

A person wearing a dark blue short-sleeved shirt is working in a workshop. They are positioned on the right side of the frame, leaning over a workbench. The workbench is made of light-colored wood and has a black knob or handle. The background is a wall of corrugated metal. The floor is made of dark wood with a prominent grain pattern.

Workplaces can be a powerful setting for suicide prevention strategies since most adults interact with work. One such strategy is gatekeeper training—otherwise known as community helper training—which teaches workers to identify and reach out to co-workers at risk for suicide and connect them to support services.

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# Equipped to Help: Workplace Training on Suicide

by | Sally Spencer-Thomas, Psy.D., Matt C. Mishkind, Ph.D., and Alex Yannacone



# Prevention and Intervention

**S**uicide is not only a public health crisis but also a workplace crisis. Each year, approximately 50,000 people in the United States die by suicide, with middle-aged workers (ages 35–64) accounting for almost half of these deaths.<sup>1</sup>

The workplace may be the most cross-cutting system we have to prevent suicide. Unlike schools or health care systems that reach people only at certain life stages or those already engaged in treatment, nearly every adult interacts with work. Critically, those who are at the most significant risk of dying by suicide are often beyond the reach of education systems and are not connected to health care on a regular basis. Yet, at the onset of a crisis, they are often working or had just been working. This makes the workplace a uniquely powerful setting for suicide prevention, intervention and *postvention* (how workplaces respond after a suicide death) strategies. When employers invest in suicide prevention, they often provide the only consistent point of contact for individuals otherwise invisible to—and, for many, isolated from—traditional systems of care.

Behind every number is a devastating adverse ripple effect—families left grieving, teams destabilized, and organizations grappling with the human and economic fallout. Suicides cost the U.S. economy an estimated \$484 billion between 2015 and 2020 in lost productivity and medical expenses, but beyond the financial burden lies an urgent moral imperative.<sup>2</sup> According to The Center for Construction Research and Training, in 2023, there were 982 work-

related fatalities in construction. That same year, there were over 5,000 deaths by suicide in construction.<sup>3</sup>

### The Gatekeeper/Community Helper Approach

Employee assistance programs (EAPs) are a valuable resource. Still, they are often underutilized—particularly in high-risk industries where shame, lack of awareness, and language or time barriers to access keep many workers from reaching out for help. Many workers never call their EAP due to distrust or uncertainty about what will happen if they do.

That’s where training for suicide prevention gatekeepers or community helpers comes in. A *gatekeeper* is anyone with regular, in-person contact with others. Just like the CPR chain of survival, everyday co-workers can spot warning signs, start compassionate conversations and connect people to professional care. Equipping trusted insiders with these skills extends the safety net well beyond the EAP, making help more visible, accessible and immediate.

Several workplace suicide prevention programs use the gatekeeper approach, such as QPR, Mental Health First Aid and VitalCog. In addition, VitalCog is one example of a program that has been tailored to specific industries, including construction.

#### VitalCog Background

VitalCog was initially co-founded by co-author Sally Spencer-Thomas, Psy.D., as a program called Working Minds and later acquired by the University of Colorado. The program was updated and rebranded as VitalCog through the Arthur E. Johnson Depression Center (JDC) and Anschutz Medical Campus. JDC also refined the program to be shorter, more accessible and tailored to specific industries.

#### VitalCog in Construction

Construction is a natural focus for adaptation. The industry’s unique risk factors—transient work, male-dominated culture, chronic pain and injuries, financial strain, relationship stress and substance misuse—create a perfect storm for psychological distress.

VitalCog in Construction is a 60- to 120-minute community helper training tailored for office and field settings that emphasizes the following elements.

- **Knowledge:** Understanding warning signs, risk factors and protective factors.

## takeaways

- Because most adults interact with work, the workplace can be a uniquely powerful setting for suicide prevention, intervention and postvention strategies.
- Training for suicide prevention gatekeepers or community helpers is an effective prevention strategy. Such training means that co-workers can spot warning signs, start compassionate conversations and connect people to professional care.
- One gatekeeper training program, VitalCog, has been tailored to the construction industry. The United Association (UA) has included this training in its member assistance program (MAP) and peer support program.
- Incorporating information about employee assistance programs (EAPs) into suicide prevention programs helps increase awareness among workplace leaders and may lead to improvements to EAPs.

- **Skills:** Practicing role-play conversations, including asking directly about suicide and empowering others to seek help.
- **Attitudes:** Reducing bias and reframing suicide prevention as part of jobsite safety.
- **Self-efficacy:** Empowering participants to act as community helpers, bridging colleagues to professional support.

VitalCog in Construction uses a train-the-trainer model, where workers participate in an eight-hour training session and then train their co-workers for one to two hours on how to identify people at risk and to respond to a crisis. This approach enables organizations to embed suicide prevention into their safety culture at scale.

An evaluation of 665 construction workers trained between August 2022 and May 2023 showed statistically significant improvements across seven measures of knowledge, confidence and comfort.<sup>4</sup> After the training, participants showed statistically significant gains in their ability to identify suicide warning signs, felt more comfortable talking with someone about suicide and demonstrated greater overall knowledge of suicide prevention. These findings were consistent across gender and work settings, though office workers showed robust gains in knowledge growth.

### How Suicide Prevention Training Reinforces EAP Selection and Usage

EAPs are a common and easy point of access for workers and dependents in employer- and/or union-sponsored health benefit plans who are seeking resources and referrals for support. Incorporating EAPs into suicide pre-

### Case Study: United Association

The United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry (UA), representing 393,000 skilled trades workers across North America, offers an example of the impact suicide prevention programs can have.

Sparked by the suicide death of a beloved community member in 2015, UA leaders transformed grief into action. The union created a member assistance program (MAP) and launched Pipe Peer Allies for Life Success (PALS), an initiative to embed peer allies across local unions.



To operationalize suicide prevention across the organization, the UA intentionally embedded the two-hour VitalCog in Construction training and the eight-hour train-the-trainer certification course into its already established national leadership certificate program. By aligning the training with the certificate, the UA reinforced suicide prevention as a leadership competency—not just a wellness initiative.

Recruitment for trainers and participants was coordinated through national leadership, training departments, communications staff and the general president's advisory board of mental health champions. Once trainers were certified, training began to scale quickly, and the costs and time required for training became minimal. Subsequently, the UA promoted success stories across social media, conference stages, newsletters and local union meetings, showcasing real examples of members using their newfound skills to help co-workers, friends and family.

The union has set up an efficient system whereby nearly 100 certified trainers regularly facilitate sessions of up to 30 participants at a time across the U.S. and Canada. More than 1,600 UA members have received VitalCog training since 2023, and many report using their conversational and referral skills within the first weeks or months after being trained. The model demonstrates that when suicide prevention is treated as a core leadership skill embedded in training, culture and communication systems, it can become sustainable, scalable and impactful.

Recently, a UA member shared a deeply personal story about how his family used the suicide prevention training when his teenage son was struggling with thoughts of suicide. Instead of navigating the crisis alone, the family drew on the skills emphasized in the training, recognizing the warning signs, starting compassionate conversations about suicide and connecting their son to professional support. These tools gave them the confidence to talk openly at home, connect him with the help he needed and walk alongside him through a challenging time. Their story underscores how these work-based training initiatives can be life-saving—for workers and their families.

The UA's model—scaling brief suicide prevention “community helper” training while also offering deeper tiers focused on peer allyship and cultural transformation—has become a national example of how to operationalize care in high-risk industries.

vention programs may help expand awareness of EAPs—especially their service capabilities and means of access—among professionals attending the training. Importantly, as more leaders, managers and supervisors learn how to make effective referrals to the EAP, the stigma around seeking care will likely decrease and usage will increase.

### **Peer-to-Peer Training Builds Trust and Credibility in the EAP**

Where EAPs often fall short is not in the quality of services, but in the credibility gap—Workers may not know what to expect, doubt confidentiality or believe it’s not for “people like them.” Suicide prevention training programs like VitalCog can help bridge this gap by being delivered by peers, not just HR or outside clinicians. Peer-led suicide prevention trainers are often encouraged to “kick the tires” of their EAP—calling the number, talking through the process and asking hard questions—so when they teach, they can speak from first-hand experience: *Here’s who answers the phone. Here’s what they asked me. Here’s how fast someone can get an appointment.* That lived detail can make the EAP tangible, trustworthy and human.

Peer trainers help “bring the EAP to life” by normalizing its use as a reasonable next step—not as a sign of weakness or failure. When respected co-workers or leaders say, “I’ve used it—It works,” they often reduce fear and skepticism more effectively than any brochure or benefits portal ever could. This kind of peer endorsement increases confidence in confidentiality, accessibility and cultural relevance. By positioning the EAP as part of a larger system of care that includes peer allies, supervisors and mental health professionals, suicide prevention training may become a catalyst for meaningful EAP engagement rather than a standalone activity.

As EAP utilization expands, more employers are increasing the services offered by their EAPs in two ways: either expanding the number of in-person or virtual service contacts per issue or growing the number of in-network providers available through the EAP. Some organizations are evaluating their EAP capabilities to identify alternative providers with specialty services such as substance use prevention and access to certified peer support specialists.

### **Conclusion**

Workplace suicide prevention is typically less successful when it’s outsourced or left solely to licensed mental health professionals. EAPs are necessary but may be insufficient

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when stigma, distrust or a lack of awareness prevent workers from reaching out. As stigma is reduced and psychological safety increases, EAP usage and effectiveness increase.

Community helpers—co-workers, forepersons, safety managers—are often the first to notice distress and the first to be trusted with someone’s story. With proper training, they can bridge the gap between silence and support, as well as despair and hope.

For benefit professionals, health trust administrators and workforce leaders, the lesson is simple: Investing in com-

munity-based suicide prevention training will boost safety, productivity and human dignity. As a population health and workforce well-being initiative, this training can yield tangible and intangible dividends for employers, health plan sponsors and plan members. 

### Endnotes

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