

# COMPASS



**Construction Organizations  
Mobilizing for Peer Support &  
Suicide Safety**

**January 2026**

**We're glad that you are interested in the COMPASS framework to promote mental health and prevent suicide among construction workers. Please go to the link below and take a minute to answer a few questions about your organization to help us evaluate the use of our program. You can also request more information from the COMPASS team.**

**Survey link: <https://redcap.link/opkg0td1>**



## **Suicide Prevention Training Playbook for the Construction Industry**

Construction workers have high rates of mental health disorders, including one of the highest suicide rates of any occupation. In the US, construction workers are more than twice as likely to die from suicide compared to other male workers and are five times more likely to die from suicide than from a workplace injury. These dire statistics highlight the need for a simple, scalable, low-cost, evidence-based intervention that is appropriate for the unique organization and culture of the US construction industry.

The COMPASS (Construction Organizations Mobilizing for Peer Support and Suicide Safety) framework was developed to meet the unique needs of the US construction industry by helping construction contractors to assess, develop, and strengthen their suicide awareness and prevention programs. This playbook was developed by university-based worker health programs in Missouri and Iowa with the active support of contractors, labor unions, the Missouri Associated General Contractors (AGC), and the National Center for Construction Research and Training (CPWR). The program is meant to provide construction contractors with an adaptable framework for implementing and maintaining an effective program to support mental health and prevent suicide in their workforce. While developed for contractors, the COMPASS program could be adapted to other construction organizations.

The COMPASS framework was inspired by the “MATES in Construction” program, which is an evidence-based suicide prevention program developed for and by the Australian construction industry, which has since been expanded to other countries and to the mining, energy, and manufacturing industries. MATES is effective in encouraging help seeking and help offering, empowering peers and leaders to more effectively offer help, and improving navigation to programs and resources in the event of a mental health crisis. COMPASS adopts key elements of the MATES program, including three levels of suicide prevention training (see fig. 1).

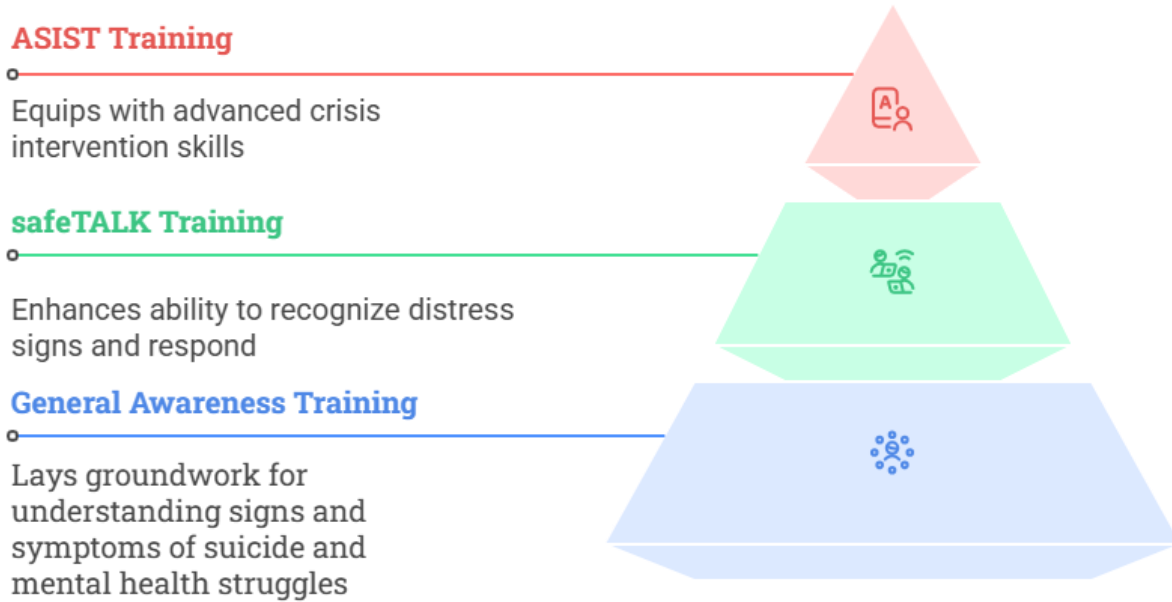
The first level of training is a general awareness training (GAT) to increase knowledge and awareness of suicide prevention for everyone who is employed by a contractor, or all workers on a specific jobsite. This training can be delivered as a 1-hour presentation or as five short toolbox talks. The second training level is safeTALK, which trains volunteer “peer connectors” who interact with their coworkers and connect them with needed help. The third level is Applied Suicide Intervention Skills Training (ASIST) to equip a smaller number of personnel with the skills to work with peer connectors and provide further evaluation and referral to workers in need of help. The goals of these three levels of training are to encourage workers to seek help for mental health issues, to establish a peer-based ‘gatekeeper’ network on construction worksites where workers are encouraged to offer help to co-workers in need, and to improve referrals to mental health and other services for workers in need.

The COMPASS framework has been used successfully to implement suicide prevention programs at several Midwest construction sites in conjunction with support from a university-

based team. This playbook offers a ten-step guide for contractors on how to implement and sustain a similar suicide prevention program within their own companies.

**Fig. 1**

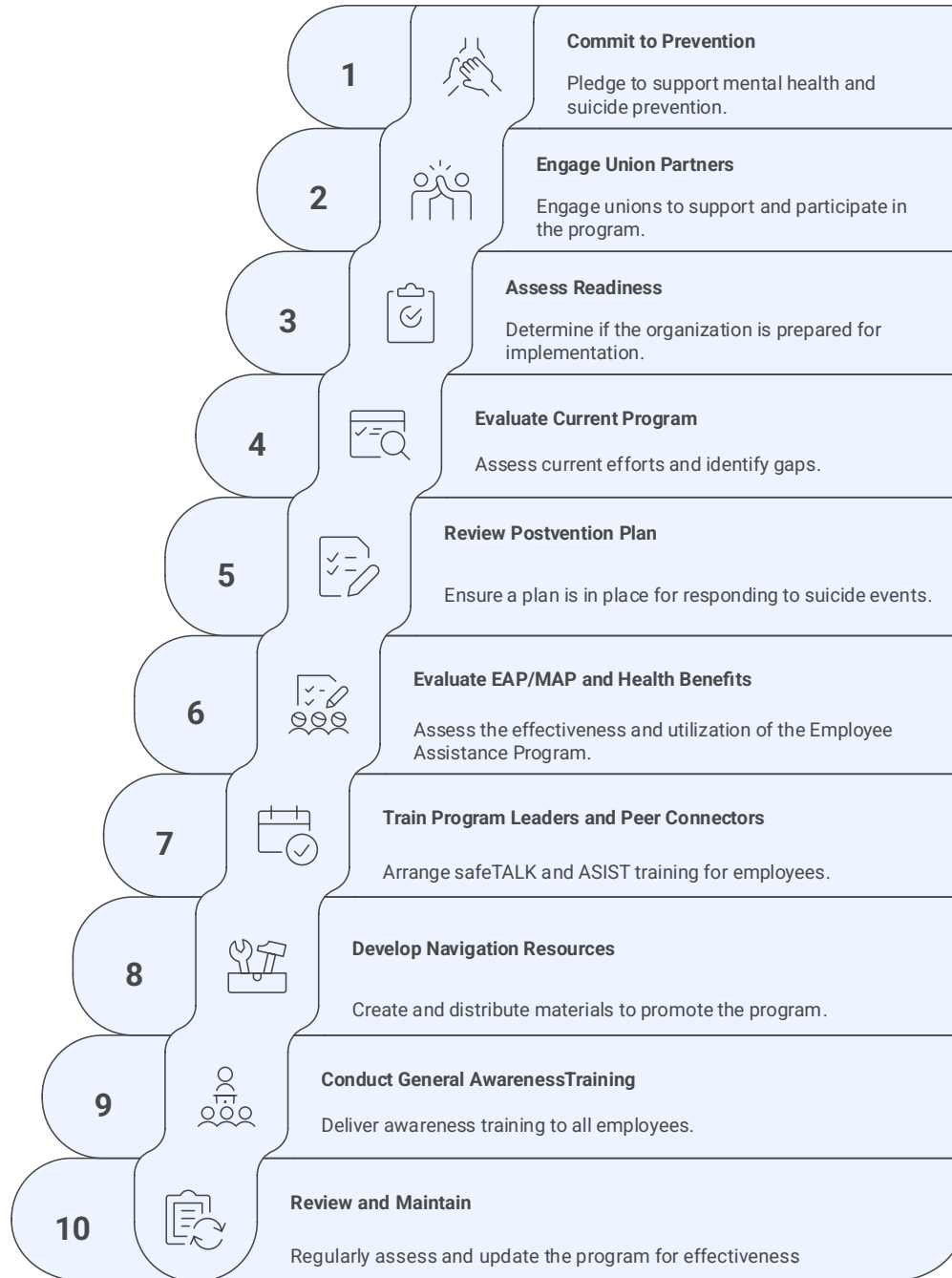
## Three Levels of Suicide Prevention Training



Made with  Napkin

Figure 2

## Implementing COMPASS: Construction Organizations Mobilizing for Peer Support & Suicide Safety



## Guide to Implementing COMPASS

### 1) Commit to Prevent Suicide and Improve Mental Health

1. Pledge to take action in support of mental health, suicide prevention, and substance use recovery. The Construction Industry Alliance for Suicide Prevention (CIASP) has a [Stand Up Pledge](#) that both individuals and contractors can complete.
2. The pledge from leadership should be disseminated to workers companywide. Messaging should outline training and resources, promote trust in confidentiality for anyone seeking help, and make a commitment to keeping people in the workforce after disclosure mental health issues.

### 2) Engage Union Partners

1. Contact union leadership to discuss the new suicide prevention program and get buy-in for participation in trainings and other events. Solicit support for workers to attend safeTALK peer connector training; discuss how these workers will be chosen.
2. Developing a joint labor-management program for suicide prevention training or having a Memorandum of Understanding (MOU) may be beneficial in attaining buy-in.
3. Have trades review and assess their Member Assistance Programs (MAPs), as outlined in step 6 below.
4. Review the joint labor-management benefits program if one is in place. Create a list of MAP benefits and contact numbers so that workers covered under different benefit plans can be appropriately referred.

### 3) Assess Company's Readiness to Implement the Program

1. Go through the organizational readiness for implementing change (ORIC) checklist to determine if the company is ready to implement the program or if more needs to be done to prepare before implementing the program. (See **attached ORIC questions**)

### 4) Evaluate Your Organization's Current Suicide Prevention Program

1. Use the CIASP's [Needs Analysis & Implementation Tool](#) to evaluate how your company currently addresses mental health and suicide prevention.
2. Identify the activities your company is currently engaged in to promote suicide awareness.
3. Identify suicide prevention and mental health assistance resources that are currently available to employees.
4. Identify and assess gaps in current resources.
5. Assess the current process of supporting employees who are contemplating suicide or having a mental health crisis. For example, is there a process to refer employees who are contemplating suicide or having a mental health crisis? Does

the referral process account for different employee/member assistance programs or differences in health benefits that may exist for different segments of the workforce?

**5) Assess the Status of the Current Suicide Postvention Plan**

1. Is there a plan for how your company will respond in the event of a suicide or other accidental death of an employee?
2. If there is no plan currently in place, use the American Foundation for Suicide Prevention (AFSP) “[After a Suicide: A Toolkit for Construction Workplaces](#)” as a template for developing your own postvention plan. If there is a plan in place, great work – you are already starting from a strong position! Review your existing plan, consult the AFSP toolkit, and revise as needed.
3. Ensure your company takes action within the first 48 hours of a suicide death.

**6) Evaluate Your Organization’s Employee Assistance Program (EAP)**

1. Review reports from the EAP provider to assess utilization. Many EAP programs are underutilized compared to the level of need for mental health / substance use / other issues among the workforce.
2. Review available benefits and determine if the benefits meet employee needs.
  - Solicit feedback from employees who have utilized the EAP. What are they saying?
  - Solicit feedback from employees who are not utilizing the EAP. What are they saying?
3. Contact EAP programs, as needed, to discuss needed improvement in services and address any other issues.

**7) Schedule safeTALK and ASSIST Training through LivingWorks**

1. LivingWorks is an international organization that teaches suicide prevention skills and has partnered with the MATES program in Australia. In the USA, LivingWorks has partnered with the Construction Industry Alliance for Suicide Prevention and other organizations to provide suicide prevention and intervention skills training to individuals and organizations across the United States. You can learn more about LivingWorks and submit a training inquiry form to schedule a training session on their website at: <https://livingworks.net>
2. Identify contractor employees and union members who are best suited to take the ASIST and safeTALK (peer connector) training and recruit them for voluntary involvement – it is important to get employees to volunteer for this training.
  - Workers who take the safeTALK training to become Peer Connectors should include foremen as well as safety champions and workers outside of formal leadership positions who are trusted and easily approached by other workers. **Approximately 5%** of employees should take the safeTALK training.

- Employees who take the two-day ASIST training should usually include people on the safety team, Human Resources, foremen, project managers and others who may be involved in implementing a suicide prevention program at the contractor. Union personnel engaged in health and safety programs may also be appropriate for this training.
3. Schedule key employees to take the ASIST and safeTALK trainings through LivingWorks. We recommend that workers complete the trainings on company time to encourage greater worker participation and engagement.
  4. Alternative trainings: LivingWorks trainings are pragmatic, have been well received within the construction industry, and are used by the MATES program. LivingWorks trainings are thus recommended in the COMPASS framework. There is a growing number of other good general training options for suicide prevention, including programs specific to the construction industry. If more appropriate for local needs, similar trainings may be substituted for General Awareness Training, safeTALK, or ASIST. A list of alternative trainings is provided in the “Trainings” section at the end of this document.  
(Note: Current rates for LivingWorks training are ~\$300/person for ASIST and ~\$100/person for safeTALK; some states may subsidize this training through grants)

#### **8) Develop Resources**

1. Create a list of local or regional resources with contact information and make it easily accessible to all workers. The list should include contractor and union health plans and EAP / MAPs. Other resources may include crisis centers (e.g., suicide prevention, crisis centers, rape/sexual assault, veterans), hotlines (e.g., suicide prevention, sexual abuse, child abuse), mental health clinics, sexual assault/abuse, children/teen services, shelters, family support, substance abuse, and emergency contacts. **(See attached resource referral template – these resources should be reviewed and updated quarterly.)**
2. Create ways to promote the suicide prevention program (e.g., hardhat stickers, medallions, wrist bands, laminated cards, posters with QR codes, etc.), using input and assistance from identified champions. (This can be done in house, or with an outside graphic designer.)

#### **9) Conduct Company or Site-wide General Awareness Training**

1. Deliver the series of toolbox talks **OR** provide a 1-hour presentation for the general awareness training on suicide awareness and prevention. **(Templates for both are attached)** Choose the method that works best for your organization.
2. If facilitating the toolbox talks, the delivery can be done by a foreman, safety trainer, or other personnel who usually deliver toolbox talks at the worksite. People delivering the training should have taken the safeTALK or ASIST training before delivering general awareness training. If feasible, it may be helpful to have a peer with lived experience co-present with the trainer.

- If facilitating a 1-hour presentation, the delivery can be done by a trusted safety leader or by an outside trainer. Buy-in from labor representatives is important for worker trust and acceptance; co-presentation may work well in some situations.
3. Having someone talk about a recent mental health/suicide event or share a personal story helps make the General Awareness Training more effective.
  4. Opportune times to promote suicide awareness are during mental health awareness month (May) and suicide awareness month (September).

#### **10) Review and Maintain Program**

1. Review program every 6-12 months, and revise based on feedback. What is working/not working and what changes, if any, need to be made?
2. Deliver General Awareness Training annually to all workers.
3. Offer safeTALK annually to maintain an adequate number of Peer Connectors (goal is 5% of workforce)
4. Offer ASIST Training periodically to maintain enough people with advanced skills in the organization.
5. Consider having regular meetings with safeTALK and ASIST trained employees to provide support to these key personnel and allow them to share experiences.
6. Annual refresher training may include using other trainings that are listed in the **Trainings** section below.

#### **Key Literature on Suicide Prevention in Construction**

1. Gullestrup, J., King, T., Thomas, S. L., & LaMontagne, A. D. (2023). Effectiveness of the Australian MATES in Construction Suicide Prevention Program: A systematic review. *Health Promotion International*, 38(4). <https://doi.org/10.1093/heapro/daad082>
2. Gullestrup, J. Thomas, S., King, T., LaMontagne, A. D., (2025). Networks of Safety: Enhancing Social Networks and Changing Social Norms in a Suicide Prevention Program for Australian Construction Workers. *Qualitative Research in Health*, 8. <https://doi.org/10.1016/j.ssmqr.2025.100628>
3. LaMontagne, A. D., Lockwood, C., Mackinnon, A., Henry, D., Cox, L., Hall, N. R., King, T. L. (2025). MATES in Manufacturing: A Cluster RCT Evaluation of a Workplace Suicide Prevention Program. *American Journal of Industrial Medicine*, 68(4), 331-343. <https://doi.org/10.1002/ajim.23698>
4. Doran, C. M., Wittenhagen, L., Heffernan, E., Meurk, C. (2021). The MATES Case Management Model: Presenting Problems and Referral Pathways for a Novel Peer-Led Approach to Addressing Suicide in the Construction Industry. *International Journal of*

*Environmental Research and Public Health*, 18(13).

<https://doi.org/10.3390/ijerph18136740>

5. Evanoff, B., Kinghorn, A., Henrichs, J., Tayeb, S., & Rohlman, D. (May 2025). *Peer Support Programs to Promote Mental Health Among Construction Workers*. The Center for Construction Research and Training. [https://www.cpwr.com/wp-content/uploads/SS2025-Peer\\_Support\\_Mental\\_Health\\_Construction\\_Workers.pdf](https://www.cpwr.com/wp-content/uploads/SS2025-Peer_Support_Mental_Health_Construction_Workers.pdf)
6. Gaal, John S. (Summer 2025). Examining Mental Health Peer Support Models for the U.S. Construction Industry. *International Journal of Vocational Education and Training*, 30(1), 20-27. <https://iveta.global/wp-content/uploads/2025/07/IJVET-30.1-Layout1-Summer-2025-Final-1.pdf>

## Resources

American Foundation for Suicide Prevention (<https://afsp.org/construction-suicide-prevention-and-mental-health-support/>)

Associated General Contractors of America (<https://www.agc.org/mental-health-suicide-prevention/contractor-resources>)

Construction Suicide Prevention Week (<https://constructionsuicideprevention.com/>)

Substance Abuse and Mental Health Services Administration (SAMHSA) (<https://www.samhsa.gov/mental-health>)

Talking About Suicide in the Construction Industry ([https://www.cpwr.com/wp-content/uploads/GB-Suicide\\_Prevention\\_Safe\\_Messaging\\_Guide.pdf](https://www.cpwr.com/wp-content/uploads/GB-Suicide_Prevention_Safe_Messaging_Guide.pdf))

The Center for Construction Research and Training (<https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/suicide-prevention-resources/>)

## Toolbox Talks

Associated General Contractors of America ([https://www.agc.org/sites/default/files/Files/Labor%20%26%20HR%20\(public\)/Suicide\\_Prevention\\_Tool-Box-Talks\\_2022-AddYourLogo.pdf](https://www.agc.org/sites/default/files/Files/Labor%20%26%20HR%20(public)/Suicide_Prevention_Tool-Box-Talks_2022-AddYourLogo.pdf))

Construction Industry Alliance for Suicide Prevention (<https://www.preventconstructionsuicide.com/toolbox-talks>)

Construction Suicide Prevention Week (<https://constructionsuicideprevention.com/resources/toolbox-talks/>)

The Center for Construction Research and Training  
([https://www.cpwr.com/wp-content/uploads/TT-Suicide\\_Prevention.pdf](https://www.cpwr.com/wp-content/uploads/TT-Suicide_Prevention.pdf))

Healthier Workforce Center of the Midwest (University of Iowa)  
([https://hwc.public-health.uiowa.edu/wp-content/uploads/You-OK\\_Construction-Facilitator-Guide.pdf](https://hwc.public-health.uiowa.edu/wp-content/uploads/You-OK_Construction-Facilitator-Guide.pdf))

## **Trainings**

Associated General Contractors of America’s Suicide Prevention Course  
(<https://www.agc.org/industry-priorities/safety-health/mental-health-suicide-prevention/mental-health-suicide-prevention-course>)

Construction Industry Alliance for Suicide Prevention  
<https://www.preventconstructionsuicide.com/training>)

Forefront (<https://intheforefront.org/education-training/>)

Mental Health First Aid (<https://www.mentalhealthfirstaid.org/>)

Mindful Momentum (<https://mindful-momentum.com/mbps/>)

Question, Persuade, Refer (QPR) (<https://qprinstitute.com/>)

Talk Saves Lives (<https://afsp.org/talk-saves-lives/>)

The Center for Construction Research and Training ([https://www.cpwr.com/wp-content/uploads/WB-Construction\\_Worker\\_Resilience\\_Training%E2%80%93Trainers.pdf](https://www.cpwr.com/wp-content/uploads/WB-Construction_Worker_Resilience_Training%E2%80%93Trainers.pdf))

VitalCog: Suicide Prevention in the Workplace  
(<https://www.coloradodepressioncenter.org/vitalcog/>)

## **Postvention Resources**

After a Suicide: A Toolkit for Construction Workplaces ([https://www.datocms-assets.com/164289/1755120803-after-a-suicide-toolkit\\_construction-workplaces.pdf](https://www.datocms-assets.com/164289/1755120803-after-a-suicide-toolkit_construction-workplaces.pdf))

Workplace Suicide Postvention: A Supervisor’s Perspective  
(<https://www.youtube.com/watch?v=Ywt2-Rd4FqE>)

American Foundation for Suicide – Caring Communities (<https://afsp.org/caringcommunities/>)

Responding After a Suicide: A Toolkit for Communities in Montana (Can be used as a template for developing a suicide postvention plan)  
(<https://dphhs.mt.gov/assets/suicideprevention/MontanaSuicidePostventionToolkit.pdf>)

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## Organizational Readiness for Implementing Change (ORIC)

(Adapt the questionnaire to your purposes by specifying [the change] you are investigating inside the brackets)

	I disagree	I somewhat disagree	I neither agree nor disagree	I somewhat agree	I agree
1 People who work here feel confident that the organization can get people invested in implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 People who work here are committed to implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 People who work here feel confident that they can keep track of progress in implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 People who work here will do whatever it takes to implement [this change] delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 People who work here feel confident that the organization can support people as they adjust to [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 People who work here want to implement [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 People who work here feel confident that they can keep the momentum going in implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 People who work here feel confident that they can handle the challenges that might arise in implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 People who work here are determined to implement [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 People who work here are motivated to implement [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 People who work here feel confident that they can manage the politics of implementing [this change].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The ORIC questionnaire is translated to a variety of languages by the [ImpleMentAll consortium](#). [Translated versions](#) are available for free as well information about the [translation procedure](#). When using the ORIC questionnaire in any kind of setting, please cite the following reference and copyright:

Shea, CM; Jacobs, SR; Esserman, DA; Bruce, K; Weiner, BJ. (2014).

Organizational readiness for implementing change: a psychometric assessment of a new measure. Implementation Science; 20:7. DOI:10.1186/1748-5908-9-7. PMID 24410955 PMC3904699

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**Adapted ORIC Questions for  
COMPASS**

**Organizational Readiness for Implementing Change Questions**

- |    |  |  |
|----|--|--|
| 1  | People who work here feel confident that the organization can get people invested in implementing a suicide prevention program.        | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 2  | People who work here are committed to implementing a suicide prevention program.   | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 3  | People who work here feel confident that they can keep track of progress in implementing a suicide prevention program.                 | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 4  | People who work here will do whatever it takes to implement the delivery of a suicide prevention program.                              | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 5  | People who work here feel confident that the company can support people as they adjust to the suicide prevention program.              | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 6  | People who work here want to implement a suicide prevention program.   | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 7  | People who work here feel confident that they can keep the momentum going in implementing a suicide prevention program.                | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 8  | People who work here feel confident that they can handle the challenges that might arise in implementing a suicide prevention program. | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 9  | People who work here are determined to implement a suicide prevention program.   | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |
| 10 | People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.                               | <input type="radio"/> I disagree<br><input type="radio"/> I somewhat disagree<br><input type="radio"/> I neither agree nor disagree<br><input type="radio"/> I somewhat agree<br><input type="radio"/> I agree |

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11 People who work here are motivated to implement a suicide prevention program.

- I disagree
- I somewhat disagree
- I neither agree nor disagree
- I somewhat agree
- I agree

---

12 People who work here feel confident that they can manage the politics of implementing a suicide prevention program.

- I disagree
- I somewhat disagree
- I neither agree nor disagree
- I somewhat agree
- I agree

# Referral Template

Directions: Fill in the charts below with the appropriate contact information for your company & the unions that are on site. Ensure the "Description of Program" includes (briefly) what the program covers (i.e. offerings & resources). Place the completed chart in a visible location in the trailer on-site, as well as \_\_\_\_\_.

<b>Contacts</b>	<b>Name</b>	<b>Description of Program</b>	<b>Phone Number</b>
Company			
Human Resources			
Employee Assistance Program (EAP)			
MATES Program Contact			
Health Insurance Contact (Company Provided)			
Other Company MH Resources			
Union Contacts (complete for each union)			
Union:			
Member Assistance Program (MAP)			
Union Health Fund Contact			
Health Insurance Contact (Union Provided)			
Other Union MH Resources (i.e. union run health clinic, union peer connector, etc.)			
Union:			
Member Assistance Program (MAP)			
Union Health Fund Contact			
Health Insurance Contact (Union Provided)			
Other Union MH Resources (i.e. union run health clinic, union peer connector, etc.)			
Union:			
Member Assistance Program (MAP)			
Union Health Fund Contact			
Health Insurance Contact (Union Provided)			
Other Union MH Resources (i.e. union run health clinic, union peer connector, etc.)			
Union:			
Member Assistance Program (MAP)			
Union Health Fund Contact			
Health Insurance Contact (Union Provided)			
Other Union MH Resources (i.e. union run health clinic, union peer connector, etc.)			

# Referral Template

Other			
211 (United Way) Labor Liaison			

# Referral Template

## APPENDIX:

	Name	Number
Crisis Centers		
Suicide Prevention Center		
Crisis (Distress) Center		
Rape/Sexual Assault Center		
Veterans Crisis		
Hotlines		
Suicide Prevention Hotline		
Sexual Abuse Hotline		
Child Abuse Hotline		
Mental Health Clinics		
Mental Health Outreach Clinic		
Children/Youth Psychiatric Clinic		
Sexual Assault/Abuse		
STD Information and Testing Sites		
Legal Assistance / Victim-Witness Assistance		
Children/Teen		
Children's Services Offices		
Teen		
Student Services		
Shelters		
Emergency Shelters		
Youth Shelter		
Family Support		
Family Support Services		
Child Care Referrals		
Parent Training		
Substance Abuse		
Substance Abuse Treatment Referral		
Alcoholics Anonymous		
Emergency		
Police		
Paramedic Emergency Medical Services Unit		
Mental Health Crisis/Response		
Hospital Emergency Services		
Other		

**Toolbox Talks (5)**  
**For General Awareness Training**

Examples from Washington University in  
St. Louis below.

# Addressing Suicide in Construction

Safe Talk 1: Where Things Stand

## Where Things Stand

### In the United States (2022)

Suicide was the **11th** leading cause of death in the US; **2nd** for 25-34 year olds; **4th** for 35-44 year olds; **9th** for 55-64 year olds

Over **49,000** people died by suicide

**1** death every **11** minutes

**12.3M** adults seriously thought about suicide

**3.8M** made a plan for suicide

**1.6M** attempted suicide

Males made up **50%** of the population, but accounted for **80%** of all suicides

Firearms accounted for **55%** of all suicide deaths

### The Construction Industry

**2nd** highest suicide rate of all occupations

**5X** higher suicide rate than work-related fatalities

### Why Construction Workers?

- Male dominated industry
- High rates of alcohol and drug use
- High job stress- seasonal work, layoffs, demanding schedules, travel away from family
- Injuries and chronic pain are common
- “Tough guy” culture

## What do we do?

1. **Talk About It!** Make mental health a regular part of the safety conversation.
2. **Recognize the Signs.** Learn how to spot the warning signs of distress in yourself and your coworkers. Knowing the signs can save a life.
3. **Take Action.** If you or someone you know is struggling, take the steps to get help. Reach out to a trusted coworker, your supervisor, or a professional.

# Addressing Suicide in Construction

Safe Talk 2: Why Us?

## Why Us?

## STRESS+

### Usual Life Factors

- Trouble with relationships
- Money problems
- Losing your home or not having a stable place to live
- Health issues or feeling unwell
- Struggling with alcohol or drugs
- Going through a tough time from the past or facing challenges ahead

### Construction-Specific Factors

- Working long, tough hours
- Risk of getting seriously hurt on the job
- Not knowing when the next job will come, especially in certain seasons
- Being away from family or friends for work
- High use of painkillers and dealing with chronic pain due to work injury

## The Tip of the Iceberg



**For every suicide death there are approximately:**

3 hospitalizations, 8 emergency department visits, 38 self-reported suicide attempts, and 265 additional people who seriously considered suicide

## So why don't we talk about it?

### Stigma

**Social Stigma:** when people treat others unfairly or with disrespect because they have mental health issues. This gets in the way of asking others for help.

**Self Stigma:** when people treat themselves unfairly or with disrespect because they have mental health issues. This gets in the way of seeking or accepting help. **40% of people with anxiety and depression never seek help!**



**Suicide is common, not inevitable, and help is out there!**

**60% of US adults have some relationship with suicide**

**94% of US adults believe suicide can be prevented**

**96% of US adults would help someone close to them if they expressed suicidal thinking**

# Addressing Suicide in Construction

## Safe Talk 3: Warning Signs



### Suicide Warning Signs

It's not always easy to tell when a friend or coworker is having a tough time, but they may show signs of thinking about suicide in small, subtle ways. Here are some warning signs that someone might need support.

### Watch out for changes in how someone behaves, looks, talks, or feels.

These could be signs that something's wrong and they might need help. If you notice any of these changes, don't ignore them- reach out and offer support.

#### Behaviors

- Giving away their things
- Pulling away from family, friends, or work
- Losing interest in hobbies or things they usually enjoy
- Using alcohol or drugs too much
- Acting impulsively or taking risks
- Hurting themselves on purpose
- Big changes in how they act or behave

#### Appearance

- Not caring about how they look anymore
- Losing interest in sex
- Trouble sleeping
- Losing their appetite or gaining/losing weight
- Complaining about physical health problems

#### Words

- "All of my problems will end soon"
- "no one can do anything to help me now"
- Now I know what they were going through"
- "I just cant take it anymore"
- "I am a burden to everyone."
- "I cant do anything right."
- "I just cant think strtaight anymore."

#### Feelings

- Feeling like there's no way out
- Getting angry often
- Feeliing guilty or like you've done something wrong
- Thinking you're not good enough
- Feeling really lonely
- Feeling very sad and down or like you don't care about anything
- Thinningk things will never get better
- Feeling like you can't do anything to fix things

**If you or someone  
you know is  
experiencing signs  
of suicide**

- Bring it to the attention of your foreman or supervisor
- Start the conversation with your coworker about your concerns and refer them to or help contact the National Suicide Prevention Lifeline 988
- If you believe your coworker is in imminent danger or has already harmed themselves, call 911

# Addressing Suicide in Construction

## Safe Talk 4: Starting the Conversation



### Starting the Conversations

Talking about suicide or mental health can be tough, but when someone's life is at risk, it's crucial to be straightforward. Being direct can help make sure they get the support and safety they need.

## A Step-By-Step Guide for Starting the Conversation

### Accept the Invitation

If a coworker is showing signs of distress, like something they say or do that feels like a cry for help, trust your instincts and take it seriously. They may be inviting you to talk about something important.



Approach them calmly and without judgment. Ask them directly if they are thinking about suicide. If they say yes and there's an immediate risk of harm to themselves or others, call **Behavioral Health Response (314-469-6644)** or the **National Suicide Crisis Hotline (988)**. If harm isn't immediate, stay calm and offer support, helping them create a safety plan.

### Listen to Understand

Give them your full attention and listen carefully to their story. Let them know you're genuinely concerned and that you take their situation seriously.



Listen for signs of hope or change, like them rejecting suicide, sharing a reason to keep going, or expressing uncertainty about their choices. This could be a turning point in the conversation.

Once you notice a turning point, offer encouragement. Use it as a reason to stay safe and keep the conversation going.

## Keep them Safe



Work together to create a safety plan. Ask if they have a specific plan in mind, if substances like alcohol or drugs are involved, or if there have been previous attempts. Address these factors to help reduce the risk.

Discuss what changes might be needed to help them feel safe and identify any strengths they can use to stay strong. Agree on who will take which steps to make sure they stay safe.

Help connect them with further support, whether it's through your employer, union, or other available resources.

# Addressing Suicide in Construction

Safe Talk 5: What We Can Do

## What We Can Do!

### Know the Resources

Just like solid construction needs a plan, keeping yourself and your coworkers safe requires being prepared. Get to know the mental health resources available through your company and your union.

### Reduce Stigma

Fortune favors the bold. Be the leader on your worksite to reduce the stigma around mental health by talking about it and stepping in when you see problematic behavior.

### Offer Help

The projects we work on aren't one-person jobs. We all work together to complete the build. Offer help to your coworker if you see them struggling. Connect them to resources available: Peer-connector, counseling services, etc.

COMPANY MENTAL HEALTH RESOURCES

## Mental Health Resources

**1-Hour Presentation  
For General Awareness Training**

Example from the University of Iowa  
below.

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# General Awareness Training (GAT)

**PRESENTATION SUBTITLE**

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**Why talk about suicide?**

# In 2022 suicide was...

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**11<sup>th</sup>**



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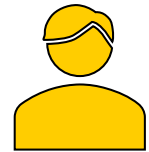
**leading cause of death  
in the US**

**49,449**

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**People died by suicide**

**70%**



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**of these suicides were  
male**

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**How does that relate to your industry?**

# In the construction industry....

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20%

of suicides among  
working men are  
construction workers

The rate of suicide is

5X higher

than work related  
fatalities

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**Why do you think these rates  
are so high?**

# It's all cumulative...

Some stress is **normal**. However, **normal stress + other factors** can put someone at an increased risk

## Life factors

- Relationship problems
- Financial issues
- Loss of housing
- Physical health problems
- Substance Use
- Crisis in the past or upcoming two weeks

## Industry Factors

- Long, hard hours
- Daily risk of serious injury
- Uncertain seasonal work
- Travel away from support system
- Demanding schedules
- High rate of opioid use; chronic pain

# What might be happening.

*Risk factors:* characteristics, conditions, or experiences that may increase the chance of suicide. ***What is happening in their life right now?***



  
**What can you do?**

## Start the conversation

Many times, suicide **is preventable.**

But... only if **we talk about it.**

# Barriers to Conversation: Stigma

The biggest barrier to help seeking for suicide is **stigma**.

## Social Stigma

“Prejudicial attitudes and discriminating behavior directed towards individuals with mental health problems.”

### Example:

- “**People have always told me** they see suicide as a selfish act, which makes me feel even more isolated and ashamed. It makes it so much harder to reach out for help.”

## Self stigma/ perceived stigma

“Perceptions of discrimination” [by the individual].”

### Example:

- “**I see suicide as a sign of weakness**, and that makes me feel even more isolated and ashamed. It's so hard to reach out for help when I think this way.”

"It's not my business."

Anxiety

"I don't know what to do."

Fear Stigma

"What if they get angry?"

Shame

# Despite this

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94%

of US adults believe  
suicide is preventable

96%

of US adults would take  
action if someone close  
to them was considering  
suicide



**You can make a difference.**

# How you can help.

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**Know the Warning  
Signs**



**Start the  
Conversation**



**Know the Resources  
and Connect to Help**

# Know the Warning Signs

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**Behavior**



**Talk**



**Mood**

# Behavior: What you might see.

*Warning signs:* are things a person may say or do if they are thinking about suicide. **What is the person is saying or doing right now?**

Withdrawing or  
isolating

Increased use of  
substances

Changes in eating  
or sleeping  
patterns

Intense anger,  
sadness, or even  
happiness.

Impulsive/reckless  
behavior

Loss of interest in  
sports/leisure

# What you might hear.

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## Talking about death or suicide

- “All of my problems will end soon.”
- “I wonder what it would be like if I wasn’t around tomorrow.”

## Expressing hopelessness or having no reason to live

- “I just can’t take it anymore.”
- “It’s not like anyone can do anything to help me now.”

## Expressing/showing feelings of being

- **A burden:** “Everyone would be better off if I weren’t around.”
- **Angry:** “I’m so sick of dealing with this!”
- **Desperate:** “I’m running out of options.”
- **Guilt:** “I’m responsible for this mess.”
- **Worthless:** “I can’t do anything right.”
- **Lonely:** “I have no one to talk to.”
- **Sad:** “Nothing seems to make me happy.”



**You've noticed the warning signs, now what?**

# How you can help.

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**Know the Warning  
Signs**



**Start the  
Conversation**



**Know the Resources  
and Connect to Help**

# Start the Conversation + Connect to help

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Ask if they are  
considering  
suicide

Tell someone

# Starting the Conversation

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1. Accept the Invitation
2. Listen non-judgmentally and openly
3. Ask directly about suicide
4. Offer support

# Accept the Invitation

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Invitations are **signs of distress** that invite help.

This could be anything your coworker **says, does,** or **makes you feel** might be an invitation to talk about suicide.

# Example: Accepting the Invitation

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Alex has been working on your team for about 6 years now. Usually, Alex shows up to the site 20 mins early, but recently has been showing up late. Alex talks about heading out to the bar after work, saying “not like anyone cares if I come home anyway.”

Example: “Hey, you said you didn’t think anyone would care if you came home earlier. It had me a little worried about you. How have you been?”

# Listen to Understand

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## Do

- **Express concern**
  - “I care about you, and I'm worried because...”
- **Patiently hear their story**
- **Listen for sources of support or strength**
- **Validate their experience**
  - “It sounds like you're really struggling with this, and that's completely understandable...”
  - “I get why you might be feeling this way. It's a tough situation...”

## Avoid

- **Placing blame**
- **Using judgmental language**
  - “That makes you sound crazy.”
- **Not taking them seriously**
  - “Well, everyone goes through something like that...”

# Example: Listening to Understand

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Alex: *"I didn't mean much by it. Things have been rough at home. Doesn't matter I shouldn't be complaining."*

*"I think it matters and you're not complaining, what's been going on at home?"*

Alex: *"Typical stuff, Sarah says I'm not home enough, bills are piling up, had to put mom in a facility couple months ago, it's expensive. It feels like I can't get it right, like I'm running out of options here"*

*"Man, that sure sounds like a lot, anyone in your position would probably feel pretty overwhelmed."*

Alex: *"Overwhelmed isn't even half of it. I've still got Timmy though, my stepson, he's about the only thing I think I'm doing right"*



**Why is it important we ask  
directly about suicide?**

# Asking Directly About Suicide

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Directly asking someone if they are thinking about suicide can be **uncomfortable** but it is a vital first step in **keeping them alive**.

## How to ask:

- “Have you been thinking suicide?”
- “It sounds like you are feeling really alone and upset. I wonder- Are you thinking about suicide?”
- “You know, when people are as upset as you seem to be they sometimes wish they were dead. They think about suicide. Are you feeling that way too?”

Important note: If you cannot ask. **Find someone who can!**

# Example: Asking About Suicide

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*Alex, you know sometimes when people are really overwhelmed or as upset as you seem to be they sometimes wish they were dead. I want to check-in; have you been thinking about suicide?*

*Alex: "I mean, yeah, sometimes."*

# Offer Support

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One of our greatest resources for dealing with pain is feeling and believing that **other people care about you** and **are there to support you**.

- “You're not alone in this. I'm here. How do you feel about finding a way to keep you safe?”
- “Thanks for sharing that with me. I know it probably wasn't easy, but I'm glad you did. How do you feel about telling someone who can help us?”

# Tell someone

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Foreman  
or  
supervisor

Trained  
peer  
connector

Call the  
988  
lifeline

If someone is in imminent danger or has already harmed themselves call 911

# <<<[COMPANY] DETAILS>>>

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- Resources already available at company
- Peer connectors
- Asist trained personnel