



American
Foundation
for Suicide
Prevention



Suicide Prevention in the Construction Industry

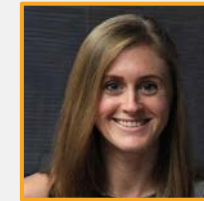
September 5, 2024



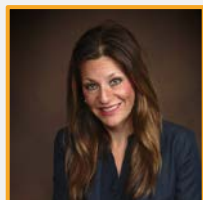
Moderator: Sonya Bohmann, Executive Director, CIASP



Amber Trueblood, DrPH, Data Center Director, CPWR



Jessica Bunting, MPH, r2p Director, CPWR, and At-Large Director, CIASP Board of Trustees



Trisha M. Calabrese, MPH, Senior Vice President of Programs, AFSP




Jamie Becker, LCSW-C, Director of Health Promotion, Laborers' Health & Safety Fund of North America (LHSFNA), and Chairperson, CIASP Board of Trustees

Housekeeping

- Today's webinar will be recorded and automatically shared via follow-up email.
- The recording and slides will also be posted on cpwr.com/webinars.
- Attendees are automatically muted! Please submit panelist questions via the Q&A box.
- Spanish audio is available via simultaneous interpretation

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3. Tap the language you want to hear.
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Notes:

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THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

Mental Health Trends in the Construction Industry

Amber Trueblood, DrPH

Data Center Director

CPWR- The Center for Construction Research and Training

atrueblood@cpwr.com

Recent Publications

CPWR | THE CENTER FOR CONSTRUCTION RESEARCH AND TRAINING

Data Bulletin

WWW.CPWR.COM

SEPTEMBER 2024

Mental Health Trends in the Construction Industry: A Look at Anxiety, Depression, Psychological Distress, Suicides, and Overdoses

Amber Brooke Trueblood, DrPH, Christopher Rodman, MPH, Raina D. Brooks, MPH, William Harris, MS, Jessica Bunting, MPH, Cora Roelofs, ScD, Rick Rinehart, ScD¹

THIS ISSUE

This issue examines U.S. construction worker mental health trends, including anxiety, depression, serious psychological distress, seeing a mental health professional, medication use, suicides, and overdoses.

OVERVIEW

Among all industries, construction has the **highest overdose death rate** and the **second highest suicide death rate**. Previous studies found that among people with an industry reported on their death certificate, **23.1% of overdoses** and **17.9% of suicides** were in construction. Overall, **7.5% of the workforce** is in the construction industry, underscoring the industry's disproportionate burden of *suicides and overdoses*.

In a recent preliminary [study](#), it was reported that nearly half of construction workers surveyed had experienced or were currently experiencing *depression*, and that work-related factors are strongly associated with poor mental health. Work-related factors previously [identified](#) include employment instability/insecurity, job demands, lack of support, long work hours, hazardous work, poor psychosocial and safety climate, injuries, and discrimination (e.g., [bullying or harassment](#)). This Data Bulletin examines mental health trends among construction workers, including *anxiety, depression, serious psychological distress, seeing a mental health professional, medication use, suicides, and overdoses*.

We used three data sources in the Data Bulletin. The first was the National Health Interview Survey (NHIS), which provided data on self-reported anxiety, depression, psychological distress, medication use, and seeing a mental health professional (Charts 1-8). It should be noted that estimates before and after 2018 may not be directly comparable due to [survey redesign](#). The newer design includes a [rotating core](#) of questions that did not collect industry and occupation information in 2019 and 2022. Detailed mental health assessment questions are only asked in the years industry and occupation are not collected. The latest year of data included is 2021. NHIS 2020 data collection and sample sizes were impacted due to the [COVID-19 pandemic](#).

Second, deaths resulting from suicides and overdoses come from the National Center for Health Statistics National Vital Statistics System (NVSS) Mortality Multiple Cause-of-Death data (Charts 9-12). Suicide and overdose deaths as the *cause of death* were identified using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes that are recorded on death certificates as the cause of death. See Definitions on pages 5 and 6 for a detailed explanation of terms used in this Data Bulletin. NVSS data do not capture employment status (full-time, unemployed, retired, etc.) at time of death but indicate the industry in which the decedent usually worked. Construction workers are defined in NVSS data as those whose usual industry was construction aged 16 to 64 years old, including individuals currently employed, retired, or no longer in the workforce. Fatal work injuries (Chart 9) come from the third data source, the U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

KEY FINDINGS

In 2021, 15.4% of construction workers reported having anxiety or depression, based on symptoms or medication. *Chart 3*

A majority (84.3%) of construction workers who reported anxiety or depression did not see a mental health professional in the last 12 months. *Chart 7*

More than 1 in 6 people aged 16 to 64 years old who died by overdose in the U.S. were construction workers.

There were 5.2K suicide deaths among construction workers in 2022. *Chart 9*

Synthetic opioids were involved in 3 out of 4 overdose deaths among construction workers in 2022. *Chart 12*

NEXT DATA BULLETIN

Hispanic Workers in Construction: Employment, Business Owner, and Injury Trends

Correspondence to: databcenter@cpwr.com

Received: 10 April 2024 | Revised: 24 May 2024 | Accepted: 14 June 2024
DOI: 10.1002/ajim.23632

RESEARCH ARTICLE

Suicides among construction workers in the United States, 2021

William Harris MS¹ | Amber B. Trueblood DrPH, MPH¹ | Thomas Yohannes MPH¹ | Christopher P. Rodman MPH² | Rick Rinehart ScD³

Abstract

Background: Construction workers have the second highest suicide death rate; despite this, there is limited literature examining suicides in the industry, which is necessary to identify those at higher risk of death by suicide. The objective of this study was to examine the characteristics of those who died by suicide in construction to address this knowledge gap.

Methods: Data from the National Center for Health Statistics National Vital Statistics System 2021 public use Mortality Multiple Cause-of-Death file were used to identify deaths by suicide, while denominator data for rates come from the 2021 Current Population Survey.

Results: In 2021, construction workers were disproportionately affected by suicide deaths. Almost a fifth (17.9%) of deaths by suicide with a reported industry code were in construction, despite construction workers accounting for only 7.4% of the workforce. Male construction workers accounted for a majority (97.8%) of suicide deaths. The highest percent of deaths by suicide were among individuals who were white, non-Hispanic, completed high school or equivalent, and single, across construction and all industries for males and females.

Discussion and Conclusions: Male and female construction workers had the highest rates of suicide across all characteristics when compared to all industries. Our findings support the need for ongoing prevention efforts within the industry. Future research is needed to understand suicide risk among certain characteristics and occupations. In addition, the work environment or other work-related factors should be studied to understand how the unique nature of the construction industry may be associated with higher suicide rates.

KEYWORDS

construction industry, injury prevention, mental health, occupational health, suicide, workplace suicides

Funding Information

National Institute for Occupational Safety and Health, Grant/Award Number: U60OH009762

Correspondence

William Harris, MS, Data Center, CPWR—The Center for Construction Research and Training, 8484 Georgia Ave, Suite 1000, Silver Spring, MD 20910, USA.
Email: databcenter@cpwr.com

Correspondence

Amber B. Trueblood, DrPH, Executive Director's Office, CPWR—The Center for Construction Research and Training, Silver Spring, Maryland, USA

Correspondence

Thomas Yohannes, MPH, Safety and Health Research Department, CPWR—The Center for Construction Research and Training, Silver Spring, Maryland, USA

Institution at which the work was performed: CPWR—The Center for Construction Research and Training

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RESEARCH ARTICLE

A method to assess bullying and harassment as an upstream determinant of construction worker mental health

Cora Roelofs ScD | Chris Rodman MPH | Amber Trueblood DrPH | Chris T. Cain

Abstract

Background: Bullying and harassment in the workplace are increasingly recognized as hazardous exposures associated with poor mental health and suicidality. The construction sector has one of the highest rates of suicide among all occupations and is actively engaged in efforts to destigmatize mental health support. However, there has been less focus on reducing factors that may be contributing to poor well-being among construction workers.

Methods: As a step toward addressing work-related determinants of mental health in construction, we collaborated with a large construction union to survey members about their experiences of abusive conduct. We adapted standardized questionnaires to better suit the sector, such as by assessing "hazing that went too far" and apprenticeship status. Additionally, we included questions on reporting of abuse, concern about the impacts of abuse, and an open-response to allow participants to share their perspectives.

Results: We developed and tested a carefully-tailored survey of abusive conduct. The responses to the survey (over 3300, including 500 narrative responses) will facilitate data-driven interventions with the potential to prevent and address abuse. This paper describes the survey development process in collaboration with the union, domains of abuse that are relevant to the construction context, and the survey protocol.

Conclusion: Through a collaborative effort, we developed an instrument to understand abusive conduct in construction and benchmark success in reducing adverse experiences of bullying and harassment. We recommend its use throughout the sector to reduce exposure to this well-being hazard.

KEY WORDS

bullying, construction, mental health, survey methods

1 | INTRODUCTION

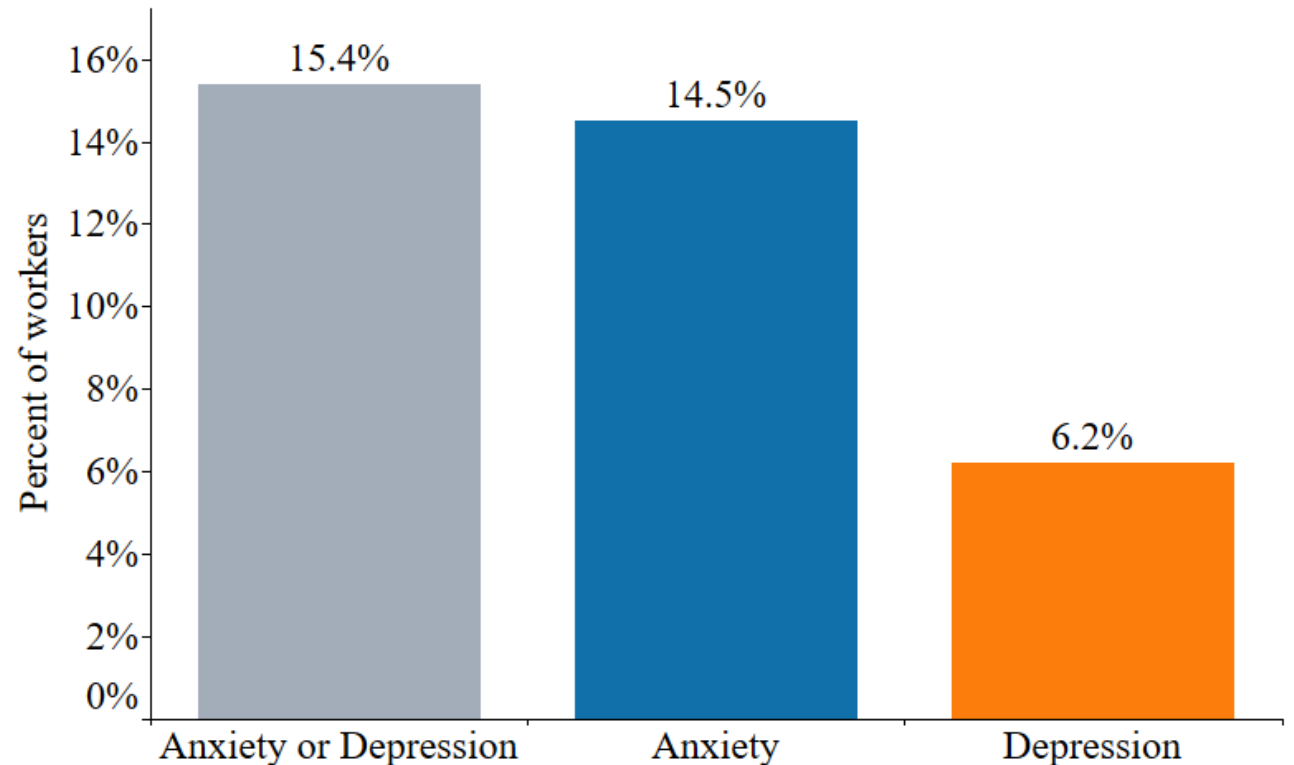
Workplace bullying, harassment, and other abusive behavior are remarkably common in American workplaces. While definitions and measures differ, experiences of bullying, hostile work environments, harassment, and other abusive behavior at work have been reported by over 30% of employees in diverse surveys.¹⁻³ Rates in the construction sector may be considerably higher. Dennerlein et al.'s survey of construction workers in the Boston area found almost 60% had experienced workplace harassment.⁴ Apprentices are particularly impacted. Nearly one-third of construction apprentices in a 2019 Australian survey experienced bullying in the prior 6 months.⁵ The dynamics of abusive behavior toward apprentices is described in this focus group report from the Boston study:

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Anxiety/Depression Trends

- In 2021:
 - **15.4%** of construction workers had anxiety or depression
 - **34.9%** of female workers
 - **23.6%** of Black/African American workers
 - **17.6%** of non-Hispanic workers
 - **18.6%** of workers with any college
 - **20.6%** of workers with good/fair/poor health status
 - **17.5%** of workers born in the U.S.

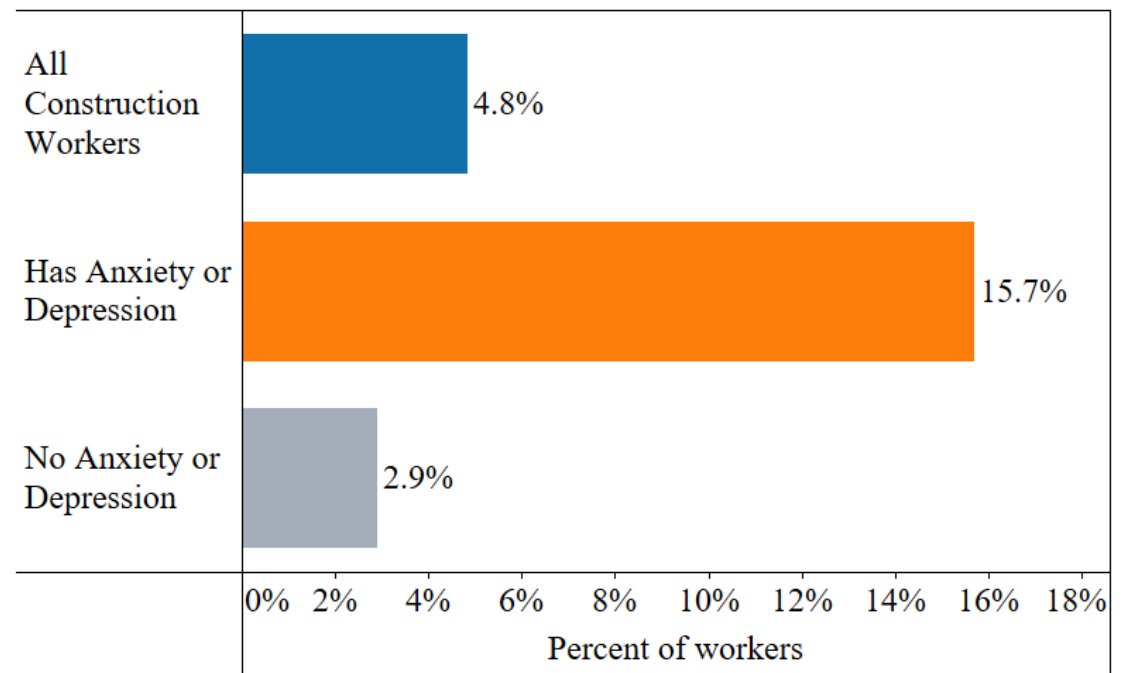
Prevalence of anxiety or depression among construction workers, 2021



Mental Health Professional

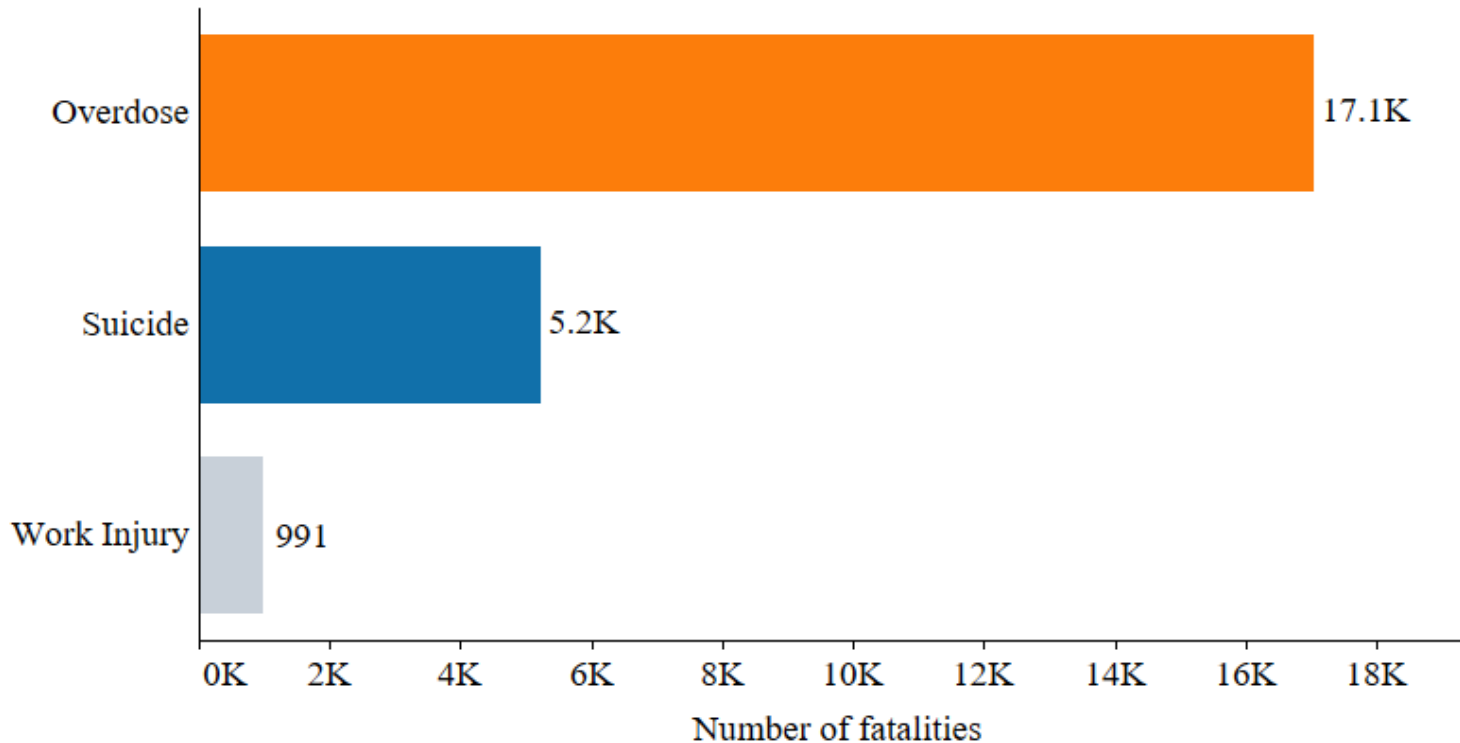
- **4.8%** of construction workers reported seeing a mental health professional (MHP)
- **15.7%** of construction workers who had anxiety or depression reported seeing a MHP
- **3.6%** of construction workers delayed seeing a MHP due to cost
- **3.7%** of construction workers did not see a MHP due to cost

Percentage of construction workers who reported seeing a mental health professional in past 12 months by anxiety or depression status, 2021



Fatalities by Cause

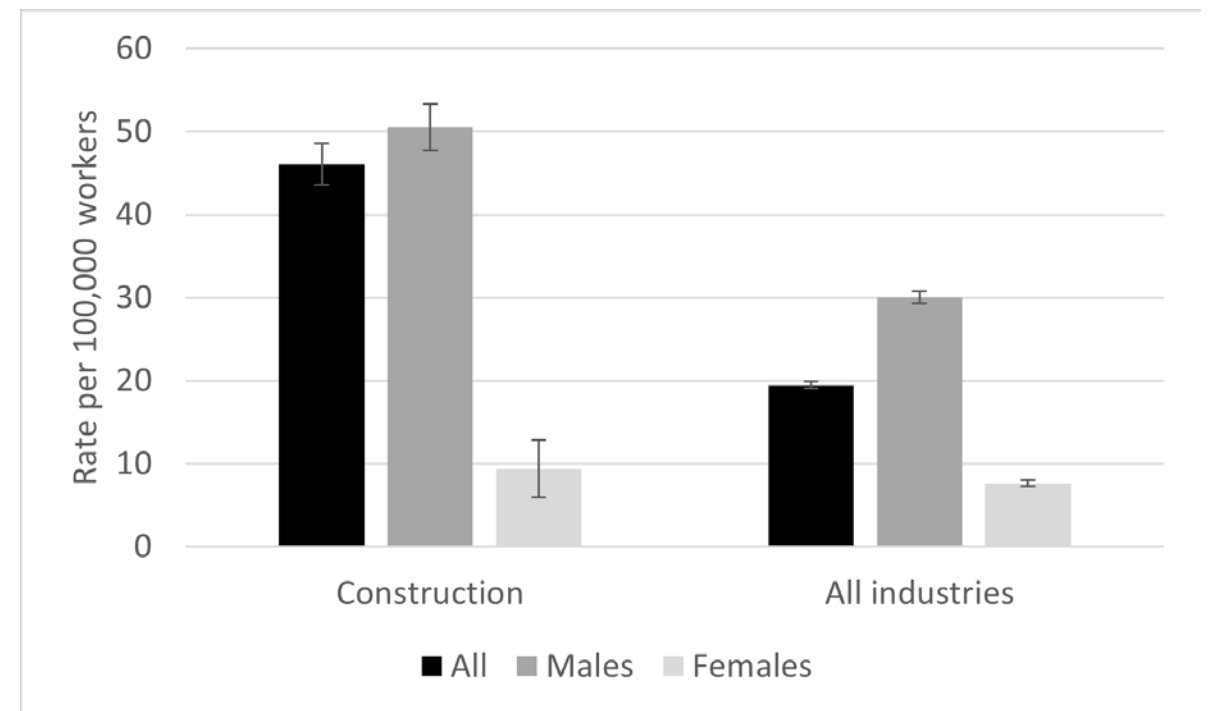
Fatalities by cause among construction workers aged 16 to 64 years old, 2022*



- **17.2** times as many overdose deaths (**n=17.1K**) as fatal work injuries (**n=991**)
- **5.3** times as many suicide deaths (**n=5.2K**) as fatal work injuries

Suicides among Construction Workers in the United States, 2021

- Suicide death rate for workers in construction was **2.4** times higher than in all industries
 - **46.1** versus **19.5** per 100,000 workers
- Male suicide rate in construction was **50.5** per 100,000 workers, compared to **30.0** per 100,000 workers for all industries



Suicides among Construction Workers in the United States, 2021

- Male Suicide Rates
 - **Highest Rates:** 55 to 64 years old, American Indian or Alaskan Native, non-Hispanic, completed high school or equivalent, single
 - Highest rate was among single males which was **1.8** times higher than all industries
 - **77.9** versus **43.4** per 100,000 workers
- Female Suicide Rates
 - **Highest Rates:** 55 to 64 years old, completed high school or equivalent, single
 - Highest rate was among those who completed high school or equivalent which was **1.3** times higher than all industries
 - **14.3** versus **11.3** per 100,000 workers

Suicides among Construction Workers in the United States, 2021

TABLE 4 Top 5 occupations with the greatest rates of suicides per 100,000 male construction workers,^a 2021.

Occupation	Number of suicides (% ^b)	Workers	Crude rate	95% CI	Rate ratio ^c	95% CI	p-value
Iron and Steel Workers	47 (0.92)	39,867	117.89	[84.19–151.60]	2.33	[1.75–3.11]	<0.0001
Welder	85 (1.67)	97,665	87.03	[68.53–105.54]	1.72	[1.39–2.14]	<0.0001
Brickmasons	77 (1.51)	93,196	82.62	[64.17–106.68]	1.64	[1.31–2.05]	0.000015
Crane Tower Operators	20 (0.39)	26,963	74.17	[41.67–106.68]	1.47	[0.95–2.28]	0.084
Laborers	1498 (29.38)	2,105,200	71.15	[67.55–74.76]	1.41	[1.33–1.49]	<0.0001

Abbreviation: CI, confidence interval.

^aCivilian, noninstitutionalized working persons aged 16–64 years.

^bPercentages do not sum to 100% due to only the top five occupations being shown.

^cRate ratio calculated between male occupations and all male suicides from Table 2 (CR = 50.49, 95% CI: 49.10–51.87).

Creating a Culture of Care: What is the Role of the Employer in Preventing Suicide?

Jessica Bunting, MPH,

Research to Practice (r2p) Director, CPWR
At-Large Director, CIASP Board of Trustees

jbunting@cpwr.com

WHAT is a Culture of Care?

A philosophy of creating a workplace where individuals feel valued, supported, and ***as though they are part of a community that genuinely cares about their wellbeing.***

and WHY is it important?

To ***keep workers safe both physically and psychologically,*** allowing them to bring their authentic selves to work and creating an environment where there is mutual respect between leadership and employees.

Industry-Related Risk Factors for Suicide



Extreme pressure to work quickly and effectively



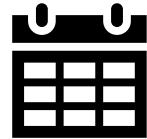
Low margin for error



Job instability or uncertainty



High injury rates & chronic pain



Lack of paid leave



Isolation / separation from family & friends



Poor access to / utilization of health care (including behavioral)



Lack of leadership training



Demographics (male dominated, tough-guy mentality, veterans)



Alcohol and drug use

Creating a Culture of Care

- Provide leadership training & support
 - Communication & other soft skills
 - Leading by example
 - Safety leadership
- Set up injury management/return to work programs
 - Reduce worker reliance on prescription opioids
- Offer paid leave
- Be flexible with scheduling
- Set reasonable expectations
- Implement second chance agreements
- Cultivate peer support programs



Creating a Culture of Care (continued)

- Build in protective factors for veterans
- Start Using/Promote an EAP/MAP
- Lead & Destigmatize by Example
 - Share your experiences
 - Make a phone call
 - Invite someone to lunch
 - Post on social media letting people know you're available to talk
- Build a Community
 - Find ways for crew members to get to know each other better in morning meetings and at lunch (e.g., games, contests)
 - Schedule afterwork and weekend activities
 - Include EVERYONE!



Preventing Suicide within a Culture of Care

PREVENTION STAGE





- ✘ Learn to recognize the warning signs of suicide.
- ✘ If someone you know is exhibiting warning signs, don't ignore them. Reach out and start a conversation.
- ✘ Offer support and encourage them to get help.
- ✘ 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.



LIVINGWORKS Start

1-2 hours online.
Role: Connect people to help and safety.

LIVINGWORKS safeTALK

3-4 hours in person.
Role: Connect people to help and safety.

LIVINGWORKS ASIST

2 days in person.
Role: Provide help and build a plan for safety.

LIVINGWORKS suicide to Hope

1 day in person.
Role: Help someone recover after a crisis.



Question. Persuade. Refer.



suicide prevention in the workplace

Preventing Suicide within a Culture of Care

CRISIS INTERVENTION STAGE

Tune in

Tune in: When you notice or sense that a person may need help, focus your attention on them for warning signs

Ask

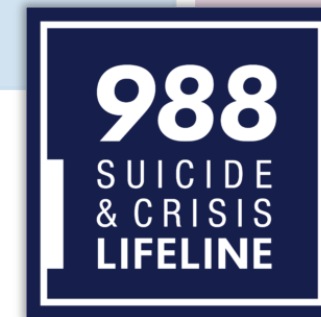
Ask: Ask if they are thinking about suicide clearly, directly & calmly – and without judgement

State

State: State that suicide is serious and that connecting to help is important

Connect

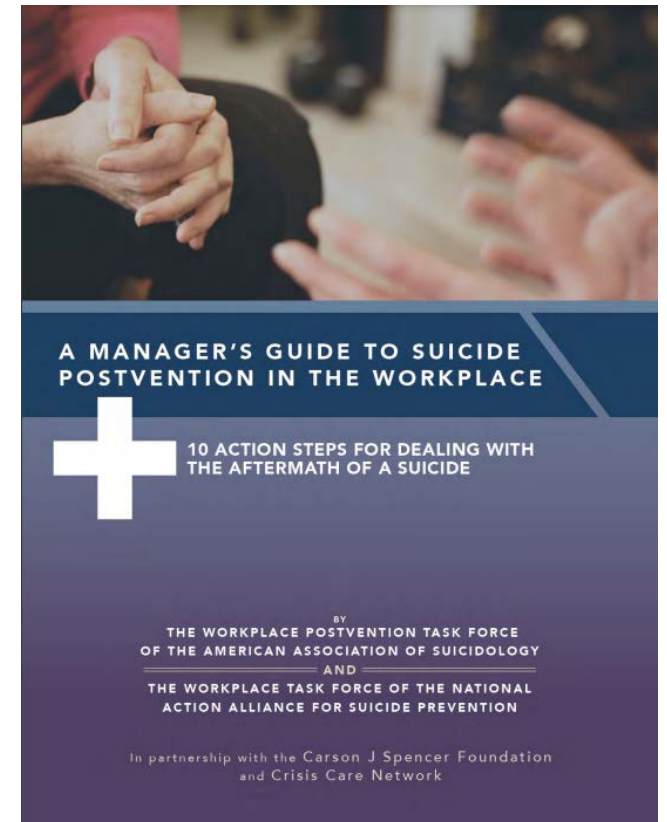
Connect: Connect the person to a helping resource who knows suicide first-aid skills



Preventing Suicide within a Culture of Care

POSTVENTION STAGE

- Focus on reintegration of someone who has attempted suicide
 - Provide compassion, support, and flexibility as they return
 - Connect to professional support if not already
- Or assisting survivors in the case of a suicide death
 - Provide strong, visible leadership
 - Connect those impacted to informal and professional grief support
 - Promote healthy grieving
 - Transition postvention into suicide prevention education



Highlighted CPWR Resources

- **Main Mental Health Page:** <https://cpwr.com/mentalhealth>
- [Suicide Prevention](#)
- [Mental Health Resilience Training](#): A free discussion-based training with 9 modules that cover topics from general health, opioid awareness, suicide awareness, motivational interviewing. Each module can be taught in 30–50-minute sessions. Pick and choose those that work for you.
- [Opioids Resources](#)
- **CPWR/NABTU Opioid Awareness Training Program:** This piloted and updated training, intended for use by experienced instructors, can be utilized to increase awareness of the dangers of opioids and decrease the stigma associated with opioid use and asking for help.
 - [Presentation](#)
 - [Facilitator Guide](#)
 - [Participant Handout](#)
- **New newsletter sign-up:** [REASON \(Resources and Effective programs Addressing Suicides and Opioids Now\)](#)
- [Previous Webinars on Suicide Prevention](#) (scroll to Mental Health category)

Thank you!

Jessica Bunting, MPH,
Research to Practice (r2p) Director, CPWR
At-Large Director, CIASP Board of Trustees

jbunting@cpwr.com



Suicide Prevention in the Construction Industry

Trisha M Calabrese, MPH

Senior Vice President , Programs

September 5, 2024

afsp.org



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U.S. Suicide Rates are Highest Among These Industries and Occupations

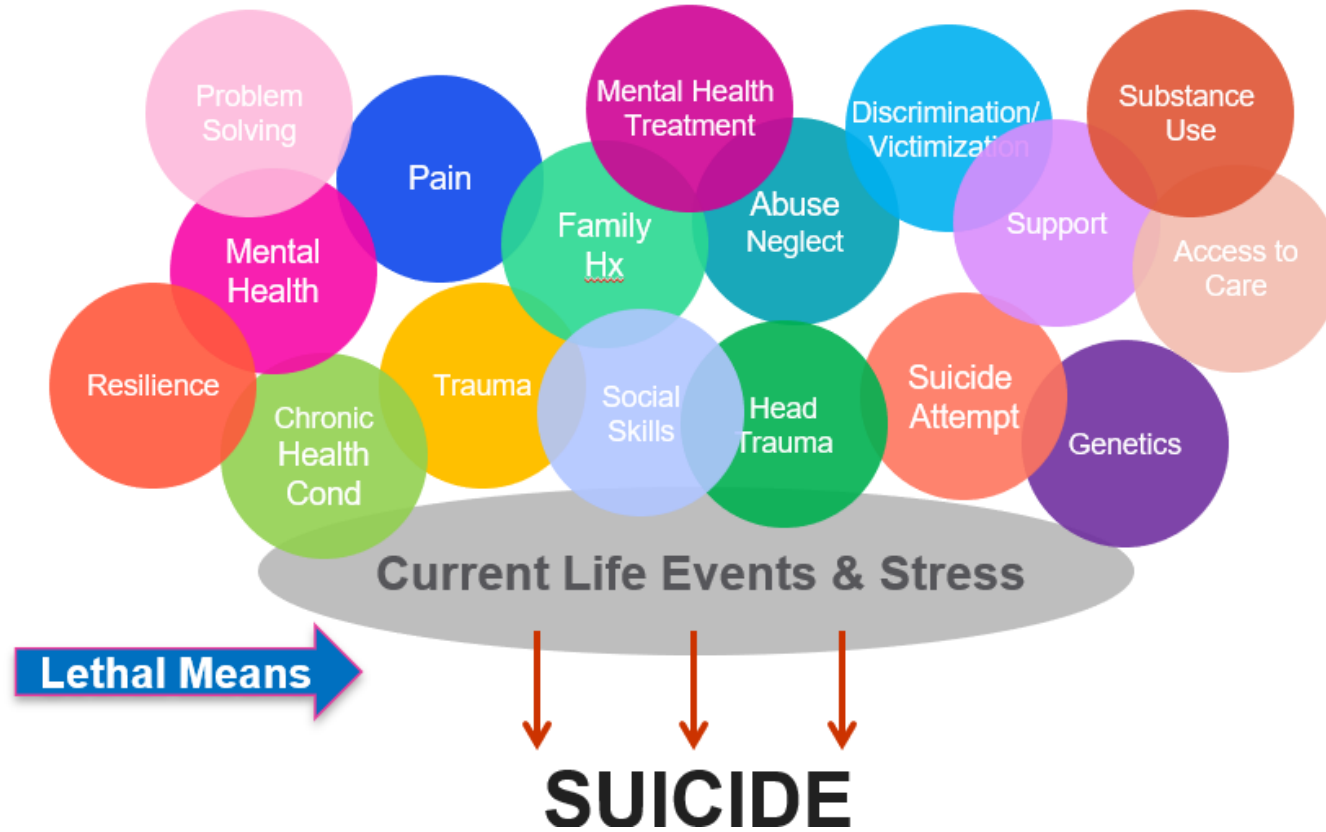
Industry Group

- **Mining, Quarrying, and Oil and Gas Extraction**
- **Construction**
- **Other Services (such as automotive repair)**
- **Agriculture, Forestry, Fishing, and Hunting**
- **Transportation and Warehousing**

Occupational Group

- **Construction and Extraction**
- **Installation, Maintenance, and Repair**
- **Arts, Design, Entertainment, Sports, and Media**
- **Transportation and Material Moving**
- **Protective Service**
- **Healthcare Support**

Interacting Risk & Protective Factors



Moutier, CY, [Harkavy-Friedman, JM](#) (2018) presented at National Academy Sciences, Washington, DC. Owens D, et al. *Br J Psychiatry*. 2002. [Bostwick JM, et al.](#) *Am J Psychiatry*. 2016. [Bertolote JM, et al.](#) *World Psychiatry*. 2002. [van Heeringen K, et al.](#) *Lancet Psychiatry*. 2014. [Turecki G, et al.](#) *Lancet*. 2016. [Batty GD, et al.](#) *Transl Psychiatry*. 2018. National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

Suicide and Construction Workplaces

The construction industry has one of the highest suicide rates compared to other industries.

Occupational contributors to suicide risk include:

- Culture of stoicism, toughness
- Chronic physical pain and/or injury
- Access to lethal means
- Opioids and other substance use
- Burnout, heavy workload and working long hours
- Cyclical work periods
- Layoffs/financial instability

Workplace environments that foster communication, a sense of belonging and connectedness, and respect can help protect against suicide risk.



Thoughts of suicide are often temporary. Keeping people safe and helping them feel supported can get them through those critical moments.



Suicide Warning Signs

Talk

- Ending their lives
- Having no reason to live
- Feeling hopeless
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behavior

- Increased use of alcohol or drugs
- Issues with sleep
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looking for a way to kill themselves
- Giving away possessions
- Missed work or declining work or school performance

Mood

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety
- Sudden, unexplained happiness



How has that made you feel? I hear you and I'm here for you.

That sounds really hard. I'm sorry you're hurting so much.

Are you having a hard time dealing with that? I care about you and want you to be safe.

I see that. I want to help you find the help you need.

You can start with:

Sometimes when people feel like you do, they think of ending their life, are you having those thoughts?

It is important to ask the question directly:


Are you thinking of ending your life?

Are you thinking about suicide?

Thank you for sharing with me. Do you want me to help you call your therapist tomorrow before we play basketball?

You know, you've been on my mind since we had that conversation the other day. How are you doing today?

I've really been thinking about what we talked about, and I want to circle back. How are you feeling since we spoke?

A man and a woman are seated at a dark, round table in a dimly lit room. The man is on the left, seen from the back, and the woman is on the right, looking towards him. The room is dark, with a floor lamp on the right side providing a warm, yellow light. The background features a window with light-colored curtains. The overall atmosphere is intimate and quiet.

Talk away the dark

Connect to Professional Care

- Visit a mental health or medical provider who can help:
 - [Findtreatment.samhsa.gov](https://www.findtreatment.samhsa.gov)
 - [Mentalhealthamerica.net/finding-help](https://www.mentalhealthamerica.net/finding-help)
 - [inclusivetherapists.com](https://www.inclusivetherapists.com)
- Get an evaluation
- Discuss treatment options and interventions, such as safety planning, if applicable
- Continue treatment, follow up regularly
- Practice self-care and connect with loved ones and your community

We recognize there are many barriers to receiving mental health care, including a shortage of mental health professionals



If someone has a suicide plan or is in crisis and is not safe, take immediate action.



Construction, Suicide Prevention, and Mental Health Support



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Healing Conversations

Personal support for suicide loss

Connect with trained volunteers to help you begin your **healing journey.**

afsp.org/HealingConversations



American Foundation for Suicide Prevention

Surviving a Suicide Loss: Resource and Healing Guide

afsp.org/loss



American Foundation for Suicide Prevention

TOGETHER WE CREATE HOPE

afsp.org/walk



American Foundation for Suicide Prevention



I'm Hiking to Prevent Suicide

afsp.org/HikeForHope



American Foundation for Suicide Prevention

International Survivors of Suicide Loss Day

Join Us

Saturday,
November 23, 2024

afsp.org/SurvivorDay



American Foundation for Suicide Prevention

TALK SAVES LIVES

afsp.org/talksaveslives



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Suicide Prevention in the Construction Industry

Jamie F. Becker, LCSW-C

Jamie@LHSFNA.org

The Importance of Peer Support



- Breaks down stigma
- Can address a variety of behavioral health related issues
- Can assist members and their families
- Can assist a diverse group of construction professionals
- An opportunity to connect with people who truly understand what you are going through
- Can be done individually and as a group
- Provides confidentiality which builds trust



LABORERS ESCAPING ADVERSITY NOW

Spreading Peer Support Across LIUNA

The Importance of Resources & Their Distribution



- Keep in mind various populations & places people work
 - Offices
 - Field
 - On the road/away from home
- Keep in mind the different ways people like to receive information
 - Digital
 - Hard-copy
 - Mail
 - Texts
- Include Naloxone on job sites
- Benefit information
- Community resources

Creating a Local Mental Health Resource Page



One of the most valuable steps LIUNA affiliates and signatory contractors can take for their workforce – both in the office and in the field – is to create a list of available mental health resources. This list can be shared online, posted at a Local Union hall or jobsite or shared in any other way it will reach members. Start with the following information:

LIUNA Health & Welfare Fund	
Name: _____	Phone number: _____
Website(s) with benefit information: _____	
Telehealth phone number(s): _____	
Employee Assistance Program (EAP)	
Name: _____	Phone number: _____
Member Assistance Program (MAP)	
Name: _____	Phone number: _____
Peer Support	
Name of peer supporter(s): _____	
Contact phone number(s): _____	

National Resources

988 Suicide & Crisis Lifeline

The 24-hour toll-free crisis hotline that puts callers in contact with their local crisis center for immediate assistance.

📞 Call 988 📱 Text "MHA" to 741741

Disaster Distress Helpline

This multilingual crisis support service is available 24/7 to all residents in the U.S. and its territories who are experiencing emotional distress related to natural or human-caused disasters.

📞 Call 800-985-5990

Treatment and Referral Line

SAMHSA's 24/7 treatment and referral line provides referrals to alcohol, substance abuse and dual diagnosis treatment facilities. SAMHSA also offers an online Substance Abuse Treatment Facility Locator.

📞 Call 800-662-4357 🌐 Visit findtreatment.gov

National Alliance on Mental Illness (NAMI)

The NAMI Helpline is available Monday-Friday, 10 a.m. - 10 p.m. Eastern, for people struggling with their mental health.

📞 Call 800-950-6264 📧 Email helpline@nami.org
📱 Text "friend" to 62640

Local Resources

Include additional local resources that may be available in your area below:

Organization: _____	Organization: _____
Service provided: _____	Service provided: _____
Contact information: _____	Contact information: _____



CIASP Resources

- Take the pledge
- Download resources
 - Needs assessment
 - Toolbox talks
- Order supplies
 - Hardhat stickers
 - Posters
 - Poker chips
 - Wallet cards
- Access free training
 - LivingWorks online training
- Social media



Resources



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