



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Suicide Prevention at Work: **At-Risk Occupations and** **Workplace Prevention Strategies**

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Outline

- What are job-related risk factors and why they matter.
- Which Wisconsin jobs show higher risk (overall and relative to other causes of death)
- What helps?

Job and Financial Problems

Problems that contributed to death: 2022

The following problems can contribute to stress, mental health concerns, and death by suicide. The boxes below indicate the percentage of decedents who experienced these contributing problems. The problems displayed below are not mutually exclusive; in other words, the decedent may have experienced more than one of these problems. These data were obtained from coroners, medical examiners, and law enforcement reports (WVDRS; see Technical Notes).

Total

Age

Hover over boxes/bars for details.

Intimate
partner
problem
25.5%

Financial
problem
8.7%

Family
problem
7.2%

Physical
health
problem
28.7%

Job or
employment
problem
10.7%

School
problem
1.6%

Work and Stress

4 IN 5

WORKERS REPORT THAT **WORKPLACE STRESS** AFFECTS THEIR RELATIONSHIPS WITH FRIENDS, FAMILY, AND COWORKERS.¹

4 IN 5

WORKERS FEEL **EMOTIONALLY DRAINED** FROM THEIR WORK, AN EARLY **SIGN OF BURNOUT.**²

1 IN 4

WORKERS ARE EXPERIENCING THE MORE SEVERE SIGNS OF **BURNOUT**, INCLUDING **REDUCED PERSONAL EFFICACY** AND **CYNICISM TOWARDS PEERS AND THEIR JOBS.**³ **CHRONIC WORKPLACE STRESS** AND **BURNOUT** CAN LEAD TO **MENTAL HEALTH CONCERNS** IF LEFT UNTREATED.

What “Job Problems” Might Contribute?

- *Put your answer in the chat or raise your hands to come off mute.*

Workplace Psychosocial Stressors

Low

- Job security
- Pay
- Flexibility/ time off
- Social support
- Control or autonomy
- Sense of meaning
- Understanding of role or job demands (low training, poorly defined role)

High

- Employer control over workers (micro-managing)
- Workload, long hours
- Speed/pace of work
- Sense of abusive, toxic or unfair work environment

Psychosocial Hazards and Health

Exposure to work-related psychosocial hazards

Stress Response

(when prolonged or extreme)

**Reduced mental health
and poor health
behaviors**

- Unhealthy eating
- Less exercise
- More alcohol
- Sleep effects

Psychological Injury

- Depression
- Anxiety
- Burnout
- Suicide

Physical Injury/Illness

- Cardiovascular
- Musculoskeletal
- Gastrointestinal
- Immune deficiencies

PAIN

Which Wisconsin Jobs Are Higher Risk?

Overall and relative suicide risks by occupation

Analysis of Suicide by Occupation



Assessment of vital records for suicides in Wisconsin

Wisconsin-specific age-adjusted rates of suicide by occupation

Wisconsin-specific age-adjusted proportionate mortality ratios (PMRs) by occupation

Definitions

ICD-10 Code(s)	Description
X72-X74	Firearm discharge: any type
X60-X69	Poisoning: medications, drugs and biological substances, and other substances such as toxic effects of cleaning fluids
X70	Suffocation: hanging, strangulation, and suffocation
X75-X84, X71, Y870, U03	Other methods: drowning/submersion, explosive material, fire/flame, hot vapors/objects, blunt or sharp object, jumping from a high place, jumping or lying in front of a moving object, crashing of a motor vehicle, and other specified methods

Vital Records Sample

N=454,106
Wisconsin
decedents are
recorded in
vital records
(2016-2023)

n=99,454
Decedents in
vital records in
this period are
working age
(16-64)

n=5,709
Working-age
decedents met
the suicide
definition are
working age

Denominators

- American Community Survey
- 5-year estimates (2022 vintage)
- Limited to those in the labor force in Wisconsin

Classification of Occupation

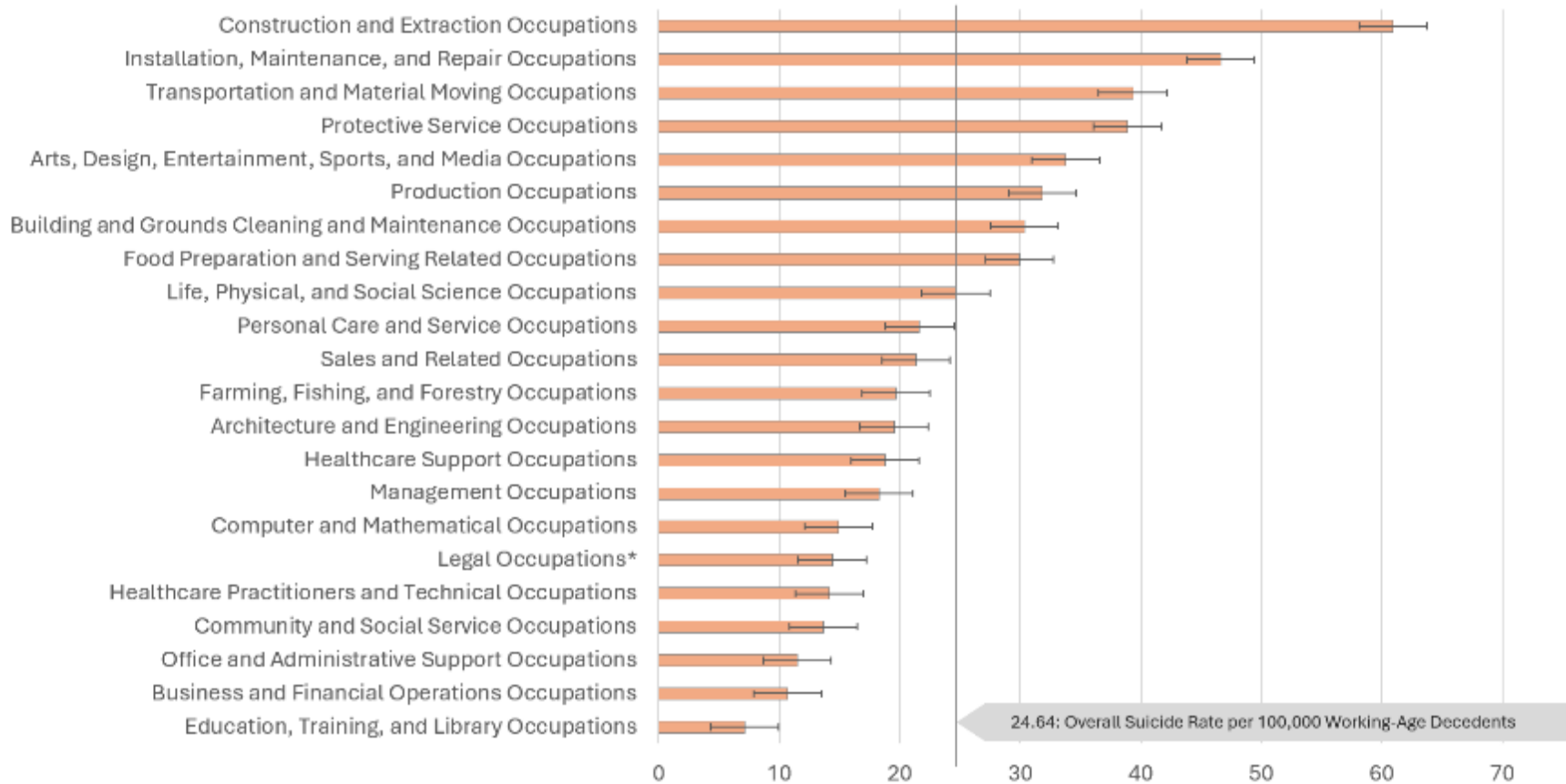


Standard Occupational Classification (SOC)

Rates of Suicide by Occupation



Average Annual Age-Adjusted Rates of Suicide per 100,000 Working-Age Decedents by Major Occupation (SOC) Code in Wisconsin (2016-2023)



The Upshot: Major Occupation

Top five rates by major occupation group

Construction and Extraction Occupations

Installation, Maintenance, and Repair Occupations

Transportation and Material Moving Occupations

Protective Service Occupations

Arts, Design, Entertainment, Sports, and Media Occupations

The Upshot: Major Occupation

Bottom five rates by major occupation group

Healthcare Practitioners and Technical Occupations

Community and Social Service Occupations

Office and Administrative Support Occupations

Business and Financial Operations Occupations

Education, Training, and Library Occupations

Proportionate Mortality Ratios (PMRs)

$$\left(\frac{\frac{\text{Suicides among healthcare workers}}{\text{Total deaths among healthcare workers}}}{\frac{\text{Suicides among all workers}}{\text{Total deaths among all workers}}} \right) * 100$$

Rates vs. PMRs

Rates: Comparison between occupations

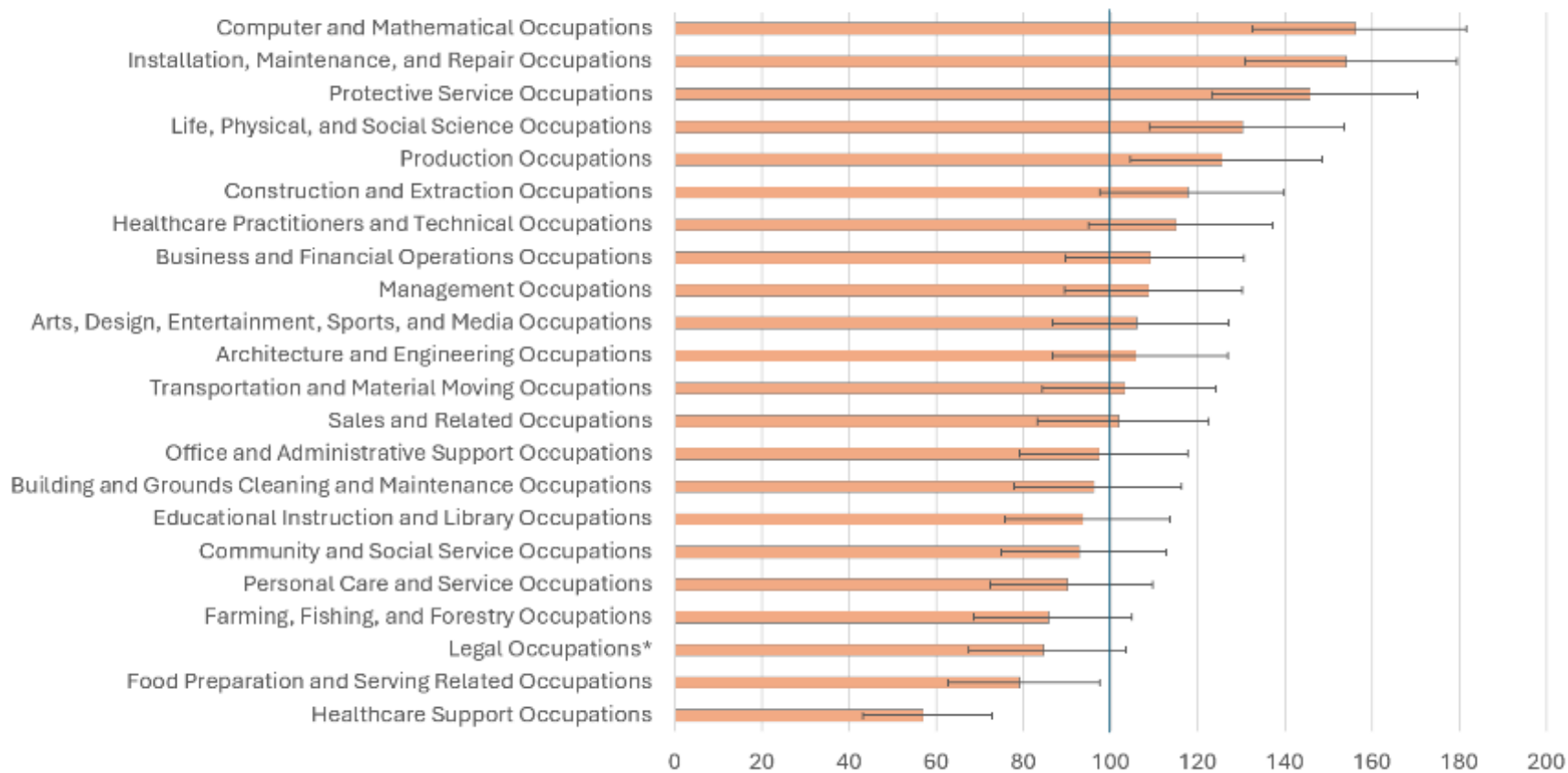
"How do suicides among protective service occupations compare to suicides among health care practitioners?"

PMRs: Comparison within an occupation

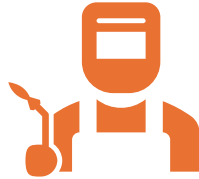
"Is suicide a large source of mortality for health care practitioners?"



Age-Adjusted Proportionate Mortality Ratios (PMRs) for Suicide by Major Occupation Group (SOC) in Wisconsin (2016-2023)



The upshot: Major occupation



Five major occupation groups had significantly elevated PMRs:

Computer and Mathematical Occupations

Installation, Maintenance, and Repair Occupations

Protective Service Occupations

Life, Physical, and Social Science Occupations

Production Occupations

The upshot: Major occupation



Two major occupation groups had significantly reduced PMRs:

Food Preparation and Serving Related Occupations

Healthcare Support Occupations



Conclusions

We find different aspects of suicide risk by occupation depending on whether we consider rates or proportionate risk measures.

Suicide Rates

Several occupation groups noted nationally also had high suicide rates in Wisconsin:

Construction and Extraction Occupations

Installation, Maintenance, and Repair Occupations

Transportation and Material Moving Occupations

Protective Service Occupations

Arts, Design, Entertainment, Sports, and Media Occupations



Proportionate Risk

Some occupations without high suicide rates may have more specific suicide risk than has been previously noted:

Computer and Mathematical Occupations

Life, Physical, and Social Science Occupations

Production occupations



Multiple Measures

Several groups have both high suicide rates and high proportionate risk.

Construction and Extraction Occupations

Installation, Maintenance, and Repair Occupations

Protective Service Occupations



What Helps?

Workplace suicide prevention and mental health promotion strategies

Targeted Approaches

Construction and extraction occupations



Protective service occupations--firefighters



Construction Workers

- **Notable risk factors:**
 - physical pain
 - poor safety climate
 - lack of sick leave
 - availability of substances
 - stigma around mental health
 - other risk factors noted above (high demands, long hours, low control, etc.)
- **Opioid overdose deaths** high as a result





HOPE LIVES

NEW YORK STATE LABORERS'

HEALTH & SAFETY TRUST FUND

YOU MATTER. REACH OUT.

Every day, union members throughout our state are fighting personal battles related to mental health and/or substance abuse issues. For some, it may be anxiety or depression, while others may be coping with a drug or alcohol use disorder. No matter what you're currently facing, there are people and resources ready to help you.

Tools

- Worksite “Toolbox Talks”



Suicide Prevention in Construction



Over the last several years, the rate of suicide has increased, and it is now the 10th leading cause of death in the U.S. The construction industry has one of the highest suicide rates compared to other industries. Although there is no simple reason for this increase, learning the warning signs and how to reach out for help could save your life or the life of a co-worker.

John and Matt's Story

Matt noticed that his co-worker John was acting differently, becoming really upset, not following safe practices on the job, and eating lunch alone. He recognized that these may be the warning signs of suicide. During lunch he called a crisis hotline and asked for advice on how to talk to John and get him help. At the end of the day, Matt approached John and said that he had noticed a change in his mood and behavior lately and was concerned. He asked John if he has had any thoughts of suicide and told him about the hotline. John was angry at first, but then admitted that he had been feeling depressed and is relieved that he can talk to someone about it. Matt came home, John to call the crisis hotline. John is now getting the help he needs, and Matt is continuing to provide support.

- ❑ Have you known someone who experienced suicidal thoughts or died by suicide?
- ❑ What are examples of the warning signs of suicide?
- ❑ How can we help a co-worker when there are warning signs of suicide?

Remember This

➤ Recognize the Warning Signs:

- Talking about:
- Wanting to die
 - Guilt or shame
 - Being a burden to others

- Feeling:**
- Empty, hopeless, trapped, or having no reason to live
 - Extremely sad, anxious, agitated, or angry
 - Unbearable emotional or physical pain

- Behavior:**
- Planning or researching ways to die, purchasing a gun
 - Withdrawing from friends, family, or activities, saying goodbye, giving away possessions, or making a will
 - Agitation or rage – increased conflict among co-workers
 - Extreme mood swings
 - Changes in personality or neglecting their appearance
 - Taking dangerous risks, such as increased alcohol or drug use or driving recklessly
 - Eating or sleeping more or less
 - Increased loneliness and alienation from work

- If someone you know is showing any of these signs, don't ignore them. Start a conversation. The best way to find out if a person is having suicidal thoughts is to ask directly.
- Listen without judgement and express concern and support. Reassure them that help is available.
- **DO NOT** tell someone to do it, debate the value of living, or argue that suicide is a right or wrong.
- **NEVER** promise to keep their thoughts about suicide a secret.
- Encourage the person to see a mental health professional or help them locate a treatment facility.
- If you believe someone is in immediate danger, call 911, take them to a nearby emergency room, call or text 988 the Suicide and Crisis Lifeline, or reach out to the Crisis Text Line by texting "HOME" to 741741 to connect with a crisis counselor.
- Stay in touch with them after a crisis to see how they are doing.

If you or someone you know needs immediate help, call or text the Suicide and Crisis Lifeline at 988, use the online Lifeline Chat, or text "HOME" to 741741 to connect with a crisis counselor.

They provide free and confidential support with trained counselors 24/7.

How can we stay safe today?

What can we do today to help prevent suicide?

- _____
- _____

Tools

- Worksite “Toolbox Talks”
- Pain management tips

Physicians’/Providers’ Alert:

Pain Management for Construction Workers

This Alert was developed to help ensure that all construction workers who visit a doctor or other healthcare provider because of pain from an injury are aware of treatment options and understand the potential risks of addiction associated with using prescription opioids. **Please:**

- (1) **read and print this Alert;**
- (2) **keep the “Tips for Talking with Your Doctor”; and**
- (3) **fill in the “To My Doctor” form and give it to your doctor to include in your medical records.**

Tips for Talking with Your Doctor: *What You Need to Know Before Accepting an Opioid Prescription*

Opioids, such as fentanyl (Duragesic®), hydrocodone (Vicodin®), oxycodone (OxyContin®), oxymorphone (Opana®), hydromorphone (Dilaudid®), meperidine (Demerol®), diphenoxylate (Lomotil®), tramadol, buprenorphine (e.g., Suboxone®), morphine, and codeine are often prescribed to help manage pain. In addition, new drugs are entering the market place, such as Dsuvia™, which are considered even more addictive. Since these medications can be addictive, they should only be used if other treatment options are not effective. When prescribed, they should be used for the shortest time possible, be closely monitored, and include counseling.

Talk to your doctor about treatment options and how the medication may affect you. Remember to tell your doctor:

- ✓ If you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ If you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation’s drug test panel, for example, includes:¹
 - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, oxymorphone)
 - Phencyclidine
 - Marijuana (THC)
 - Cocaine
 - Amphetamines (amphetamine, methamphetamine, MDMA, MDA)

Before accepting a prescription for one of the medications listed earlier or another opioid, ask your doctor/healthcare provider:

1. Can my condition be effectively treated without opioid medication? If yes, what would the treatment involve?
2. [If prescribed an opioid and are taking other medications] Will the opioid medication interfere with other medications that I’m currently taking?
3. Are there potential side effects from the opioid medication prescribed? If yes, how can I reduce the risk of side effects?

Tools

- Worksite “Toolbox Talks”
- Pain management tips
- Employer guidance



Fatigue Risk Management Program Manual

Template for Construction Operators

Protective Services: Firefighters

- **Notable risk factors:**
 - trauma
 - other factors mentioned above
- **Approaches**
 - specialized care
 - occupation-specific peer support
 - stigma reduction

**FOR FIRE FIGHTERS,
BY FIRE FIGHTERS. IT'S
OKAY TO ASK FOR HELP.**



INTERNATIONAL
ASSOCIATION OF
FIRE FIGHTERS

General Best Practices



Suicide Prevention



- Screening—offer self-screening tools
- Mental health services and resources—EAP, behavioral health coverage, space for support groups
- Gatekeeper trainings—offer QPR, Mental Health First Aid, etc.
- Crisis management—Have HR protocols, publicize crisis call/text lines
- Leadership—destigmatize, educate, disseminate resources

Mental Health Promotion

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Protection From Harm (Physical)

- Safety climate
 - physical safety from work hazards
 - adequate rest/breaks
 - sustainable and safe pace of work
 - workplace violence prevention programs
- Safety and health support
 - access to healthcare
 - management support for use of sick time and recovery support (physical and behavioral)



Protection From Harm (Psychological)

- Psychological safety culture
 - respect
 - professionalism
 - processes for identifying and addressing bullying, harassment, or similar staff concerns
- Security
 - job security
 - predictability



Connection & Community

- Cultivate trusted relationships
 - Manager-worker
 - Worker-worker
- Create spaces for connection
- Foster collaboration and teamwork
- Accommodate and celebrate
- Share stories and successes



Work-Life Balance

- Provide autonomy over how work is done
- Make schedules as predictable and flexible as possible
- Offer and encourage use of paid leave
- Respect boundaries between work and non-work time



Mattering at Work

- Recognize employees' work
- Connect work to organizational mission
- Engage workers in workplace decisions
- Pay a living wage (*"your work is valuable"*)



Opportunities For Growth

- Offer training and professional development
- Have clear pathways for advancement
- Offer mentorship
- Provide relevant, strengths-based feedback
- Create opportunities for employee feedback



Discussion

- Do you have direct experience with any of these approaches?
- Which approach are you most interested in trying out or learning more about?

Questions?

Thank You!

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