

Stand Together:

Talking about Men in Their Middle Years and Suicide

Wednesday, September 2, 2015

1-2 P.M. Eastern

Operator: Good day, and welcome to “Stand Together: Action Alliance Event Series About Men in their Middle Years and Suicide. Today’s conference is being recorded. I would now like to turn the conference over to Jack Benson. Please go ahead.

Jack Benson: Good afternoon – hello, everyone. Thank you for joining us on this call. This is the first of three panel discussions [The National Alliance for Suicide Prevention](#) will be hosting over the course of September. The conversation will also be live tweeted and you can share your thoughts, ideas, and questions on Twitter by tweeting [#SuicideReporting](#) – again, [#SuicideReporting](#).

Among individuals aged 25 to 64, suicide is the fourth-leading cause of death and men represent the overwhelming majority of suicides among this cohort. Yet funding for suicide research is but a fraction of that of other similar leading causes of death.

While it will not be the focus of our conversation today, a study released yesterday by the [American Foundation for Suicide Prevention](#), in conjunction with the Action Alliance, offers some important insights into suicide in the United States today. The study found that more than half, or 55 percent of adults, say they know someone who has talked about or attempted or died by suicide. About one-third, 32 percent, of adults surveyed knew someone who has died by suicide. And while 93 percent of adults surveyed say that they said they would do something if someone close to them was thinking about suicide, nearly half of respondents said that something might stop them from trying to do so. Issues, such as concerns around making them feel worse, or that they wouldn’t know what to say or do, were the primary barriers noted. When it comes to barriers that prevent people who are considering suicide from seeking support, 74 percent believe it is because they feel nothing will help. 65 percent highlight embarrassment and 64 percent cite a lack of hope as contributing to their silence.

Through this series, this panel series, and the broader efforts of the Action Alliance, our goal is to raise awareness of suicide as a public health issue, and promote a national conversation around suicide that's focused on hope, connectedness, social support, resilience, treatment, and recovery, with an ultimate goal of saving 20,000 lives in five years.

The way suicide is covered by the media can have either a negative influence on behavior, by contributing to sensationalism, or a positive influence, by encouraging help-seeking and reducing stigma. More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals.

Reporting can change popular misconceptions and correct falsehoods. Hopefully our discussion today will underscore that suicide is a complex issue and there are generally multiple causes that contribute to it. I encourage everyone on this call to take a look at the recommendations for reporting on suicide online at reportingonsuicide.org. Again, that's reportingonsuicide.org.

Today as we kick off Suicide Prevention Month we're focusing our conversation on men in their middle years and suicide, particularly focusing on men between the ages of 25 and 64. The AFSP survey I mentioned earlier found that men are significantly more likely than women to say they would not reach out to others if they were contemplating suicide.

Our group today, this group – men in the middle years – presents unique challenges for suicide prevention efforts. And the panelists we have assembled here today are some of the country's top experts, who are leading the charge on this issue. Joining us today we have Dr. Deborah Stone, who's a behavioral scientist at the [Centers for Disease Control and Prevention](http://CentersforDiseaseControlandPrevention). She's worked in suicide prevention in varying capacities for the past 15 years and is a CDC Subject Matter Expert on this topic.

Next, we have Dwight Hollier, a former professional football player and licensed professional counselor with extensive experience working with adolescents, families, and adults. He is now the Vice President of Wellness and Clinical Services in the National Football League's Player Engagement division.

Sally Spencer Thomas looks at suicide from several perspectives. She is a clinical psychologist, a mental health advocate, and a survivor of her brother's suicide. She is the CEO and cofounder of the [Carson J Spencer Foundation](#) and she is known nationally and internationally as an innovator in social change.

Finally, Brett Zachman, who goes by the name Zach, is joining us. Zach speaks from lived experience. He navigated a series of difficult transitions, including a painful divorce in 2003 that ultimately led him toward depression and a point where he questioned if his life mattered. He used that experience to drive his new purpose, to encourage others to seek help for mental health challenges.

Today we will examine many aspects of mental health issues in suicide for men in their middle years, then open it up to you for questions. We have a lot to cover in the next hour, so I'm gonna jump right in and turn the conversation over to Dr. Stone. Deb, why don't you start by explaining why this is an important population to consider when we talk about suicide prevention. Why should we be concerned about men in their middle years?

Dr. Deborah Stone: Thank you. I am happy to address that topic and before I do I just want to say that suicide is a public health problem that impacts individuals, families, and communities, and, unfortunately, rates have been on the rise. And rates of suicide of the general population of all ages has increased about 21 percent between the years 2000 and 2013. And while suicide among younger and older adults have all increased over the time period of 2000 and 2013, suicide among people in the middle years, between the ages of 25 and 65, or what I'll call the working age here on out, have increased the most over that time period by about 27 percent. And the increase among males specifically is about 23 percent. And while rates of suicide among females in the age group have also increased greatly, and we are certainly concerned about this group as well, in 2013 males comprised 76 percent of the suicides among the working age adults. And moreover, in 2013 working age males 25 to 64 comprised 53 percent of all suicides in the U.S. Suicide for this group is the fourth-leading

cause of death behind cancer, heart disease, and unintentional injury. And among males 25 to 64, we know that suicide rates are the highest in the age group 50 to 59, and this group saw a nearly 50 percent increase in suicide rates between 2000 and 2013.

I also like to mention that suicide varies by race and ethnicity, and so in 2013 white non-Hispanic males comprised 83 percent of the suicides in the working age group. Following that were Hispanic males, who comprised seven percent, and black non-Hispanic males, who comprised about six percent of the suicides in this age group. And while American Indian and Alaskan native males comprised only just one percent of the suicides in this age group 25 to 64, they do have the highest rate of suicide compared to any of the other racial or ethnic groups.

And then, when we look at suicide by means, we know that suicide among males are primarily by firearm, so in 2013, 53 percent of male suicides in the middle years or in the working age were by firearms and 26 percent were by suffocation, including hanging.

And so people may ask what risk factors or what puts males at risk for suicide, and what we know is that in the general population, some of the factors that increase one's risk of suicide include things such as a history of suicide attempts, family history of suicide, and mental health and substance abuse problems. What we know is that, according to the research, other factors may impact a working man's vulnerability, or a man in the years 25 to 64, his vulnerability to suicide. And some of these factors could include a lack of help-seeking, social norms that emphasize traditional masculine stereotypes or values, intimate partner problems or a loss of a relationship, or a loss of a spouse through divorce or death, access to highly lethal means, lack of social connectedness, criminal or legal problems, job or financial problems, and then other things such as anger and impulsivity, and a history of violence, either as a perpetrator or as a victim. All of these things can impact men's vulnerability to suicide in the years 25 to 64.

Jack: Great. Thank you Deb, and so when we think about this population, and the information that you shared, you know, unfortunately rates have been on the rise, as you described, over the last decade. But among this population in particular the rates have been the highest. And when we think about this population it represents

over half of all suicides, and males specifically within the working age represent 76 percent of suicides among the working age adults. So, a critical population in terms of bringing down overall rates and obviously a critical population for this age group. And when I think about some of the risk factors that you talked about, you know, some of those are associated with transition and in the middle years and career and life trajectories around relationships and financial, career, etc.

And joining us today is Dwight Hollier from the NFL, to talk a little bit about what the NFL has been doing with respect to suicide prevention and broader, more broadly, wellness and transition both in and out of the game. Dwight, you've talked about the path of a professional athlete, committing your life and your career to become the very best in the world at something, reaching that pinnacle, and then, you know, retiring often not by choice, and you're still in your twenties and managing that transition out of that back into a second career path, and all that's associated with that. Can you take a couple of minutes, Dwight, and talk with us a little bit about the NFL's approach to transition, to wellness, and suicide prevention?

Dwight Hollier: Yes, absolutely, and thank you and Jack, I appreciate having this opportunity to be in this, on the line with this great panel. You know, you already started the conversation when you talk about retirement, and I have a difficult time considering leaving the game of football – retirement. I think it's an experience because it is such a short-lived experience – too short to call it a “career.” The vast majority of NFL players will play three to six years, which means at about 27 or 28, they are leaving the game to do something else. Now, when you think about the NFL, and the players in the NFL, they are the best of the best at what they do. And just putting yourself in their shoes for a second, think about if you're the best of the best at what you do, whatever that might be, a surgeon, school teacher, racecar driver, you're the best of the best at what you do, and then suddenly someone tells you can't do that anymore. You are going to be impacted in some way. And that's one of the challenges that we see with the NFL is it's something that you dreamed about for a long time, and you've worked at since you were seven, as I was when I began playing football. And then suddenly it's gone. And, to use my own personal example, I was sorta the poster child for doing things the right way as far as preparing for that transition. I worked on and completed my Master's Degree while I was playing, I was hired two months after I officially left the game, and I still fell flat on my face and suffered a deep, dark depression. If that can happen to me, considering the things that I put into place, then what happens to the guy

who only plays two years, who didn't finish his undergrad degree, and has no idea what the next step is? He planned to play ten years.

So it's important that we talk about mental health, mental health resources, put resources into place for these young men who are ultimately going to face that transition out of the game. And the unfortunate thing is that we've also had some high profile suicides amongst our NFL family. And from that we've learned a lot and have taken steps to, again, educate ourselves, provide the resources that are necessary.

One of those resources is the [NFL Lifeline](#). The NFL Lifeline is an independent, confidential crisis line available to anyone in the NFL family. And that lifeline offers 24/7 support with a licensed counselor online, that is available for our current and former player population. Again, this is also available for anyone in the NFL family.

One of the other things that we've done as far as preparing and talking about wellness, is we have an initiative called "Total Wellness." And it's a way of communicating the ideas of taking care of the whole body, the holistic approach to wellness, which incorporates our mental health. Now as an NFL player, we've been taught that we, of course, we're physically strong and that's where the focus tends to stay. But through our Total Wellness initiative, we're able to broaden that conversation with players and talk about the personal side of your wellness, and your personal strength, and your financial strength, and of course your physical strength, but that one that oftentimes gets overlooked is your emotional strength. And the argument is one of your pillars, those strengths, are not in line, then it's gonna be a difficult time, you're gonna have a difficult time being the best you can be. And if you sprained your ankle, you go get it taken care of – you go to a trainer, you get it wrapped or you put ice on it. But what happens if you're emotionally hurt? And how do you address those challenges? So that helps us to have a conversation.

Over the last couple of years, the last three years, to be exact, we've had a conversation about stigma at the Rookie Symposium. So as rookies are coming into the NFL, we talk about mental health. We talk about the stigma around mental health. We encourage individuals to reach out and get assistance as they need. And it's

not about saying that anyone needs more than others, but it's recognizing that mental health and mental wellness is important, and something that needs to be addressed. And offering the right resources are important.

We also have our EAP, which I think is one of the great resources that are available to players. And it offers eight free confidential counseling sessions per issue for players and their families. Again, just making sure that as guys face the challenges of transition, the pressure of being on a big stage, that there's resources available to tap into, to address those challenges before they get to that critical zone where someone may think about or attempt suicide. So we're taking steps in the right direction.

We also have trained former players as Transition Coaches. And these men have been part of that training for those Transition Coaches. They are certified and assist suicide intervention. And again, it's another step, another resource that's available to our NFL family.

I think we're doing some things right and we still have a long way to go, as far as getting over the stigma, particularly the stigma that Stone was talking about: that men of color, athletes in particular, very much grew up in this environment where they were told to suck it up and move beyond. And when you hear that over and over and over again, and if you played football like I did in the '70s, '80s, and '90s, and even 2000s, you know, you've heard that probably multiple times. And that becomes how you operate with the world. And so trying to get people to think about reaching out is a good thing, is certainly an important step in defeating the stigma around taking care of yourself and the mental health that you have.

Jack: Great – thank you, Dwight. And, you know, I think the approach to the Transition Coaches and the sort of peer-based model of outreach as you described, you know, being able to connect with athletes in a language and from a shared experience, that they can hear that message and engage around the topic, is critical. Because as Deb has mentioned, this has historically been a difficult population to reach and engage around the issue.

You know, Sally, we know you lost your brother Carson to suicide and you've worked tirelessly in this space before and after that, to help reach this population, and looking for ways to understand and engage this

population, and new and different ways as well. Can you talk to us a little bit about your work at the Carson Foundation and this space more broadly?

Sally Spencer Thomas: Yes, thanks Jack, and again, like others it's an honor to be on this panel. So I came to this first as a psychologist interested in suicide prevention and then tragically my brother Carson died at age 34 on December 7, 2004. Six months earlier he was on top of the world; he was a very successful entrepreneur and business leader here in Denver, was very charismatic, kind of like the Pied Piper we called him – anybody would follow him anywhere.

But he had a dark secret, and that was that he had periodic struggles with depression. In the summer of 2004 he had his first full-blown episode with mania that led him to make all kinds of destructive decisions in his life and kind of unravel all the things that were important to him: his family, his finances, his business, and so forth.

The week before he died, he and I sat down with one another and I had just read Kay Redfield Jamison's book *An Unquiet Mind*, which is a memoir of her experiences with bipolar illness and suicidal depression. And I had felt a lot of hope with that, that he, like she, could find treatment that worked and a new hope on the future. And so when I said to him, look, there's an outlet here, we have hope, we have hope, we have hope, he turned to me and he said, "But Sally it's madness." And less than a week later he took his life.

So I'm not sure exactly what he was trying to tell me in that moment, but I have a pretty good idea. My brother was a very determined person who got through a whole bunch of life challenges. And I think he lost hope that he could find his way back to the life that he had, because he felt so ashamed of living with a mental health condition. So that made us mad, our family and his closest friends, in our grief and just tremendous amount of loss, formed the Carson J Spencer Foundation, to do bold gap-filling work to prevent what happened to him from happening to other people, and if folks are interested you could find information at carsonjspencer.org.

I'm going to highlight two of the programs that have come out of that founding mission. The first gap that we saw was, you know, from the data today, it didn't take us long to find that Carson was definitely a typical person to die by suicide: a white, working age man with a mental health condition and a substance abuse issue.

But in 2004 there was very little being done, so we felt that if schools were reaching youths, we would reach adults through the workplace. In 2007 we founded a program called Working Minds — which you can learn more about at workingminds.org — and the goal really was to create comprehensive and sustained suicide prevention efforts in workplaces. Our goal was to help workplaces make this work a health and safety priority like they do other things, like smoking cessation and nutrition and fitness and so forth, and really be able to bake in the strategies that we know that work into other health and safety things that they do.

We started first by listening to workplaces, and especially what we consider vulnerable workplaces that have a number of risk factors. Those tend to be male-dominated industries with a lot of traditional masculine values attached to them: first responders, construction, rail, and so forth. And we just spent a lot of time building relationships with these industries to understand their uniquely culturally-relevant strengths and areas of vulnerability. And this has led to a multifaceted approach to suicide prevention in the workplace. We do all kinds of things, from leadership engagement to skill-building training, communication strategies, postvention support, and even policy audit and development. For example, should someone experience a suicide attempt, how can we help with that reintegration process? How do we support workplaces post critical incident? How do we help them develop peer support programs? How do we help them develop standard operating guides around mental health in general?

And it also has led to some really good strategic partnerships, such as Workplace Response, which is screening for mental health, and [Workplace Wellness](#), which looks at performance issues and training for supervisors around mental health issues. So this is now, in a decade or so later, really down the track in helping these workplaces not just embrace it but become proud of their work as leaders in this space.

The second program is called Man Therapy, and you can learn more about that at mantherapy.org. And this is a partnership between the Carson J Spencer Foundation, [Cactus](#), which is a full-service advertising agency here in Denver, and [Colorado's Office of Suicide Prevention](#). When we went back and asked men who had survived their own suicide attempts, “What would have helped you during your darkest times or even before that?” they told us a lot of things that it's beyond this very brief overview to share with you all, that research which you can find the white papers on our website. But I'll highlight a couple of things: First, it was a certain subset of

men that we ended up really focusing on, men that we called “double jeopardy men,” men with a number of risk factors who were also least likely to reach out for mental health care on their own. And they told us, first of all, soften the mental health language on the front end; most of us don’t see our despair, distress through a lens of depression or other mental health labels, but we will respond to things like “feeling overwhelmed,” or “stressed,” or “having lots of life challenges.”

And then the second thing that they told us was “Make it funny.” And we thought oh my gosh, you know, suicide prevention’s not hard enough... Now we have to make it funny without offending a whole bunch of people. But luckily for us the Cactus marketing crew was really a bunch of creative geniuses and they created this character called Dr. Rich Mahogany, a fake therapist who’s manning up mental health and using humor to think about engagement with mental health more proactively, and to also increase self-care and peer support. We created a number of compelling media assets, including videos and posters and TV and radio spots, and the goal is all to drive men to this website portal, where they can self-screen through an 18-point head inspection, to check for things like depression, anger, substance abuse, and anxiety. And then we triage them to different levels of care depending on their responses. So either self-care, peer care, professional care, or crisis care.

Finally, just in conclusion, these two programs over the past several years, we’ve learned a number of things. No. 1: First and foremost, if we’re going to be successful in suicide prevention among men in the middle years, we must shift culture. We must make it relevant for men, we must meet men where they are, and we must make it congruent with the values that they have. And in order to do this we must engage leadership, people that they have vicarious respect for, to walk the talk, and to let them know that many men experience this and that actually going through the process and getting into recovery makes them better men.

We are also really encouraging men to support men. This peer piece is absolutely critical — it needs to be action-oriented and to give men opportunities to stand together and support one another in a kind of reciprocal fashion.

Finally, we need to give men some skills, skill building things to quote-unquote fix myself: Fix myself first, give me some tools on emotional coping, communication, conflict resolution, and so forth. So I’ll stop there.

Jack: Great, Sally — thank you so much for that and obviously a lot there that we'll come back to and I'm sure there will be a number of follow-up questions on that as well. I do want to transition to Zach now, and Zach, again, thank you for joining us today and your willingness to share your own personal experience with the panel and participants here today. As you've talked about your own experience, there were a couple themes that I think I've also heard from some of the previous panelists: One, that seemingly this seemed to you almost to come out of nowhere, and it was really at a point where you had a couple, not just one but several significant life transitions happening all at once. And those added up to get you to, you know, a point where you had lost that hope and optimism for the future. And then, you know, secondly, maybe if you could talk a little bit about that and your story, and then the point that you've made from a cultural perspective, about this idea of competition versus connection, and that perhaps many men in their middle years are sort of wired to compete with one another and not necessarily to connect and support one another.

Brett Zachman: Thank you, Jack. And I want to thank Reingold and Action Alliance and Dr. Sally Spencer Thomas and the Man Therapy program — that's the whole reason that I'm here on this panel today. And my full name is Brett Zachman and I go by my nickname Zach; it's a great football story — Dwight would enjoy it. But yeah I'm not here to speak about nicknames, you know.

My hope in speaking this morning is to normalize the emotions that men go through regarding separation and divorce. And the little snippet of a story that I'm gonna speak about this morning is not a rarity — it's not one in a million; it's one of millions of men that I think are going through this. And I am the poster child for this middle-aged workingman that we're speaking of. I happen to be Caucasian, I happen to be 44 right now, I've been a single divorced father for 12 years, raising, you know, joint-custody 50 percent schedule a 15-year-old son and a now 13-year-old son.

But 12 years ago, what happened at the age of 33 for me, as you were mentioning, kind of the hope and the story and the transition, I unknowingly stepped through three of the most stressful things in life simultaneously. The morning of July 4, 2003 was Independence Day. I had spent six months building a business plan to launch my own company — that was the morning we decided that, yeah, this isn't gonna work, and I should move out.

And I took the noble route and I moved. And so I changed my living space, we changed our marriage, you know, became separated, and I changed my career. And so for the first time in my life I worked alone and I lived alone. And I'm an extreme extrovert. So that was a psychological experiment that I didn't know I was about to embark on. I kind of sarcastically say I was walking into the perfect storm and I didn't even buy an umbrella at Wal-Mart.

And then what happened was very intriguing. Seven of my closest male friends did it too. All within about a two-year timespan. When we speak about the seven-year itch, in companionship, and all these men did it between years seven and nine in our marriages. And these were gentlemen I had know 10, 20, 30 years — we had grown up together. And then, Deb alluded to, the statistics aren't very pretty. And what I came to find out is that divorced men suffer suicide rates two to three times greater than married men. And when you kind of mention the competition versus connection, Dwight was speaking of that, I had the dream to be John Elway — I just didn't have the talent or the body to make that happen. And so men are competing; I think that's what we're taught, taught to compete. And competition is not synonymous with connection. And I've never met a healthy woman who didn't have a wonderful support group of females around her. But yet for men it's more like hey, I've got to get the dollar or corner office, or the title or the car or the house or the girl before the next guy. Because if we sprinkle in kind of the idea that there's not abundance, but scarcity, then there's not really enough for all of us, and I did that. I went that route. I'm not steeped in what all the professionals on the line on the line are speaking about this morning; I have no acronyms at the end of my last name. So I took the machismo route. I kind of joke and call it the Old Yeller. You know, Old Yeller the dog gets wounded and he slinks off into the forest, and then one of two things happens: He curls up and he either gets better and comes back to his master, or he doesn't, and he just dies.

And of course, as we were mentioning, literally that might be happening for some men, but figuratively I think the numbers are even much higher, that many men are taking the approach like I did. To Sally's point, with Man Therapy, look, I'm not broken. I don't need to be fixed. There's nothing wrong with me. The worse it got, the more isolated I became. About a year after I stepped out of my home I had what I later figured out was a panic attack. And even though I've broken bones on a football field and torn ligaments on basketball courts,

this was nothing like that. I was not prepared physically, emotionally, mentally, spiritually, for that experience. I thought I was having a heart attack at the age of 33. And that changed everything.

Suddenly this guy who wasn't asking for anybody's help was scrambling and trying to find help anywhere I could get it. And I went through about a year and a half of personal counseling. I took my sons and I to about a half a year of family counseling. I was connected to a divorce group seminar here in Boulder, Colorado called [Rebuilding](#). Went through a 10-week intensive as a student and then I came back for another 10 weeks as a volunteer facilitator.

And that changed my life. If Man Therapy had been around back then, I'm sure that I would have needed it and could have sought help from it. I don't think I ever really got to the point where I personally would have taken my life, but I can tell everybody on the line today I know I had a moment lying in my bed somewhere in that 18 months of separation before the divorce where I had the thought, you know, "tonight's the night." And I just passed away in my sleep. Um, how long would it take? Would it take two hours, two days, two weeks before somebody discovered that?

And so kind of when I got through the survival stage, and could get past my own nose, I started asking the question, well, what happens to those other men? Because the way I grew up I grew up in white middle-income suburbia. Two great parents who were music teachers. I had a great education. I had, you know, work, was in football, basketball, church, you know, you name it. I got a great education, I wasn't financially destitute; everything was lined up for me. I didn't have a silver spoon in my mouth but maybe pewter. And as Dwight alluded to, it still brought me to my knees.

And so I started thinking, well, my gosh. What happens to that other man? What happens to those men who don't have all that lined up? And when you start to do the research it's not very pretty, what's happening to those other men. And so now my goal is, you know, thankfully Sally was invited to do a testimonial video for [mantherapy.org](#). My life work now is building an organization, [BeMen.org](#). And the whole premise of that is to shift that paradigm in men's minds, as it was shifted in mine, that instead of the negative, and the stigmatism, and the "I'm a failure," and taking it personally, and "my world is over as I know it," it's the idea of shifting

that paradigm that Sally aforementioned to: That if I could do any work in me, or speak my story, and reach any man's head or heart, or spirit to let him know that divorce is just the beginning.

I'll finish with a quote that I love that to have courage is to have heart. But to encourage is to give heart. And so my goal for the rest of my days is if I can just give a little piece of my heart to all those millions of men out there who are going through that life experience of divorce, to let them know that they are not alone. So thanks for my time this morning.

Jack: Zach, thank you again for your time, and for sharing your story and perspective with us today. You know, in listening to the comments, there are two, or a couple of themes that I think are important for us just to touch on, and then we'll be opening it up to questions from the callers here in just a minute. You know, I think one is: Looking at opportunities to bring mental health treatment, support, and just a conversation around mental health, for looking for ways to integrate that into the structural or operational procedures. So there'll be another panel in this series talking about the military and Veterans where they're looking to integrate a mental health discussion into the structure of the way they operate, so from an after action report, you know, it's not just the logistics of what happened in the event but also what was the emotional impact of that? So that they're processing that quickly and frequently and building that as just sort of the muscle memory that they have, and so it's not something separate and distinct from what they have to do; it's just part of the way they work. And Sally also talked about that from, you know, from a health and safety perspective, how do we work this into the way we think about a safe work environment? It's not just OSHA complaints, it's, you know, overall health and safety. And as Dwight was talking about it, you know, starting to think about, you know, being the best you can be means not just being physically strong but being mentally strong when you're, you know, playing at the highest level, at the most competitive level, you know, in the world at a sport, it's not purely physical – mental is an incredibly important component of that.

So, one is, how do we integrate that into what we do every day, so it doesn't feel like something special, something that we don't have to be embarrassed about, but, you know, something that we talk about? You know, Zach and Dwight both mentioned that if you hurt your leg in an event, in basketball over the weekend, you would talk about that. And making it acceptable to talk about this issue when appropriate.

And then the second thing is normalizing the conversation around it. That people do get support for this and things like Man Therapy and the Transition Coaches, and the work you're doing, Zach, at a peer-based level. So hearing that message from people who've been through this before. So with that I'll kind of open it back up to questions on the line, if anyone has a question please let the operator know. You can also tweet any questions that you might have to us at #SuicideReporting and we'll take those from that perspective as well.

While we're taking those, you know, Dwight – any, as you've talked about, this peer-based model, the transition coaches, and the work that the NFL has been doing, have you started to see some change culturally, you know, either within the locker rooms or across the NFL family? We've seen Brandon Marshall in the news talking about his own experience with mental health challenges. Do you see a change?

Dwight: Yeah, I do see a change, Jack. It's a gradual change, but we do see the needle moving. I think that's important when you look at the utilization of our mental health resources. We've seen that utilization double and triple over the last three years. And I think it's about the conversations we've been having. I also think it's about the culture of our generation, who are more willing, one, to listen to their peers, but also just more open to the idea of mental health and mental health outreach. So I think that as we continue to have these conversations, we continue to engage and try to find out, you know, where are the areas that we're missing? Who are the people that we're missing? I think we'll continue to make a difference as it relates to defeating stigma and reducing the number of suicides.

Jack: Great – thank you. Operator, we're ready to open up for calls.

Operator: And if you do have a question at this time as a reminder to press 'star' and 'one' to enter the queue. Again that is 'star' and 'one' on your touchtone phone if you'd like to ask a question. And we do have a question from Sarah Johnson, independent blogger. Go ahead, please, the line is open.

Sarah Johnson: Hi, thank you. Yeah, my question is actually for anyone on the panel but I just wanted to mention, Zach your story was really compelling to me. I have known folks, a few men close to me who have

experienced similar situations to that that you described and I think they were very unaware at the time they were going through it, how calm it really is. So my question is, for anyone on the panel, has there been research on how many men are actually aware of their own vulnerabilities? Is there any reason to believe that men in the middle years understand that they're not alone in their experience?

Jack: Sally, do you want to... ok?

Sally: No, I think most men when they are starting to go through this, kind of like Zach did, were feeling very much alone, interpreting some of what we consider mental health symptoms to a physical cause and not necessarily connecting the dots to what's going on with them emotionally. I know people are much more likely to show up in their primary care doc's office wanting some symptom relief from insomnia or agitation or lack of energy and they get a prescription and then they get sent on their way. And so there is this lack of awareness, not only to kind of the underlying mental health condition that's driving the symptoms but also to the fact that, like Zach said too, there is many many men that are going through the same thing and if we, you know, can find ways to connect them, that peer support is frequently the lifesaving ingredient.

Zach: Sarah I would follow that up and just say thank you very much for that observation. To get specific and not sound dramatic, à la my 13 year old, when I realized in hindsight that I was having a panic attack, I had a subsequent relationship end. Which if you study this arena that the other three individuals are professionals in and I wasn't, you never wanted to handle the transition in that way. You don't want to go seek out an additional romantic alignment or partnership and that ended on a Monday and we signed our divorce papers on a Thursday and as I'm driving off, and it literally felt like the hand of death reached up inside my ribcage, grabbed my heart, and I couldn't breathe. I am a former athlete, so Sally alluded to, I deal with everything on a physical level at that point. And so my motor skills are slowing down, I feel like molasses, I am crying so hard I can't even see where I'm driving, and I pull off to the side of the road. I don't know who to call and, you know, I think a lot of guys in this generation, you know, were raised a little bit emotionally from our fathers' examples, which, that generation was kind of Marlboro man, stoic, duct tape and twine if you get injured, you know, big boys don't cry, and so it literally felt like an out-of-body experience. I didn't know what was wrong

with me or what was happening to me and what I should do about it. It was terrifying. And none of those physical ailments on football fields or basketball courts felt terrifying.

Jack: Thank you, Zach. Are there additional questions that we want to take from the panel? We also have a couple on Twitter we can go to here if there is no one in the queue.

Operator: And as a reminder to our phone participants, please press ‘star’ and ‘one’ if you’d like to ask a question. And it appears we have no questions at this time.

Jack: Okay. Well we did get a question, we have one of the questions here from Twitter.

“What’s the current US policy on suicide reporting?”

And what we would highlight here is that there is not a policy, per se, on reporting. There are some recommendations that have been developed both with leading experts in the suicide prevention field as well as in the journalism space, the [Annenberg Foundation](#), the [Poynter Institute](#), [Columbia University](#). So a broad profile of experts that have led to a series of recommendations you can find at [reportingonsuicide.org](#). And there is a lot of information there about the research around reporting and the impact that positive narratives around hope and recovery and resources, the conversation today, you know, a lot of this discussion around men don’t know where to turn. A lot of the coverage today doesn’t include the sort of hope filled messages or links to resources for people that may be in crisis. So, you know, getting that message out that there are resources in the community is a critical one as well.

Sally, you’ve talked a little bit about the work you have been doing, specifically in Colorado, to engage employers around this issue since we know, you know, transitions and employment and financial issues can be a significant contributor to risk. Can you talk just a little bit more about how employers are viewing this in the space? Dwight obviously brings that from the NFL perspective, but the broader employment base. When you are out talking to employers, how are they responding to your message?

Sally: Yeah, thanks and while we are based here in Colorado we are certainly starting to see a lot more national interest and even international. I would say Australia has been a tremendous partner in terms of suicide prevention in the workplace. The shift that we see with employers, there needs to be an internal champion, and often someone at a very high level, and frequently that person has been touched personally in some way by suicide, either by an employee or in their family or themselves. And once that happens, they are a real tremendous catalyst in shifting the conversation within the workplace. There still has to be quite a bit of listening and relationship building but what we see happening is, you know, you can imagine we've got a partnership with the Denver Fire Department. It's over a thousand person strong department, 97% male, and it doesn't really get much more macho than that. And at first when we went in there, you know, when we said what's really needed is some experience stories, we need people sharing stories of hope and recovery and they looked at me like you're crazy, like who would do that? We're a fire department, we're an incredibly well bonded team that depends on each other's mental stability for survival. Who would share that story? And I said, you know, that's the problem. Nobody believes it's true and I can tell you there is a great many men here that are struggling from depression, and substance abuse, and trauma, and sleep deprivation that don't feel like they can acknowledge that because they're fearing they will lose this profession that is their primary identity. I said when we can have stories of recovery and of people that have that vicarious respect thing, "yes, I was overwhelmed, I reached out, and now I am better for it," then you are going to start to see things change. Over a three-year period we started to cultivate those stories and men boldly standing up and saying, "me too," "yup, that happened to me," and now they have shifted from a place of being ashamed of having these struggles all on their own to being proud of being leaders, not just in the Denver Fire Department, but in the fire service nationally. They are presenting at chief conferences on their model, and when you have that happening whereas now the peers and the leaders are sharing their best practices with one another, that's when cultural change starts to happen. But it does take quite a bit of time to build that level of trust to see that happen.

Jack: Great. thank you, Sally. We have another question from Twitter asking, Dwight, does the NFL have any partnerships with any of the NCAA football schools to promote mental health?

I know that there is a great deal of outreach that's done to the colleges both around encouraging degree completion, but what about mental health? What are you doing specifically with the football programs?

Dwight: We do have a college outreach program that doesn't specifically address mental health but the NCAA has taken on mental health as a big issue, a big focus of theirs, and has convened a mental health committee that is looking at what are the best practices from university to university and really diving in around mental health. I think they have some of their brighter minds in mental health around the NCAA and at those universities and if there is an opportunity to partner we certainly will look at that.

Jack: Great. Thank you, Dwight. I want to just check back in and see if we have questions from the panel here as we have a few minutes left before the end of our hour block.

Operator: We do have a question from Shannon Tucker, private citizen. Please go ahead; the line is open.

Shannon Tucker: Hi all. Thank you so much for sharing your stories; it was very moving and courageous.

My question is related to the workplace. My father's boss actually committed suicide and it made a huge impact on my dad but he didn't want to talk about it because I don't think he wanted to seem weak, which we know is not a sign of weakness but I don't think he could really recognize that. And I don't think he had a lot of support within his workplace. So, can you talk more about that issue and if there is anything we can do specifically to work with HR professionals to recognize, not just the signs of depression and suicide in the workplace but also how they might be supportive for those people who are dealing with the loss of a co-worker?

Sally: I am so glad you asked that question and tragically, unfortunately, this is usually where the workplace suicide prevention conversation starts, is in the aftermath of a suicide death that's really rocked the community. So first of all, I can't imagine what your father has been going through, especially having to deal with it all alone. There are a national set of guidelines that was co-published between the National Action Alliance for Suicide Prevention, Carson J. Spencer Foundation, and a number of others that helps managers kind of walk through a process of providing a safe and passionate support for the workers left behind. And it walks them through the immediate response, the things that need to happen there from a communication strategy and from

a practical systems standpoint, and to an immediate response and intermediate response, short term, where people are providing some level of support, and then longer term response because, as we know, the impact of suicide can run very deep and last a very long time, so the idea of take a few days and get back to business for those most impacted is just unrealistic. And usually tell work places, honestly, what are your rituals around grief and trauma? If you've experienced other types of traumatic incidence or loss, start there, in terms of where the response needs to happen because any variation from that really speaks volumes. So, you know, if your community usually rallies around, sends a sympathy card, attends a memorial service, you know, and kind of supports each other in that way, then that's what needs to happen in the aftermath of suicide. But start on our kind of traditional grieving rituals. But the workplace guidelines can be found at workingminds.org; there are free downloadable PDFs. We try to get them out into the hands of all kinds of workplaces so that people can access them just in time.

Jack: Great, Sally, thank you. We are at the top of the hour here so I want to thank everyone for joining us on the call and in particular I want to thank our panelists today for taking time out of their busy schedules as well to join us. Dr. Deb Stone from the CDC, Dwight Hollier from the NFL, Sally Spencer Thomas from the Carson J. Spencer Foundation, and Brett Zachman. Again, thank you all for your time and lending your expertise to this very important issue. I'd remind any of the participants here that we can continue this conversation online via Twitter by using the #SuicideReporting handle. And if you have any questions that weren't answered today you can either submit those via the Twitter hashtag or email us for follow up questions at standtogether@reingold.com. Again, standtogether@reingold.com. A recording of this discussion will also be made available online at actionalliancesp.org. And then next, I'll remind us all that the next panel in the series will focus on teens, technology, and suicide, and will take place next Wednesday, September 09, at 1 p.m. Eastern. You can register online for that at actionalliancesp.org/teens. I look forward to seeing you all there and once again thank you all for your time today.

Operator: And thus concludes today's program. You may disconnect at this time. Thank you and have a great day.