How to help a coworker who may be at risk for suicide

By Meera Jagannathan
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September is National Suicide Prevention Month

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Coworkers can play an important role in suicide prevention, experts say — especially given the amount of time we spend at our jobs.

One person dies by suicide every 40 seconds, according to the World Health Organization, and suicide is second only to vehicle crashes as a leading cause of death among people aged 15 to 29. More than 47,000 U.S. adults died by suicide in 2017, making it the country’s 10th leading cause of death, according to the Centers for Disease Control and Prevention. Another 1.4 million adults made a suicide attempt that year, according to the Substance Abuse and Mental Health Services Administration, and 10.6 million reported having serious thoughts about attempting suicide.

Meanwhile, the average full-time employee spends about 8.5 hours working during weekdays he or she works, according to the Bureau of Labor Statistics’ most recent American Time Use Survey.

“In the workplace, where we spend the majority of our waking hours, [shouldn’t that be] an environment that is growing and learning and supportive of all of us taking better care of our mental health?” Christine Moutier, the chief medical officer of the American Foundation for Suicide Prevention, told MarketWatch.

Suicide rates, which can vary by occupation, rose by 34% among the working-age U.S. population (aged 16 to 64) between 2000 and 2016, according to the CDC. Rates were highest in 2015 for men working in construction and extraction (for example, mining); arts, design, entertainment, sports and media; and installation, maintenance and repair, the agency’s analysis of more than 22,000 people in 17 states found. They were highest for women working in arts,
design, entertainment, sports and media; protective service (for example, police, firefighters and correction officers); and health-care support.

September is National Suicide Prevention Month. Here’s what you can do to help a coworker who may be in crisis or at high risk for suicide:

**Know the warning signs.** The clearest signal that a person might be considering suicide, of course, is that they talk about ending their life. They might also mention feeling hopeless or not having any reasons to live, or even be searching online for terms like “How do I kill myself?” or “Where can I buy a gun?,” said Jonathan Singer, the president of the American Association of Suicidology and an associate professor of social work at Loyola University Chicago. While these signs are obviously alarming, Singer added, some people might witness them and decide that it’s none of their business or that the person is not serious.

Other signs could include dramatic changes in personal hygiene or substance use, or major life events like divorce, breakups, deaths of loved ones, legal troubles or job changes, said Julie Cerel, a suicidologist and professor at the University of Kentucky.

Sleep deprivation, extreme mood swings, talk of feeling trapped or being a burden to others, or a significant shift in someone’s social presence may also be signals, Singer said — maybe this person was once gregarious at work and now seems more withdrawn. “In and of itself, that’s not necessarily a bad thing,” he said of the last item. “But when it’s paired with, for example, poor sleep and talking about not being long for this world, that’s a warning sign.”

… but don’t lean too heavily on a checklist. Instead, use context clues and what you know about this person whom you interact with daily, Cerel said. “Most people are probably not going to reveal and disclose even the majority of what they’re experiencing, let alone the full extent of it — they may hint around those experiences of feeling overwhelmed, in pain, hopeless, trapped or feeling like they’re a burden to others,” Moutier added. Trust your gut when you believe someone is deviating from their range of usual behaviors, she said.

**Don’t be afraid to ask what’s going on.** “There’s no danger in saying to someone, ‘Hey, I’m really worried about you, and something you just said makes me think that you’re thinking about killing yourself,’” Cerel said. There’s no evidence to suggest that simply talking about suicide will plant the idea in a person’s head, she said.

If you’re completely off base, Singer said, it’s better to have a colleague temporarily annoyed over your misinterpreting their behavior “than to have them be dead.”

**If you have personal experience that relates to their situation,** “be open to sharing yours to make the playing field more level,” said Ursula Whiteside, a suicide-prevention researcher and clinical faculty member at the University of Washington.

“You might say, ‘I noticed that you don’t seem as excited about the project as you used to — you seem a little different. I could totally be off. But I care about you and I’ve definitely had times when I felt less connected and passionate. It was hard,’” said Whiteside. “If you are going through something like that, I’d be happy to talk about what my experience was like if you were interested.”

**If the person discloses to you that they are thinking about suicide, connect them with resources.** Find out what kind of help this person is willing to get: Does your workplace offer an employee-assistance program (EAP)? Does this person have a therapist or mental-health provider they can call? If not, can they contact their primary-care provider as a first step? You can also encourage them to call the free, confidential National Suicide Prevention Lifeline at 1-800-273-8255 or contact the Crisis Text Line by texting HOME to 741741. The organization NowMattersNow, headed by Whiteside, also offers video-based strategies for dealing with suicidal thoughts.

If they would prefer that you tap into these resources on their behalf, you can sit with them and relay the information. “You want to stay with somebody — because this is a really intense, emotional time — until they get to talk to somebody else,” Singer said.
Know when to call 911, and when not to. “Overreacting would be calling 911 the minute somebody tells you that they’re not sleeping and they’ve thought about suicide,” Moutier said. Dialing the emergency number would be appropriate if the person is about to enact a suicide method or is in the act of harming his or herself, she said.

If the person feels like they can’t be safe, Cerel said, ask them: “Is there somebody at home who can take those pills or put them away for you? Can we call the Lifeline or Crisis Text Line together to figure out what to do today when you get home? … Is there a family member who could pick you up and take you to see your therapist or to the emergency department?”

While many law-enforcement officers are well-trained to help individuals struggling with a mental-health crisis, Cerel said, some are not. “It’s much more likely to help someone if you get them to seek help themselves,” she said.

Understand your limits. “It’s important, also, for people to realize they can’t be the sole person keeping a coworker alive,” Cerel said. “You can be there for them; you can look out for them. But ultimately, you need to figure out how to get them to someone who’s trained in assessment and treatment of suicide.”

Keep some don’ts in mind. It doesn’t help to say, “Promise me you won’t kill yourself,” Cerel said, or to induce guilt by pointing out how their death will impact their loved ones. Don’t argue with the person (“Whatever is going on in your life can’t be that bad”) or commiserate in a superficial way that minimizes their pain (“The way things have been going in this company, literally everyone wants to kill themselves”), Singer said.

“Be careful of assumptions about what their behavior means. Sometimes we sensationalize things we think are happening when they have to do with suicide or mental health,” Whiteside added. “Avoid gathering with coworkers to speculate or gossip.”

Listen without judgment. “You just want to listen and be like, ‘That sounds really frustrating, and it makes sense to me why you’re so upset about what’s happening,’” Singer said. “You’re just having a thoughtful conversation with somebody, and telling them that they’re not alone and that somebody’s hearing them.”

“Let there be some silence,” Moutier said. “If they’re struggling to find the words or they’re not sure they’re ready to talk, let them think about that for a minute.” When they do start talking, use their phrasing in your response: “That sounds really difficult — tell me more about what you mean when you say …”

Seek out training for yourself. If you’re willing to make an eight-hour time commitment, check out Mental Health First Aid, a course operated by the nonprofit National Council for Behavioral Health and Missouri’s Department of Mental Health that teaches participants how to respond to signs of mental illness and substance-use disorders. You can also reach out to your local AFSP chapter to learn about programs and events offered in your area.

Give the person hope and make them feel less alone. “Know that feeling alone may ultimately be the biggest risk factor for suicide,” Whiteside said. “If you focus on it from that angle, and provide small but regular indications that you like that person, you look forward to seeing them, and you have hope that things will get better … then you can have an impact on that risk factor directly.”

Continue to be a friend to this person after they disclose their mental-health struggles to you, Moutier added. “The follow-up is very important,” she said. “It tells the person that you do care and that you’re not running away from the problem; that you can handle it; that you don’t judge them.”

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