

PROACTIVE EDUCATION

SUICIDE PREPAREDNESS PART 1 OF 3



JOHN DEERE

UNDERSTANDING MENTAL HEALTH PROBLEMS

There are many different mental health problems. Some of them have similar symptoms, so you may experience the symptoms of more than one mental health problem or be given several diagnoses at once. Or you might not have any particular diagnosis, but still be finding things very difficult. Everyone's experience is different and can change at different times.

*** For information about the Company's commitment to equal employment opportunity and providing reasonable accommodations to qualified employees with disabilities, please refer to the information found in the footnote below and in the Company's Global Policy Against Discrimination & Harassment, [U.S. Appendix: Reasonable Accommodations of a "Disability"](#).¹ ***

*** If you are a manager and you are not comfortable talking to your employee(s) about this topic without assistance, please connect with your local Human Resources (HR), Labor Relations/Employee Relations (LR/ER), and/or Occupational Health representatives. ***

Below are some commonly diagnosed forms of mental health problems with examples of some of their symptoms:

- **Depression:** Depression is a feeling of low mood that lasts for a long time and affects everyday life. It can make someone feel hopeless, despairing, guilty, worthless, unmotivated, and exhausted. It can affect self-esteem, sleep, appetite, and physical health. In its mildest form, depression doesn't stop someone leading a normal life, but it makes everything harder to do and seem less worthwhile.
- **Anxiety:** Anxiety is what people feel when they are worried, tense, or afraid – particularly about things that are about to happen, or which they think could happen in the future. Occasional anxiety is a normal human experience. But if feelings of anxiety are very strong, or last for a long time, they can be overwhelming.
- **Panic attacks:** Sudden, unexpected bouts of intense terror leading to difficulty breathing; rapid, pounding heartbeat; choking sensations; chest pain, trembling; feeling faint. The memory of a panic attack can provoke fear and trigger another.

¹ The Company is committed to providing equal employment opportunities to qualified individuals with physical and/or mental disabilities in compliance with applicable law, and will not discriminate against qualified individuals with disabilities regarding application procedures, hiring, advancement, discharge, compensation, training, or other terms and conditions of employment. The Company will provide reasonable accommodations to qualified individuals with disabilities needed to perform essential job functions, unless doing so would result in undue hardship or pose a direct threat to health and safety. An employee who believes he or she needs an accommodation should promptly notify Human Resources (HR) or Labor Relations/Employee Relations (LR/ER). Managers who receive notice of a request for an accommodation or who believe that an employee needs an accommodation must notify HR or LR/ER.

- **Obsessive-compulsive disorder:** Obsessive-compulsive Disorder (OCD) is a type of anxiety disorder. The term is often misused in daily conversation – for example, people may talk about being ‘a bit OCD’, if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious.
 - OCD has two main parts: obsessions (unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind), and compulsions (repetitive activities that you feel you have to do to reduce the anxiety caused by the obsession).

- **Phobias:** A phobia is an extreme form of fear or anxiety triggered by a particular situation (such as going outside) or object (such as spiders), even when it’s very unlikely to be dangerous. A fear becomes a phobia if the fear is out of proportion to the danger, it lasts for more than six months, and has a significant impact on how you live your day-to-day life.

- **Bipolar disorder:** Bipolar Disorder mainly affects mood. With this diagnosis someone is likely to have times when they experience: manic or hypomanic episodes (feeling high); depressive episodes (feeling low); and potentially some psychotic symptoms. Everyone has variations in their mood, but in bipolar disorder these swings can feel very extreme and have a big impact on life. In between, there may be stable times where you experience fewer symptoms.

- **Schizophrenia:** Views on schizophrenia have changed over the years. Lots of people question whether it’s really a distinct condition, or actually a few different conditions that overlap. But a diagnosis may be given if someone experiences symptoms such as:
 - psychosis (such as hallucinations or delusions)
 - disorganized thinking and speech
 - feeling disconnected from your feelings
 - difficulty concentrating
 - wanting to avoid people
 - a lack of interest in things
 - not wanting to look after yourself

- **Personality disorders:** Personality disorder is a type of mental health problem where your attitudes, beliefs and behaviors cause you long-standing problems in your life. If you have this diagnosis, it doesn’t mean that you’re fundamentally different from other people – but you may regularly experience difficulties with how you think about yourself and others, and find it very difficult to change these unwanted patterns.

- **Psychosis:** Psychosis (also called a psychotic experience or psychotic episode) is when you perceive or interpret reality in a very different way from people around you. You might be said to ‘lose touch’ with reality.
 - The most common types of psychosis are:
 - hallucinations
 - delusions

Warning signs that someone is struggling:

Some warning signs may help you determine if an employee is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors.

This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do. If you or someone you know exhibits any of these, seek help immediately (see *suicide risk response step 2 of 3*).

Health Warning Signs

Perhaps this employee has mental health conditions such as:

- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

Environmental Signs

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Historical Signs

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect, or trauma

Talk Warning Signs

If an employee talks (or jokes) about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain
- Being able to understand why people die by suicide

Behavior Warning Signs

Behaviors that may signal risk, especially if related to a painful event, loss, or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little

- Visiting or calling people to say goodbye
- Giving away possessions
- Aggression and/or fatigue
- Suddenly quieter than usual or rapidly more talkative in meetings
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement
- Marked increase in tardiness and/or decrease in attendance.
- Rapidly deteriorating job performance.

Workplace or external triggers

A key part of spotting the signs of an employee struggling is for managers and employees to be alert to the potential workplace triggers for distress, such as:

- People working long hours and not taking breaks
- Unrealistic expectations or deadlines
- High-pressure environments
- Unmanageable workloads or lack of control over work
- Negative relationships or poor communication
- An unsupportive workplace culture or lack of management support
- Job insecurity or poor change management
- High-risk roles
- Lone working

Signs and symptoms will vary, as each person's experience with mental health problems is different, but there are some potential indicators to look out for. However, if one or more of these signs is observed, this does not automatically mean the employee has a mental health problem – it could be a sign of another health issue or something else entirely. Always try not to make assumptions or listen to third party gossip/rumors. Talk to the person directly, in an appropriate, kind, and compassionate way.

Conversation checklist:

1. Avoid interruptions – switch off phones, ensure colleagues can't walk in and interrupt
2. Ask simple, open, non-judgmental questions
3. Avoid judgmental or patronizing responses
4. Speak calmly and maintain good eye contact
5. Listen actively and carefully
6. Encourage the employee to talk
7. Show empathy and understanding
8. Be prepared for some silences and be patient
9. Focus on the person, not the problem
10. Avoid making assumptions or being prescriptive
11. Follow up in writing, especially agreed actions or support

Building a psychologically safe environment:

- Review this [manager playbook](#) for building a Psychologically Safe Environment
- Questions you can build into 1x1's to open the conversation are found in the [Employee Engagement Interview](#)

Best practices:

- Department meetings: share information from the proactive education one pager. Share your own story (if you have one).
- Set the tone in your 1x1's or department meetings: We are human first, employees second. Let the person know you care about them as a person and learn more about them (i.e., ask about their family, hobbies, weekend plans).
- In each 1x1 ask how the person is doing from a work life management and stress standpoint. If they mention they are struggling, offer to help them work through it. This question can open the door to have them feel safe to share what is happening.

SUICIDE PREVENTION RESOURCES

<p><u>National Suicide Prevention Lifeline</u></p>	<p>The national crisis line for mental health and/or suicide crisis. Callers are connected with a professional nearby who will talk with them about what they are feeling or concerns for other family and friends. Call the toll-free lifeline 24/7.</p>	<p>CALL: 988 TEXT: 741-741</p>
<p><u>Live and Work Well - Optum</u></p>	<p>24/7 Employee Assistance Program that provides support and resources to help you and your family. LiveWell WorkWell is a part of our John Deere benefits.</p> <p>Salaried employees receive eight free counseling sessions per mental health issue. Wage employees receive eight free sessions. Any therapy visits beyond eight would be paid through their behavioral health benefits.</p>	<p>CALL: 1-888-533-7311</p> <p>WEBSITE: LiveWell WorkWell</p> <p>Access Code: DEERE</p>
<p><u>Deere Employee Wellbeing Site</u></p>	<p>This site provides resources to help maintain and support your physical and emotional health for the long term. From preventive health and managing a range of chronic and other conditions, to personalized health programming, fitness options, and more, this website is designed to answer — and offer solutions to — a wealth of health and wellbeing needs.</p>	<p>CALL: 1-888-533-3731</p> <p>Nurses available 24/7 Advocates available Monday - Friday 7 a.m. to 10 p.m. CST</p>
<p><u>American Foundation for Suicide Prevention</u></p>	<p>The AFSP provides support to those who have lost (or almost lost) someone to suicide. It has chapters in each of the 50 states and aims to be an advocate for life and “to take action against this leading cause of death.”</p>	<p>CALL: 1-888-333-2377 EMAIL: info@afsp.org</p>
<p><u>Centers for Disease Control and Prevention: Division of Mental Health</u></p>	<p>The CDC is the United States' health protection agency. It conducts research and provides educational information to the nation and beyond to protect and save lives. It takes “a public health approach to mental health” to study and prevent mental illness.</p>	<p>CALL: 1-800-232-4636</p>
<p><u>The Trevor Project</u></p>	<p>Trained counselors available 24/7 to support youth who are in crisis, feeling suicidal, or in need of a safe and judgment-free place to talk. Specializing in supporting the LGBTQI+ community.</p>	<p>CALL: 1-866-488-7386 Text “START” to 678-678</p>
<p><u>National Alliance on Mental Illness (NAMI)</u></p>	<p>NAMI is the United States' biggest grassroots mental health organization. It educates the population on mental illness with its education programs across the country. The alliance advocates mental health and runs the NAMI HelpLine.</p>	<p>CALL: 1-800-950-6264</p> <p>NAMI HelpLine: https://www.nami.org/help</p>
<p><u>Military OneSource</u></p>	<p>This organization provides free, confidential, non-medical counseling 24/7 to veterans coping with PTSD. Counselors can refer service members to services in their local community or provide support via face-to-face, online, or phone consultations.</p>	<p>CALL: 1-800-342-9647</p> <p>Live chat</p>

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