worksites and Opioid Use in the Construction Industry

Xiuwen Sue Dong, DrPH*, Raina D. Brooks, MPH, Chris Trahan Cain, CH

Foreword

Construction workers are among the segments of the U.S. population opioids have hit hardest. Recent state-level studies of opioid overdose deaths show that construction workers are six to seven times more likely to die of an overdose than workers in other professions. The impact of opioids to our field led us to make it the focus of this Quarterly Data Report.

Section 1 examines a small subset of construction workers who died of an overdose: those who died on a worksite. These are figures for which we have national data, but there is not equivalent national data yet about how many of the 130 Americans who die each day from an opioid overdose work in construction.

This report also reveals other gaps in our understanding of the impact of opioids on construction workers. For example, Section 2 contains the surprising finding that the percentage of construction workers who used prescribed opioids, on average, is slightly lower than workers in all industries combined. Our assumption before conducting this analysis was the reverse, given that construction has one of the highest injury rates of all industries, particularly musculoskeletal disorders that often result in chronic pain and long-term pain management. One possible explanation for this counter-intuitive finding: construction workers are less likely to have health insurance than workers in other major industry sectors, and so they may be less likely to receive a prescription for opioids than workers in other sectors.

While the impact of opioids on the construction industry and its workers is becoming clearer, there remains much we need to learn to understand and respond to the damage they are causing. We look forward to receiving your feedback on this important report and working collectively to minimize the impact opioids are having on workers, their families, the industry, and society overall.

Chris Trahan Cain
Executive Director
CPWR

*Correspondence to: Xiuwen Sue Dong, SDong@cpwr.com

KEY FINDINGS

- Unintentional overdose fatalities in the construction industry jumped from 7 deaths in 2011 to 65 deaths in 2018, a nine-fold increase in eight years.
- Between 2011 and 2017, one in four (25.3%) construction workers with work-related injuries used prescribed opioid pain relievers, compared to approximately one in ten (8.9%) of their counterparts who were not injured.
- Older construction workers were more likely to use prescribed opioid pain relievers, while younger construction workers were more likely to use illicit drugs.
- Uninsured construction workers were less likely to use prescribed opioid pain relievers, but more likely to use illicit drugs than their insured counterparts.

Construction Worker Mental Health During the COVID-19 Pandemic

Samantha Brown, MPH, Amber Brooke Trueblood, DrPH, William Harris, MS, Xiuwen Sue Dong, DrPH¹

OVERVIEW

Anxiety and depression symptoms significantly worsened nationwide during the COVID-19 pandemic. Construction workers already suffer from an increasing and alarmingly high **suicide rate**, making it particularly important to understand mental health in the industry during the pandemic. To support that goal, this Data Bulletin examines self-reported symptoms of **anxiety** and **depression** in the population using the National Health Interview Survey (NHIS) from 2011 to 2018 and in 2020,² focusing on patterns and changes during the pandemic. Anxiety and depression were measured for **construction workers** by A) feelings of anxiety or depression at least once a month; and B) feelings of anxiety or depression at least once a week, or associated medication use. (see the Definitions section at the end of the report for detailed criteria). Differences in the frequency or level of anxiety/depression between 2019 and 2020 were measured in a subsample of construction workers who were interviewed in both years. Anxiety/depression was compared across³ worker demographics, socioeconomic status, and health indicators (i.e., health status, alcohol use, opioid use, and health insurance coverage). Due to the **survey methodology changes** in 2020 and fewer respondents during the pandemic, the sample size of some subgroups is relatively small.⁴



Learn about the warning signs and how to start a conversation at cpwr.com/suicide-prevention

THIS ISSUE

This issue examines anxiety and depression symptoms or medication use among construction workers before and during the COVID-19 pandemic, comparing differences by demographics, socioeconomic status, and health indicators.

KEY FINDINGS

Construction workers feeling anxious at least once per month rose 20% between 2011 and 2018.
Chart 1

In 2020, the prevalence of anxiety/depression (based on feelings or medication) in workers was 15%, and was particularly high in those who were age 18-34 (18%), female (24%), living below the poverty line (18%), or working part-time (19%).
Charts 4-6

In 2020, symptoms or medication use for anxiety/depression were almost three times higher in workers who used prescription opioids in the past year compared to those who did not (39% versus 14%).
Chart 7

Among workers who were surveyed in both 2019 and 2020, 43% had increases in the frequency or level of anxious/depressed feelings between years, with increases more common in those who were age 18-54 (46%), female (50%), or had a family income below the poverty line (61%).
Charts 8-10

¹Correspondence to: datacenter@cpwr.com.

²No industry and occupation information in the 2019 survey due to the questionnaire redesign.

³Statistical significance is not discussed in the text but is provided in the associated charts.

⁴Frequencies of anxiety/depression are small (n < 30) for some subgroups in certain charts (see chart footnotes). Readers are advised to use related results with caution.

Numbers in text and charts were calculated by the CPWR Data Center.

NEXT DATA BULLETIN

Employment Trends and Projections in Construction

LEVEL 2 PREVENTION: AVOID EXPOSURE TO OPIOIDS

- Avoid long-term opioid prescriptions
- Avoid combined prescriptions (tranquilizers + muscle relaxants + painkillers)
- Advocate for good care, including non-opioid treatment

CPWR Physicians'/Providers Alert Document

Physicians'/Providers' Alert:

Pain Management for Construction Workers

This Alert was developed to help ensure that all construction workers who visit a doctor or other healthcare provider because of pain from an injury are aware of treatment options and understand the potential risks of addiction associated with using prescription opioids. *Please:*

- (1) read and print this Alert;
- (2) keep the "Tips for Talking with Your Doctor"; and
- (3) fill in the "To My Doctor" form and give it to your doctor to include in your medical records.

Tips for Talking with Your Doctor: What You Need to Know Before Accepting an Opioid Prescription

Opioids, such as fentanyl (Duragesic[®]), hydrocodone (Vicodin[®]), oxycodone (OxyContin[®]), oxymorphone (Opana[®]), hydromorphone (Dilaudid[®]), meperidine (Demerol[®]), diphenoxylate (Lomotil[®]), tramadol, buprenorphine (e.g., Suboxone[®]), morphine, and codeine are often prescribed to help manage pain. In addition, new drugs are entering the market place, such as Duvia[™], which are considered even more addictive. Since these medications can be addictive, they should only be used if other treatment options are not effective. When prescribed, they should be used for the shortest time possible, be closely monitored, and include counseling.

Talk to your doctor about treatment options and how the medication may affect you. Remember to tell your doctor:

- ✓ If you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ If you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation's drug test panel, for example, includes:¹
 - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, oxymorphone)
 - Phencyclidine
 - Marijuana (THC)
 - Cocaine
 - Amphetamines (amphetamine, methamphetamine, MDMA, MDA)

Before accepting a prescription for one of the medications listed earlier or another opioid, ask your doctor/healthcare provider:

1. Can my condition be effectively treated without opioid medication? If yes, what would the treatment involve?
2. [If prescribed an opioid and are taking other medications] Will the opioid medication interfere with other medications that I'm currently taking?
3. Are there potential side effects from the opioid medication prescribed? If yes, how can I reduce the risk of side effects?

Remember:

NEVER share medications or store medications where others will have access.
ALWAYS safely dispose of medications. Look for a medicine disposal center near you (often at your local pharmacy).

To learn more visit:

- CPWR Opioid Resources website <https://www.cpwr.com/research/opioid-resources>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/>, or call their confidential national hotline 1-800-662-HELP (4357)
- Facing Addiction's online Addiction Resource Hub <https://resources.facingaddiction.org/>

¹ Source: U.S. Department of Transportation. (2018). DOT 3 panel notice. https://www.transportation.gov/odapc/DOT_3_Panel_Notice_2018

JOBSITE OPIOID RESOURCES

HAZARD ALERT



OPIOID DEATHS IN CONSTRUCTION



Why Are Construction Workers at Risk?

- ▶ The construction industry has one of the highest injury rates compared to other industries.
- ▶ Opioids are often prescribed to treat the pain caused by these injuries.
- ▶ Long-term opioid use can make people more sensitive to pain and decrease the opioid's pain-reducing effects.



According to the CDC, 1 out of 4 people prescribed opioids for long-term pain become addicted.

Injured Construction Workers Often...

- ▶ Cannot continue to work while injured.
- ▶ Suffer a loss in income. Even if an injured worker receives workers' compensation, it is often not enough to make up for lost pay.
- ▶ Experience anxiety, stress, and depression, which can add to the pain and are additional risk factors for addiction.



Overdose Deaths Are On the Rise.

- ▶ In 2020 alone, there were more than 93,000 overdose deaths in the U.S.—nearly 75% of which involved an opioid.¹ Opioid-related overdose deaths increased 36.7% over 2019.²
- ▶ These increases were exacerbated by the COVID-19 pandemic because of isolation, loss of loved ones, stress, unemployment, precarious housing, decreased access to treatment services, and more.³
- ▶ Construction workers are significantly more likely to die from an opioid overdose than the average worker — studies in both Ohio and Massachusetts, for example, showed they were seven times more likely.⁴
- ▶ Additionally, a past study has shown that more than half of those who died from an overdose had suffered at least one job-related injury.⁵

Protect Yourself!

1 Prevent Injuries

Work shouldn't hurt. Your employer should be committed to a safe job site, and you should use safe practices. Together these reduce the risk of injuries and therefore the need for pain medication.



Getting help lifting heavy materials can reduce the risk for injury.

2 Talk to a Doctor

Opioids are addictive and can have side effects.

Ask about:

- ▶ Other forms of pain medication that are not addictive and have fewer side effects.
- ▶ Other forms of pain management such as physical therapy or acupuncture.



Opioids should be the last option to treat your pain. If opioids are prescribed they should be used for the shortest possible time. Safely dispose of any unused medications.

3 Get Help

Opioids change how your brain works, triggering one part of it to demand more opioids and changing another part of it so it's harder to resist.⁶ Check with your union or employer to find out if they have a program to help, such as:

- ▶ An employee assistance program (EAP); or
- ▶ Member assistance program (MAP).

If you're having trouble stopping using opioids, check with your union or your doctor for help to find the best addiction treatment option for you.

Remember addiction is an illness that can be treated.
Call this confidential national hotline:
1-800-662-HELP (4357)

If you or someone you know needs help:

- ▶ Contact the Substance Abuse and Mental Health Services Administration at <https://www.samhsa.gov> or call their confidential national hotline: **1-800-662-HELP (4357)**.
- ▶ Visit the Recovery Resources online hub: <https://www.recoveryresources.org>.
- ▶ Contact your union.
- ▶ Find a list of common addictions at: <https://www.cprw.org>.
- ▶ Give your doctor the Physician's Alert on Pain Management among Construction Workers form: <https://www.lylyhospice-alerts>.

Find out more about construction hazards.

To receive copies of this Hazard Alert and cards on other topics: call **301-578-8500** email cprw-r2p@cpwr.org



Source: 1. National Institute on Drug Abuse. Prescription Drug Abuse: National Center for Health Statistics. 2021. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-deaths-rates>. 2. Centers for Disease Control and Prevention. Wonders. Provisional 2017 data. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-deaths-rates>. 3. News Release. 2019. <https://www.cdc.gov/newsroom/press/2019/s19-07>. 4. Ohio State University. 2019. <https://www.ohio-state.edu/newsroom/2019/08/01/ohio-state-study-shows-construction-workers-at-higher-risk-of-opioid-overdose/>. 5. Massachusetts Department of Health. 2019. <https://www.mass.gov/info-details/massachusetts-department-of-health-releases-report-on-overdose-deaths-among-construction-workers>. 6. National Institute on Drug Abuse. 2019. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-deaths-rates>.



Opioid Deaths in Construction

Construction work can result in painful injuries that are sometimes treated with prescription opioids. One in four people prescribed opioids for long-term pain become addicted¹ and opioid-related deaths are on the rise.

Chris' Story

Chris strained his back after lifting heavy materials. He tried to ignore the pain, but it wouldn't go away. Chris went to the doctor and was prescribed an opioid to treat the pain. The pills reduced the pain, but his back never got better. Chris found that he needed the pills to make it through the day. Eventually, his doctor refused to give him another prescription. Chris went to another doctor and got a new prescription. Over time his job performance and family life began to suffer. Chris went back to his doctor and asked for help. His doctor helped him to find treatment for his opioid addiction. Chris is now in recovery and using a non-addictive treatment for his pain.

- ✖ Have you known someone addicted to opioids?
- ✖ If a worker is injured and in pain, what should he or she do to avoid becoming addicted to opioids?

Remember This

- ▶ Your employer must provide a safe work environment to prevent injuries. If you see a hazard on the job, report it to your supervisor or foreman.
- ▶ Follow safe work practices to prevent injuries, such as getting help when lifting heavy materials.
- ▶ If you are injured, talk to your doctor about non-addictive medications or physical therapy to treat the pain.
- ▶ Opioids should be the last option, and if prescribed used for the shortest time possible.
- ▶ Addiction is an illness that can be treated. Get help if you find you are dependent on pain medication to get through the day.
- ▶ Check with your union or employer to find out if they have a program to help, such as an employee assistance program (EAP) or member assistance program (MAP).
- ▶ Call this confidential national hotline to find out about treatment options near you: 1-800-662-HELP (4357) or go online at <https://resources.facingaddiction.org>.

How can we stay safe today?

What will we do at the worksite to prevent an injury?

- _____
- _____

Construction work can result in painful injuries that are often treated with prescription opioids.

Opioids are addictive and should be the last option to treat your pain. Talk to your doctor about non-addictive medications.



REMEMBER: Addiction is an illness that can be treated.

Call this confidential national hotline:

1-800-662-HELP (4357)

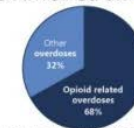
Visit: Facing Addiction — <https://resources.facingaddiction.org/>

people prescribed
"long-term pain
ne addicted."



Hill and Prevention, Promoting Safer and
gent. <https://nyut.com/overdosefacts>

In 2017 alone, more than 72,000 people died in the U.S. from an overdose — over 49,000 of which involved an opioid.*



*Centers for Disease Control and Prevention-WONDER. Provisional 2017 data. <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-deaths-rates>

Overdose deaths that occur on the job are on the rise.*



*Bureau of Labor Statistics. Census of Fatal Occupational Injuries. News Release. 2019. <https://www.bls.gov/news.release/cfoi9.htm>

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*Centers for Disease Control & Prevention, Promoting Safer and More Effective Pain Management. https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-Patients-a.pdf

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JOBSITE SUICIDE PREVENTION RESOURCES



Suicide Prevention IN CONSTRUCTION



The Data

Suicide rates in the U.S. have increased in recent years, and it has been the 10th leading cause of death since 2008. In 2018¹, alone, there were:

- ▶ **48,344 deaths** – an average of **132 per day** or **1 every 11 minutes**.

Suicide can affect anyone. According to the Centers for Disease Control and Prevention (CDC), construction has one of the highest suicide rates compared to other industries.² There is no simple answer to why this increase has occurred, particularly among construction workers. However, there are steps that workers and employers can take to recognize the warning signs and help prevent suicides.

Source: 1) Centers for Disease Control and Prevention (CDC), 10 Leading Causes of Death by Age Group (https://qso586640404.html). 2) Web-based Injury Statistics Query and Reporting System (WISQARS), Accessed April 11, 2020, https://wiscpr.org/2020/04/11/suicide-rates-by-industry-and-occupation-11-nationwide-work-death-recording-system-2020-2016. Mortality and Morbidity Weekly Report (https://bit.ly/39k5y5p)

Recognize the Warning Signs

According to mental health professionals, the following are common warning signs that a person may be thinking about suicide³:

Talking about wanting to die, guilt or shame, or being a burden to others.

Feeling:

- ▶ Empty, hopeless, or having no reason to live; extremely sad, anxious, agitated, or angry; unbearable emotional or physical pain.

Behavior:

- ▶ Planning or researching ways to die; buying a gun; withdrawing from friends, family, or activities; saying goodbye, giving away possessions, or making a will.
- ▶ Agitation or rage – increased conflict among co-workers⁴; extreme mood swings; changes in personality or neglecting their appearance.
- ▶ Taking dangerous risks, such as increased alcohol or drug use or driving recklessly; eating or sleeping more or less; increased tardiness and absenteeism from work⁵.

Source: 1) National Institute of Mental Health, Warning Signs of Suicide (https://bit.ly/2QD38B9). 2) Construction Trades Management Association, Face Suicide Warning Signs (https://bit.ly/39k5y5p).



Find out more about construction hazards.

To receive copies of this Hazard Alert and cards on other topics

call 301-678-8500 or email cpwr-r2@cpwr.com



Help Prevent Suicide...

1 Reach Out

If you notice the warning signs of suicide in someone you know, **talk to them – start a conversation**. Ask them about a specific warning sign you've noticed. For example, "I've noticed lately that you are sitting alone at lunch and avoiding all of us while we're at work, and I am concerned." You may feel uncomfortable, but the best way to find out if someone is having suicidal thoughts is to **ask them directly**. "Are you thinking about suicide?" Asking this will not put the idea into their head or make it more likely that they will attempt suicide.

If the answer is "Yes," do not leave them alone and get help.

Source: California Mental Health Services Authority (CAMHSA), Know the Signs (https://www.suicideprevention.ca.gov)

2 Respond

When talking to someone who may be thinking about suicide, **take what they say seriously**. Listen without judgement, and express concern and support. **Be direct**. Talk openly and matter-of-factly about suicide. Do not ask questions encouraging them to deny their feelings, such as: "You're not thinking about suicide, are you?" **Reassure** them that help is available.

DO NOT:

- ✗ **Tell the person to do it; debate the value of living or argue that suicide is right or wrong; minimize their problems** by saying things like "You'll get over it," "Toughen up," or "You're fine"; **promise to keep their thoughts about suicide a secret**.

Source: National Suicide Prevention Hotline, Help Someone Die (https://bit.ly/2xg9P25)

3 Connect

Encourage the person to see a mental health professional. Call the National Suicide Prevention Lifeline for advice and referrals, or help them locate a treatment facility or program.

Stay in touch with them after a crisis to see how they are doing. Remind them:

▶ **YOU ARE NOT ALONE. THERE IS HOPE. SUICIDE IS NOT THE ANSWER.**

If someone is in immediate danger, call 911, take them to a nearby emergency room, call the **National Suicide Prevention Lifeline** at 1-800-273-8255, or reach out to the Crisis Text Line by texting "HELLO" to 741741 to connect with a crisis counselor.

To Learn More About Preventing Suicides, Visit:

CPWR – Suicide Prevention Resources:
<https://tinyurl.com/Suicide-Prevention>
Construction Industry Alliance for Suicide Prevention:
<https://preventconstructionssuicide.com/index.php>
American Foundation for Suicide Prevention: <https://afsp.org/>

If You or Someone You Know Needs Immediate Help, Contact:

The National Suicide Prevention Lifeline:
 Provides free and confidential support from trained counselors 24/7.
 ▶ Call 1-800-273-TALK (8255)
 ▶ Use the online Lifeline Chat at: <https://bit.ly/2VW3Dm>
Crisis Text Line:
 Text "HELLO" to 741741 for free, 24/7 confidential support.



Suicide Prevention in Construction



Over the last several years, the rate of suicide has increased, and it is now the 10th leading cause of death in the U.S. The construction industry has one of the highest suicide rates compared to other industries. Although there is no simple reason for this increase, learning the warning signs and how to reach out for help could save your life or the life of a co-worker.

John and Matt's Story

Matt noticed that his co-worker John was acting differently, becoming easily upset, not following safe practices on the job, and eating lunch alone. He recognized that these may be the warning signs of suicide. During lunch he called a crisis hotline and asked for advice on how to talk to John and get him help. At the end of the day, Matt approached John and said that he had noticed a change in his mood and behavior lately and was concerned. He asked John if he had had any thoughts of suicide and told him about the hotline. John was angry at first, but then admitted that he had been feeling depressed and is relieved that he can talk to someone about it. Matt convinced John to call the crisis hotline. John is now getting the help he needs, and Matt is continuing to provide support.

- ✗ Have you known someone who experienced suicidal thoughts or died by suicide?
- ✗ What are examples of the warning signs of suicide?
- ✗ How can we help a co-worker when there are warning signs of suicide?

Remember This

Recognize the Warning Signs:

- Talking about:
 - Wanting to die
 - Guilt or shame
 - Being a burden to others

Feeling:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, anxious, agitated, or angry
- Unbearable emotional or physical pain

Behavior:

- Planning or researching ways to die; purchasing a gun
- Withdrawing from friends, family, or activities; saying goodbye, giving away possessions, or making a will
- Extreme mood swings
- Changes in personality or neglecting their appearance
- Taking dangerous risks, such as increased alcohol or drug use or driving recklessly
- Eating or sleeping more or less
- Increased tardiness and absenteeism from work

- ▶ If someone you know is showing any of these signs, don't ignore them. Start a conversation. The best way to find out if a person is having suicidal thoughts is to ask directly.
- ▶ Listen without judgement and express concern and support. Reassure them that help is available.
- ▶ **DO NOT** tell someone to do it, debate the value of living, or argue that suicide is right or wrong.
- ▶ **NEVER** promise to keep their thoughts about suicide a secret.
- ▶ Encourage the person to see a mental health professional or help them locate a treatment facility.
- ▶ If you believe someone is in immediate danger, call 911, take them to a nearby emergency room, call the National Suicide Prevention Lifeline at 1-800-273-8255, or reach out to the Crisis Text Line by texting "HELLO" to 741741 to connect with a crisis counselor.
- ▶ Stay in touch with them after a crisis to see how they are doing.

If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), use the online Lifeline Chat, or text "HELLO" to 741741 to connect with a crisis counselor. They provide free and confidential support with trained counselors 24/7.

How can we stay safe today?

What can we do today to help prevent suicide?

- _____
- _____

INFOGRAPHICS

Reach Out
Respond
Connect

Together,
we can help prevent
**Suicide in
Construction.**

Reach Out
Respond
Connect



If you or someone you know needs immediate help, contact the [National Suicide Prevention Lifeline](https://www.nimh.gov/helpnow/) at **1-800-273-TALK (8255)** or text **"HELLO"** to **741741** to connect with a crisis counselor.

Together we can help
**Prevent Suicide in
Construction.**



The construction industry
has one of the
highest suicide rates.

Learn about the warning signs and
how to start a conversation at
tinyurl.com/cpwr-suicide-prevention.

Remember,
You are not alone.



If you or someone you know needs immediate help, contact the [National Suicide Prevention Lifeline](https://www.nimh.gov/helpnow/) at **1-800-273-TALK (8255)** or text **"HELLO"** to **741741** to connect with a crisis counselor.

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CPWR.COM

- SAMHSA Treatment Locator
- National Suicide Hotline Phone Number
- CIASP Website Links
- NIOSH
- CDC



Find Treatment Practitioner Training Public Messages Gra

Find Treatment



Substance Use Treatment Locator

Millions of Americans have a substance use disorder. Help is available.
FindTreatment.gov.

Behavioral Health Treatment Services Locator

Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov.

QUESTIONS?

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