



Issue #09:

SUICIDE PREVENTION: UNCOVERING THE SIGNS



Explosive - that's the impact the suicide of a colleague will have within his or her personal network of family, friends, colleagues and co-workers. With 70% of suicides being completed by working-aged men and women between 30 and 64 years old, the collateral damage of such tragic deaths does indeed reach the workplace.

On average, we're spending more than a third if not half of our waking hours at work. Colleagues often become friends rather than just colleagues and will offer you glimpses of their inner lives. Suicidal thoughts and plans are the last thing you would expect to be shared. However, what if you become aware that a colleague is contemplating suicide?

In this article, we'll be looking at:

- What are the predisposing and contributing factors of suicide
- What are potential signs of suicidal risk in a co-worker
- How to provide support while respecting confidentiality and safety issues

- How to promote self-care and seek outside support if needed

But first, some facts...

For every death by suicide there are 20 to 25 attempts, 5 self-inflicting injury hospitalizations and 7 to 10 people deeply affected by grief.

On average, suicides claim the lives of 12 Canadians per day. In 2015, 3,269 Canadian men and 1,136 women died by suicide.¹ However, women make up to 3 to 4 times more suicide attempts than men. The actual suicide rate for women has risen by as much as 50% from 2000 to 2016 in the U.S.² and a similar trend has also been observed in Canada.



Overall, the prevalence of suicide is growing. According to Fardous Hosseiny, the national director of research and public policy at the Canadian Mental Health Association, the percentage change over 2011 and 2015 shows an increase of 12% in males and 15% for women. The largest population of suicides in Canada are from working aged men and women between the ages of 30 to 64 with a peak occurring between 45 and 59³. The suicide rate among the U.S. working-age population increased by 34% between 2000 and 2016.⁴

Workplace suicides have also increased. Approximately 1,719 male and female workers ended their lives on the job in the U.S. between 2003 and 2007.⁵ In 2016, the American Bureau of Labor Statistics reported a steady increase in workplace suicides from 2007 to 2013. In 2018, the Mental Health Commission of Canada published a study that found Canadian employees reported workplace stress as the primary cause of their mental-health concerns⁶. Steve Bittle, associate criminology professor at the University of Ottawa states that between 10 and 17 per cent of annual suicides in Canada could be classified as work-related, representing a range of 400 to 800 fatalities each year.⁷

In November 2018, the CDC (Centers for Disease Control and Prevention) reported that the top 3 major occupational groups by suicide rate among males in 2015 were:

- Construction and Extraction
- Arts, Design, Entertainment, Sports and Media
- Installation, Maintenance, and Repair

For women:

- Arts, Design, Entertainment, Sports and Media
- Protective Service
- Health Care Support

For both genders, the lowest suicide rates in 2015 were observed in Education, Training and Library occupations.

In general, occupations with higher suicide rates involve one or many of the following factors: easy access to lethal means, exposure to chemicals, high workplace stress and risk of trauma, job insecurity, low wages, inconsistent work schedule and isolation in the workplace.

Rising workplace suicide rates shouldn't come as a surprise in an era crippled with progressively increasing levels of pressure and stress among employees. According to the HR Digest, the obsessive focus "on targets and deadlines, race for profits and excessive individualization as well as informal competition amongst colleagues are some of the causes of suicidal tendencies. They lead to psychological problems in the workplace which have a negative impact on the way employees work."

When a suicide does occur, work and/or business related colleagues can be emotionally impacted with feelings ranging from anger, grief and guilt. These feelings can last far beyond the initial shock and reaction time span. Feelings and reactions may also surface within colleagues who weren't close to the employee who took their own life. Often, death by suicide leads to rumors and speculation about why it took place. These rumours may include work-related factors and could potentially affect the morale of employees.

Predisposing and contributing factors

Causes for suicide are a complex cocktail of factors, including relationship breakdowns, financial difficulties, chronic physical illness, major losses, or a lack of social support. Some factors can be work and career related. It has been found that for every 1% increase in unemployment, there is a 0.79% increase in the suicide rate.⁸ During the Great Depression, the suicide rate in America increased by 21%.

A common predisposition is an underlying mental health disorder, as 60% of completed suicides involve people dealing with a diagnosed depression. Moreover, 90% of people who take their own lives suffer from a mental health disorder.⁹

When professionals estimate the risk of suicide among employees, they will take into consideration some of the following predisposing factors:

- Access to lethal weapons
- Past suicide attempts
- Capacity to hope for positive change
- Self-help capacity, including diet, quality of sleep, medication and professional follow up

- Chronic mental health suffering and/or physical pain
- Self-control and impulsivity
- Substance usage and/or abuse
- Support network, which serves as a protective factor.

Uncovering the signs

Depending on how close you are to a co-worker, you may or may not know of the above predisposing factors but some signs can give you hints as to the potential risk of suicidal thoughts or plans. None of these, on their own, can reveal suicidal risk, but a combination of some of the following signs can reveal a significant level of distress within your co-worker. About 75 percent of those who die by suicide do exhibit some suicide warning signs.¹⁰

Work-related signs or situations to look for are isolation, performance and stress-related anxiety, conflicts with management or colleagues, job insecurity, intense expressions of job dissatisfaction, deep and long-lasting fatigue, workload issues, and presenteeism or absenteeism. It's important to recognize that some of the previous symptoms can also be traced back to personal problems affecting the well-being and mental health of a colleague. Mental health disorders influence feelings, thoughts, behaviour and abilities. Employees dealing with a disorder may show losses in confidence, concentration and patience. It might impair their decision making, judgement and people skills. Their personality can be altered and subject to mood swings and extreme shifts in behaviours and attitudes.

More typically linked to suicide are comments on being a burden to others who they say would be better off if they weren't there; or employees becoming suddenly very happy after a depression or despite everything crumbling down around them. More obvious warning signs require more immediate action, such as someone expressing the desire to die or to end their life and having a plan to do so.¹¹

It's estimated that up to 25% of people do not exhibit signs before ending their lives. It's important not to blame yourself or others if a colleague completes suicide without any visual or behavioural cues. However, if you recognize any of the signs mentioned earlier, don't hesitate to engage in a conversation with your co-worker. If you happen to be right, starting that conversation might just save your colleague's life.

How to provide support

If you approach a colleague you believe might be suicidal, tell them you've noticed changes in their behaviour. Be respectful and share your concerns. Ask if the person is okay. It's normal to feel uneasy and it can indeed be scary. But asking someone about suicide doesn't put the idea in their head. Instead, according to the Ontario Suicide Prevention Network (OASP):

- It breaks isolation which can distort their fears, hopelessness and embarrassment.
- It breaks the silence and sends a powerful message that they are not alone, that you care and that it's okay to talk about their thoughts and feelings.
- Opening up a conversation about suicide is the first step towards hope and almost always helps reduce the risk.
- It lets people the opportunity to let their fear out and to consider and talk about other options. Suicide is often less about wanting to die, and more of a feeling or belief that they have run out of options.

Be cognizant of the individual's right to privacy and never jump to conclusions. However when you genuinely believe there is a risk of suicidal thoughts or plans:

- Don't hesitate to ask your colleague directly if they are having difficulties. If the answer is yes, ask if they have thoughts or plans of suicide.
- If they do have thoughts or plans of suicide, first acknowledge that this is serious. Don't act right away. Keep the person talking and keep listening. This shows empathy and understanding. It creates the necessary bond you need to build before you even mention outside help.
- Foster hope by exploring potential options for help. Seek to find supportive people like professionals or important persons in their lives that are well suited to identify better options. Remember, the suicidal person is seeking a way out of a painful situation. They are often in the dark and have lost hope, shedding light on a different road map can help them to recognize and consider other pathways.

Suicide Prevention: Uncovering the Signs

- Check on prior attempts. You can ask your colleague if they have tried to hurt themselves in the past. If they have, the risk of suicide increases making it more urgent to get professional help.
- After your conversation, don't let this rest upon your shoulders. You can express your concern about needing to get help in order to keep your colleague safe. Refer them to resources in your workplace (HR, EFAP), or to a mental health professional or a community resource, like a crisis centre.

The person has to be put in contact with the chosen resource as soon as possible. It is important that a person entertaining thoughts of suicide be linked to a well-trained professional that can perform a comprehensive suicide assessment and intervention within the day.¹² In the meantime, make sure your colleague is not left alone. Either stay with your colleague or ask if they have a close friend or family member that can be with them. Be sure to let your colleague know, they need to tell someone and seek help if risk of harm exists.

Remember that security issues always outweigh confidentiality considerations if a person is deemed in danger of inflicting imminent harm to themselves in a way that can threaten their life or the life of others.

Self-care

Providing support to a suicidal colleague is not easy. It can affect you emotionally, put you in a state of constant worry and make you feel responsible for one's well-being. Crisis and suicide prevention centres most often offer support services for people who are themselves a support to a suicidal person. Your EFAP and HR resources might also offer such services. Your personal network of family and friends is also an important resource, but go to a professional support

system first. It will make you better informed and should lift much of the weight of responsibility off your shoulders.

If you would like more information on suicide alert programs or training to develop skills in suicide intervention, many local and provincial suicide prevention community resources offer training and even workplace gatekeeper programs.

Also, know that no one is immune from suicidal thoughts and urges. If such thoughts should invade your mind, don't isolate yourself, talk to someone you trust and ask for professional help. You don't have to suffer in silence.

References:

1. Statistics Canada, 2015, as reported by Global News. Source : <https://globalnews.ca/news/4274136/suicide-rates-women-men-canada/>
2. Dr. Hedegaard, H., Suicide Rates in the United States Continue to Increase. National Center for Health Statistics (NCHS). 2018. Source: <https://www.cdc.gov/nchs/products/databriefs/db309.htm>
3. Statistics Canada, 2015. Source : <http://dustinkmacdonald.com/canadian-suicide-statistics-2016/>
4. Suicide Increasing Among American Workers. Centers for Disease Control and Prevention (CDC) press release. 2018. Source: <https://www.cdc.gov/media/releases/2018/p1115-Suicide-american-workers.html>
5. American Bureau of Labor Statistics (ABLS). Source : <https://www.thehrdigest.com/workplace-suicides-rise/>
6. Canadian employees report workplace stress as primary cause of mental health concerns. Mental Health Commission of Canada and Morneau Shepell. 2018. Source: <https://www.mentalhealthcommission.ca/English/news-article/13522/canadian-employees-report-workplace-stress-primary-cause-mental-health-concerns>
7. Job-related deaths in Canada dramatically under-reported, study suggests. CBC News, January 29, 2019. Source: <https://www.cbc.ca/news/canada/workplace-fatalities-deaths-under-reported-study-1.4973495>
8. Stuckler, D. et al. The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *The Lancet*. 2009. Source: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61124-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61124-7/fulltext)
9. Public Health Agency of Canada, 2016. Source: <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-infographic.html>
10. Source : <http://www.suicide.org/suicide-warning-signs.html>
11. American Association of Suicidology, 2017. Source: <https://www.suicidology.org/resources/warning-signs>
12. LivingWorks Canada, 2007. Source : <http://www.ospn.ca/index.php/suicide-prevention/suicide-prevention-starts-with-a-question>



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