Dr. Dan Reidenberg
The majority of people that we lose to suicide are of working age, and of those people, most of them are working. That means that where they're spending their time the majority of their days is at work and so we need workplaces to be prepared for this - what to do, how to identify it, what to do after somebody either has attempted or thought about it and gone on leave and come back to reintegrate, or if tragically there has been a death by suicide, that's where we come in with postvention. But we know that employers need to do more in this space than they've ever done before.

LuAnn Heinen
That's Daniel Reidenberg, a clinical psychologist who's devoted his career to preventing deaths by suicide and supporting families, communities, and workplaces impacted by suicide. Dr. Reidenberg has firsthand experience himself, having lost patients, a friend, and a family member to suicide. As Managing Director of the National Council for Suicide Prevention, he leads a multi-stakeholder collaboration that developed a new national strategy for suicide prevention in 2024. Participating groups include the American Foundation for Suicide Prevention, the JED Foundation, Suicide Awareness Voices of Education, or SAVE, and The Trevor Project, among others.

I'm LuAnn Heinen, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

According to the World Health Organization, more than 700,000 people die by suicide every year across the globe. Today, Dr. Reidenberg and I discuss practical strategies for employers to address this growing public health problem, such as communicating safely about suicide, responding in the wake of an attempt, and addressing the concerns of survivors.

Dr. Dan Reidenberg, thank you so much for being with the Business Group on Health podcast today.

Dr. Dan Reidenberg
Thanks for having me. I'm happy to be here.

LuAnn Heinen
Suicide is a leading cause of death in the U.S., and we're here to talk about it. But I'd like to start with how to talk about suicide.

Dr. Dan Reidenberg
Well, this is a really hard topic. People don't like to talk about suicide. It's scary for them. It's scary to think that anybody that they know, or work with, or in their community, or in their family, could actually be thinking about suicide, let alone take their life. So there's some language pieces that are really important. We start with the fact that it is okay to talk about suicide, and in fact, the more that we do talk about suicide, the more we're going to reduce the stigma around it. We're going to make it okay for people to have these conversations. But we want to be sure that when we use certain language, we don't increase the stigma. We don't want to use words, for example, like somebody might be crazy, or they might be crazy to think that. Or somebody would say, I thought about suicide a few months ago when things were really bad for me and somebody responding by saying, well, that's stupid, that's just a dumb idea. These kinds of things increase the risk of stigma, which is what's going to keep people from seeking out help and talking about it more. There's also language like, for example, epidemic. There's never been an epidemic of suicide anywhere in the world, and yet, that is one of the things the media most often talks about, is there's an epidemic of suicide, but we just don't have that. We have rises, increases in rates of suicide, but we don't have an epidemic. Other language that is really hard for people, for example, might be the word committed. Somebody committed suicide. And we know for survivors or lost survivors, people that have lost someone to suicide, that's really hard for them to hear. And most often, committed goes with committing a crime or committing a sin. You might be committed to a marriage. So we try to stay away from the word committed. Instead, say things like, for example, somebody died by suicide or there was a completed suicide. I think the last one I would say in terms of just opening this up with this language and how to talk about this, is sometimes we hear people say that somebody attempted suicide and they had a failed attempt or a successful attempt that landed them in the hospital. The reality is, we don't want people to think about suicide as successful or as something that you fail at. There are some language

pieces that we want to make sure that we convey, all in the sense and in the vein of trying to make it okay for people to talk about this topic.

LuAnn Heinen
So important. If it's hard to talk about suicide around adults, it's even harder to consider that discussion with children. Are there recommendations that you'd have for speaking with children about suicide?

Dr. Dan Reidenberg
When talking with children, in particular after a suicide has occurred, we do need to modify the language a little bit. That's really largely based on the age and the development of that person, that child. Younger kids, 5, 8, 10 years old, we want to use more basic language and we want to be much shorter in what we communicate and talk to them about why somebody has died and we don't want to give as many details. As a child gets older and they're more developmentally mature and they're able to understand different parts of language, then we can change what we say to them and how much we say to them. But the bottom line truth is this, we have to be honest with kids no matter what happens. Too often we find that people will want to cover up a suicide or cover up what might have happened that led somebody into the hospital and we need to be really straightforward with them and talk about it for what it is.

LuAnn Heinen
Let's talk about trends in deaths by suicide. Is it still the 10th leading cause of death in the U.S.?

Dr. Dan Reidenberg
It's the 11th leading cause of death and that changes every year. For the last decade or so, it has been about the 10th. Where we really saw the change was during COVID. As COVID grew and increased from 2020, that bumped down many of the leading causes of death, but as COVID deaths are dropping, we're seeing it go back up. It went as low as 12, but now it is back up again. So we've seen some steady increases over the last decade, but not significant. Not where we're going from 12 per 100,000 to 20 or 30 or 40 per 100,000. So we've seen a steady trend in that respect, but not a significant one. Where we've seen most changes is in adults. Adults that are 25 to 34 have seen the greatest number of increases over the last decade. And sadly, and probably surprisingly to many people that will be listening to this is seniors, those over 75 years of age, have the highest rates of suicide. It's not the highest numbers when we count numbers. That numbers group are middle-aged adults. But the highest rates per 100,000 are senior citizens. When it comes to kids, and this is one of those really hard aspects of suicide, we have seen an increase in young children, 5 to 10, 5 to 14, dying by suicide. It's a very, very small increase and it's very hard to talk about this statistically because the numbers are so small. 10 and 20 years ago, we didn't even have 20 young kids that age dying by suicides. And when you get under 20, statistically, it's very hard to really define things. But we've seen a small increase in that age range. We've seen a slight increase in the 15 to 24 year old age range as well. We see some increases and some increases in different pockets. Now, if we talk about other demographics, we've seen some increases in the African American population, slowly increasing. We've seen a really steady high rate for Native Americans compared to Caucasians. They're about double that of Caucasians in this country. We have pockets like that. And the last thing I think I would say about trends or what we see is different is women. Historically and to date, we still have more males dying by suicide than females, about four times as many, and we have about three to four times as many females that attempt suicide. But we're seeing, I would say, over the last 5 to 10 years, an increase in the numbers of suicide-related behaviors for females. So that's a pretty concerning issue.

LuAnn Heinen
It's alarming. I also saw a CDC statistic that one in three teenage girls considered taking her life in 2021, up from one in five 10 years before 2011 survey.

Dr. Dan Reidenberg
Yes, the CDC surveys and the Youth Risk Behavioral Survey that happens in not every school, but many schools across the country, really show this increase in distress among not only junior high, but senior high school students, and particularly for girls. They are expressing more suicidal ideation. We're seeing continued high rates of attempts across the country. You can see 10% to 20%. It's a big range there of how many young students are thinking about suicide. You get closer to the 8% to 12% range of young people attempting, and you get a much smaller range of 1% to 3%, maybe up to 5% actually attempting and

ending up in a hospital. These are hard numbers because often young people attempt, and we don't ever know it. Those are numbers all based on just hospitalization. We have, for example, young people that will overdose on a medication, and they will be sick, and they'll tell their parents that they have a flu or they have food poisoning, when it's really, in fact, that they overdosed on a medication, so they don't end up in a hospital. These numbers are hard to know and hard to see, but important for everybody to understand.

LuAnn Heinen
What do you think are some of the causes when we're talking about youth, children, teens, young adults?

Dr. Dan Reidenberg
There are a number of causes and theories as to why we have so many young people that are thinking about suicide and attempting suicide and still tragically dying by suicide today. Some of it is around the social media and what we hear in the media about social media. Now, what I can tell you about that is the research isn't conclusive at all, and in fact, around the world if you look at it, most of the research doesn't suggest that there's a direct correlation at all. There might be some increase, particularly for young girls, around social comparison, some of the distress that they're feeling, that the impacts that they're seeing on social media, but largely we don't really know to what degree social media might be impacting young people relative to suicide, but definitely around their mental health, we see some impacts. During the 2008-2009 recession, as another example, we saw young people talking about feeling like they were a burden to their parents and their families, it was costing too much money for them. Or if they were distressed, they couldn't talk to their parents because their parents were so filled with anxiety over work and losing their homes. We saw more increases there. So we have a number of different things that are happening for youth that can impact this. We do know contagion, suicide contagion, is a real phenomenon. Most people think of that as copycat suicide, where one young person dies and then another follows that from the exposure to it. We do see that that happens. When Netflix came out with the television series, *13 Reasons Why*, that was all focused on the main characters' death by suicide, we saw an unusual increase in numbers of deaths by suicide of young people. So we have some impact from the external world in that respect. We also have the LGBTQ population and young adolescents really struggling. Some of that is impacted by the world and policies that are around them, whether it's school policies or government policies, whether it's families and whether they're willing to acknowledge it. All of these kinds of things contribute to adding to some of the distress for young people and some of the challenges we see with their mental health and definitely suicide. I'd say the last thing is, unfortunately, it's access to lethal means. This is true for adults as well. The more access they have to something that's lethal when they are in a state of mental health crisis and when it comes to suicide, at the very end, it can be a very impulsive act. When you have access to something that is very lethal, we see higher rates of suicide.

LuAnn Heinen
That's helpful and that's a long list. It's not conclusive and it's frustrating when you think about suicide prevention and there's just a lot of different pathways needed, it sounds like. We're talking social media, which can be a positive in some kids' lives. Social media can facilitate engagement and community. Think gay kids who live in rural areas where you can find like-minded people online, build community. On the other hand, it's something of a lens through which people, as you said, compare themselves socially to others. There's a lot of body image issues that crop up. It can reinforce a sense of purposelessness in your life, I guess, intolerance, feeling intolerances from other people, as you said, financial prospects being bleak and so on. It's hard to know how that nets out. Are there guidelines or protections around social media that are recommended?

Dr. Dan Reidenberg
Not really. There are many bills within our federal government in several states across the United States that are trying to regulate social media companies far more. There's lawsuits that are happening that should have case law that will impact social media companies. In Europe, the Digital Safety Act that came out earlier this year is regulating social media companies. We're seeing this around the world. Australia and New Zealand are enacting new regulations as well. The real challenge with these regulations is that often I find that they are well-intended but uninformed and they are really hurting more than helping. I'll give you a quick example of that. If you have a law or a state law or a federal regulation saying that a young person can't be on social media after 10 p.m. at night because we want them to get sleep and we want them to have a good night's sleep, not on their phone all night. That's well-intended because we do want

them to get some sleep. However, if we have a young person who's reaching out who's in a mental health crisis and they're actually getting help or talking with somebody who can support them through a crisis, but just because it's 10 o'clock, they can't get that any longer, that's not really very helpful. In fact, it actually can be problematic and hurt them. We don't really have good regulations at this point in time. There's some that are coming really around privacy and advertising issues for young people. I'm in the process of creating the first ever set of standards for online technology companies that will be released here very soon to the public. It also has a rating system, so we'll be able to see what companies are rated, are they rated safer or not compared to other companies around social media? These standards were expert developed, user informed. I talked with lots and lots of users to get input on this, but they cover a whole range of things for social media. They cover not just the content that's on social media platforms, but the functionality of the various sites, the policies, the governance and transparency, even digital literacy and well-being. All of these areas, we have a whole bunch of standards now that should help inform the public and better understand which sites are safer and change the companies and how they develop their products and tools. But there aren't a lot of regulations yet, and those that do exist aren't necessarily the most helpful.

LuAnn Heinen
Well, let's tackle another big one. Is suicide preventable? We know that I think 45% of people make their final decision within 10 minutes to try suicide. It's a really small window. What are the upstream prevention strategies?

Dr. Dan Reidenberg
That's a great question and it's a hard one to answer definitively in the sense that several years ago, the World Health Organization put out a statement that said suicide is preventable. There were questions about it, and they defined that even further and said all suicide is preventable. And what we know, in fact, is that not every suicide is preventable. Not every car accident is. Not every heart attack is. But what we know is that the majority of suicides are preventable. We can do a number of things to help save people's lives, not just about the public knowing warning signs and knowing what to do if somebody might be at risk of suicide, but providing access to care, good quality health care, not just hospitalization, but therapy and medications and alternative treatments. So the idea here that we want everybody to really understand is that we can't prevent every bad thing from happening in any kind of disease, no less with suicide, but the vast majority of suicides absolutely can be prevented.

LuAnn Heinen
Okay, so the vast majority, because I was wondering when you said the majority, is that just over 50 percent, but you think it's much more than that?

Dr. Dan Reidenberg
Absolutely. Absolutely. As somebody who has lost six patients to suicide, a family member to suicide, close friends to suicide, I know this is hard, but the majority of people that die by suicide give off warning signs, and we know that. Eighty, eighty-five percent of people do give off warning signs. That's more than a lot of other things that have warnings to them. So if we can help people understand what those warning signs are and what to do, how to respond, and we can provide the kind of care necessary for people, we can prevent the vast majority of people dying by suicide.

LuAnn Heinen
What are the most important or most useful warning signs?

Dr. Dan Reidenberg
I would say they fall into a couple of groups, and these are often very missed, all of these actually, but the first warning sign to pay most attention to is somebody talking about or communicating about suicide. Anybody communicating their intent to die by suicide, that's a very significant warning sign. We do have some people that will not talk about it at all, but the majority will communicate it. They will say things like, I can't stand my life anymore, I'm in terrible pain, and I need to get out of this pain, or I just can't be here any longer, and we don't hear that as a warning sign of suicide, but we have to put that in context with some of the other warning signs and the risk factors that somebody might have. But anybody communicating about suicide, that's a pretty significant one.

I'd say the second most significant warning sign that we have is somebody looking for a way to die. This is often missed because they often do this when nobody else is around, but they're looking for a method. They're looking for what is the easiest way they believe is going to get them to where they want to go, which is being out of the pain. So looking for a way to die would be the second thing, and sometimes we do find that in that somebody is looking for pills. They're looking throughout the house for pills, or looking for poisons, or looking for sharp objects, or a firearm, things like that. Talking about suicide and looking for ways to die would be the two main things to pay attention to, but equally important in just a different sense, there's some things that people will communicate to us that we really do need to pay attention to. For example, people talk about being a burden. They're a burden on their teammates, their co-workers, they're a burden to their family. Anybody who's talking about feeling like they're a burden, or that they have no sense of purpose left in life, they're purposelessness. They just don't have any reason to be alive any longer. Again, when you start putting together a couple of these things with a couple of the other warning signs, then we see somebody at greater risk.

I would say the next thing to really make sure people pay attention to is a statement that we hear very, very frequently in my field. They talk about being in unbearable pain, and oftentimes they will actually use that phrase, unbearable pain. And when we hear somebody that's in unbearable pain, we absolutely must pay attention to that. That is the kind of pain that says, I need to be seen in a hospital right now. And if somebody had that in a physical sense, we would get them to a hospital right away. We need to think of a psychological distress, a mental health crisis in very much the same way. If somebody says they're in unbearable pain, that they can't take it any longer, they need to get some help. So we see some of these statements that are happening, and some behaviors. People that are pulling away and withdrawing from family and friends and coworkers and activities, any kind of withdrawal, that's a sign to pay attention to. Sleep disturbance is another one that we know. The majority of people that we lose to suicide don't sleep the day or two before they die by suicide, and that causes a number of different problems for them. We train people on how to identify who might be at risk of suicide. We're looking at a whole bunch of risk factors, which we haven't talked about, and protective factors, and then these warning signs.

LuAnn Heinen
Just to push back a little bit, then what happens? So when you identify warning signs, someone maybe is admitted, could be to an inpatient unit, they go to psychotherapy. And we know that the success rates for treatment, inpatient mental health treatment, and even antidepressants and medications plus therapy, aren't anywhere near 100%.

Dr. Dan Reidenberg
I'm glad you brought this up. One of the things we want to communicate to somebody who is at risk of suicide is that there is treatment available and that it does work. It really does work, and we have some studies that say if you combine psychotherapy and medications, you get an 80-85% success rate. If you only do one or the other, somebody just goes to therapy, it maybe only works about half the time. And some medications, depending on the medications and how good you are about taking them and doing some of the other things you need to do, they only may work about half the time. But when you combine these efforts, they work on the same parts of the brain, and they do help you. We want to make sure that if somebody is identified at risk, we acknowledge the risk. We shouldn't say, we know exactly how they feel. But we can say, we hear that you're in pain, we hear that you're struggling, and I want to be here, I want to help you through this. I might not be the one that's going to get you through this, but I'm going to get you to somebody who can help. Whether that's calling the National Crisis Line at 988, or going to an emergency room, or getting to their therapist or their primary care doctor, whatever it takes to get them to the help that they need. The second part of that message is that treatment can work. It really does work when people do it. We know, however, if we look at compliance studies, are people compliant with treatment, most of the time, they're not. That's where the problem really comes in. If they're compliant with treatment, we have a pretty good success rate.

LuAnn Heinen
Let's pivot to why suicide prevention and postvention, which we need you to define for us, is something multinational employers should focus on.

Dr. Dan Reidenberg
Ah, the heart of the matter here. It's really important because the majority of people that we lose to suicide are of working age. Of those people, most of them are working. That means that where they're spending their time, the majority of their days is at work. We need workplaces to be prepared for this, what to do, how to identify it, what to do after somebody either has attempted or thought about it and gone on leave and come back to reintegrate, or tragically, there has been a death by suicide. That's where we come in with postvention. Employers need to do more in this space than they've ever done before. There's billions, $50 billion in costs to employers as a result of this. 68 million days of lost work as a result of this. Employers spend four to five times the amount of money on mental health related claims and days missed of work than they do for physical ailments. We hear a lot about presenteeism, right? Employees who are there, but they're just not able to function properly. They just can't attend to their work. Absenteeism is very high with people that struggle with anxiety and depression and bipolar disorder.

LuAnn Heinen
Disability claims as well.

Dr. Dan Reidenberg
Disability claims are very high, and that's short-term and some that go into long-term disability claims. As an example, if somebody breaks their arm, breaks their leg, we have a pretty good idea of how long that's going to take for it to heal and we know the general route of that healing process. We don't have that same healing process and timeframe for mental health issues. Everyone is different in how they respond to medications, and that can take a long time. Medications can take four to six weeks to kick in. Even getting into therapy can take weeks and sometimes months. How you respond to those things is very different than any other kind of physical ailment. We have a number of those issues. The other one that I would say when it comes to workplaces is that we see these performance declines as a result of mental health issues: quality of work drops, timeliness and being able to get things done on time drops and decreases. We also see challenges between teams. Individuals that are struggling with their mental health don't interact as well. They might be more irritable. They might just not interact with their teammates as well and when you have a team project, that becomes really hard because the other teammates feel like they have to pick up and then that person struggling feels more guilt. So it becomes this spiral down for them. For all of these reasons, we absolutely need to have employers of all sizes, especially if large companies do more in this mental health and suicide prevention space.

LuAnn Heinen
Are there particular recommendations that you'd have, especially in light of a hybrid workforce and distributed across the country and very often globally?

Dr. Dan Reidenberg
Yes, there are some best practices for workplaces. This really begins with leadership and this is multinational, multi-global companies, multi-site companies. Leadership makes a difference. Leadership top down and that means from the C-suite on down, even to mid-management who are leaders as well. Having them really buy into this understanding that mental health is real and that it impacts their employees and their employees' families, that affects their bottom line. The more that they can recognize that and do something about it, the better off we're going to be. And those things can be around policies, programs, and practices. But for leaders in particular, when you have a hard time, be open about that. Demonstrate that leadership from the top down that you're not impenetrable to struggles of your own. Be honest about it. When you're stressed out, take time off and take PTO. We often hear a lot of employees saying that they're really stressed and they really need to take PTO or they're paid time off, but they're afraid to do that because of the demands of the workplace. Well, if we have leaders that are demonstrating that it's okay to take time off, that will help. There are other communication kinds of methods, awareness campaigns that can be put out throughout sites all over the country, all over the world. Just recognize that mental health is real and that it's everybody's concern, that mental illnesses can be prevented and they can be treated. We can help people if we know how to do them. So there's all kinds of awareness campaigns, even around, for example, May is Mental Health Awareness Month. Just some general posters and billboards or in team meetings or in weekly meetings and monthly meetings, talking about these things. September 10th is World Suicide Prevention Day. All of these kinds of efforts or opportunities to raise awareness that companies typically have not done in the past. There's training that

companies can do. You don't have to just do it at headquarters. You can do that on site. We need to make sure that managers, mid-managers, supervisors understand how to respond if somebody's at risk of suicide, but then even more broadly throughout the company, companies can have online videos, they can have newsletters that they can put out to everybody, doesn't matter where they are, that talk about the issues around mental health and suicide. A couple other best practices, making sure that they create an environment where stress is managed and that it's acknowledged. It's not just pushed away. So job strain reduction and access to care when they're struggling and then having a crisis response team is critically important for all companies. For example, many companies have a threat assessment team where at the headquarters, you might have the leadership of that team, but throughout the country at different sites, you have different identified people that have a different role when somebody's identified at risk of suicide. Who does the observation? Who does the intervention and asking the questions? Who talks to the rest of the team? Who ensures the site is safe? That can all be done and doesn't have to be done just at the headquarters.

LuAnn Heinen
And that is the team that gets involved when there is an attempt or an actual death by suicide on site?

Dr. Dan Reidenberg
It may be even before that, might be prior to an attempt or a death by suicide. Sometimes we will see somebody, co-workers actually know this before many of the supervisors or managers know this, because they hear things from their co-workers in conversations. They might see something that they were searching for. They left their computer on and somebody walks by and they see something about suicide left up. So it's before an attempt too. It is somebody who might be struggling, their performance might be changing, their attendance is changing, their interactions with their colleagues are changing. And then all of a sudden this statement is made, it's a vague statement - it's just better if I don't come in tomorrow or maybe I won't be in for the next few weeks. We need to put that together and have a conversation with that person to find out, is this something you're really thinking about? Is this something that's crossed your mind or are things just really hard right now? That's a very different kind of conversation. It's all along the continuum, but it's a very different conversation than if we have somebody who's on a work site that has actually engaged in an attempt. They either took an overdose of medications or, for example, we have factories where there's access to lethal means, right? Something that they could fall from a high place, they could get something very sharp, they could hurt themselves. They're really actively involved in an attempt. That's a different conversation. But all of these things are the kinds of things that employers need to be prepared for in advance because what happens is when they're not and the crisis happens in an immediate frame, the wrong messages go out, people become very afraid, they don't feel like anybody was prepared, so they don't know who's doing what. And everybody starts to take responsibility and then we miss what really needs to be happening. It's really important that employers are involved in this throughout.

LuAnn Heinen
Let's say that something does happen, there's an attempt. Is this something that should be talked about or do privacy considerations rule and it's not talked about? I mean, how is that handled?

Dr. Dan Reidenberg
Excellent question. It kind of depends. If you have an attempt that's happened on site and others were exposed to it, that individual that made the attempt still does have privacy rights. We don't want companies to disclose to other employees what that status is and what might be happening with them. But they do need to have a conversation with them because they will often struggle with post-traumatic stress disorder, just being exposed to something as traumatic as a suicide attempt. It can be very difficult. The other thing that we see very frequently is this sense of guilt. I knew something was wrong, but I didn't do something about it or they said this to me and I didn't take it as serious as I needed to. So we can have those conversations with other employees around an attempt without it disclosing personal health-related information and still address the issue and protect the privacy of the other person.

LuAnn Heinen
When there is a suicide that happens in a workplace on a team, then what?

Dr. Dan Reidenberg
This is equally hard but very different. When there's an attempt, everybody feels like they're responsible. They feel like they should have done more. They should have heard more. They feel like it's their fault that this person attempted and got to this place. Either they put too much pressure on them, too much responsibility. All of those things cause lots of distress for other employees. Different from that is what we call postvention. And postvention is a word that was coined by Dr. Ed Schneidman, the founder of the field of suicidology. After a suicide, it's a very different kind of impact than other kinds of deaths because of the sense of guilt that goes along with it, the sense of responsibility, the shame, the stigma, all of these things that happen. And in a workplace when there is a suicide, whether it happens on site or off site, it is really distressing for the whole company. Employers don't know what to do, for example, around their desk or their workspace. Do they go and they clean it out right away and make sure that everything is put away and sent back to the family? Or do they have a place that people can go and grieve and talk about this? Should they talk about it or not? There's, again, those privacy issues, but there's also just the grief response. And how do you still maintain your business and keep going? Because your business does need to keep operating while people are grieving and so what do we do with those who are really directly involved with the person that has died? We kind of think of this in tiers. So you have this tier one as those people that are directly involved, teammates that had often contact. And then the next tier out is somebody they knew the person, but they didn't have daily or even weekly contact. And then you have the larger tier who maybe heard about the person or maybe didn't even at all hear about the person, but still was impacted because other people were impacted. So we want to make sure that we address all of those people within the work setting and give them the proper ways to get through the grief and understanding of this. Some of this has to do with their grief and their sense of guilt and responsibility, as I had mentioned, but some of it has to do with this fear happens in companies after a death by suicide that another one is going to happen and we do know that it happens that way. We need to make sure that we pay attention to that as well. But how we grieve a suicide often depends on the leadership. Do they just cover everything up, not talk about it at all, and just want to forge ahead? Are they open to it? Are they willing to allow people to have different times to grieve? Can they have flexible scheduling as they go through the process of grieving? All of these things are really key things that employers need to think about prior to a death by suicide.

LuAnn Heinen
So tough. This is really, really tough stuff. Let's talk about whether there are any recommendations in the 2024 National Strategy for Suicide Prevention that you led are relevant to employers.

Dr. Dan Reidenberg
I really appreciate you bringing up the recently released 2024 National Strategy for Suicide Prevention. Most people don't know about it, not just businesses, but most people don't know that it exists, that our country has a national strategy. This is our third national strategy. I was one of the co-lead authors of the 2012 National Strategy, and I was involved in helping develop this most recent strategy. We've learned a lot over time when it comes to workplaces. This is a new addition, really, to the 2024 National Strategy, where there's been more focus on what do we do in workplaces around policies, programs, training, leadership, all of the cultural kinds of aspects that we need in a work setting that wasn't addressed in the prior two strategies, the national strategies, risk reduction strategies, work stress issues that companies should take into consideration of this, different standards, connectedness, peer programs, access to lethal means, all of these components, these ideas, and these concepts that employers can really benefit from looking at the national strategy and say, where can we fit in with this. We might not have to do all of it, but we should make sure that we're addressing some of these things among our workforce, because it is a real issue for people. A lot of it is around changing the culture to be more open to the conversation about suicide, definitely around mental health, but even around suicide for leadership on down.

LuAnn Heinen
Great, thank you for that. So now we come to any common myths about suicide that we haven't talked about, but should.

Dr. Dan Reidenberg
Yes, it's interesting. When people ask me about myths, I say, well, let's not talk about myths, because when we talk about myths, or we put myths up on television, or we put them out there, people tend to

remember the myth rather than the fact. The reality is, is that there are some common myths and what I think of as misperceptions that people should know about. I'll give you a few of them. One of the biggest ones is that there are more deaths by suicide at the end of the year around the holidays than any other time of the year. In fact, November and December have the lowest number of deaths by suicide out of the entire year. It's one misperception that's out there is that there's this holiday increase in deaths by suicide. Another one is that you can't stop somebody who's going to die by suicide. We touched on this earlier, but is suicide preventable? Yes, largely so. We can prevent the majority of people that are going to die by suicide. We shouldn't be just thinking to ourselves that if somebody is going to do this, that it's going to happen and we shouldn't do anything. We absolutely need to do what we can. I say a third myth or misperception is something else that you brought up at the very beginning, and that is about talking about suicide. There's a large fear that people have that if they talk about suicide, that's going to increase the risk of somebody dying by suicide or it's going to lead them down that path. And we have a wealth of information from around the world that isn't true at all. In fact, talking about it helps reduce the risk of suicide. So being open to that conversation allows them to be open to talking about it, and that lowers their risk of dying by suicide so we can talk about it. Now, we don't want to talk about it in a way that encourages or supports or promotes a death by suicide. But if we talk about it openly, honestly, if we talk about it compassionately and with kindness, that will help people. We addressed one of the other myths a little bit earlier in terms of the warning signs. But that is one thing that many people think is that suicide happens when there aren't any warnings at all. In fact, we do know that the majority of people give off warnings. The challenge with that is that they give it off to different people. So they might say one thing to one person, they might have a behavior that's displayed in front of another person, and those two people never connect. They may not even know each other. So we don't see all the pieces of the puzzle fitting together very well. But we do know that there are warning signs to suicide. I would say that there's another myth and misperception out there that people talk about suicide just to gain attention. I would reframe that for people. If somebody is talking about suicide, somehow communicating their intent about suicide, they're watching movies that have this theme or listening to music that has this theme, we need to talk to them about that. Because it isn't normal and isn't common to be constantly focused on or thinking about or talking about death by suicide. If they're looking for attention around this issue, it's because something is wrong. They need help with it. And the last one, I would say that it's most common. People often think that the only people who die by suicide are people that have a diagnosed mental health issue. We know that's not true. Now, while we do know that mental health issues are connected to death by suicide, oftentimes they're undiagnosed or they're misdiagnosed and so we need to make sure that we pay attention to anybody who is in any way struggling with thoughts of suicide or feelings that death would be a better way for them to get out of their pain.

LuAnn Heinen
Well, that's super helpful. I just want to thank you for helping us face this difficult topic. It's real and present with tragic outcomes happening every single day. I feel better about what I could do to help myself. Thank you very much for this conversation.

Dr. Dan Reidenberg
Sure. Thank you. I really thank anybody who listens to this. Anybody who's willing to take the time, 15 minutes, an hour out of their day to hear about a topic that nobody wants to talk about. Everybody is so afraid of, but if they can have just a little bit of information. This is something that we have to come back to over and over again. If we just talk about it once and then it's never brought up again, especially in a workplace, we tend to see the people put it out of their minds. They just don't think it's very real or it's going to happen in their sphere, in their zone, in their area, in their neighborhood, in their community, in their workplace. And tragically, we know this is going to happen. I would say to anybody who is in a workplace environment, know that at some point, at some point there is going to be either a death by suicide or definitely an attempt and somebody thinking about suicide among the people that you're working with. The more prepared you can be by knowing just a little bit of information, this isn't about making somebody a mental health professional or a suicide prevention expert. We don't really want that actually. But just knowing a little bit of information and knowing that kindness and compassion, being able to listen and be there for somebody in pain and get them to the right place, not just an EAP, but to a doctor or to a team that can help them, a peer support program, we can save lives. Everybody has that potential to save somebody's life. As you mentioned, with at least half of the people dying by suicide within about 10 minutes of making the final decision, it's not enough time to get them to a hospital. So

that means it's all of us. It's all of us, especially places where people are working and struggling with these thoughts, that we can make a difference and we can all save a life. Thanks.

LuAnn Heinen
I love that message. All of us. Well, we'll close on that. Thanks so much, Dan Reidenberg.

I've been speaking with Dr. Daniel Reidenberg, global expert on suicide and advisor to the International Association of Suicide Prevention. As a reminder, anyone can call or text the free confidential National Suicide and Crisis Hotline. You can reach the lifeline by dialing 988 or texting HOME, H-O-M-E, to 741-741.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked this episode, please take a moment to rate us and leave a review.