

A guide for workplaces

Responding to a
**staff member's
suicidality**

Anei au, tō pou whirinaki

*I am here as a supporting
pillar for you*

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Foreword

Tēnā koe, ko Shaun Robinson tōku ingoa.

I have the privilege of being the chief executive of the Mental Health Foundation. I also live with bipolar disorder and in my 30s, before I received support and learned how to manage my illness, I had an extended period of being very suicidal.

While formal support and mental health services were a key part of my recovery, it was my workmates, friends and family that made the biggest difference. That informal support, and being in an environment where it was okay to be open about my thoughts and feelings, really was a life-changer and a life-saver.

Suicidal thoughts and attempts are much more common than death by suicide. The more a workplace can encourage people to practise the things that build social connections and positive mental health, the better everyone will be at supporting someone who becomes suicidal.

I certainly wish I had had many of the personal tools and support systems that I now have when I was so distressed in my 30s.

There are many ways workplaces can build supportive environments for their staff, that make suicidality less likely, and establish the cultures and systems required to support someone who is going through a tough time.

Making and maintaining strong connections with others is a vital part of reducing suicide risk.

For me, it was my mates, my 'buddies', who got me through the worst times and encouraged me to get professional help. A workplace can make this idea of looking after each other a conscious thing, through the development of a buddy or peer support system. The wider the network of trusted support someone has, the safer they tend to become.

Putting in place tools like a buddy system and regular team meetings as well as ensuring your staff have easy access to support, if and when needed, are an important part of your workplace wellbeing toolkit. Making it the 'norm' to talk about how we can uplift our mental health at work makes it easier to talk about the tough times.

People become suicidal for many reasons, not all of which are due to experiences of mental distress or illness. Workplaces are also diverse. This resource is not a prescriptive script — it offers a range of well-researched approaches that can be adapted to your workplace and your situation.

Thank you to everyone who has contributed to the development of this resource. Your generosity in sharing your lived experiences has made this resource real and meaningful.



Shaun Robinson
Chief Executive
The Mental Health Foundation of New Zealand

Introduction

What is suicidality?

'Suicidality' is a term used to refer to thoughts, feelings and actions related to suicide. It includes a range of experiences, from occasionally thinking about wanting to die, to plans for ending your life. Suicidality also includes suicide attempts. All suicidal thoughts, feelings and actions should be taken seriously.

“Creating a workplace with the leadership skills where people can come to work and be their best self means you’ll have a happier and more supportive work environment. Plus your team will be more productive and you’ll retain skilled staff.” — Hugh, workplace wellbeing programme advisor

We all have mental health, just like we all have physical health. As with physical health, our mental health can vary over a lifetime. Nearly half of all New Zealanders will experience mental distress or illness at some point in their lives.

There are huge benefits for workplaces that create cultures where it's okay to talk about mental health, and where staff experiencing tough times or mental distress are supported. Maintaining a respectful, non-bullying, supportive and inclusive workplace environment is suicide prevention in action.

It is important not to oversimplify people's experiences of suicidality. Many people experience thoughts of suicide at some point in their lives. Sometimes people are scared of their suicidal thoughts or worried that they will act upon them. While thinking about suicide is common, not everyone who thinks about suicide goes on to develop a plan or carry that plan out.

A person experiencing suicidality or distress needs support. This support could be from people who know them best (e.g. whānau or close friends and colleagues) or from health professionals. Legally, a workplace must eliminate or minimise risks to physical and mental health and safety (psychosocial* risks) that arise from work, so far as is reasonably practicable. To do this, workplaces need to understand what their people need, and to be able to listen and take action when they are experiencing tough or challenging times.

*See glossary

This resource offers practical guidance and advice for workplaces across Aotearoa New Zealand, to help them support their kaimahi/staff experiencing suicidality, including after a suicide attempt. It also helps to ensure that appropriate support can be offered to others in the workplace affected by this situation. This guide lists ways to build a strong workplace culture, including implementing robust practices for staff.

Please note: There will be times when a staff member's suicide attempt is not known about or only becomes known sometime later.

Who is this guide for?

“As an employer or manager, the care you wrap around the people who work for you is so important.” — Steph, employment lawyer

This guide is for those who support or lead people in the workplace.

It recognises that all workplaces have different access to support services. These include internal human resources (HR) and health and safety (H&S) teams, and external supports such as employee assistance programme (EAP) providers, peak body organisations, local business associations or sector-specific support. The information and guidance in this resource is designed to be adapted to best suit your workplace and its available support networks.

Please note: This resource provides practical guidance on how to best support people experiencing tough times, but does not offer occupational health or legal advice.

Looking after yourself

It can be emotionally challenging to support someone who has attempted suicide or shares their suicidal thoughts.

If you're supporting someone, it's important to look after yourself too. Practice self-care and aim to:

- Eat healthily and get enough sleep.
- Do activities that you enjoy.
- Limit social media use and doomscrolling.
- Share your thoughts and feelings with someone you trust.
- Set your own boundaries and recognise your limits.
- Encourage other trusted people to help with offering support in the workplace.
- Build and develop a network of people you can turn to for support.

If you need help, contact an EAP provider, a helpline (see page 19), your GP or a local counsellor.

Offering support to someone experiencing suicidality

“Organisations have a role to create an emotionally safe culture. If you are worried about someone, bring in support networks as soon as possible.” — Andrea, HR specialist

If a staff member shares with you that they have thoughts or feelings around suicide, it's important to take them seriously. You can also:

- Acknowledge what they have shared and how difficult it must be.
- Invite them to keep talking with you or someone they trust.
- Keep listening to them. Be open to talking about suicide or other hard things in their life.
- Help them understand that suicidal thoughts can occur, but they don't have to act on them.
- Let them know it's okay to ask for help, and that they don't have to fix everything by themselves or immediately.
- Share that help is available, including via free helpline services (e.g. 1737). See page 19 for more helplines.
- Help them to contact a close friend or relative, or to make an appointment with their GP. This may mean making these calls yourself.

If you're not comfortable having these conversations with a staff member, help them to find someone else in the workplace who they can connect with.

“Let them know that if they're having those feelings, support is there for them.”

— Terry, Federated Farmers

Are you concerned about someone?

If you think someone may be suicidal, ask them if they're thinking about suicide. It could save their life. **Talking about suicide will not put the idea in their head.**

Concerns that someone may be suicidal may arise if you feel, see or sense that something isn't quite right with the person or if something about them is different or has changed.

To start the conversation with the person try saying:

- *“It's okay to talk with me about anything, and I mean that.”*
- *“I know there's a lot going on for you right now...”*
- *“What can I do to help you feel supported?”*
- *“Who are your support people?”*
- *“Do you have any health professionals, services, friends or whānau who we can help you to contact?”*
- *“I am here for you, and we can find people who can help you.”*
- *“When life has been really hard before, what or who helped you?”*

See page 15 for behaviours that indicate distress and experiences that can increase suicide risk.

Knowing when to escalate

“As managers, it's important to be aware that there are professionals who can offer help. And to know when to refer your staff to them.”

— Sarah, Institute of Directors





There may be times when someone reveals information or plans that could put themselves or another person at risk of harm.

If this happens, support the person to seek help, and ensure that someone is with them until they get that help. You can also assist them to contact a whānau member or a close friend as well as their GP or another health provider.

Remember: You are not expected to be the person's counsellor or health professional. It's vital, for both their wellbeing and your own, that specialist help is sought when needed.

What to do if a suicide attempt is made on-site or if you are worried about someone's immediate safety.

Stay with the person and do the following:

-  **Call 111**, if they are an immediate physical danger to themselves or others.
OR
-  **Contact your regional mental health crisis assessment team** (visit [mentalhealth.org.nz/help](https://www.mentalhealth.org.nz/help) or call 1737 for contact details).
-  **Provide first aid** — as necessary.
-  **Stay with them** until support arrives or until you both arrive at a support service.
-  **Stay calm** and let them know you care.
-  **Keep them talking** — listen and ask questions without judgement.
-  **Ask if there's someone** they'd like you to contact.
-  If it's safe for you to do so, **remove any obvious methods** of suicide they might use, ideally with the person's consent. For example: guns, medication, car keys, knives, rope or access to high-rise building sites.
-  Make sure you are safe.
-  See page 13 for ways to support witnesses to the attempt.
-  Later, document the actions taken and the timeline of events.

Offering support after a suicide attempt

*Tautokona te whānau me ngā kaimahi,
arohaina te whānau me ngā kaimahi,
manaakitia te whānau me ngā kaimahi.*

Support, love, and take care of whānau and work colleagues with respect, truthfulness and compassion at the forefront.

The following information is for people managers who learn that a staff member has attempted suicide. This knowledge may have come from the person directly or from their whānau or colleagues.

Please note: There will be times when you may not find out about or be told of a suicide attempt, or where you learn about the suicide attempt later.

Depending on the circumstances, the person may need to take sick or compassionate leave to aid their physical and/or mental recovery. They may wish to return to work as soon as possible or they may like some flexibility.

It's okay to feel nervous or cautious about how you connect with the person, and to ask for advice or help from a health professional. The important thing is to aim to create a space where your staff member feels comfortable and supported.

Acknowledging cultural diversity

He kura te tangata
We are all precious

The way people view and respond to a suicide attempt and/or mental health and wellbeing may be framed by their cultural beliefs and customs. Consider the cultural needs of both the individual and their colleagues when offering support.

If appropriate, be guided by others within the organisation from the same culture as the staff member. Always remain supportive of the person while being respectful of specific cultural views. If unsure of how to proceed, you could contact a trusted cultural or faith leader for guidance.

It's also important to remember that not everyone working in Aotearoa New Zealand has family here,

or wants to connect with their culture. Discuss with and encourage the person to connect with their existing support networks and community groups. See page 19 for a list of support services and resources.

Supporting Māori kaimahi/staff

Ma te hāpaitia, e whai kaha tātou.
With support, we have strength.

If your workplace or workforce largely whakapapa Māori, incorporating tikanga Māori (customary practices or culturally-appropriate behaviours) and te ao Māori (the Māori worldview) into all aspects of your work will help promote an inclusive and culturally-safe working environment.

Te reo Māori is important for expressing te ao Māori concepts and values. Speaking to the values of the kupu (words) below and following tikanga Māori offers a protective space for kaimahi that embraces them and provides āwhina (support).

Manaakitanga — showing care and respect for workers and their wellbeing.

Manaakitanga is a powerful way of expressing how Māori communities care about each other's wellbeing, nurture relationships, and engage with one another. 'Manaakitanga' derives from two words — 'mana' (a condition that holds everything in the highest regard) and 'aki' (to uphold or support). Extending manaakitanga towards someone requires respect, humility, kindness and honesty.

Tika, Pono, Aroha — respect, truthfulness, compassion.

Working with tika, pono and aroha is working in a way that protects and enhances the mana of the people and communities you interact with. This is achieved through respect, acting with integrity, having open and honest conversations and actively listening to understand people's perspectives.

Seek guidance from kaimahi Māori, kaumātua or your local marae to implement their values, or contact Te Rau Ora. For more information see the Mental Health Foundation's workplace support section on page 19.

Having supportive conversations

"Bring the help to the people. Offer a range of options as to ways to seek help or understand feelings/thoughts."
— Sarah, Institute of Directors

Knowing how to both support someone after a suicide attempt and how to address the wider situation is important — for the person, yourself, and their colleagues.

When you first learn that someone has attempted suicide you could feel a range of emotions, including shock, grief, hurt, anger, guilt and even numbness. These feelings are okay and perfectly normal.

A 'real' conversation offering genuine empathy and understanding, and where someone feels listened to and cared about, can help them feel connected and reduce the risk of another attempt. Keep in mind:

- The person may not be well enough to be contacted directly. Ask if there is someone else you can engage with during this time.
- Engage with the person where you can. Offer support and compassion.
- Include a sense of hope when talking with them.
- Remind them that things will get easier.

Avoid using words like 'unsuccessful' or 'failed' when talking about their suicide attempt. Instead use 'suicide attempt' or 'attempted to take their own life.' See *Safe ways to talk about suicide* on page 18 for more guidance.

It's best practice not to ask for details about their suicide attempt (including how they harmed themselves), because talking about methods of suicide can be extremely distressing and triggering — both for you and them. However, some discussion may be necessary to help keep the person safe, for example if they can access means* at the workplace.

Staying connected

"Good, clear communication is a powerful thing." — Liam, senior manager, strategic wellbeing

If the staff member decides to take leave to aid their recovery, be guided by them (or their support people) and keep in touch. Treat the person the same as you would if they were recovering from an accident or another significant health event, by:

- Scheduling a regular time to connect.
- Asking how they wish to be contacted (e.g. online, or by phone, text or email).
- Asking how they want to communicate their absence to colleagues.
- Being as open and honest as possible with work-related considerations. Clearly and compassionately explain the limits of what the organisation can offer in terms of leave and support. Reference any relevant policies or practices.
- Asking open-ended questions like, "Are there any concerns you have?", "What do you want to do?", "What will help you stay safe at work?" and "What would work best for you to transition back to work smoothly?"
- Being aware that the person may not have any idea what their needs are.
- Continuing conversations about what support is needed when they return to work (this may change over time). See the reasonable accommodation section on page 10.
- Being compassionate and considerate when discussing their return-to-work dates.
- Asking if they're ready to work on a flexible basis.
- Offering to keep them connected to the workplace by sharing work news, encouraging colleagues to keep in touch or extending invitations to social events. They can always say 'No'.
- Offering the opportunity for them to buddy-up with someone they trust at work. See page 12 for more information.

*See glossary

Returning to work

“Steer into the conversations, don’t expect the person to necessarily reach out.” — Russell, SPPC

Knowing how to welcome a staff member back into the workplace following their suicide attempt is vital for their recovery. For more guidance, visit *Open Minds — A Guide for Managers* (see link on page 19).

It’s important to have:

- Safe and open conversations.
- Clear and effective communications.
- Empathy and understanding for their situation.
- An awareness that the person may feel anxious about returning to work, and may need extra support and understanding. Offer as much flexibility as you can.
- An agreed upon return-to-work plan.

You may also wish to identify a preferred person they can contact in the workplace (e.g. business owner, their line manager or an HR or H&S team member).

Recovery from a suicide attempt can be both physically and mentally challenging, and returning to work can be difficult. The person may:

- Feel isolated, ashamed or embarrassed.
- Have lost confidence.
- Fear what colleagues will think, and feel unsure of how to act or address the situation.
- Initially have difficulty concentrating on their work.
- Still be experiencing suicidality, but be okay to be at work. They may need meaningful connection or distraction.
- Have concerns about losing their job.

Work with the staff member, and their support network, to create a return-to-work plan. This plan can include:

- Ensuring they have access to a support person.
- Asking them to share advice given to them by their medical team around returning to work.
- Accommodations and flexibility around how they return to work.
- Seeking independent advice from a professional, if required.

Please note: Details discussed between the person and their counsellor/EAP are confidential. Confidential information can only be disclosed under specific conditions.

Reasonable accommodation

“There may be a fear of not wanting to ask or address the situation with the staff.”

— Gareth, wellbeing business partner

When the staff member is ready to return to work, you may need to address what reasonable accommodation may be necessary to help them.

A reasonable accommodation is any adjustment that helps a person participate more equally in a workplace. Reasonable accommodation may include:

- Flexibility around what their return-to-work looks like (e.g. a gradual/phased return, reduced hours/days, working-from-home options).
- Flexibility to attend medical and counselling appointments.
- Restructuring their role or changing tasks to those the person feels confident and capable of achieving.
- Helping the person to prioritise their job tasks.
- Physical adjustments such as offering extra breaks, wearing headphones, providing a private space to work, changing noise or light levels or enabling them to sit rather than stand.

For some people suicidal thoughts may be related to an undiagnosed mental illness. Under the Human Rights Act 1993, employers must make “reasonable accommodations” for employees with disabilities, including people with mental distress or illness, unless it would be unreasonable for them to do so. Businesses must also consider requests for flexible working under the Employment Relations Act. See www.employment.govt.nz for more information.

Some people may return to work following a suicide attempt with a new disability. This may take time for both the person and their workplace to adjust to. The disability will need to be addressed when discussing reasonable accommodation and their return-to-work plan.

To assess if the staff member is fit to return to work, their health professional or another appropriate person may require you to provide a detailed job description and information about their role, including:

- Job tasks and physical requirements.
- Hours of work.
- Type of work environment (i.e. an office, a worksite, etc.).

Let the staff member know that you’re providing this advice.

Involving the staff member in decisions about their role and responsibilities helps ensure their successful return to work.

Visit *Open Minds — A Guide for Managers* for more information and guidance (see page 19 for link).

The return-to-work plan

“Surrounding a person with manaaki, aroha and mate-ship can make a big difference to a person in distress.” — Russell, SPPC

A successful and protective return-to-work plan states agreed strategies and actions between the individual and their employer/manager. This plan helps ensure the best possible return to work for the person, and provides safety, care and support.

It should:

- Include the person’s return date and working hours.
- Be agreed upon by all involved and manageable from both the individual’s and employer’s perspectives.
- Show a process to document agreed decisions, actions and outcomes.
- Include all reasonable accommodations and practical support being provided.
- Be guided by health professional advice.
- Clarify what information is to be shared with colleagues.
- Record contact details of their support networks outside of work.
- Have the flexibility to be adjusted as needed.
- Schedule in regular contact between the person and their manager and/or peer support.
- Include a process to ensure reasonable accommodation is appropriate and effective for both parties. Ideally, a review should take place every three months.
- Have an end point, which includes a review.

To help prepare a return-to-work plan, download our template at www.mentalhealth.org.nz/resources/resource/return-to-work-planning-template

Recovery from a suicide attempt is not a straight-forward process or a situation simply resolved following the suicide attempt. While the person may be ready to return to work (e.g. for financial reasons and/or social connection), they may still be experiencing ongoing suicidality. Appropriate care and support is essential for their wellbeing, and that of their colleagues.

Acknowledging the impact of stress

The person may have been experiencing stress at work and/or in their personal life before their suicide attempt. These experiences can often be interwoven, as it can be difficult to separate work and home life. Alternatively, they may have been engaged in a performance improvement process, which for some people can lead to feelings of shame and/or personal failure.

Address these issues when discussing the person’s return-to-work plan and provide clear expectations through both open and honest conversations.

Too much stress, including work-related stress, can be a significant contributing factor of illness and distress. If not managed, stress can contribute to depression or anxiety, and increase the risk of suicidal thoughts. Factors within the work environment that increase the risk of work-related stress and can harm people’s psychological and physical health include but are not limited to:

- High job demands or unreasonable workloads.
- Lack of resources.
- Remote or isolated work — with limited access to resources and whānau support.
- Poor organisational change management, restructuring or job loss.
- Inadequate reward or recognition.
- Sustained levels of high or low physical, mental or emotional effort.
- Exposure to traumatic events (e.g. workplace accidents or work that leads to exposure to traumatic events).
- Burnout.
- Harmful behaviours (e.g. workplace bullying, harassment or violence and conflict).

Please note: If factors in the work environment are considered potentially harmful to the person, this needs to be addressed when discussing reasonable accommodation. It may be useful to seek support from your HR and H&S teams, leadership or other external agencies when holding these discussions.

Back at work

Once the person returns to work, it's vital they feel supported and safe. Help them to feel connected to the workplace by:

- Including them in meetings and social events, as you usually would.
- Having regular check ins.
- Regularly reviewing their reasonable accommodation and ensuring this continues to be appropriate and effective for both parties.
- Supporting them if they need to attend appointments.
- Using *Open Minds — A Guide for Managers* for more guidance (see page 19).

Buddy or peer support systems

"It's important that you make it okay for your team to have those difficult conversations."

— Kereama, wellbeing coach

Having a buddy or peer support system operating within your workplace can be an effective way to allow the person to feel connected, and ensure someone is looking out for them.

The buddy should be someone the person trusts, feels safe with and is comfortable talking to. The ideal person for this role could have:

- An existing, trusted relationship with the person — they might be a peer rather than a manager.
- The time and capacity to offer regular support, in a compassionate way.
- The ability to share something about themselves — both personally and professionally.
- Peer support skills (see page 20 for a list of peer support programmes).
- Knowledge of where and how to seek help.
- Appropriate support networks themselves.

Sharing information with colleagues

"Being able to identify that many people require flexibility in their roles at some stage is important, and it helps people to empathise with others' situations when they arise."

— Brooke, CASA

Be guided by the individual on how they want to address their absence and any changes to their role with colleagues.

While respecting the person's privacy is important, colleagues may need to be informed about the person's absence and/or any role changes — for example, if cover is needed, when others need to pick up extra duties or to explain any reasonable accommodation the person may need.

It's important to:

- Pre-plan answers to questions that may arise around changes to the individual's role and responsibilities. Ideally, get the person's input into those answers first.
- Share information on a need-to-know basis. Don't provide any details other than those necessary.
- Address and shut down any rumours or speculation.
- Respect the person's wishes if they don't want their situation to be addressed publicly, even if their circumstances are common knowledge.
- Be conscious of how information is shared and discussed. See *Safe ways to talk about suicide* on page 18.
- Remind other staff about the person's privacy and how they would like to be treated in similar circumstances.

Wellbeing support for staff

"Often people are worried that if they talk to an EAP provider, information will be shared with their workplace or community. It's important to stress that these services are confidential."

— Paul, ex-SPPC

Some staff may also have their own experiences of suicidality or bereavement, which can be triggered by knowing about their colleague's attempted suicide.

To support staff it helps to:

- Check in on your team members.
- Ensure support is available for those leading employment conversations with the staff member.
- Remind all staff of your workplace wellbeing programmes and/or available support services.
- Display wellbeing resources or posters in high-use areas. See shop.mentalhealth.org.nz
- Have open discussions about ways to promote wellbeing.

Supporting witnesses to a suicide attempt

Witnessing someone threatening suicide and/or making a suicide attempt can be extremely traumatic and distressing.

The witness may experience a range of emotions and reactions in the immediate aftermath of the event, or what they've heard and seen may impact them later.

Everyone deals with a potentially traumatic event in their own way. It's important that the witness knows there is support and help available (see page 19).

To offer support to a staff member who has witnessed a suicide attempt, you should also:

- Ensure someone is with them immediately afterwards.
- Offer them the opportunity to talk about what they've seen and how they feel, but don't force them to talk.
- Understand that their reactions may be different to your own. You could start by asking *"how is this sitting with you?"*
- Be guided by them on whether they need time out from work or just want to follow their normal routine.
- Keep checking in with them in the days and weeks following the event.
- Help connect the person with their own support system, if that's what they want.

For more information on how to support witnesses or discoverers of a suicide attempt, visit aftersuicide.nz

Protective factors in a workplace: Creating strong and trusting relationships

“You want staff to bring their whole selves to work, to know that they are safe to talk about the real stuff.” — Steph, employment lawyer

Creating strong and trusting relationships within your workplace can increase protective factors, which, in turn, can prevent further harm.

If you notice (or are informed) that a staff member is struggling, don't ignore it. But be aware that talking about personal struggles can be difficult, and the person may get emotional, embarrassed or upset.

Remember: No specific skills are needed to talk about the issues someone may be facing. You just need to be empathetic, approachable, and willing to listen.

“Teach your team how to respond if someone says something is not right with them. Help them to feel comfortable having that conversation and know how to recognise when their workmate's bucket is full.”
— Maddison, human resources

Conversation starters:

1. *“I can see there is a lot going on for you right now...”*
2. *“I'm worried about you and I'm here to listen.”*
3. *“I've noticed you seem down lately, what's up?”*

If someone is unable to respond or struggles to answer, say:
“Are there no words at the moment? I get it, we'll get round to it.”

“Sometimes you get a better response if you go for a walk and chat, side-by-side, rather than talk in an office.” — Russell, SPPC

For more ways to have honest and open conversations about wellbeing in the workplace, visit the 'workplaces' section on the Mental Health Foundation's website www.mentalhealth.org.nz/workplaces

Suicide prevention in the workplace

“Suicide is preventable. Together, we can save lives.” — Virginia, peer support worker

Suicide is complex, and there is very rarely a single attributable reason why someone may consider taking their life. Stresses in a person's environment, including pressures at home, work, in their social lives or financially, can contribute to suicidality.

Suicide prevention requires a multi-faceted approach — one that includes education, awareness and access to organised services and support systems that assist people and help them build coping strategies. Effective approaches to suicide prevention can recognise and respond to distress, address factors associated with suicide, and help empower families, whānau, workplaces and communities to support each other.

Benefits for workplaces that create a culture where it's okay to talk about mental health, and where staff who are experiencing difficulties or tough times are supported, include, but are not limited to, reduced staff turnover, increased productivity and reduced absenteeism.

Within the workplace, suicide prevention means putting in place strong, robust practices and policies and offering leadership towards doing things that make a real difference, such as:

- Ensuring everyone in the workplace is shown respect and dignity.
- Creating a sense of belonging, by holding regular team check ins or social events.
- Eliminating or minimising health and safety risks.
- Having a plan on how to provide staff with the support needed to be happy at work.
- Supporting managers and colleagues to build rapport and other skills needed to support each other.
- Ensuring your workplace's practices support wellbeing.

Behaviours that indicate distress

“If you notice a change in someone's behaviour or personality, check in with them. Ask them what's going on in their work life and personal life.” — Richard, forestry wellbeing consultant

Most people thinking about taking their own life will try to let someone know, but they often won't say so directly. If someone shows one or more of the behaviours listed below, it doesn't necessarily mean they are suicidal, but they may need support.

It is impossible to predict who will take their life. While some changes in behaviour can help with understanding distress and how a person could be supported, these signs will not predict who will take their life. Behavioural changes may occur over a longer period of time or there may be more sudden changes from the person's 'normal'. Some of the behaviours below are direct indications that someone is thinking about taking their own life:

- Telling you or others they want to die or kill themselves.
- Talking about feeling hopeless or having no reason to live, or being a burden to others.
- Expressing feelings of isolation, loneliness, hopelessness or loss of self-esteem, or dwelling on problems.
- Withdrawing from colleagues, being unproductive, increasing absenteeism, or having difficulty completing tasks or focusing at work.
- Showing changes in behaviour, such as restlessness, irritability, recklessness or aggression, or having difficulty sleeping.
- Displaying uncharacteristic anger.
- Abusing alcohol or other substances.
- Giving away possessions or pets, paying back debts or 'tying up loose ends' or suddenly buying life insurance.
- Speaking about arranging end-of-life personal affairs such as making a will, or having concrete plans for suicide.
- Suddenly seeming calm or happy after being depressed or suicidal.

Some people who are suicidal may not show any changes in behaviour or these changes may not be obvious. People who feel suicidal may try to hide what they are going through or pretend they are okay as a way of protecting others, which reduces chances of intervention.

“Men, particularly, will often try to hide their suicidal thoughts from others because they do not want to appear vulnerable or put their employment at risk.” — Paul, ex-SPPC

Factors associated with suicide and suicide attempts

Thoughts of suicide are not uncommon. It is estimated that many people at some stage of their life may experience thoughts of wanting to die. There are some experiences that can increase a person's vulnerability to suicide. But please note that many people who experience these things will not become suicidal, so it's important not to assume they are suicidal without them telling you.

Use the conversation starters outlined on page 14. If you try to take a general interest in how the person is doing and what's important to them, without a specific agenda of 'helping' them, they will be more likely to share their thoughts and feelings with you.

Factors that can increase a person's vulnerability to suicide include:

- A previous suicide attempt.
- Losing a friend or family member to suicide.
- Periods of extreme stress where there is no end in sight.
- A history of abuse.
- Relationship troubles.
- Being publicly shamed or excluded.
- Being bullied or ridiculed.
- Heavy use of drugs or alcohol.
- Losing social status.
- Feeling a sense of isolation.
- Feeling they have failed as a person or are a burden to others.

- Having a serious physical illness, particularly one that causes ongoing pain.
- Recently started or stopped taking medication to manage mental distress or illness.
- An upcoming court case or prison sentence.
- A lack of connection to their own culture, identity or purpose in life.
- Coming out as LGBTQIA+.
- Struggling to find work, being made redundant, or having financial problems.

Occupational factors that may increase a person's vulnerability to suicide include:

- Low pay and low job security.
- Jobs where workers are exposed to violence, death or traumatic events, and/or are working with survivors of traumatic events.
- Having access to, or knowledge of, lethal means in the workplace.
- Bullying, discrimination or harassment in the workplace.
- Going through disciplinary processes or redundancy.

Some protective factors for suicide include having:

- Good whānau and family relationships.
- Access to secure housing.
- Stable employment.
- Community support and connectedness.
- Secure cultural identity.
- Self-esteem and a sense of purpose or meaning in life.
- The ability to deal with life's difficulties (e.g. problem solving skills and the ability to adapt to change).
- Access to healthcare and professional support.

Stigma and suicide myths

Myths and stigma around suicide continue to exist. They can frame people's beliefs and attitudes and make it harder for people to seek help when they need it. Below are some common myths and facts to keep in mind when supporting someone in the workplace.

Myth: Asking about someone's suicidal thoughts increases the chance they will act on them.

Fact: Asking about suicide in a supportive way will not put the thought in their head. In fact, it may save their life. Talking about suicide with someone increases the likelihood that they will seek treatment.

Myth: People who talk about wanting to die are attention-seeking.

Fact: Talking about suicide can be a plea for help. Take it seriously if someone talks about feeling suicidal — be kind and supportive, find out if they have a plan, and if they do, seek help right away.

Myth: Once a person is having suicidal thoughts, they will act on them.

Fact: Many people have suicidal thoughts and don't act on them. Suicidal crises can be relatively short-lived. Immediate help, such as staying with them, keeping them talking, helping them find reasons to live and offering them hope, can all help avert the crisis. It's also important the person seeks appropriate support.

Myth: Suicide only affects individuals with experience of mental distress or illness.

Fact: While people who have experienced mental distress or illness may have a higher risk, anyone can feel suicidal. Many individuals with experience of mental distress or illness are not affected by suicidal thoughts. People who are thinking of suicide may display signs of depression and/or anxiety, but not always.

Myth: People who take their own lives are selfish.

Fact: People who die by suicide often experience intense emotional or sometimes physical pain. They may want to end their suffering, or feel like a burden to others, and can see no other way to stop the pain. Sometimes they feel people will be better off without them.

Myth: If a person has attempted suicide, they will never attempt suicide again.

Fact: Recovery from a suicide attempt is not a straightforward process or a situation simply resolved following a suicide attempt. A person who attempts suicide, and who is still in pain, may attempt suicide again. Making an earlier suicide attempt is a very high risk factor for a subsequent suicide. It is necessary to make sure the person gets the help they need.

Myth: Only a health professional can support someone who is suicidal.

Fact: This is a myth that can stop whānau, friends and colleagues from taking action. The truth is that whānau, friends and colleagues can play a crucial role in helping those at risk of suicide get the help they need. Staying connected is key.

Safe ways to talk about suicide

Talking about suicide is important but it needs to be done in a safe way.

Do	Don't	Why?
Give people hope. Talk about suicide prevention — remind people that suicide is preventable.	Don't talk about suicide as though it is inevitable.	Suicide is preventable. Hopelessness is a feeling many people who are suicidal or who die by suicide have in common. Work to create hope and talk about suicide prevention for individuals, families, whānau and communities.
Talk about what causes distress — the factors that can be associated with suicide and how to address these.	Don't say all people in a certain group (e.g. people who lost their homes due to natural disasters) are at risk of suicide.	It is impossible to predict who will take their life. We all need to understand the factors that can be associated with suicide. We don't want to normalise suicide — suicide is never inevitable.
Talk about people 'dying by suicide' (e.g. "I had a friend who died by suicide").	Don't use the term 'commit' or 'committed' suicide (e.g. "he attempted to commit suicide").	The word 'commit' increases the stigma around suicide — both for people who have had their own experiences of suicidal thoughts or suicide attempts and for those bereaved by suicide. 'Commit' is generally only used when talking about crime.
Know your stats and only use official suicide data. Say 'higher rates' or 'concerning rates' when referring to statistics.	Don't sensationalise numbers or share, discuss or speculate about increases in suicide for certain groups, areas or professions.	Using sensational language increases hopelessness and removes the focus from suicide prevention. Rumours about suicide clusters, spikes or increases are often false, can increase a sense of hopelessness for people, and can normalise suicide as a response to tough situations.
Remind people that suicide is complex and there is no single cause of suicide.	Don't attribute suicide to a single cause (e.g. bullying, natural disasters, or working in a particular profession).	Suicide is complex, and there is very rarely a single attributable reason why someone takes their own life. Simplifying the causes of suicide both puts more people at risk (if they identify with that cause) and contributes to misunderstandings about how suicide can be prevented.
Remember the person, not their death.	Don't talk about the details of a suicide (including method and location).	Details about someone's death are unnecessary and can be deeply distressing. Talking about the method used or the location can also increase risk for people who may be experiencing suicidality.
Talk about mental health as something we all have, in the same way we all have physical health.	Don't use 'mental health' when you mean 'mental distress' or 'mental illness'.	At any one time at least one in five of us will be experiencing mental distress or illness. We want people to know their mental health and wellbeing is something they can always strengthen and they can live great lives.
Acknowledge suicide loss with humility, sadness and aroha.	Don't portray suicide as a selfish act or focus on how it has harmed people bereaved by suicide.	People react to a suicide in different ways. It's important to remember to avoid talking about the death in a way that increases stigma or implies a sense of shame surrounding suicide. Stigma around suicide often causes people to hide suicidality and avoid seeking support. Those bereaved by suicide may be reluctant to talk about their feelings and get the support they need if there's a focus on shame and blame.
Always mention and provide details for help and support services.	Don't assume people know where and how to access help. Spell it out. Normalise help-seeking as a healthy and wise step to take.	Help-seeking can carry stigma for some people. Encouraging help-seeking and talking openly about where and how to access support can help remove that stigma, boost team mental health and potentially save lives.

Helplines, support services and wellbeing resources

In a crisis or emergency?

- If you or someone you care about is at risk of immediate harm: **Call 111.**
- Contact your local Mental Health Crisis Team. Visit www.mentalhealth.org.nz/help for contact details.
- Go to the emergency department (ED) at your nearest hospital or medical centre.

Helplines

The following services offer free support 24/7 and can connect you with others who can help:

- 1737 Need to Talk — call or text 1737 anytime to talk to a trained counsellor.
- Depression Helpline — visit www.depression.org.nz, call 0800 111 757 or text 4202.
- Lifeline — visit www.lifeline.org.nz, call 0800 543 354 or text 4357 (HELP).
- Youthline — visit www.youthline.co.nz, call 0800 376 633, free text 234 or email talk@youthline.co.nz.
- TAUTOKO Suicide Crisis Helpline — 0508 828 865 (0508 TAUTOKO).

For a full list of helplines, directory of services and information on how to find a GP or counsellor, visit www.mentalhealth.org.nz/help

To order or download free suicide prevention and wellbeing resources from the Mental Health Foundation visit: shop.mentalhealth.org.nz

Other websites and free helplines offering guidance and support

- Anxiety NZ — 0800 ANXIETY (0800 269 438) for specific questions around your or your loved ones' anxious feelings. www.anxiety.org.nz
- Asian Family Services — free helpline 0800 862 342 (Mon–Fri 9am–8pm). www.asianfamilyservices.nz
- Vaka Tautua — free national Pacific helpline 0800 OLA LELEI (0800 652 535) (Mon–Fri 8.30am–5pm). www.vakatautua.co.nz
- Yellow Brick Road — supporting whānau who have a loved one experiencing mental health challenges. yellowbrickroad.org.nz
- Talk to your local Suicide Prevention and Postvention Coordinator (SPPC) accessed via your regional Health New Zealand/Te Whatu Ora.

The Mental Health Foundation's workplace support

- Visit www.mentalhealth.org.nz/workplaces for:
 - Open Minds — A Guide for Managers — equips managers with the confidence and skills to talk about mental health in the workplace.
 - Workplace mental wellbeing programmes, resources and campaigns to help employers create flourishing workplaces.
 - Tips for creating mentally healthy workplace environments for Māori.
- Pink Shirt Day — a bullying prevention programme that supports workplaces to create environments where all people can feel safe, valued and respected. www.pinkshirtday.org.nz
- Mental Health Awareness Week (MHAW) — an annual campaign helping workplaces, schools and individuals understand what boosts their wellbeing and improves mental health. www.mhaw.nz
- Nōku te Ao — a programme to end prejudice and discrimination against people with experience of mental distress. www.nokuteao.org.nz
- Farmstrong — a wellbeing programme for the rural community. www.farmstrong.co.nz

Glossary

Mental health training and workplace wellbeing programmes

- Lifekeepers — Aotearoa New Zealand's free national suicide prevention training programme. www.lifekeepers.nz
- Te Rau Ora — a Māori health and wellbeing service. www.terauora.com
- Clinical Advisory Services Aotearoa (CASA) — offers suicide prevention and postvention services to organisations and communities. www.casa.org.nz
- Small Steps — free online tools to manage your wellbeing. www.smallsteps.org.nz
- Red Cross — www.redcross.org.nz/first-aid
- Visit Te Pou's directory of lived experience training programmes — www.tepou.co.nz/cpsle-training-directory

Other workplace support services

- Rural Support Trust — localised support and training to help with challenges on the farm. www.rural-support.org.nz
- InsideOUT — resources, workshops, consulting, advocacy and support for rainbow (LGBTQIA+) communities. www.insideout.org.nz
- CCS Disability Action — disability support and advocacy. www.ccsdisabilityaction.org.nz
- MATES in Construction — Support in construction-related workplaces. www.mates.net.nz
- First Mate — Support for the fishing industry. www.firstmate.org.nz
- Regional Suicide Prevention & Postvention Coordinators (SPPC) — Contact your regional Health NZ/Te Whatu Ora office for more information.
- Le Va — support for Pasifika families and communities. www.leva.org.nz
- ChatSafe — for guidance on safe online conversations. www.orygen.org.au/chatsafe

More information for workplaces

- Mental health and wellbeing support — www.business.govt.nz/wellbeing-support/wellbeing
- Getting back to work after injury — www.acc.co.nz/im-injured/getting-back-to-work
- Worksafe — Mental health and wellbeing at work www.worksafe.govt.nz/topic-and-industry/work-related-health/mental-health



To find this resource and for further information and guidance on mental health and wellbeing in the workplace, visit www.mentalhealth.org.nz/workplaces or scan the QR code.

Please note: The Mental Health Foundation is Aotearoa's leading provider of suicide prevention and wellbeing resources and campaigns, we are not a service provider or crisis service.

If your workplace or organisation is seeking suicide prevention support, we recommend you contact Clinical Advisory Services Aotearoa (CASA). Email contact@casa.org.nz or visit www.casa.org.nz. CASA provide suicide prevention and postvention services across Aotearoa.

In an emergency, please call **111** or contact your local Mental Health Crisis team. Visit www.mentalhealth.org.nz/help for more information. To talk to a trained counsellor please call or text Whakarongorau Aotearoa/New Zealand Telehealth Services on **1737** for support. This service is free and available 24 hours per day, 7 days a week.

Affected or impacted by a death by suicide — you can experience an emotional reaction or be affected by someone's death by suicide whether:

- you knew the person personally (bereaved by suicide)
- didn't know them, but knew of them
- witnessed or discovered their death by suicide.

All of these situations involve exposure to suicide.

An effective postvention response includes everyone affected or impacted by a death by suicide.

Bereavement — a state of grief and mourning after the death of someone important to us who we love/care about and value, such as a close relation, friend or colleague. Grief is our emotional reaction to this loss.

The coronial process — in Aotearoa, if a death is a suspected suicide or is sudden or unexplained, it is referred to the coroner for a Coronial Inquest to formally establish the cause of death. The cause of death can't be determined until after the coroner has made a ruling. A ruling by the coroner can sometimes take months or years to be finalised and the waiting time can be very stressful for whānau and workplaces. You can read more about the coronial process at: www.coronialservices.justice.govt.nz/suicide

Grief — refers to the emotional reactions following loss. Grief reactions can vary widely. Everyone grieves differently and there is no specific timeline for the experience. Cultural practices and traditions can also inform how people grieve. Grief that follows a death by suspected suicide can also include intense reactions such as shock, disbelief, blame and sometimes anger. As suicide is typically an unexpected and potentially violent form of death, some people may also experience deep distress and trauma.

Method (or means) — a 'suicide method' is any means by which someone may choose to end their life.

Postvention — an organised response in the aftermath of a suspected suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss.
- To mitigate other negative effects of exposure to suicide.

- To prevent suicide among people who are at high risk after exposure to suicide.
- To provide ongoing support, including professional and peer-support options, for those who need it.

Psychosocial factors — describe the relationship between a person's thoughts, emotions, behaviours and their social environment. Identifying psychosocial factors at work is about considering the way work (the tasks we do, where they are done, and who we interact with) affects how we feel, think and behave. For more information visit: www.worksafe.govt.nz/topic-and-industry/work-related-health/mental-health

Stigma associated with suicide — refers to the negative attitudes, beliefs and stereotypes people may hold towards those affected by suicide or experiencing suicidality. Stigma can frame people's beliefs and attitudes and also make it harder for people to seek help when they need it.

Sudden death — the death will remain a 'suspected suicide' until the coroner has made their ruling. However, the death may also be an 'ambiguous death', with insufficient evidence to determine the cause, or have other complicating factors. In all these cases, the death is referred to as a 'sudden death'.

Suicidality — a term used to refer to thoughts, feelings and actions related to suicide. It includes a range of experiences, from occasionally thinking about wanting to die, to plans for ending ones life. It also includes suicide attempts. All suicidal thoughts, feelings and actions should be taken seriously.

Suicide contagion — refers to the spread of suicidal thoughts, behaviours and deaths after exposure to suicidal behaviour. Adolescents and young adults are more vulnerable to the effects of suicidal contagion, but contagion can occur at any age where a person identifies in some way with the person who died, even if they did not know them personally.

Suicide Prevention and Postvention Coordinators (SPPC) — are based throughout Aotearoa. Their responsibilities include organising and implementing suicide prevention and postvention responses, initiatives and activities, which are designed to

reduce the number of suicides and suicide attempts and provide bereavement and post-attempt support. Contact your regional Health NZ/Te Whatu Ora for more information.

Tapu — in te ao Māori, ‘tapu’ has many meanings and references depending on the context it is used in. If a place, person or object is tapu it might be sacred, prohibited, restricted, set apart or forbidden. A person, object or place that is tapu may not be touched or, in some cases, not approached. ‘Noa’ is the opposite of tapu. When something is noa it is ‘ordinary’ or ‘common’. Noa lifts the ‘tapu’ from the person, place or object.

Trauma — an emotional response to an event involving severe emotional shock and pain. Psychological trauma can occur when an event overwhelms our ability to emotionally digest what’s occurred. People process events differently and not everyone has the same reaction to any event; what one person experiences as trauma may not cause distress for another. Trauma is caused by witnessing disturbing and horrific events but can also occur for those not present, when they are told

about what happened. As trauma is different to grief, these reactions may be experienced separately or at the same time. Experiencing trauma and grief together can intensify the reactions they have in common.

Wellbeing — is a multidimensional concept that reflects the balance and integration of various aspects of life. Wellbeing is influenced by numerous factors, including physical health, mental health, social connections, financial security, and other social and cultural factors. Visit www.mentalhealth.org.nz/what-is-wellbeing to learn more.

Work-related means of suicide — involves situations where a person’s work facilitates their access to and/or familiarity with the lethal object or substance that could be used to end their life.

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Notes

There is no health without mental health

The Mental Health Foundation is Aotearoa New Zealand's leading mental health and wellbeing charity, striving for a society where we can all flourish.

Established in 1977, our suicide prevention, mental health and wellbeing work includes:

- Creating evidence-based suicide prevention and wellbeing resources.
- Delivering resources to individuals, whānau, schools, workplaces, healthcare centres and communities, free of charge.
- Influencing MPs and policy makers to create a better mental health system.
- Running nationwide mental health promotion campaigns, like Mental Health Awareness Week and Pink Shirt Day.
- Providing individuals, whānau and communities with information and guidance to improve the mental health and wellbeing of all New Zealanders.

One in five New Zealanders will experience mental distress or illness each year. This could be you or someone you care about.

You can make a difference. Help make Aotearoa a place where everyone has the tools to enjoy positive mental health and wellbeing.

Donate at donate.mentalhealth.org.nz



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