

 THE UNIVERSITY OF BRITISH COLUMBIA Facilities	Policy No.: I-A-PR10	Approval Date: Last Revision:
	Responsible Executive:	
	Signed:	
Title: <p style="text-align: center;">DRAFT- PROCEDURES FOR EMPLOYEES AT RISK OF SUICIDE</p>		
Background & Purposes: Suicide is the most common psychiatric emergency and a leading cause of death in Canada. Individuals that express suicidal thoughts are in need of immediate medical attention. This is especially true if an individual openly states a desire to harm themselves or if an individual has begun crafting a plan to commit suicide. People who are contemplating suicide are often very depressed from a recent event or incident, i.e. failure to receive a promotion, loss of a job, death of a spouse, diagnosis of a serious illness, etc. While in this state of acute psychological pain, the suicidal individual may temporarily lose control of their judgement and inhibitions. A suicidal person may not be in the state of mind to realize that the pain itself will pass or be able to realize that options for assistance are available. Research has shown that for most individuals, suicidal thoughts are a temporary state of affairs. The majority of those individuals who seek professional treatment do not have any further incidents of suicidal behaviour. It is for this reason that suicidal individuals need to be provided with <u>immediate</u> medical attention and professional counselling. UBC Facilities will address all incidents of suicidal comments or behaviour <u>seriously</u> and with <u>urgency</u> . All Facilities health and safety committees, heads, supervisors, and managers will receive training on recognizing the warnings signs of suicidal individuals and how best to communicate with individuals displaying suicidal behaviours		

1. Goals

The goals of the procedures listed below are:

- 1.1 To provide basic tools to recognize the warning signs for suicide.
- 1.2 To provide clear direction to management staff on the procedure for addressing an employee who is displaying suicidal behaviours or has made suicidal comments.
- 1.3 To compassionately address issues associated with suicide in the work place.

2.0 Principles

In achieving these goals, several principles are involved:

- 2.1 Providing education and training to health and safety committees, heads, supervisors, and managers in identifying the warning signs of employees who may be at risk of suicide.
- 2.2 Communicating effectively and candidly with employees about the subject of suicide and other mental health issues. Removing the social stigma and taboos that may exist on the subjects of mental health.
- 2.3 Actively promoting a healthy workplace. Addressing cases of substance abuse, untreated depression, and other mental health issues that can contribute to suicide. Supporting employees in seeking medical treatment for these issues.
- 2.4 Acting with speed and urgency when confronted with an employee at risk.

3.0 Identifying the Warning Signs of an Individual at Risk

Research has shown that the majority of those who attempt suicide provide some warning signs, either verbal or behavioural, of their intent to kill themselves. Thoughts of suicide most often occur during times of a significant personal crisis, acute stress, depression, or a significant loss. Although suicide is sometimes an impulsive act, most individuals who are suicidal have thought about it for days, weeks, or even months before making an attempt. During this time, individuals who are suicidal will often provide warnings signs that they are at risk.

While by no means a complete list, it is these typical warning signs that may indicate that an individual is at risk:

- 3.1 **Direct verbal clues:** comments such as “I wish I were dead”, “If (such and such) doesn’t happen I am going to kill myself”, “It really would not matter if I were dead”, etc.
- 3.2 **Indirect or coded verbal clues:** comments such as “What is the point of going on”, “My family would be better off without me”, “Soon you will not have to worry about me”, etc.
- 3.3 **Behavioural clues:** Changes in social behaviour such as withdrawal from outside activities, episodes of screaming, hitting or throwing things, purchasing a gun, stockpiling pills, giving away money or prized possessions. A sudden interest or disinterest in religion. A loss of physical or motor skills, a loss in judgement or memory. An obvious and intense episode of depression. A relapse into drug or alcohol use after a period of recovery.
- 3.4 **Situational Clues:** A sudden rejection by a loved one or an unwanted separation or divorce. A death of a spouse, child, friend (especially if by accident or suicide). A diagnosis of a serious illness. A sudden or unexpected loss of freedom (e.g. about to be arrested).

While one of these examples may not indicate a person is at risk, any of these types of clues coupled with an employee displaying an acute sense of distress, despair, or hopelessness about the future, is worth discussing with the individual.

PROCEDURES

Approved:

Revised:

1. General

1.1. Meet with the employee at risk and ask them about their thoughts on suicide

Medical professional advise that the best course of action to assist a person suspected of being suicidal is to initiate a candid discussion. Central to this discussion is asking questions of the individual about the “possibility of their contemplating suicide”. Posing such direct questions is not more likely to make a non-suicidal individual attempt to kill themselves. Asking a person in distress about his or her thoughts on the subject of suicide is considered essential in determining if someone is at risk and in need of help.

The important point to consider is that it is everyone’s responsibility to attempt to assist someone we feel is at risk of suicide. Delaying the discussion because of “lack of knowledge or training” or because it is a “physician’s job” is not an acceptable option. HSE - can provide immediate and direct assistance to anyone who feels that they need advice on how best to meet with and question a colleague that is believed to be at risk.

Some guidelines to consider before meeting with someone thought to be at risk:

1. Seek advice from Facilities HSE on the questions to ask prior to your meeting.
2. Make arrangements with Facilities HSE to have someone from the department available and have a vehicle ready in case medical intervention is needed.
3. Plan a time and place to meet with the individual.
4. Meet with the individual alone and in a private setting.
5. Set aside at least an hour to have the meeting.

1.2. Steps to follow if the employee replies that he/she is contemplating suicide and is willing to receive treatment

Should the individual agree in the meeting that they are in fact planning or even contemplating suicide, it is essential the person is taken immediately to the emergency ward of Vancouver General Hospital.

The employee should be told about the importance of receiving professional treatment and informed that arrangements will be made to take them immediately to VGH. An employee from HSE should be called to the meeting room. Together, with the *interviewer* and the *employee at risk*, a member of HSE shall drive everyone to VGH. While at VGH, arrangements can then be made to notify family and next of kin etc. The HSE employee will stay with the employee until they have been placed under the care of emergency staff.

1.3. Steps to follow if the employee is contemplating suicide but is unwilling to receive treatment

Should the employee admit to contemplating suicide and is unwilling to go immediately for treatment, it is very important that RCMP and Campus Security are contacted and brought into the situation. Until the police arrive, the employee should not be left alone and discouraged from leaving the building. People who are suicidal may not be in a situation to make a clear judgement about receiving treatment. The RCMP may be in a much better position to convince an employee to go for treatment and have the ability to “involuntarily commit” an individual into treatment.

1.4. Points to consider if the employee is not contemplating suicide but is clearly in distress

Employees within the Facilities Department have access to an extensive employee assistance program. Many of these counselling and medical services are provided free of charge to Facilities employees. After meeting with the employee, *the interviewer* should discuss with HSE various solutions/options that may be available to the employee.

1.5. Reintegrating the employee back into the workplace

The employee's safe reintegration back into the workplace is a key goal of this policy. In most circumstances, the employee in distress will be away from the workplace on some form of medical leave immediately after the initial treatment at the hospital. This period away from work will allow the employee to identify and treat the underlying issues that may have caused the person to contemplate suicide.

Reinstatement back into the workplace should only take place after the employee has demonstrated that they are no longer a risk to themselves or others. Prior to the employee returning to the workplace, H.R and the employee's manager will need to confirm that the employee has provided medical documentation that he/she is fit to return to work.

Reinstatement into the workplace may also include other conditions such as the employee providing regular medical reports, updates from their counsellor, etc.