High Performers and Suicide Prevention in the Workplace
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My younger brother, Carson Spencer, was an exceptional man. From an early age, he showed unparalleled charisma and drive, and he quickly excelled in anything related to sales. Carson made friends easily, but more important, he had a gift of finding the “golden nugget” inside every person he met — the things that made them special and the things they cared most about. He always listened intently as others talked about their lives. He was funny, adventurous, always the life of any party. And he had bipolar disorder.

Throughout his adult life, Carson’s hypomania had fueled his creativity and charm. He managed his depression — sometimes with medication, sometimes with talk therapy, and sometimes with various forms of self-medication such as alcohol and marijuana. The outside world knew him as a gifted and magical person; he never let on about his disease. But in the summer of 2004, Carson had his first full-blown episode of mania and proceeded to make a series of destructive decisions: he left his wife, dissolved his business partnership, and spent his life savings all within a couple of months. Then, he ended his life.

WORKING MINDS
As our lives imploded in the aftermath of his suicide, we, his family and friends, pulled together and tried to find some way to carry on. In the spring of 2005, we formed the Carson J. Spencer Foundation, both to honor his life and to prevent what happened to him from happening to other people. We learned that most people who die by suicide are just like my brother: white men of working age who suffer from a mental illness, substance abuse or both. And yet most of the suicide prevention programs, we noted, targeted youth. Of the 15 evidence-based interventions listed in the National Registry of Evidence-based Suicide Prevention Programs and Practices, 10 of them target youth, four of them target adults and one targets both populations.

We also discovered that some of the men most at risk for suicide were also the least likely to seek help. Thus, we set out to create a program that targeted working-aged adults who might be in distress, but who are reluctant to reach out. High performers often feel overwhelmed but do not think they are “allowed” to show it.

“We are conditioned to be hyper-independent and problem-solvers. We must power through impossible expectations.”

“We hear the message from the top: Suck it up and be ‘more like me’ [the leader] and you will get rewarded.”

“Multitasking and continuous accessibility is the expectation.”

Mental illnesses are misunderstood.

“There is a great deal of fear that equates mental disorders with violence or incompetence. No one wants to be associated with that. Fear overrides good sense.”

“Personal health concerns are expected to take a back seat to business concerns.”

“People with mental disorders [are] unstable, unreliable, lazy, poor performers or sick.”

High performers want to “fix” themselves.

“I realized that life was good before all this, if I could figure it out, I could get back to that. I had a belief that there was a way to be happy again.”

“I focused my internal will and thought ‘I am not a quitter.’”

Building off of this input, we developed Working Minds into a program to help workplaces shift the culture around mental illness, giving them tools to help identify employees in distress earlier in

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their cycle of crisis and link them to appropriate resources. The Working Minds Toolkit is now on the national Best Practices Registry for suicide prevention and has been implemented in for-profit, non-profit and government agencies around the nation.

HIGH PERFORMERS, BIPOLAR DISORDER, AND SUICIDE

At first, it may be thrilling for high performers to have so many looking up at them in awe of their ability to multitask at such high levels of responsibility. But often, these leaders can find themselves isolated and fearful because any misstep will be very public. As the situation increasingly becomes overwhelming, the safety net seems to disappear. This sort of high-wire act leaves them feeling trapped with no way down, and thoughts of suicide can enter their consciousness.

Most lay people do not have a sense of how lethal mental illnesses such as bipolar disorder can be. Many also believe that suicidal behavior is a problem of youth and less so for adults, particularly white men of working age. Because of this misconception and others, many warning signs go unnoticed until it is too late. For example, one study asked suicide-attempt survivors if they had made any effort to communicate their intent to die.1 Researchers found that despite what the survivors thought were clear and unambiguous communications to loved ones, their significant others responded to their statements with silence, avoidance and even aggression.

The American Association of Suicidology has released a list of evidence-based warning signs that can help identify someone in an acute suicidal crisis through a mnemonic: IS PATH WARM.3 I have taken these signs and suggested ways they might manifest in the workplace (see Sidebar).

By educating workplaces about these warning signs and how suicidal behavior might manifest, it is possible to identify and intervene in an emergent crisis, preventing the deaths of people such as my brother, who suffered in silence, and ultimately died from a treatable disease.

REFERENCES

SIDEBAR.

Suicidal Warning Signs: “Is Path Warm”

1. Ideation: When someone is thinking about suicide, they sometimes give off veiled communications that let others know. Sometimes these communications see what co-workers’ reactions might be before giving them more information.

2. Substance Abuse: The most common substance involved in suicide risk is alcohol, but increasingly, we are seeing prescription drug abuse plays a role in suicidal behavior. The residual effects of this abuse are sometimes evident to co-workers.

3. Purposelessness: When people start to feel that they have become a burden on others or when their main sense of purpose has been lost or taken away from them, a desire for suicide can result. Layoffs, demotions, or humiliating experiences at work can sometimes trigger this experience of feeling like a burden.

4. Anxiety: One psychological state that has been identified as a hallmark of someone approaching a suicidal crisis is an agitated depression. As the person is filled with despondency and self-loathing, they also act as if they have ants crawling under their skin. Insomnia, pacing, and the expression of racing thoughts are outward cues that internally the anxiety has reached an unparalleled state.

5. Trapped: The feeling of being trapped can trigger a desire for suicide. In the workplace, financial pressures or public scandals can often be these triggers.

6. Hopelessness: Hope is often the antidote to suicide. As long as there is a glimmer of ambivalence between the reasons for living and the reasons for dying, there is the chance for keeping a suicidal person from following through with more voluntarism. Without hope that things can get better, the suicidal person’s mind focuses more intently on plans for dying.

7. Withdrawal: Oftentimes, high performers have gotten to where they are because they not only have talent, but also they have exceptional social skills. When someone who was very socially engaged starts to isolate themselves from colleagues or begin to have high levels of absenteeism, these behavior patterns could be an outward sign of inward struggle.

8. Anger: One of the other expressions of an agitated depression is irritability and rage. Sometimes in the workplace, this can manifest as over-reactions, perceived injustice, or even revenge. Many workplace violence-prevention protocols meet these symptoms with discipline and dismissal rather than intervention.

9. Recklessness: Especially during the manic and hypomanic phases of bipolar disorder, reckless and destructive decisions are common. These decisions may result in acting upon poorly developed business ideas, increased on-the-job injuries, or erratic and dangerous behavior at work.

10. Mood Changes: When someone who usually seems upbeat starts to appear sad or continuously irritable, these shifts could indicate the emergence of a mental illness. By helping build the capacity of workplaces to learn such signs and symptoms, employers can help slow the progression of these illnesses by linking employees to appropriate treatment.

Source: Spencer-Thomas S.