Episode 42:
Declining Mental Health and Suicide Risk

Host: Ken Rayner
Guest: Kathy Martin

Announcer

It is time for the *IHSA Safety Podcast.*

Enzo Garritano:

Welcome to the *IHSA Safety Podcast*. I'm Enzo Garritano, president and CEO of IHSA. In today's episode on declining mental health and suicide risk, host Ken Rayner and IHSA's mental health and wellness specialist, Kathy Martin, continue their discussion on mental health. Ken and Kathy, over to you.

Ken Rayner:

Thanks very much, Enzo. Kathy, welcome back to our sixth podcast that we have recorded together on mental health. I'm now much more aware of the topic of today's podcast, declining mental health and suicide risk, that it's a sensitive subject. I've learned from you that when we do conduct these serious and sensitive subjects, that it can be triggering for some of our listeners and that we should... Maybe we could first explain what triggering means and how it could apply to this particular podcast before we go any further. Would that be okay, Kathy?

Kathy Martin:

Sure. So a trigger warning really just lets people know that what they're about to hear or read or view may contain content that could cause them to recall a distressing memory or a past trauma. Now, of course, any topic can be unpleasant or discomforting, but being triggered, however, has nothing to do about being too sensitive. It really is about an overwhelming psychological response to a traumatic experience.

Triggers can be obvious. For example, it could be graphic imagery may trigger a person who's witnessed violence, or for today's podcast, telling stories of suicide can trigger someone who's lost someone by suicide or even those who themselves might be struggling with their own thoughts of suicide. So triggers can also be more subtle, like smells and sounds and colors. We really just don't know what might trigger someone. So when it comes to workplace-sensitive health and safety discussions like today's, really a good idea to include a trigger warning before discussing topics such as suicide or drug use or abuse and harassment and violence, whether it's physical, psychological, or sexual discrimination, such as racism or sexism or homophobia, transphobia. These are just some examples. In workplaces too, job site injuries and fatalities, I think that's a big one for IHSA. These can be triggering for folks. There's many examples that can trigger, like I said, we just really don't know. These are just a few examples.

But by providing a trigger warning, you're just offering people the chance to excuse themselves from a discussion if they believe the subject matter will cause them to re-experience trauma. Sometimes people don't really give it much thought, so the trigger warning just gives them a chance to pause and think, okay, checking in with themselves, how am I feeling today? Do I really want to engage in this conversation?

Maybe I'm not feeling up to it today. That's simply all it is.

So a sample trigger warning when addressing difficult topics, I'm going to read off a sample trigger warning when addressing difficult conversations, you might want to consider using something like this or a version of this when having difficult conversations. The aim of this conversation is to learn and share our experiences and thoughts with honesty. Because of this, some comments may trigger a negative reaction. If a comment or a topic starts to upset you, I advise you to please talk to your support team. This can include your friends, family, or in the workplace, perhaps a close colleague, supervisor, or union rep, or even your HR personnel, and if you have one, you might want to call your EFAP [Employee and Family Assistance Plan], which is your employee family assistance provider.

Now, it's also good to let people know where to find community and workplace supports when talking about any sensitive subject in the workplace that might trigger a heightened emotional response in someone. At the end of this podcast, we'll be talking about what those might look like, but if there is someone listening that might be struggling right now, please reach out to a close friend, family member, or support, and of course, call 911 if urgently in need of immediate support.

Ken Rayner:

So Kathy, the IHSA supports the electrical utility, the transportation, and the construction industries. So what do we know about this being potentially a widespread concern within the industries and the workplaces that IHSA supports?

Kathy Martin:

There are several other reasons our industries in particular should take note of declining mental health and suicide risk in particular. Approximately 11 Canadians die by suicide each day, that's about 4,000 people annually. If you compare that to workplace fatalities, which are about three daily, or 1,017 per year, how many millions does Ontario government put into prevention of workplace fatalities? A lot, I would assume, given the size of the occupational health and safety system in Ontario. But it's too bad we haven't quite gotten to a place where we give mental health and suicide the same rigor and investment.

This is just the tip of the iceberg too, because for every suicide death, there's an estimated 20 to 25 attempts. So on average, 275 people attempt suicide in Canada every day. Our sectors should also note that mortality rate due to suicide among men is three times the rate among women and that men between the ages of 45 and 59 are at the greatest risk as well. To compound this even further, the suicide rate in construction is four times greater than the North American average. So construction workers are at a heightened risk for suicide for a number of reasons, such as injuries and illnesses that lead to chronic pain, exposure to traumatic events at work, and a culture that historically has discouraged discussing and seeking help for mental health concerns. I can't stress that last point enough, even did a whole podcast on it in episode 36.

Ken Rayner:

We did, we did. You explained to me what toxic masculinity is all about and I bought into it. We said that men aren't toxic, it's the toxic masculinity that's the issue, right?

Kathy Martin:

Yeah, it's that historical culture that we're still tackling and battling, and we need to change the culture towards mental health and help seeking in general among men, especially those who still embrace those outdated social norms that men can't show vulnerabilities. If we don't, these trends will just continue.

Ken Rayner:

Thanks, Kathy. I was really surprised when you shared that number, how many Canadians are dying due to suicide each year. That number is really high and I'm hopeful that conversations like we're having here today on this podcast and other conversations that are taking place, hopefully across Ontario, people utilizing some of the safety talks that you've put in place and having those conversations with their employees is going to start to make change. I know we're not going to get there to the point where we can get to zero right away, but hopefully we can start to see that number decline. Speaking of declining mental health, and we're talking about that, what are those signs? So for us to be able to recognize the signs of someone that we love or care for in terms of declining mental health or someone who's at the risk of suicide.

Kathy Martin:

Well, some of the signs of declining mental health and possible suicide risk include, but certainly not limited to this list, are increased substance use, so things like drugs and alcohol, feelings or talking of hopelessness or helplessness, no sense of purpose in life, maybe increased agitation or anxiety or uncontrolled anger, ongoing complaints of being unable to sleep or sleeping all of the time and looking more fatigued than usual, talking about feelings of being trapped, that there's no way out of a situation. Withdrawal is a big one. Withdrawing from friends, family, and society. Perhaps acting really reckless, out of the norm for the person, or engaging in risky activities seemingly without thinking about the possibilities of this could harm the person. Of course, dramatic mood changes within someone that is not typical of them.

But it's important to note that these are simply signs. We don't always recognize the signs, but it's good for us to be aware of them to increase our chances of noticing at least. The rule of thumb really is, has the person's behavior or their appearance or their displayed emotions changed out of what might be considered the norm for this person? If so, explore deeper and approach them with care and concern and start a conversation.

Ken Rayner:

That I would guess might be a challenge for some people, because we talk about stigma, we talk about fear of the unknown, starting a conversation about someone's declining health has got to be a impediment or a barrier just to say, well, what do I say? How do I start the conversation? What are the things I can ask that's not going to compound the problem and make it worse? So do you have any tips for someone that says, look, I care about this person, I think something's wrong, but I just have a little fear about starting the conversation because I don't want to make it worse and I really don't know how to start it off or what questions to ask? What tips would you have for someone like that?

Kathy Martin:

A lot of people feel really uncomfortable about starting these types of conversations, but the good news is there's lots of guidance out there and there's even models you can follow and learn to help make it easier for you and build your self-confidence. Today I'm going to talk about one of those models, and the one that I like is the ALEC Method. This method is promoted on Movember website. For those of you who don't know what Movember is, it's a social engagement that happens in November, it's where the guys grow the mustaches. So I would encourage the listeners, check out Movember's amazing resources. They have lots there for men's mental health, especially men's suicide awareness resources are really good. Many of you might not know this, but Movember isn't just about prostate health anymore. It's long since been about men's health in general, but in particular, they emphasize men's mental health, so a really great resource.

But before we get into what the ALEC Model is all about, I think we need to talk about one more thing first, that is how you might yourself be perceiving suicide. How you perceive it will dictate how you address someone in distress. Stigma remains the greatest barrier to suicide prevention, and if you believe that suicide can't be prevented, then you won't be able to help someone considering suicide. So ask yourself, do you believe suicide can be prevented? Do you think that with adequate knowledge and active listening skills, you could help someone considering suicide? Do you think that anyone could theoretically get to a point of considering suicide, or do you think that only people with certain characteristics and traits would consider suicide?

Now, if you answered no to any of the above questions, you may want to learn more about suicide and suicide prevention. To learn more about suicide risk and how to support someone, like I mentioned, there are several great resources and training available. One specific training, if you're interested, is the Living Works organization. They offer great training on the topic, and have for many years internationally, and they have learning from anywhere from 90 minutes online to several days in-person, which I highly recommend.

Now, back to the ALEC model, that's ALEC with a C. It's an acronym that stands for ask, listen, encourage, and check-in. This can be used when you notice when someone isn't quite themselves and you have concern that they might be struggling with declining mental health. You don't necessarily have to be worried about them with suicide, that might be bubbling in the back of your mind, but even using this model for anyone who's declining in front of you and you're concerned about is a good method.

So A, ask. This just gives you a chance to ask how the person's doing and to mention any changes you've noticed. So ask things like, "You haven't seen like yourself recently. Are you okay?" Trust your instincts. People often say they're fine even when they're not, so if you think something's wrong, don't be afraid to ask twice. Listen, give your full attention without interruption or judgment. You don't have to diagnose problems, and even more importantly for many of us fixers is we don't have to offer solutions. Just asking follow-up questions, let them know you're listening. For example, "That can't be easy. How long have you felt that way?" That's a good strategy.

Encourage action, help them to focus on simple actions that might improve their wellbeing. For example, get consistent sleep. Are they getting regular exercise and eating properly? Encourage them to take action, like taking other steps that may have helped in the past or telling other people that they trust how they're feeling. So maybe they'll tell you, "Yeah, I'm not feeling so great," but they may not be wanting to tell you much more than that. So encourage them to tell people close to them how they're

feeling and reach out, obviously, as well to professionals if need be, so their doctor, especially if they've been struggling for a prolonged period of time.

Then C, checking in, suggest you'll catch up soon, in-person if possible. Alternatively, make time for a phone call or drop them a message. This will show that you care to feel whether or not things have improved. If you're worried that the person's life is in immediate danger, it's really important to contact the emergency services directly. So easy, right? It doesn't have to be overly complicated, it just really needs to be a conversation that comes from a genuine and compassionate place. People can usually tell if you're truly interested in them and wanting to support them.

Ken Rayner:

I appreciate that, Kathy, because as you were going through the ALEC model, A-L-E-C, ask, listen, encourage, check-in, I certainly felt a bit of weight off the shoulders in terms of if I had to have a conversation with somebody who I was believing maybe was suffering from declining mental health by going through this methodology. It's really just about asking if they're okay, sharing that you've noticed that there's been a change in their behavior to some extent, and listening as they speak, active listening, encourage them to get help, and then that follow-up piece, that checking in piece to make sure in a couple of days, or whatever time period you feel is suitable, checking in to make sure that they are okay. That's terrific.

So okay, what are the resources then that we can recommend to an individual who's suffering with declining mental health or their employer who may have witnessed a significant change in the mental health of a worker? I take it the employer might do something similar with the ALEC model, but what about the individual who's suffering with declining mental health? What about that person themselves?

Kathy Martin:

Yeah. Well, in our last podcast, we talked a lot about using some psychological assessments or screening even. Taking a brief psychological health screening is really a quick way to determine if you or someone you care about should maybe be connecting with a mental health professional. So part of what you might offer in support is to sit down and maybe go through that with a close family member or friend or coworker. Think of these as check-ups, right? Check-ups from the neck up. But we'll have some links in the resources for this podcast as well. So that's one thing individuals can do, is kind of do a scan and see if maybe they should be going to get some more help.

But I would also encourage that everyone learn about suicide. Get trained on how to support someone and read about it, ask for help if you need help. There's lots of information about how you can help someone who is thinking about suicide that's available. The ALEC model is a simple model to get going, but if you have someone in your life who struggles frequently or maybe has made attempts on their life, it would be valuable to learn as much as you can about this as well.

Most of all, I can't stress enough, seek support and professional help if needed, if you're struggling. There are crisis lines and information services in most communities, but if you're listening and you need to call someone right now because you're struggling or you're trying to support someone you're concerned about, then I would suggest calling the Canadian Suicide Prevention Service. Their phone number is 1-833-456-4566, and they offer 24/7 telephone support to anyone experiencing a mental

health crisis. Their website also provides a number of resources for the support person. The resource section, again, of this podcast, I'll make sure there's some resources for listeners that they can access.

But bottom line, Ken, if someone is in such distress that they have a plan to end their life, they need support and help. A supportive person that reaches out can be the bridge that helps them get to the help that they need. Don't underestimate the power of human connection when someone is facing an emotional pain or hopelessness. On a personal note, I know those who supported me in my times of struggle have truly saved my life on a number of occasions. I was one of those fortunate ones because I had that support offered and available to me, so I really try hard to be there for others. It's important, it can save lives, and all it takes is a good listening ear and someone in your corner to help you see hope when you've lost sight of that, and yes, at times you might need someone to call 911.

Ken Rayner:

Well, I didn't realize that you had your own personal challenges in that regard, Kathy, and we really appreciate your courage in sharing that with our listeners. We talk about one way to bust stigma is to talk about it. I know before we started taping our podcast today, you said you might be interested in sharing more details. Are you feeling that you can now? Is that something that we can share?

Kathy Martin:

Yeah, for sure. I won't go into the details because I don't believe sharing intimate details about anyone's suicide thoughts or attempts is necessarily needed, but I think we can talk about it from a learning perspective, and I'd like to share that if I could today. Just a little bit about me, I do have a chronic mental health condition, and it's generally well-managed through treatment. I've been on treatment for probably, oh goodness, about 20 years now. I over the years have developed some great resilience skills. I'm fortunate enough to be in a position that I am, it forces me to think about this stuff a lot, so I'm in pretty good shape.

But when my ability to cope or reframe, and that usually happens when I've been neglecting what I know I should be doing when it comes to self-care and prevention, I'm the type of person who can drop fast and hard. Their mood can just go from pretty up to pretty down pretty fast. With me, I get a lot of intrusive thoughts, but intrusive thoughts are just warning signs that maybe I need to pull back and assess what's going on. So again, to the importance of all of us taking time to assess our mental health, especially when we're not doing so well. If I don't, like I said, I can quickly be overcome by these intense thoughts and not see what I would say the hope through the darkness. I get these distorted thoughts and heightened emotions, and I get on sort of this treadmill.

What I often tell those I'm closest to is, when I give them cues... People say, "There's always signs." Well, there's sometimes cues coming at you too. I'll often be the person that'll say, "Oh, I'm so done," or "I just wish it'd all go away." Sometimes the comments are more direct than that, but you get that sense of that hopelessness, you're just kind of exasperated. Like I said, this is my cry for help to those that are closest to me, and it's important to note that this is not a cry for sympathy. Some people think when they hear this, it's just a cry for sympathy. Wah, wah, wah, there they go again. I can't urge you enough, from someone who's been there on different occasions, it's not a cry for sympathy. Usually for me, it's when I'm low. I'm simply just out of control of my emotions and in a place of panic or fear and despair,

and sometimes depression, and I just can't stop feeling that way. So I'm overwhelmed and I'm like, I'm done.

I'll tell others, like I said, because I want them to help me see the hope in whatever I'm feeling hopeless about at that time and help me reframe my thinking to one that's more balanced and clear with clear headedness, because sometimes I'm just not in a place where I can do that alone. So like I said, rarely do I want to take my life, but often I think I should, or even at times that I need to, because those are those intrusive thoughts. But remember, needs and wants are two different things. I never want to, but when I'm in such pain, I often feel like I'm left with no choice.

People with chronic physical pain conditions are at higher risk of suicide too, not just people with mental health conditions. I'm also one of those poor unfortunates who has a chronic pain condition, and at times my suicidal thoughts and moments are very much centered around not having the energy physically or mentally to keep battling this never ending battle. But clearly, I usually find my way through those moments, I am here today, and often it's simply giving myself permission to not be okay for a few days, and just to take a step back and to work on myself, self-care, rest, and reaching out for support. That might be checking with close friends, family members, going to the doctor, calling a therapist. But I have that self-awareness, I've learned and grown over the years. I've heard many people say about others, when they hear someone reaching out or saying that they want to kill themselves, very rarely is it just for drama. I would sit that person down and have a serious conversation and ask them how they're really doing, and that's what I want to leave with today.

Ken Rayner:

I appreciate that, Kathy, thank you very much for sharing that. What I took away from what you just said is over the course of the past 20 years, you've learned how to recognize the early signs and you address them before momentum builds. I almost in my mind had a vision of a car at the top of a very steep hill, that if you let off the parking brake, but you get in front of it right away, you can stop it, right?

Kathy Martin:

Yep, that's a good analogy.

Ken Rayner:

But if you wait until that car is at the bottom of the hill and built up that momentum, if you get in front of it, you're going to get knocked right over and you're going to go flying. The momentum is too strong.

Kathy Martin:

Absolutely.

Ken Rayner:

So I really appreciate you sharing your story. Certainly, from what I gathered, again, it's about being aware, noticing right away, and then seeking help as soon as you start to have those feelings.

Kathy Martin:

Because there is good treatment out there, be it pharmacology, or you're talking with therapists, learning things like CBT, which is cognitive behavioral therapy, and many other forms of help, and even for physical pain, there's ways to manage that. Don't go it alone. Pain is difficult to handle on your own.

Ken Rayner:

It is, for sure. So Kathy, thank you so much again for joining us today on another version of the *IHSA Safety Podcast* focusing on mental health.

Be sure to subscribe and like us on your podcast channel and visit us on IHSA.ca for a wealth of health and safety resources and information, including mental health.

Announcer

The *IHSA Safety Podcast*. For more episodes, tips, and all things safety, go to ihsasafetypodcast.ca. Thanks for listening.