Increasing Awareness of Depression and Suicidal Behaviour

Workshop

23rd October 2019

Mental Health Construction Safety Awareness Week

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University College Cork, Ireland

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Agenda
Workshop

- Background to the workshop
- Attitudes towards depression and suicidal behaviour
- Depression: The extent of the problem
- Suicide and self-harm: The extent of the problem
- *Building a Bridge':* Recognising suicide risk, communication and interaction

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EUROPEAN ALLIANCE AGAINST DEPRESSION

targeting depression and suicide globally

From European to Global Implementation

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An innovative approach – Addressing multiple interventions at the same time

Up to 32% reduction of suicidal acts in some European regions

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Model MATES in Construction

- The MATES program is an integrated program of training and support – one without the other is insufficient. The MATES program uses training as tool to raise awareness that there is a problem with suicide and its contributing risk factors in our industry and we can all be part of the solution. The support is then provided through clear pathways to help, case management processes that ensure that workers in need of support are connected to appropriate help, and on site visits by field officers to support the site and its workers in an ongoing presence until the site closes.

MATES in Construction delivers a number of training programmes on site. These programmes are aimed at:

- Raising awareness about suicide in the workplace
- Making it easy to access help
- Ensuring that the help offered is practical, professional and appropriate

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- MATES in Construction is a charity established in 2008 to reduce the high level of suicide among Australian construction workers. It is owned and controlled by the Australian Building and Construction Industry.

- People currently trained in the MIC program: 140754

- Cases Managed: 7122

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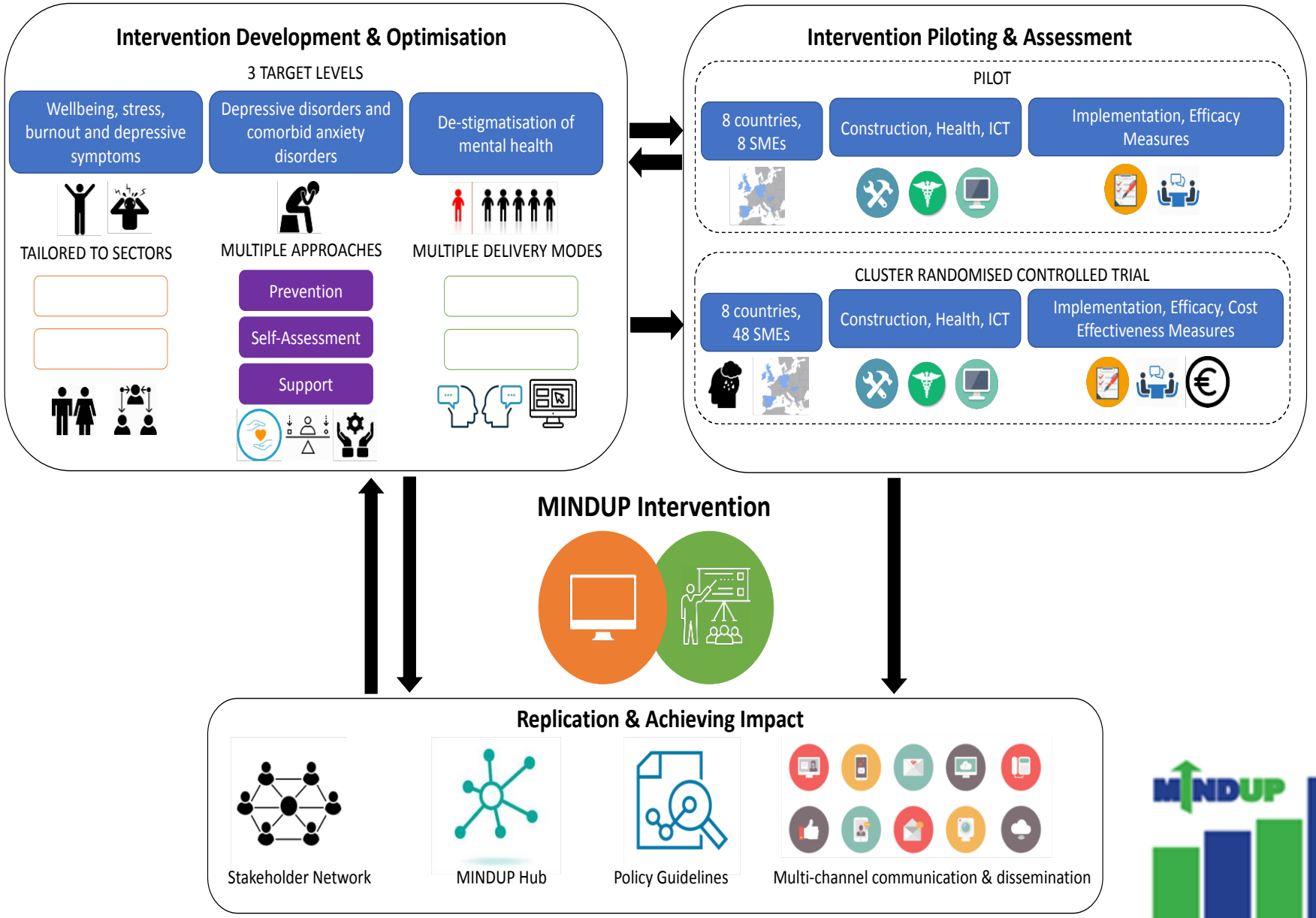
New EU funded project: Mental Health Promotion and Intervention in Occupational Settings: MINDUP, led by NSRF/UCC, Ireland



Group principles

- Respect the autonomy of others
- Confidentiality
- Constructive feedback

Definitions: Suicide and Self-harm

Suicide:

- A conscious or deliberate act that ends ones life when an individual is attempting to solve a problem that is perceived as insolvavble by any other means.

  (*Commonwealth Department of Health and Aged Care, LIFE Stratgy, Australia, 1999)*

Self-Harm:

- The various methods by which people harm themselves non-fatally, including self-cutting, taking overdoses, burning, etc.
- This behaviour can be associated with varying degrees of suicide intent from very low to very high.
- Sometimes people may not have intentions of suicide, but those who self harm are at greater risk of suicide.

  (WHO, 2014; Connecting for life, 2015)

Attitudes towards depression and suicidal behaviour

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Attitudes towards depression and suicidal behaviour

"If someone is suffering from depression, it is due to a weakness of character"

Disagree **Agree**

1 2 3 4 5 6 7 8 9 10

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Attitudes towards depression and suicidal behaviour

"Most people would not employ someone they knew had been depressed"

Disagree **Agree**

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Attitudes towards depression and suicidal behaviour

"Depression can be treated"

Disagree **Agree**

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Attitudes towards suicidal behaviour

"There is a risk of evoking suicidal thoughts in a persons mind if you ask about it"

Disagree **Agree**

1 2 3 4 5 6 7 8 9 10

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Attitudes towards suicidal behaviour

"Suicides among young people are particularly puzzling since they have everything to live for"

Disagree **Agree**

1 2 3 4 5 6 7 8 9 10

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Depression: Extent of the problem

Extent of the problem of depression

- Depression affects more than 1 in 10 people at any one time
- Women are twice as likely to be affected as men
- Depression affects all age groups

Approximately one in four women and one in eight men suffer from depression at least once in their life

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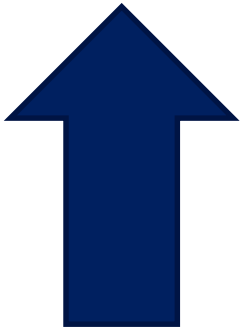
Many workplaces are affected by serious mental health issues, suicide and self-harm.

- The World Health Organisation estimates that in a company of 1,000 employees, 200–300 workers will suffer from a serious mental health problem in any given year.
- One worker will die by suicide every ten years.
- For every employee who dies by suicide, another 10–20 will make a suicide attempt.

World health organisation, 2006
http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf

Working conditions and mental health

The way work is designed and managed can either positively or negatively affects our mental health.



- Peer support
- Supervisor support
- Secure working conditions
- Satisfying work
- Well managed work load
- Culture of two-way communication

Everybody can contribute to establishing a supportive workplace

Managers

Worker community

Individual workers

gure 3 MINDUP intervention targets individual, peer and organisational levels within SMEs

Positive mental health culture without stigma

Protective structures art work

Policies, continual monitoring

Peer support

Difficulties in identifying depression

Depression often remains undetected:

- Many people do not recognise their own depression
- Physical symptoms often mask depression

Management of depression is insufficient:

- Many people are anxious about seeking counselling or starting a drug therapy (prejudices towards pharmacological treatment/stigma)
- Access to effective psychological therapies can be limited

Difficulties in identifying and managing depression and other mental health problems in the workplace

Help-seeking is (made) difficult

- Anxious to disclose mental health problems to employer
- Difficulties to talk to peers and seek peer support
- Stigma associated with mental health issues at work
- Hesitation about seeking help or counselling

http://www.whatdoesitmean.com/ssz1.jpg

Companies and health care services not prepared

- No support structures set up in companies
- Access to effective psychological therapies limited
- Return-to-work after absence due to mental health
- Work-relatedness not recognized by health care professionals

Difficulties in identifying mental health issues in the workplace

Help-seeking is (made) difficult

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- Stigma associated with mental health issues at work
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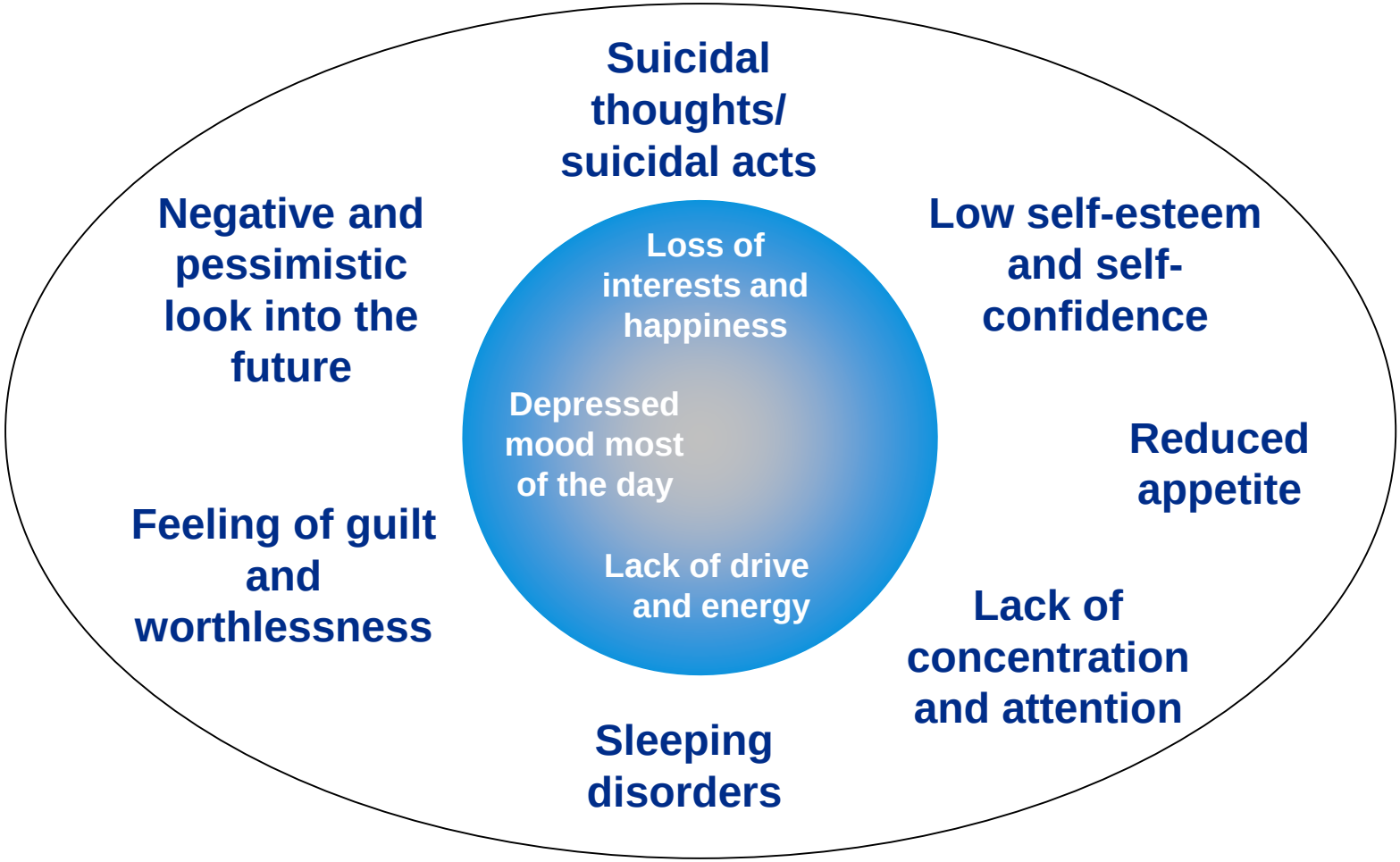
Companies and health care services not prepared

- No support structures set up in companies
- Supervisors not sure what to do
- Access to effective psychological therapies limited
- Return-to-work after absence due to mental health
- Work-relatedness not recognized by health care professionals

Key symptoms of depression



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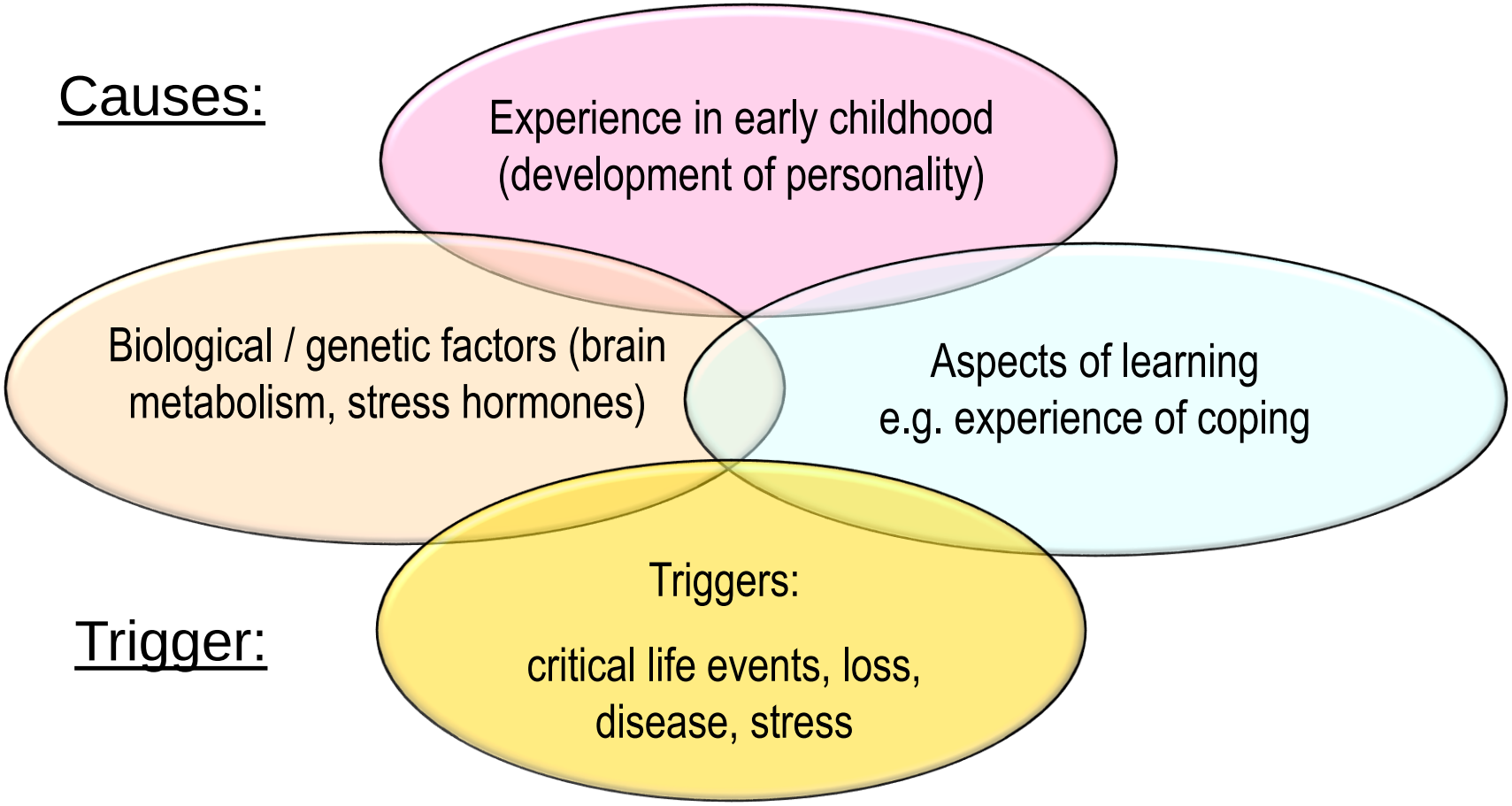
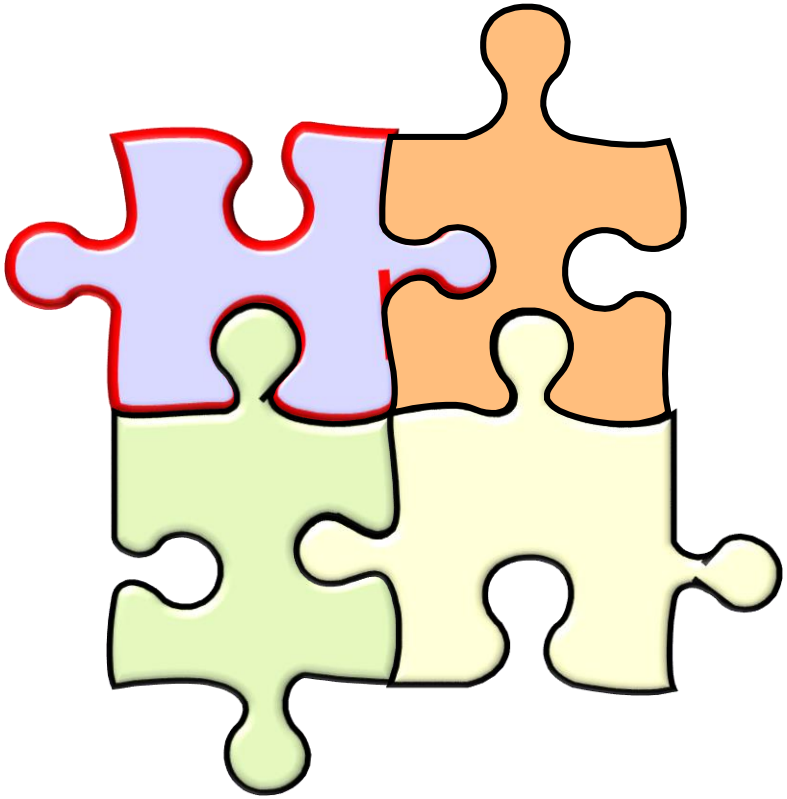
Multi-dimensional causes of depression



Treatment: The four pillars of treating depression

Psychotherapy



Family interventions

Socio-therapeutic support

Pharmacological treatment

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Suicide and Self-Harm

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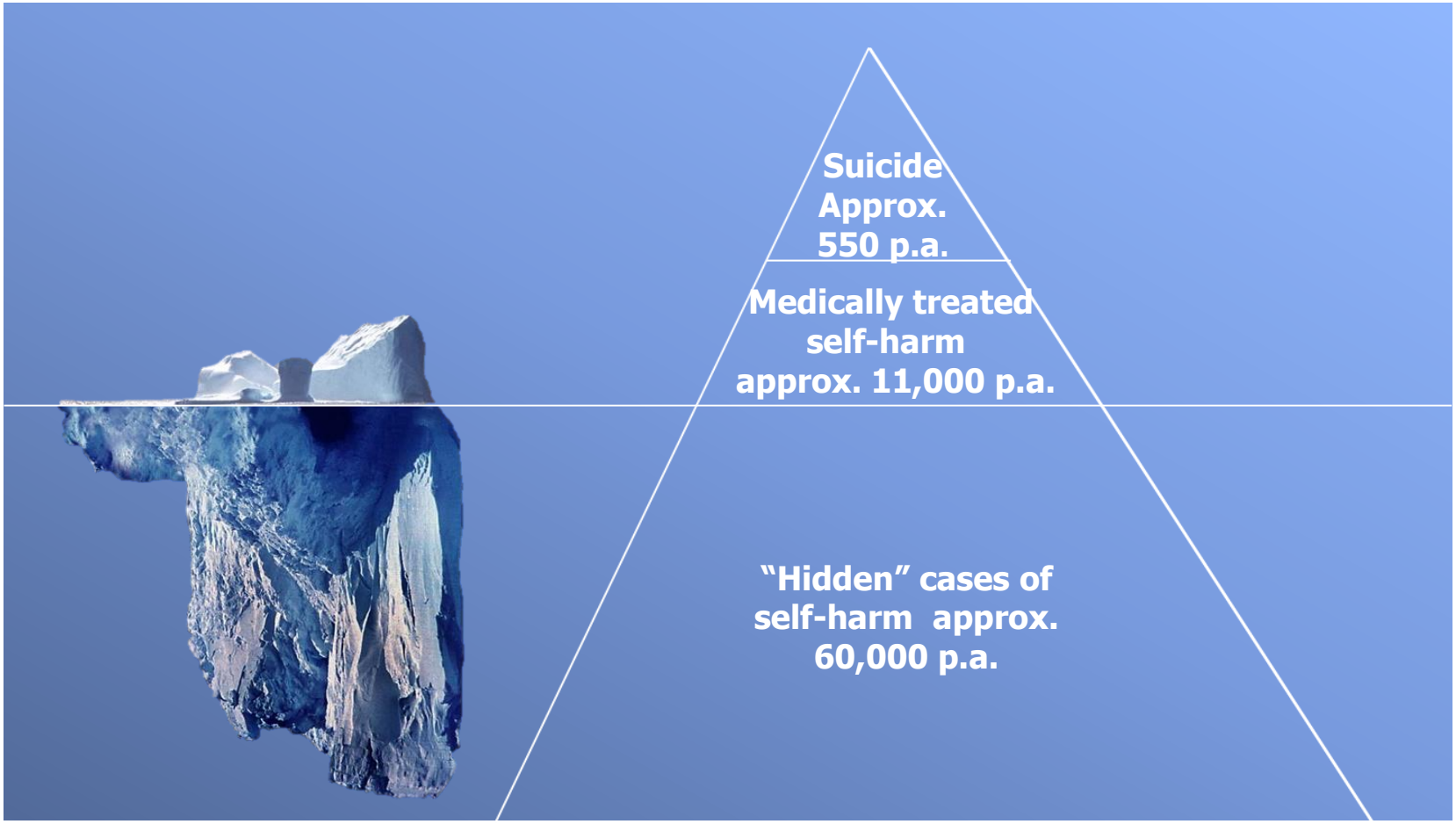
Suicide and medically treated self-harm in Ireland: the tip of the iceberg



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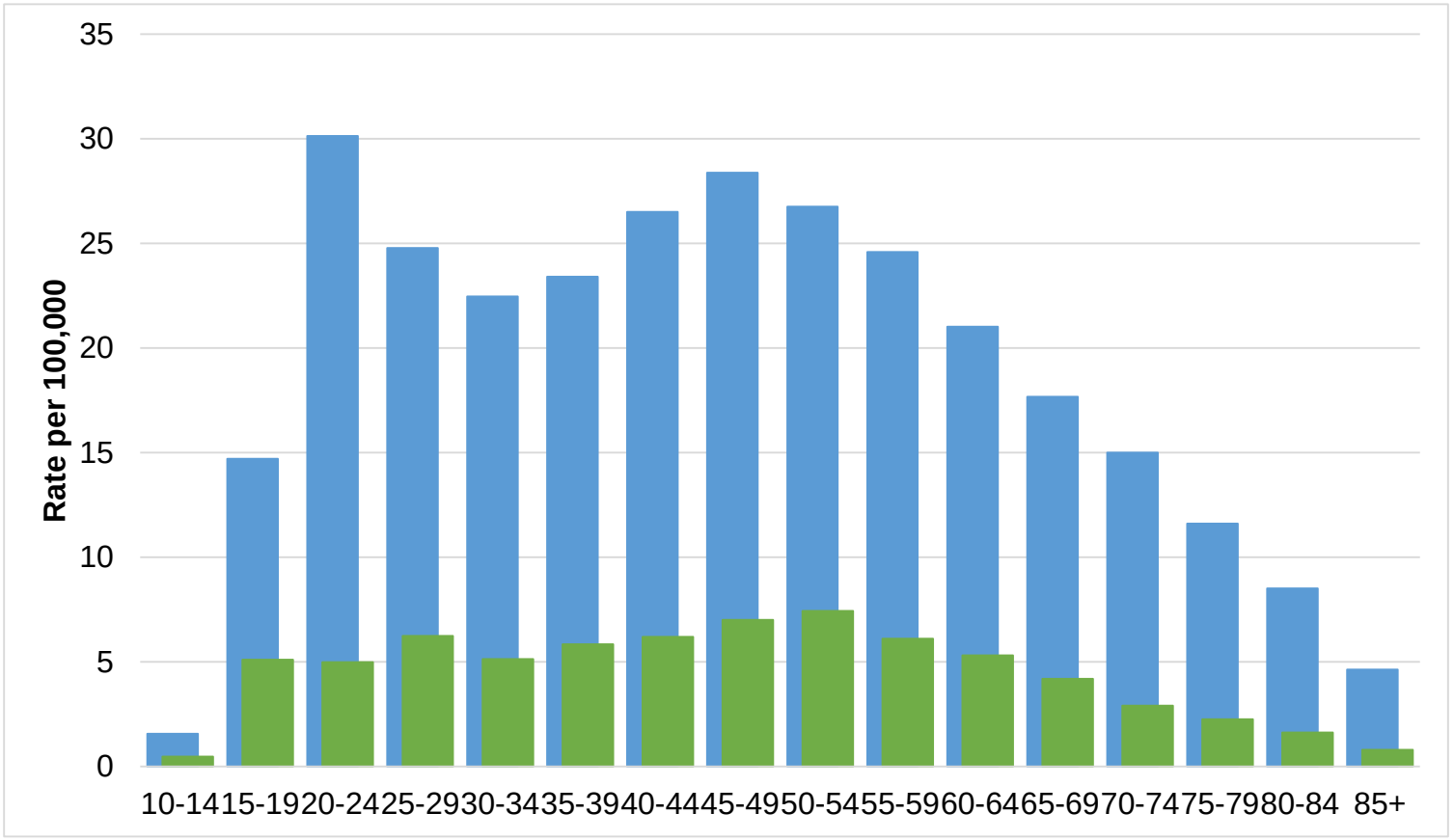
Suicide rates by age and gender (2007-2017)*



*** 2017 data still preliminary.**

***Source* – Central Statistics Office**

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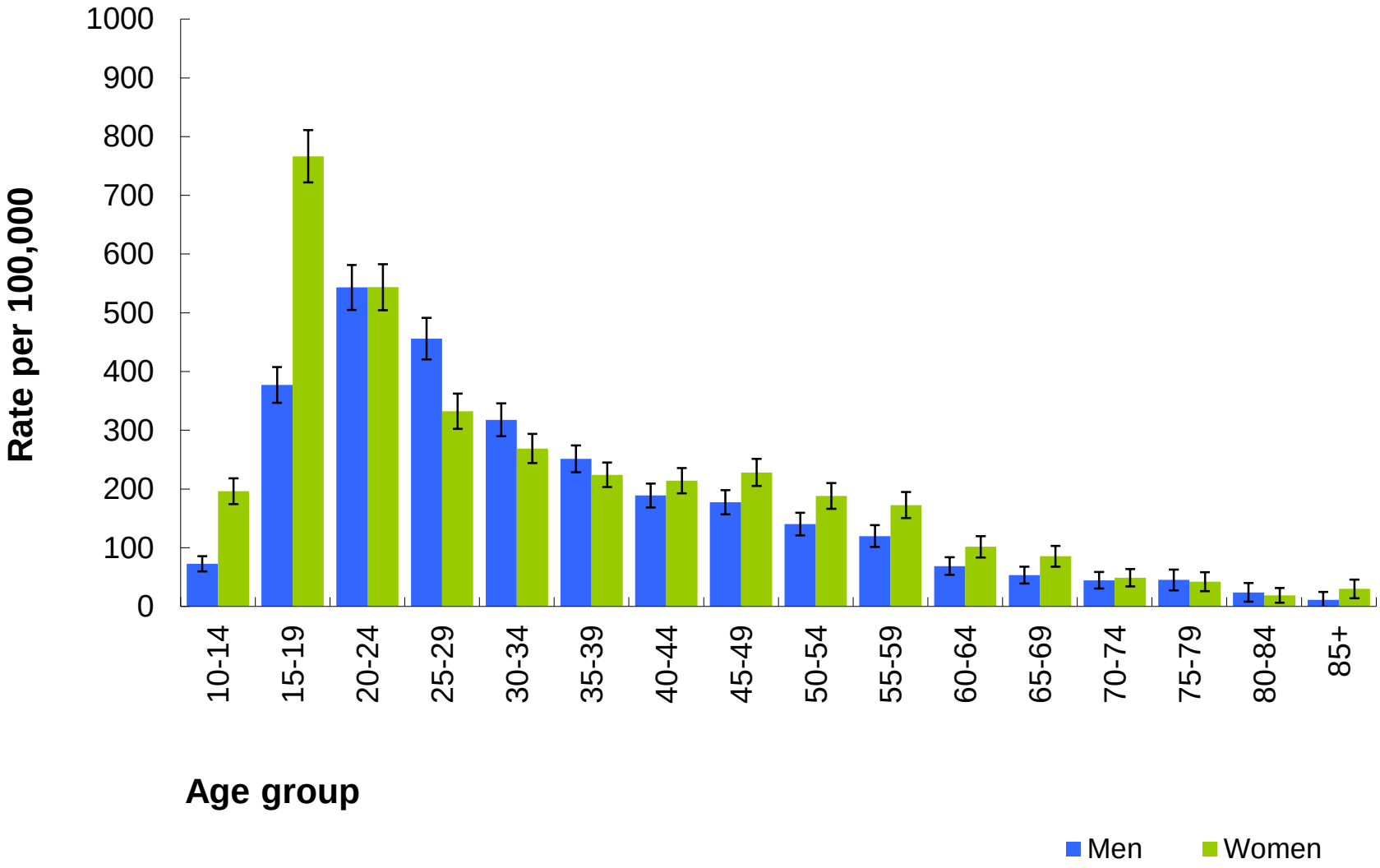
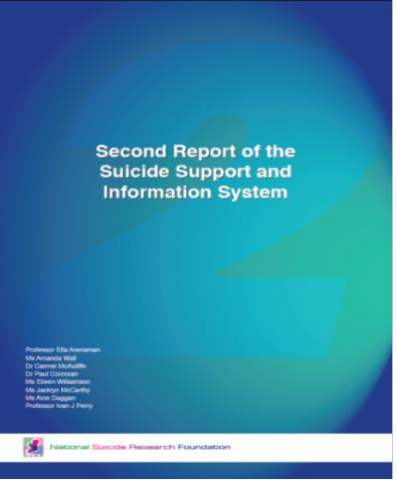
Self-harm by age and gender, 2018

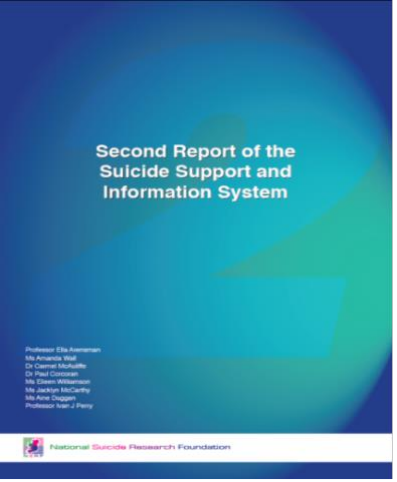


National Self-Harm Registry Ireland, 2019



Main characteristics of people who had died by suicide (n=307)

- Overrepresentation of men (80.1%); Men significantly younger than women
- High proportion were unemployed at time of death (33.1%)
- Among men, 48.6% had worked in the construction/production sector; among women, 26.5% had worked in a healthcare setting
- Nearly two thirds had a history of self-harm (65.2%); 69.1% were diagnosed with depression, and alcohol/and or drug abuse was present among 60.7%



Main characteristics of people who had died by suicide (n=307) ctd.

Contact with health services

- In the year prior to death, 81% had been in contact with their GP or a mental health service.
- Among those who had been in contact with the GP, the majority (67.4%) had done so 4 times or more during the year prior to death.

Physical illness

- Out of 165 cases for which this variable was known, 57% of cases had physical illness
- Wide range of illnesses (including cancer, chronic back pain, chronic neck pain and coronary heart problems)

The impact of alcohol

Alcohol abuse is one of the factors contributing to the high rate of suicide and self-harm among young people and adults

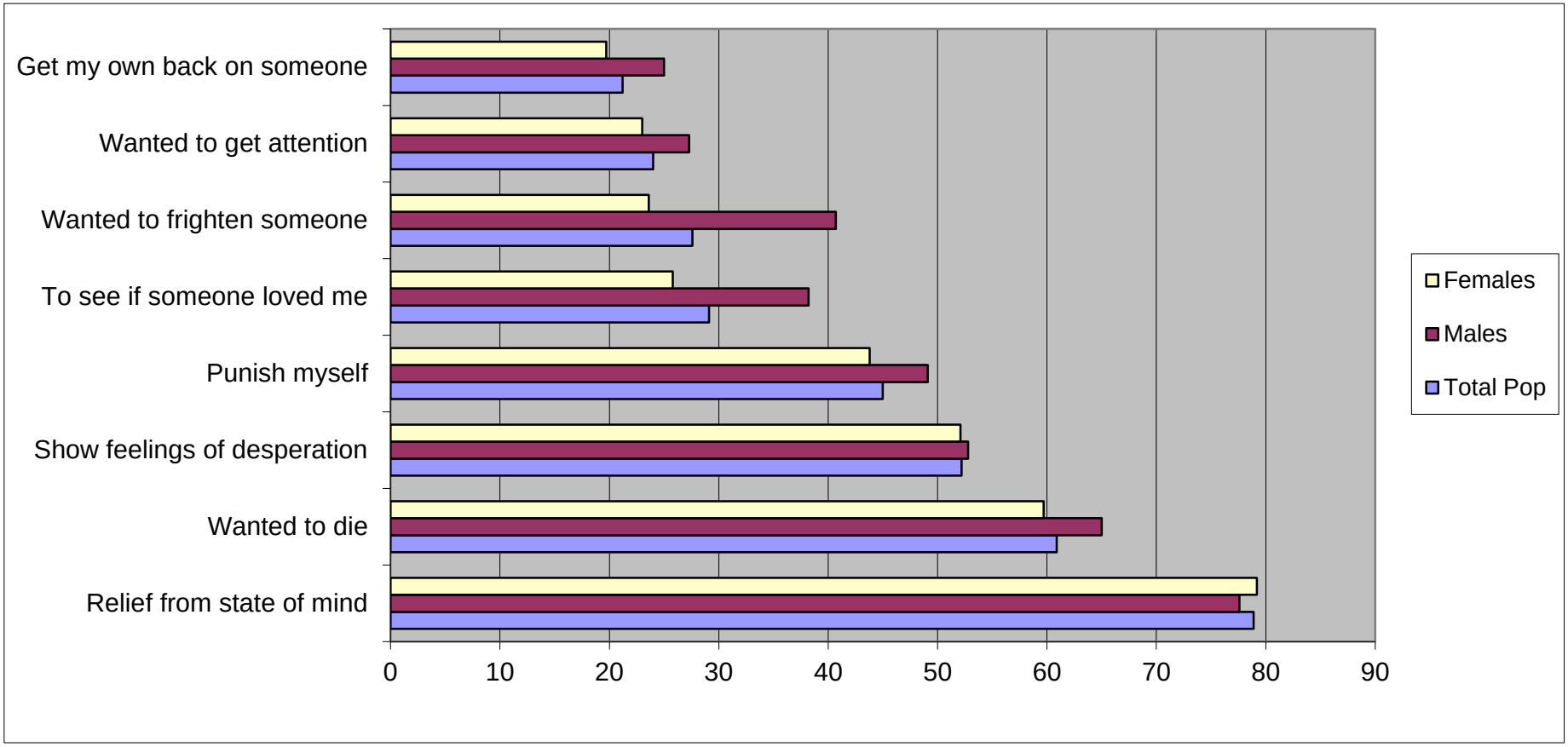
Direct effects:

- Impairs problem-solving ability
- Increases impulsivity and lack of control
- Increases feelings of depression, stress, anger or anxiety

Long term and indirect effects:

- Isolation (loss of work, relationships, etc.)
- Neurobiological deficits

Motives associated with Self-harm by gender



'Building a Bridge'

Recognising suicide risk, communication and interaction

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Stay connected

- Recognise warning signs of suicidal behaviour at an early stage

- Respond positively in order to:
  - Keep lines of communication open
  - Encourage help-seeking behaviour and linking to specialist services where appropriate

Identify: Suicide-specific warning signs

- Negative attitude towards the future / hopelessness
- Low self-esteem
- Indirect / direct signs referring to absence / death
- Preoccupation with a known suicide
- Verbalising or threatening suicide
- Dangerous risk-taking behaviour
- Past suicidal behaviour
- Suicide plan
- Sudden unexpected change in behaviour and activity level (e.g. from passive to active behaviour, giving away possessions)

Often combination of these aspects

Ask about thoughts of self-harm or suicide – Show that you care

- *"I've heard you talking about harming yourself / killing yourself. Is this something you are thinking about? Are you thinking about harming / killing yourself?"*

- *"You say you are really feeling down. Sometimes when people feel like this, they have thoughts of harming them selves. Are you thinking of harming yourself?"*

Other relevant questions – Show that you care

- *What exactly is on your mind if you say that you wouldn't mind to die?*
- *How long have you been having thoughts of suicide?*
- *Have you already organised (e.g. medications)?*
- *Have you already discussed suicide with somebody?*
- *Is there anything or anyone who would prevent you from doing this?*
- *Have you ever harmed yourself?*

Agree next steps – Show that you care

- Try not to be judgmental or display shock
- Listen empathically
- Involve the person where possible
- Motivate and support help seeking behaviour / take the initiative yourself to arrange help
  - Be aware of local help resources and link to appropriate services

Relevant services

- Family doctor / GP
- Accident and Emergency Department
- Other relevant services, e.g:
  - Samaritans: 116123 (free)
  - Healthtalkonline: depression, bereavement due to suicide – www.healthtalk.org
  - Your Mental Health information line: 1800 742 444 (free)

Do's

- Be available to listen and take time
- Acknowledge how the person is feeling
- Ask what you can do to help
- Be sensitive and encouraging
- Keep the conversation relaxed and open
- Be informed
- Avoid noise/distraction

Don’ts

- Don’t make unhelpful or dismissive comments, such as ‘I’m sure it will pass’, ‘forget about it’ etc.
- Don’t say you know how they feel if you don’t, as this invalidates the person’s experience
- Don’t refer to the fact that others may be in a worse position
- Don’t avoid the terms suicide and self-harm when this is mentioned by the person
- Don’t propose (easy) solutions too quickly
- Avoid arguments

Initiative, based in Cork
Part of Healthy Cities and Counties, supported by the Health Service Executive, University College Cork, Cork City Council, Cork County Council and community workplace partners

Aims

1. Stimulate conversations in the workplace leading to a better understanding of mental health
2. Encourage employers to engage with staff to promote and foster mental health in the workplace by setting goals for positive improvement
3. Celebrate commitment, good practice and innovation in mental health promotion in the workplace through participation in the 2019 PSYCHED awards.

https://corkhealthycities.com/psyched-2/

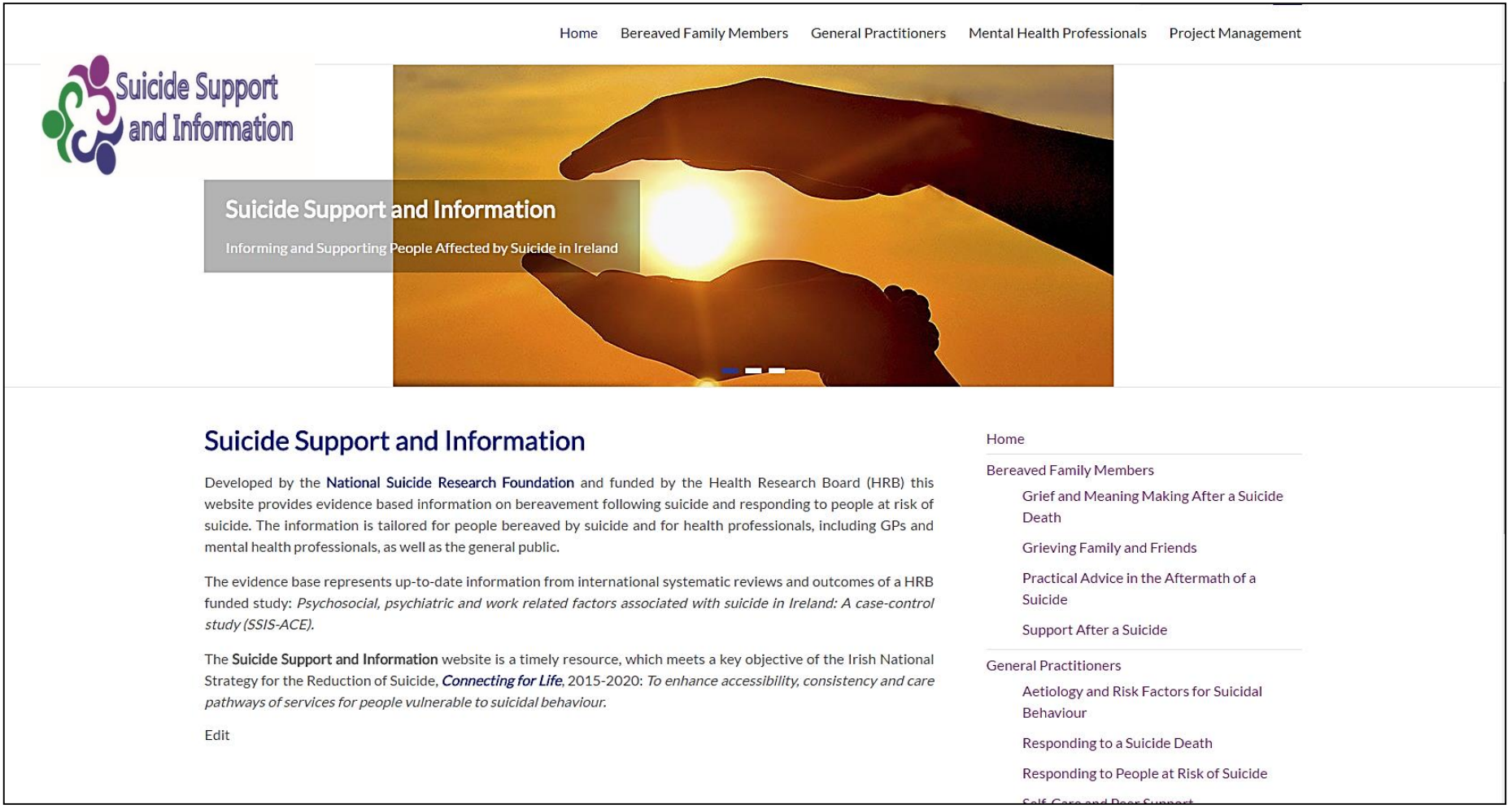
Documentary “My other Life”

https://vimeo.com/293985609

https://www.youtube.com/watch?v=EhwXUyM9V7g

Suicide Support and Information

www.suicidesupportandinformation.ie



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