

Kathy Greer: Welcome. You're listening to The Difference at Work, a KGA podcast for managers and HR professionals eager to hear from experts and bring new perspectives to our work. In offering employee assistance and work-life programs, KGA hears from clients everyday about their increasingly complex work environments. On our podcast, you'll have a front row seat for conversations touching upon everything from crisis management and addiction to employee engagement and stress. I'm Kathy Greer, founder of KGA.

Today's episode of The Difference at Work is focused on what organizations can do to prevent suicide. My guest is Maggie Mortali. Maggie is the director of the groundbreaking Interactive Screening Program at the American Foundation for Suicide Prevention. The foundation began more than 30 years ago to fund research, advocate for suicide prevention programs and support survivors of suicide loss. Maggie is responsible for adapting the foundation's suicide screening services for businesses and employee assistance programs across the country. Maggie holds a Masters in Public Health and Preventive Science from Emory University. Welcome, Maggie.

Maggie Mortali: Thank you, Thank you for having me.

Kathy Greer: We're delighted to have you here. Could you tell us a little bit about the Interactive Screening Program at the American Foundation for Suicide Prevention?

Maggie Mortali: Sure. So the Interactive Screening Program was developed in 2001 and it really was to meet a need, an unmet need of populations of people who were in distress, had mental health services available to them but were not utilizing those services. And so we worked as a foundation with a team of scientists to develop this platform that could be embedded within mental health services, whether it be in an institution of higher education, within a workplace — through an employee assistance program so that individuals in distress could reach out in a safe and confidential way through this platform and get connected with services.

So, we piloted the program in 2002 for three years at Emory University, my Alma Mater and also at the University of North Carolina at Chapel Hill. And we ran that pilot for three years with students and then we launched the program officially in 2009. And since then, we have the program at over 150 colleges and universities, organizations and workplaces across the country.

Kathy Greer: Wow. Can you tell us a little bit about how it works?

Maggie Mortali: Sure. So, each organization or workplace will get their own ISP website, and that website allows for a participant, typically an employee, to log in, create their own user ID and password and take a questionnaire for stress, depression and other mental health conditions. And the questionnaire gets submitted over the platform and it alerts one of the EAP counselors who's been assigned for this

program to log in, review the questionnaire, and then personally respond to the individual over the website.

And the whole idea is that they're not getting this automated response to their feelings and their experiences. They're getting a real personal connection and someone saying, "you know, you mentioned that you're feeling down more than usual, have you reached out like this before? Have you considered counseling? What support systems do you have in place in your local community that could help you? These are the EAP resources we have available. I'd like to tell you more about that." And so it's really a way to engage individuals in services that are available to them.

Kathy Greer: It sounds like a wonderful way to bring people together with the services that they might need at that time.

Maggie Mortali: Yeah.

Kathy Greer: What are the signs of depression and suicidality?

Maggie Mortali: In the workplace, and I think just more broadly, when we're talking about signs of depression and suicidality, they typically show up in a couple of different ways. So, one of the things that a workplace could look for with depression is missed work. So an employee who, and that's not just absences from work, that could be someone who is typically punctual and is now being late, is late for work, or they're missing important meetings or work events. Perhaps they're taking a longer lunch than usual or leaving earlier than they typically would. We could also identify very noticeable changes in someone's work performance. So, perhaps they are used to getting everything ahead of deadline and now they're struggling to get things done on time. Or maybe there's a shift in focus on their productivity. Maybe they're surfing the internet more than usual.

Sometimes these changes could be subtle. So, it could be that their relationships with coworkers are changing. This could be co-workers, this could also be their relationship with their supervisor. It may be that they're having some unrealistic expectations from others or from the workplace in general.

And then someone who is very depressed or is having significant mental health issues, they can oftentimes become more hostile or combative in the workplace. And so, that's not to say that we don't all have bad days because we do, but these risk factors, they would be something that we would notice over time.

Kathy Greer: What about the language that managers or supervisors could be listening for? Is there something important to listen for in what someone's actually saying?

Maggie Mortali: Yes. So, language is incredibly important when we're looking at someone's risk for a mental health condition but also for suicide. So, people who die by suicide

often talk about death or hurting themselves. So, it may be in the form of something a bit more abstract like: "I wish I was better off dead" or "things would be better without me." Or it could be more specific and talking about ways to kill themselves or planning ways to kill themselves. They may also talk about just feeling overall hopelessness or helplessness. Feeling worthless in their day to day, their ability to get their work done. This may be someone who is perhaps a quiet employee and who kind of has their nose down and just gets things done but they're communicating a bit more and communicating about their distress.

Kathy Greer: So, part of it is managers can be listening for that kind of language, especially if it involves a change in what someone normally has sounded like. I also noticed that when you talk about suicide, you have some different language that you're using and I assume that's to help with reducing the stigma. I wonder if you could talk a little bit about that.

Maggie Mortali: Sure. So, that's absolutely right. So one of the reasons that we use very specific language when we talk about suicide is not to perpetuate that stigma. And so, there are a couple examples of that. One of the things that we do is to refrain or avoid using the term "committed suicide." And there are several reasons, but most importantly, it's that it really can have a negative connotation with that. Someone *commits* a crime and we would not want to associate suicide with a crime. It's also, when we talk about suicide, we talk about suicide as a public health problem. And we wouldn't say that someone commits heart disease or commits cancer. They die by cancer, they die from heart disease and suicide is no different than that.

So we typically will use the phrase "died by suicide" or "death by suicide." Or also "killed themselves," "killed himself, herself," or "took their own life."

Kathy Greer: So when you are talking with an organization about suicide, what are some of the barriers that you might run into? It seems like common sense that companies would want to do all they could to prevent suicide and I do believe that they do, but it can be hard to bring this topic to an organization. What are some of your recommendations?

Maggie Mortali: Sure. It can be. It's a difficult topic to discuss and there is certainly a level of complexity with suicide. I think one of the barriers that organizations will often face is that there's not one program that they can put in place to fix the problem. It's not just any one thing that they can do. It's really, much more comprehensive than that. And so, our recommendation with organizations that we work with is really to take a look at first their policies and what they have as really resources for employees who may be struggling with a mental health condition, what treatments they have available, what benefits they have through their EAP for both the employee and for their family member. And then we'll look at education for employees. Just like we were talking about the

language that we use to talk about suicide, that's really important in the workplace because it can perpetuate stigma.

So a lot of the work we do with organizations is about education. Education and awareness, not just on suicide prevention, but really on mental health. And part of that is teaching employees how to talk safely about mental health in the workplace and not use language that could be stigmatizing. Like “that's so crazy” or that, you know, “my manager is acting so bipolar today.” We don't want to be using terminology that could really isolate someone who's struggling with depression or bipolar and is in the workplace, especially when people are in the workplace and they're getting help for those conditions. We want that to be a safe environment where employees can talk openly about the help that they've received and how well they're doing and really thriving at work.

Kathy Greer: So as far as tangible things, it sounds like the education is critical so that people understand more about depression and suicidality, but also that they understand their resources, they understand what language to use. So the messaging really is critical and helping to reduce the stigma both of having a mental illness, but also taking away the stigma of seeking help.

Maggie Mortali: Yeah, and I think peers can play a critical role in that too. So, by educating employees, you're educating the coworker of someone who may be struggling or the parent of someone with a child at home who's really struggling and that is impacting their work. So there's a peer element here too where that education can really kind of stimulate these conversations in the workplace but that's getting carried on at home or other aspects of their community engagement.

Kathy Greer: When you mention parents, it makes me wonder what your recommendations would be for organizations to reach out to parents who are working and worried about one of their children, maybe even an adult child. Do you have any specific recommendations of what organizations can do to help with that?

Maggie Mortali: Sure. So I think one of the things in terms of with EAP messaging is a lot of times EAPs cover not just the employee but their family as well. And I think a lot of times employees don't know that and don't know that maybe their benefits package also helps with their children, their dependents or their spouse or partner. And so, that's a really critical piece to messaging for the employer to make sure that when they are sharing resources that they're making sure the employees know that these are for the whole family and that they're really free, they're part of their benefits package. That can be really, really helpful.

Kathy Greer: So a lot of times employees are getting benefit information by email or from an internal intranet site. So I think what you're suggesting is sometimes mailing information home to families is really helpful so that people know what they have available.

Maggie Mortali: Yes. Yeah. I would really encourage home mailers.

Kathy Greer: And what about research? Is there new research on suicide prevention? I understand it's one of the leading causes of death in our country.

Maggie Mortali: Yes. So, the field of suicide prevention research is relatively new. It's really within the last several decades that we've started to get a better understanding of suicide and suicide death. AFSP is the leading private funder of suicide prevention research. So we fund grants, innovation grants and focus grants from researchers all over the world that are really trying to answer what we consider to be the biggest question: the why — why do people die by suicide? And one of the things that we've learned, probably the most pivotal thing we've learned from research within the last several decades, is that there's no one reason. There's no one reason that someone dies by suicide, it's a lot of contributing factors that all sort of converge at one time and form a crisis.

But through research, we've learned that one of the most important things you can do to prevent suicide is to create time when a crisis point has been reached. Every person who's in a suicidal crisis has the feeling that they want to die, but also feelings that they want to live. And so, you want to create that time there so you can really tap into that part of the person that really wants to live. And so, a lot of the research in suicide prevention has focused on limiting access to lethal means. So if someone doesn't have access to a lethal method, we can prevent suicide and we can save lives. And so some of the most pivotal findings from research have been in regards to limiting lethal means. And then what that does is it creates an opportunity for prevention.

Kathy Greer: I think some people also are confused about what they should say when they're concerned about someone. Should they bring it up or is that going to cause it to happen? Can you just address that issue?

Maggie Mortali: Sure. That's a great question because I think you're right, there are a lot of people that think that if you ask someone about suicide that you're putting that idea into their head, right? But from what we know about suicide and the suicidal mind is that that person may already have that idea in their head and maybe already thinking about suicide. So in fact, if you ask them about it and really you can just say, you know, I'm wondering have you been thinking about suicide, have you been thinking about killing yourself? That's a perfectly appropriate question to ask someone that you're worried about. And in fact, asking that question forms a connection with that person and it shows them that you're really concerned about them, you really care about them. And that's a way to sort of build out resiliency and prevention.

And so, if the answer is no, you can say, I'm glad, but if you are ever thinking about suicide, I hope that you know that you can tell me and we can find help together. And if they say, if the answer is yes, then the most important thing is to stay with them, to listen in a nonjudgmental way and to offer up crisis

resources. So, the two resources that I would recommend would be the National Suicide Prevention Lifeline. And that's 24/7, it's completely confidential. And the number is 1-800-273-TALK, which is 8255. Or the crisis text line. So if someone doesn't feel like talking on the phone with anyone, they can simply text the word talk to 741741 and they can talk with a trained crisis response chat responder. And it doesn't necessarily need to be a suicidal crisis. It can be a crisis of any kind, but just know that there are those resources available.

Kathy Greer: When you were talking about doing a training at the workplace, and I assumed sometimes that would be the EAP doing the training, sometimes an outside group, is that part of what you talk about sort of the right way to ask the question and sharing some of the research that it doesn't cause someone to die by suicide, it really actually creates a new bond? Is that part of the training as well?

Maggie Mortali: Yeah, absolutely. In regards to suicide prevention training, there's typically always a component about asking the question: is someone thinking about suicide? And we'd recommend that if that training is going to be conducted in the workplace, that there's a practice element to that and that there are HR personnel and people available to talk through maybe some of the different policies that would be in place around asking someone those questions within the workplace.

Kathy Greer: Maggie, is there anything else that I haven't asked you that would be, you think would be helpful for our listeners?

Maggie Mortali: AFSP is really a growing movement and there are a lot of ways to get involved. And so, for people who would be interested in getting involved in our work, I would just say not only are we a nationally-based organization, but we have local chapters in all 50 states and everything from education and awareness programs to advocacy efforts and community walks, which is really a healing opportunity to bring families and communities really together in our work. And so you can find all that information on afsp.org on our website.

Kathy Greer: Thank you. Well, this has been fascinating to hear more about your work. I really commend you and the organization on what you're doing.

Maggie Mortali: Thank you for having me. It was a pleasure being here.

Kathy Greer: From KGA, this is The Difference at Work. We hope you've enjoyed this episode. Please subscribe to this podcast wherever you access your podcasts. You can find all of the organizations and resources we've referenced in this episode on the podcast page of our website. You can find KGA at kgreer.com or on LinkedIn. And if you want to talk further about anything you've heard on this podcast, we hope that you won't hesitate to call us. We can be reached at (800)-648-9557. Thanks for listening.

