4/19/18 AVMA Webinar on HCP Well-being and Suicide Prevention
Q&A

Are there key words, sentences that if we hear them, may signal a potential for suicide - besides, I feel like killing myself, or I don't have a reason to live?

Thank you for raising this- it's very important that we all become sensitized to the words people say, as well as behaviors and changes in mood that could indicate suicide risk. In addition to a person saying they are feeling like life isn't worth living or that they are thinking about ending their life, there are many less obvious warning signs- sort of like hints people will say. Talking about feeling hopeless, trapped, overwhelmed or wondering if they can keep "going on/doing this," etc., all would make sense to kindly, gently probe further when you have a moment with them 1:1. The phrases people use often hint at a deeper level of distress or suicidal thinking, but they may provide only the hint because they are seeing if the people around them are safe to talk with, if they will receive a non-judgmental and supportive response- in which case they are very likely to open up further. For more information about warning signs of suicide, please see https://afsp.org/about-suicide/risk-factors-and-warning-signs/

How can we protect /help a workplace instigator/bully when initiating termination for the protection of fellow employees - when requests for behavior recognition and modification have failed?

This is more of an HR type question.

How do you approach a situation at your place of employment where the morale is low causing distress amongst the employees who do not appear receptive to help or change?

I'm glad you brought this up, because workplace morale does impact well-being and potential burnout among the staff. Consider a framework based on the goal of having a workplace defined by a sense of professionalism, safety and respect. There is a whole body of work devoted to the concept of creating a "culture of respect versus disrespect." Depending on your role in the organization where you work, you are very likely able to have a positive impact.

First, don't give up. Realize that behaviors that appear to be entrenched and unreceptive to change may be symptomatic of a culture or group dynamic that can absolutely change. It will be a process rather than a quick fix.
   1. *You could start by gathering a small group of trusted staff/unit leaders to discuss their observations and ideas for solutions.*

2. *One approach is to form a Culture Change workgroup comprised of key staff from each area of the workplace, at various levels of the organization to ensure that staff feel this group understands the issues at play. Sometimes the junior staff have very different perceptions from the leadership. When change ideas come from a diverse group the broader staff identify with, the ideas tend to be received better than a purely top-down approach.*
3. *However the process is managed, activities like asking for input from all staff through surveys, planning opportunities to connect (these can be serious like Balint groups or Schwartz Rounds http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds/ or can be simple social events), and providing opportunities for practicing gratitude or positive story telling, can all be game changers.*
4. *There are also consultants who help guide organizations to address workplace culture.*
5. *Lastly, consider whether there are any patterns of disrespectful behavior that are going unattended. When this occurs in a workplace, it can have a toxic impact on employees' sense of safety in the workplace and tends to shut down opportunities for healthy, supportive workplace relationships.*

i think it is also important to mention that if mental illness is present in family it should be discussed. my family has a long line of depression. however no one discussed it.

Very good point- among the risk factors for suicide, a family history of suicide OR of mental illness are indeed risk factors. These are on the slide about suicide risk factors, and my apologies there wasn't time to talk about each one.

I'm involved in a Wellness Committee for my College and was wondering what is the best way to reform institutional culture? Is there a way to provide sources and advice for building individual resilience?

This question might be combined with Q3 about morale since there is overlap re transforming workplace/institutional culture.

Time permitting, I'd be interested in your thoughts on the prevalence of those diagnosed with bipolar 2 and borderline personality disorder in the profession. As a mental health professional, I've found that the link between suicide and vet med has less to do with vet med itself and more about untreated or undertreated mental health issues that have higher rates of suicide. I've been particular surprised at what appears to be high rates of bipolar 2 and BPD within the profession.

I haven't seen data on prevalence rates of these particular mental health conditions among veterinary medicine professionals. But your main point that suicide may be more the result of unaddressed mental illness than any particularly unique aspect of one's occupation is overall very true. That said, there may be aspects of the occupation's culture/history/policies that contributes to people not getting help or treatment. For example, if there is a perception that getting treatment for a mental health concern (therapy, meds, inpatient, groups, etc) could somehow jeopardize one's reputation, licensing or career, then this promotes going without treatment and possibly self-managing in less than healthy ways such as using substances to try to manage symptoms like anxiety, insomnia, agitation, apathy, panic attacks, etc.

What should we do when we need to have a constructive conversation with an employee that has admitted they have suicidal thoughts and has a brain disorder/illness? (to address outbursts/inappropriate treatment of other employees)

This gets into HR a bit, but I will address the mental health aspect of the situation. For anyone who discloses suicidal thoughts to you, it's important to let them know that you are glad they shared that with you, you are concerned about them, and want to help them get the help they need.

Any employee who discloses a health condition should receive appropriate support and encouragement to address their health. I would clarify the issues in your own mind before having a conversation with the employee ideally: there is 1) the need to provide support and referral for the suicidal thoughts and health problem, and 2) the need to address inappropriate workplace behaviors (see HR for guidance). For the mental health distress, if the workplace has an EAP, this would be a great place to start. If the employee is at acute risk of suicide, then I would call 911 or the National Suicide Prevention Lifeline to get guidance on the spot 1-800-273-TALK.

You listed childhood trauma---is this any trauma or mainly head trauma?? Is there any discussion of childhood, youth head trauma being potentially involved?

Childhood trauma as a risk factor for suicide includes a host of types of trauma. Traumatic brain injury, childhood abuse (physical, sexual and emotional), as well as other adverse childhood events (e.g., parent with significant mental illness including addiction, early losses, neglect)- all can elevate suicide risk. Risk factors should be considered in combination with other risk factors though, and certainly no one risk factor (or any combination for that matter) means that someone is predetermined to die by suicide. Protective factors are real and powerful as well- taking care of one's mental health, feeling and staying connected with people in one's life, shoring up coping strategies and resilience, keeping lethal means away or secured during periods of higher risk, etc- all are examples of potent protective factors/strategies.