

Needs Analysis & Implementation Tool

This Needs Analysis & Implementation Tool has been developed by the Construction Industry Alliance for Suicide Prevention to aid companies in evaluating how they address mental health and suicide prevention in the construction workplace. It will also help determine how prepared they, and their employees, are to handle a mental health or suicide crisis.

This Tool is best utilized as a team with representatives from all facets of the organization. The key items to remember are:

- 1. Suicide prevention should not be a separate program**—it is most effective when integrated into multiple existing programs and processes within the organization. Think about it being baked in—not bolted on.
- 2.** Suicide prevention should not be one person’s responsibility – leadership should come from multiple sources. This not only ensures broad integration but more complete buy in.
- 3.** Doing something is better than doing nothing. Start with one **action step** and build on that!

The tool is made up of questions for self-evaluation as a **leadership team** accompanied by some suggestions of action steps you can take to improve your preparedness. Each action item has a place to identify who is responsible—a person or a function within the company, but also who else do they need to get involved for maximum effectiveness. It is organized by the principles of our **STAND pledge** and the activities that help your organization to fully adopt the 5 principles:

SAFE

Creating a culture in which team members feel safe to ask for help if they are having suicidal thoughts or if they are concerned that their fellow workers are at risk of suicide.

The steps to putting this principle into practice center around creating a **caring culture**. Some ideas to consider:

- ◆ Having a leader share a story of lived experience with mental illness or suicide, provide hope and show support goes a long way to building confidence in the team that the workplace is a safe place where they can be understood and helped.

- ◆ Company policies can sometimes be a barrier to employees accessing help for themselves and others for fear that termination or severe discipline could be the result.
- ◆ Mental health issues can often present themselves as performance issues.
- ◆ Creating opportunities for managers/supervisors to get to know their teams, and for crews to work together consistently enough to get to know each other, is critical in establishing relationships where warning signs can be noticed and trust is at a place where checking in is permissible.

TRAINING

Make suicide prevention training available to all team members so that they can recognize the warning signs and be equipped to help those at risk.

When talking about training, the key ideas to consider are:

- ◆ Think about your **safety training** programs and the effort, time and attention put into them. The mental and emotional safety and wellbeing of employees should be treated with the same level of importance.
- ◆ Suicide prevention training does not just benefit employees while at work—they can use their knowledge to help family, friends and their communities. Providing this training can be transformative for society.
- ◆ Training should also extend to include how to access care for themselves and others. Educating how to utilize behavioral health benefits through the company's group health plan and how to access the EAP, if available, is critical.

AWARENESS

Raise awareness by sharing the message of suicide prevention through such organizational activities as trainings, safety meetings, toolbox talks, team meetings, newsletters and social media posts.

Creating awareness about mental health and suicide prevention centers around these ideas:

- ◆ The more familiar with these topics that the workforce is, the more open they will be to discussing them and even relating personal experiences.
- ◆ Most of the population has not had the opportunity to gain “mental health literacy” and by learning more about mental health and the widespread prevalence of mental illness, addiction and suicide, they will become more understanding and willing to become part of the solution.
- ◆ Employers have many built-in channels to communicate with employees. By building the topics of mental health and suicide prevention into these channels, opportunity to share this life-saving and improving information is maximized.

NORMALIZE

Normalize the topic of suicide prevention as a health and safety priority by talking about suicide, suicide prevention and mental health.

The stigma surrounding mental health and suicide is real and will only be broken down by employing some of these strategies:

- ◆ Making mental health a normal part of physical health and wellness benefits and initiatives.
- ◆ Building confidence that any help or care sought will be completely confidential.
- ◆ Leader statements that there will be no negative impact to employment by seeking help.

DECREASE

Decrease the risk of suicide in construction by ensuring that all team members have access to and an awareness of our EAP/MAP, behavioral health benefits, screening tools, community crisis support, the Suicide Prevention Lifeline, and Crisis Text Line.

While all the principles and steps work to decrease the risk of suicide, there are some key aspects that can minimize the risks at critical moments:

- ◆ Workplace injuries and accidents can create trauma for all involved and should be handled in a proactive way to minimize that trauma and make assistance available if people are struggling.
- ◆ A suicide can put those closest to the deceased at up to a 2x higher risk of dying by suicide. Properly handling a team member suicide is crucial to reducing this risk of contagion.
- ◆ Those at the top are not immune to suicide risk—the extreme pressure of running a construction project or company can be too much for some to handle. Put safeguards in place at all levels of the organization.



SAFE

Creating a culture in which team members feel safe to ask for help if they are having suicidal thoughts or if they are concerned that their fellow workers are at risk of suicide.

	QUESTIONS TO ASK	NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1	Does company leadership promote a caring culture and provide support for those experiencing a mental health or personal crisis?				
2	Do our policies (attendance, performance, conduct, drug and alcohol testing) make it prohibitive for an employee to seek assistance for themselves or a co-worker in dealing with a personal, mental health or addiction crisis? Do we consider mental health in performance management?				
3	Do we have support systems in place for employees who are experiencing overwhelming life challenges?				
4	Do we consider peer support systems and relationship building when forming and scheduling crews?				
5	Do we consider personal or family needs, commitments and limitations when scheduling out-of-town, night, or irregular shift work?				
		CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS!		KEEP IT UP!	GREAT WORK!

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Review company policies and update as needed to remove prohibitive factors from reporting/ asking for help

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Educate HR to alleviate concerns regarding ADA/ HIPAA

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

When performance or attendance issues arise, consider underlying causes and check in with the employee before taking a disciplinary approach

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Incorporate second chance agreements

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Include discussion of the company's attention to mental health during employee orientation and on-boarding

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Encourage supervisors to consider the "whole person" when scheduling and forming crews

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Provide events/outings where employees can get to know each other at a deeper level—include families when possible

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

TRAINING

Make suicide prevention training available to all team members so that they can recognize the warning signs and be equipped to help those at risk.

	QUESTIONS TO ASK	NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1	Have we made training on mental health and suicide prevention/ intervention available to our workforce?				
2	Are managers and supervisors trained in recognizing the warning signs of mental illness or suicide risk?				
3	Is there a clearly communicated referral process for supervisors or co-workers who have concerns for an employee?				
4	Do we inform our workforce on how to access behavioral health benefits in our group health plan?				
5	Do we make an EAP and/or other resources available to our workforce, and educate them on how to access?				
		CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS!		KEEP IT UP!	GREAT WORK!

Enroll managers, supervisors and as much of the workforce as possible in [LivingWorks START training](#)

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

For those very engaged and interested in suicide prevention, consider extending Gatekeeper training

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Provide company-wide education on [warning signs and referral process](#)

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Hand out **wallet cards** with the warning signs and resources for help.

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Evaluate group health benefits for accessing mental health and addiction treatment. Create an easy-to-use directory of covered providers

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Educate employees on mental health benefits that are a part of their group health benefits

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Try out your EAP to be sure it is a positive experience, review what benefits it provides

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

AWARENESS

Raise awareness by sharing the message of suicide prevention through such organizational activities as trainings, safety meetings, toolbox talks, team meetings, newsletters and social media posts.

	QUESTIONS TO ASK	NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1	Do we share information about the <u>risks of suicide in construction</u> with our workforce and others in the industry?				
2	Do we use channels such as toolbox talks, company newsletters and company meetings to build mental health literacy?				
3	Do we provide opportunities for the families of our workforce to understand the unique risks faced by their loved ones so that they can be aware of warning signs as well?				
4	Do we educate our workforce on the dangers of opioids and the risk of addiction and overdose?				
5	Do we participate in any type of community involvement supportive of mental health or suicide prevention?				
		CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS!		KEEP IT UP!	GREAT WORK!

Integrate suicide prevention & mental health Toolbox Talks into your rotation

DONE

Include suicide prevention & mental health awareness into new hire orientation/safety training

DONE

DONE

WHO IS RESPONSIBLE:

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WHO IS INVOLVED:

WHO IS INVOLVED:

WHO IS INVOLVED:

Add a segment to company newsletters with mental health facts/information along with resources

DONE

Educate employees on the risks of opioid use so they are aware of the risk of misuse

DONE

Sign up as a company team to participate in a walk or other event for a local chapter of a suicide prevention or mental health organization

DONE

WHO IS RESPONSIBLE:

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NORMALIZE

Normalize the topic of suicide prevention as a health and safety priority by talking about suicide, suicide prevention and mental health.

QUESTIONS TO ASK		NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1	Do we have a clear, bold leadership statement discouraging bullying or discrimination on the basis of mental illness?				
2	Is mental health and suicide discussed in the workplace?				
3	Is mental health include in our safety and wellness programs?				
4	Do employees understand the confidentiality of the EAP and mental health treatment providers?				
5	Do we support employees experiencing mental illness in the same way we support employees experiencing other illnesses?				

CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS! KEEP IT UP! GREAT WORK!

Designate an internal champion who shares positive and inclusive messages

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Assess the barriers to employees seeking help—survey employees in all positions for their thoughts

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Make **mental health screening** tools available and include as part of other wellness screenings

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Hang **posters and distribute hardhat stickers**

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Make treatment of those experiencing mental illness a part of other discrimination/harassment training

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Inform employees of the confidential nature of any mental health assistance they seek using group health benefits or EAP

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

DECREASE

Decrease the risk of suicide in construction by ensuring that all team members have access to an awareness of our EAP/MAP, behavioral health benefits, screening tools, community crisis support, the Suicide Prevention Lifeline, and Crisis Text Line.

QUESTIONS TO ASK		NOT AT ALL	DISCUSSED BUT NOT INTEGRATED	INTEGRATION IN PROGRESS	FULLY INTEGRATED
1	Do our post-accident/post-incident/return-to-work programs and process address mental health issues following a workplace accident or injury?				
2	Do we have a critical incident debriefing plan in place and a service provider to conduct it?				
3	Do we have a stress management program in place, especially for leaders?				
4	Do we put protective factors in place for leaders if there is a significant negative event/outcome on a project?				
5	Do we have a postvention plan should an employee die by suicide?				
		CONSIDER SOME OF OUR RECOMMENDED ACTION STEPS!		KEEP IT UP!	GREAT WORK!

Include zero-suicide in company safety goals

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Include attention to underlying mental health concerns in near miss, incident and accident investigations/reports

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Add a critical incident debriefing process

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Work to re-integrate injured employees into the workplace as quickly as possible, seek light-duty opportunities whenever possible

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Coordinate with injury care providers to avoid prescribing opioid pain treatment whenever possible and to shorten duration when needed

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Provide support needed to set projects up to succeed - prioritize encouragement and checking in with leaders of struggling projects

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED:

Have the **Manager's Guide for Postvention** ready for use in case of a team member suicide

DONE

WHO IS RESPONSIBLE:

WHO IS INVOLVED: