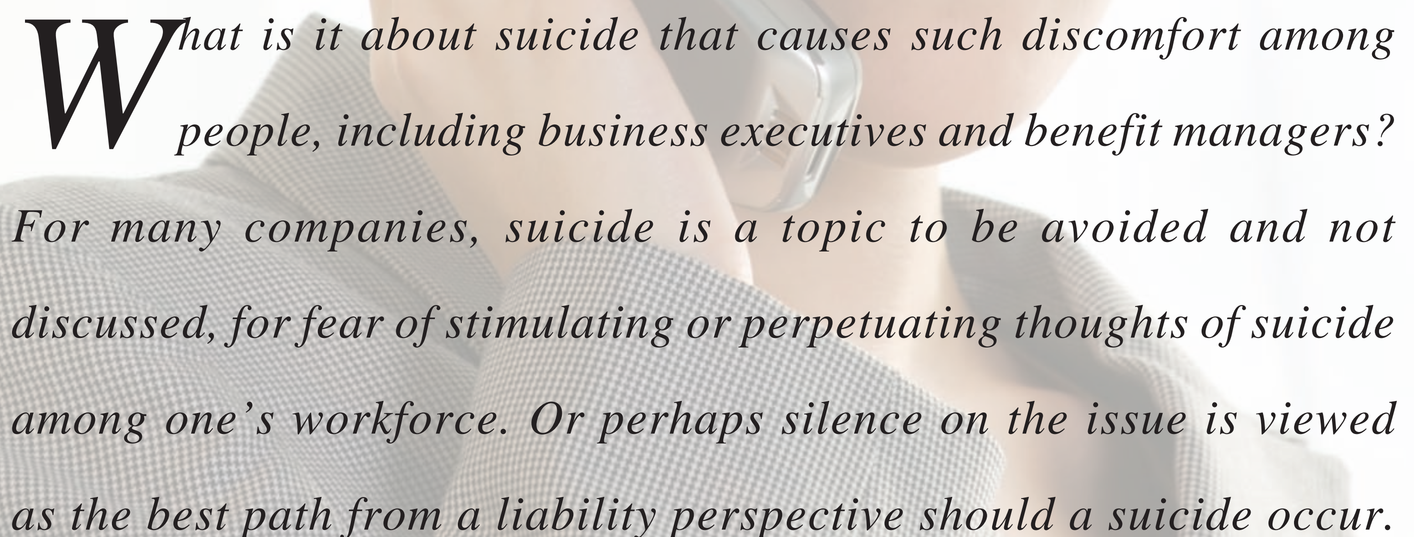
Suicide Prevention: Leveraging the Workplace

By Rich Paul, MSW, CEAP and Edward Jones, PhD



What is it about suicide that causes such discomfort among people, including business executives and benefit managers? For many companies, suicide is a topic to be avoided and not discussed, for fear of stimulating or perpetuating thoughts of suicide among one's workforce. Or perhaps silence on the issue is viewed as the best path from a liability perspective should a suicide occur.

However, the workplace can be a powerful and influential environment for the prevention of suicide. When one considers the protective factors that are so critical in the prevention of suicide, productive employment being one of them, the workplace cannot be ignored. Recognizing this, some progressive companies have begun incorporating the issue of suicide into their workplaces' violence prevention policies.

Suicide is the 11th leading cause of death in the United States, with more than 32,000 people killing themselves each year. The suicide rate is 11.1 per 100,000. This means, on average, every 16 minutes an American takes his or her own life.[1] There is a common perception that suicide rates are greatest among teenagers and the elderly, yet about two-thirds of all suicides occur among the nation's workforce, Americans ages 25-65. This represents a population often least served by suicide prevention efforts. More than 22,000 deaths were reported in 2004 for this age group.[2] White people age 40 to 64 have recently emerged as a new high-risk group for suicide, according to a study in the *American Journal of Preventive Medicine*. With a forecast for deepening major global recession, the risk of increased suicides among workers experiencing job loss, financial difficulties, or home foreclosure cannot be ignored.

Where does the opportunity exist to advocate, develop and implement suicide prevention activities within the workplace? The employee assistance program (EAP) represents the workplace-based program perhaps most qualified and best positioned to lead such an effort. Since EAPs are often involved in prevention, employee education, outreach and early intervention, they are natural champions for suicide prevention among employers.

To be successful, the EAP must garner senior management support and partner with key stakeholders within the organization in order to make suicide prevention a topic that is embraced. Key leaders must recognize that suicide has a significant impact, in both human *and* financial consequences.

Obtaining Company Buy-in

A challenging yet critical first step to a successful workplace strategy for preventing suicide is to first make a compelling business case for why organizations should focus on this public health issue.

For every individual who dies by suicide, many others are affected including family, friends and co-workers. Estimates indicate that each suicide intimately affects at least six other people. At least 4.5 million Americans (or 1 of every 65 Americans) are survivors of a loved one's suicide.[3] What impact does this have on businesses and why should executives be concerned, beyond acknowledging the human and emotional toll of a suicide?

A compelling business case includes highlighting some of the following statistics:

- The average cost per case of suicide is $1 million lost productivity and $2,596 in medical costs.
- The average cost for a non-fatal self inflicted injury was $9,726 in lost productivity and $7,234 in medical costs.
- The cost of self-inflicted injuries (suicide and attempted suicide) is $33 billion annually ($32 billion in productivity losses, $1 billion in medical costs).[4]
- Annual lost earnings due to suicide in the United States is estimated at $13 billion.[5]

For organizations with a global workforce, it also is important to understand that incidents of suicide vary among different countries and cultures around the world. According to the World Health Organization, suicide rates worldwide have risen 60% over the past half century.[6] The size of the population, age and sex distribution, sociocultural ethos, extent of sociotechnological development, availability of methods for suicide and intervention efforts account for differences in suicide rates among countries.

As we continue to deploy military resources for multiple wars on different continents, we must also recognize the prevalence of suicide among our military population. US Army figures indicate that 2,100 soldiers attempted suicide in 2007 alone. Often these individuals are National Guard, Reservist or retired military, and they are returning to the workplace once demobilized with some level of risk for suicide. When designing a suicide prevention program, it is critical to consider the needs of this population.

Highlighting statistics on the human and financial cost of suicide is just the first step in obtaining organizational support to address the issue of suicide. Given the reach that suicide has on so many, it is often helpful to identify and approach an individual in a senior level position who has been impacted by the death of a friend, co-worker or loved one from suicide. If willing, this individual can advocate for this as an important issue to the workplace, and may also be willing to share and normalize reactions to suicide.

Suicide Prevention Programs Work

Senior executives also need to know that suicide prevention programs can be very effective. The US Air Force was experiencing an annual rate of 15.8 suicide deaths per 100,000 of its 350,000-person community, the highest of all US armed forces, before developing and implementing its community-based suicide prevention program in 1995. Subsequently, the suicide rate fell 79% to less than 3.5 suicide deaths per 100,000 in 1999. The

Continued on page 20

Continued from page 19

Air Force program is replicable in existing communities and corporations. The result can be a demonstrable reduction in the emotional, physical and financial toll of depression and suicide. Such a program can also impact productivity, absenteeism, and the costs of operations and medical benefits.

These efforts also may prevent some homicides in both the workplace and the home. According to the US Air Force data, successful suicide prevention programs also reduce other kinds of violence. Sometimes, instances of workplace violence result in the aggressor ending his own life. Employees who see no future for their own life are at increased risk for perpetrating workplace violence. These acts of violence often are premeditated, so there are opportunities for prevention if the warning signs are identified and there is an intervention. The Air Force developed a program that focused on creating an organizational culture that supported its members, emphasized the availability of services, and normalized getting help when in need.

Implementing a Workplace Strategy to Address Suicide

Within the workplace, how does an organization implement a program to engage, motivate and assist those in need to get help when they feel extreme despair and hopelessness? Similar to the Air Force experience, organizations must be willing to communicate messages within the organization that focus on creating a compassionate and caring environment. Employees must feel supported, not stigmatized, when asking for and receiving help. This can be achieved through a targeted communication plan that establishes the organizational view of suicide as a treatable concern and provides educational information to ensure individuals know how to obtain support.

Critical to the success of a prevention program is the formation of an interdisciplinary workgroup. The function of this group is not only to create a suicide prevention program for an organization, but also to meet regularly to continuously evaluate the program and discuss any known changes that may be impacting utilization (e.g., layoffs, mergers, expansion, or major HR policy changes).

The number of participants within the suicide prevention workgroup will vary depending upon the size of the organization. Ideally, participation should include a cross representation of employees within an organization. This may include representatives from benefits, human resources, the union(s)—if applicable, management, safety, occupational health and the general employee population. The goal when forming the workgroup is to identify individuals who are interested and willing to be internal advocates and champions of the suicide prevention program. An organization's EAP should also participate in the workgroup.

When designing a suicide prevention program, the workgroup should consider including these components:

- A statement of purpose;
- Demographic and/or utilization data;
- Metrics and evaluation methods;
- Communication objectives and key messages
- Employee and management training.

A key element of any suicide prevention program is training people to understand risk factors, protective factors, and steps to take when risks are identified.

Risk Factors

While adverse life events in combination with other risk factors such as depression may lead to suicide, it is important to keep in mind that suicide and suicidal behavior are not normal responses to stress. Many people experience one or more risk factors and are not suicidal.

Understanding risk factors can help dispel the myths that suicide is a random act or results from stress or depression alone. Suicide is a continuum event, not a "yes"/"no" event. Some people are particularly vulnerable to suicide and suicidal self-injury because they have more than one mental disorder (such as depression with alcohol abuse) and may be very impulsive and/or aggressive and use highly lethal methods to attempt suicide. The importance of certain risk factors and their combination vary by age, gender and ethnicity.

The impact of some risk factors can be reduced by interventions, such as providing effective treatments for depressive illness. When known, those risk factors that cannot be changed (for example, a previous suicide attempt) can alert others to the heightened risk of suicide during periods when a mental or substance abuse disorder recurs or when a stressful life event occurs. Risk factors include:

- having made a previous suicide attempt
- mental disorders—particularly mood disorders such as depression (including postpartum depression) and bipolar disorder
- co-occurring mental and alcohol and substance abuse disorders
- family history of suicide
- extreme hopelessness
- impulsive and/or aggressive tendencies
- barriers to accessing mental health treatment
- relational, social, work or financial loss
- chronic and incapacitating physical illness
- easy access to lethal methods, especially guns (particularly true among certain job professions)
- unwillingness to seek help because of stigma attached to mental and substance abuse disorders

and/or suicidal thoughts
- cultural and religious beliefs—many cultures and religions hold differing views of suicide (for instance, the belief that suicide is a noble resolution of a personal dilemma or an appropriate response to an act that has perhaps caused family shame or disappointment)
- local epidemics of suicide that have a contagious influence
- isolation, a feeling of being cut off from other people

Protective Factors

Protective factors help reduce the likelihood of suicidal behavior, and this might include an individual's genetic or neurobiological makeup, attitudinal and behavioral characteristics, and environmental attributes. Measures that enhance resilience or provide positive protection against suicide are as essential as risk reduction in preventing suicide.

Protective factors may not be permanent or consistently effective, and so programs that support and maintain protection against suicide should be ongoing. Protective factors include:

- effective and appropriate clinical care for mental, physical, and substance abuse disorders
- easy access to a variety of clinical interventions and support for seeking help
- limited access to highly lethal methods of suicide
- family and community support
- good skills in problem solving, conflict resolution, and nonviolent handling of disputes
- cultural and religious beliefs that discourage suicide and support self-preservation instincts

Identifying and Addressing Risk

Unfortunately, it is difficult to identify particular individuals at greatest risk for suicidal behaviors or completed suicide. Measures to screen the general population for suicide risk lack the precision needed to identify in advance only those people who eventually would die by suicide. That's why it is especially important for suicide prevention programs to include broader approaches that benefit the whole population as well as efforts focused on smaller, high-risk subgroups.

Screening programs for specific risk factors such as depression or difficulty managing stress are helpful for several reasons. These risk factors are not exclusively associated with suicide and instead represent conditions of vulnerability for a variety of behavioral and physical problems.

An educational campaign should have a broad reach in getting people who need help of some kind to seek it. Effective suicide prevention means reducing the likelihood of suicide well before vulnerable individuals reach the point of danger. *It's important to note that many individuals who attempt or die by suicide never seek help.* The EAP should work with organizations to help identify those at risk, reduce modifiable risk factors and enhance protective factors within the employee population.

Summary

Leaders in the workplace should promote the enlightened idea that suicide is no longer a taboo subject and no longer a mysterious tragedy. Suicidal behavior can be prevented, and it is time for employers to turn to their employee assistance programs to implement a suicide prevention program. If the Air Force can reduce its rate of suicide from 15.8 to 3.5 deaths per 100,000 through a prevention program, then it is time for the corporate world to do the same. The benefits are profound for at-risk individuals, their families, their co-workers, and the corporations that employ them.

For more information on a program designed to address suicide in the workplace, please visit http://valueoptions.com/clients/Education_Center.htm, which was developed by ValueOptions®. These health education and disease prevention resources for program leaders and behavioral health professionals are easy to implement and integrate with any existing programs.

[1]American Association of Suicidology, http://suicidology.org/associations/1045/files/2004datapgs.pdf
[2]The American Association of Suicidology, http://suicidology.org/associations/1045/files/2004datapgs.pdf
[3]American Association of Suicidology, http://suicidology.org/associations/1045/files/2004datapgs.pdf
[4]Source: Centers for Disease Control and Prevention, http://www.cdc.gov/ncipc/factsheets/CostOfViolence.htm
[5]Knox, K.L. et al. (2005) *American Journal of Public Health*, 95:1898-1903.
[6]"Preventing Suicide: A Resource for Work," World Health Organization, 2006, http://whqlibdoc.who.int/publications/2006/9241594381_eng.pdf

About the Authors:

Edward R. Jones, Ph.D. *is Senior Vice President of the Commercial Division for ValueOptions. In that role he is responsible for all commercial business, which includes 16 million members and 6 service centers that are dedicated to ensuring the highest quality care and service for those members. He is also accountable for commercial sales and the management of existing accounts.*

Rich Paul, MSW, CEAP *serves as vice president of health and performance solutions within the commercial division of ValueOptions. Mr. Paul has oversight and development responsibilities over EAP and other employer support services and is responsible for the strategic direction and implementation of company-ide EAP best practice initiatives.* ■