PREVENTING SUICIDE

A RESOURCE AT WORK

Department of Mental Health and Substance Abuse
Management of Mental and Brain Disorders
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This document is one of a series of resources addressed to specific social and professional groups particularly relevant to the prevention of suicide.

It has been prepared as part of SUPRE, the WHO worldwide initiative for the prevention of suicide.

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CONTENTS

FOREWORD

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists and artists over the centuries; according to the French philosopher Albert Camus, in *The Myth of Sisyphus*, it is the only serious philosophical problem.

As a serious public health problem it demands our attention, but its prevention and control, unfortunately, are no easy task. State-of-the-art research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from the provision of the best possible conditions for bringing up our children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programmes.

In 1999 WHO launched SUPRE, its worldwide initiative for the prevention of suicide. This booklet is one of a series of resources prepared as part of SUPRE and addressed to specific social and professional groups that are particularly relevant to the prevention of suicide. It represents a link in a long and diversified chain involving a wide range of people and groups, including health professionals, educators, social agencies, governments, legislators, social communicators, law enforcers, families and communities.

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The resources are now being widely disseminated, in the hope that they will be translated and adapted to local conditions - a prerequisite for their effectiveness. Comments and requests for permission to translate and adapt them will be welcome.

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PREVENTING SUICIDE

A RESOURCE AT WORK

A suicide is a deliberate act of self-harm taken with the expectation that it will be fatal. A suicide-attempt is an non-fatal act of self-harm, often with the aim of mobilizing help. Suicidal behaviour has gained recognition worldwide as a significant public health problem. In many countries, rich and poor, suicide rates are increasing. In developed countries, suicide is among the top ten leading causes of death, and one of the top three causes of death among people aged 15-35 years. The World Health Organization has estimated that one suicide occurs approximately every minute, and one suicide attempt approximately every three seconds. As a result, more people die from suicide than from armed conflict.[1]

Suicides, and the mental health problems that give rise to them, exact an enormous toll on worker productivity and well-being. In a company of 1,000 workers, for example, 200-300 will suffer from a serious mental health problem (such as a diagnosable mental disorder) in any given year, and one worker will commit suicide every ten years. For every worker that commits suicide, another 10-20 will make a suicide attempt. Suicide accounts for approximately 8% of all working days lost due to death.[2]

Worker suicide is a result of a complex interaction between individual vulnerabilities (such as mental health problems), stressful working conditions, and living conditions (including social and environmental stressors). Although not every suicide or suicide attempt can be prevented, research shows that employers can take important steps to reduce the frequency of worker suicide. Suicide prevention at work is best addressed through a combination of (a) organizational change aimed at preventing and reducing job stress (b) the destigmatization of mental health problems and help-seeking (including

awareness raising) (c) recognition and early detection of mental health and emotional difficulties, and (d) appropriate intervention and treatment through employee health and assistance programmes linked to external community mental health resources. Companies of all sizes can have health and safety policies and programmes that promote a mentally healthy workforce and prevent suicidal behaviours.

In today's rapidly changing environment, workers are hesitant to admit they are experiencing mental health problems for fear that it may jeopardize their employment or career advancement. Therefore, organizations must be proactive to identify and minimize the effects of mental health problems among their workers. Because mental health problems are common denominators in a wide range of work-related difficulties (ranging from reduced productivity to injuries, violence, and suicide), this document addresses suicide prevention from the general public health perspective of creating a mentally healthy workforce. Programmes that have adopted this broad-based perspective have successfully reduced worker suicides while at the same time, promoted better worker health and improved productivity.[3]

This resource document is aimed at employers, union officials, providers of employee assistance programmes, personnel directors, and workers who share the common goal of creating a mentally healthy workforce.

WORKER MENTAL HEALTH

Mental disorders occur when there are impairments in a person's cognitive, emotional, or perceptual functioning that cause significant dysfunction in one or more areas of social or occupational performance. Mental disorders are serious and enduring illnesses that have been linked to biological abnormalities such as chemical imbalances in the brain. When left medically untreated, mental disorders carry a significant risk of disability and death. It is important to distinguish mental disorders

(or illnesses) from more generic and less serious mental health problems that may lead to brief periods of emotional turmoil and temporary problems in coping.[4]

Mental disorders are a major risk factor for suicide. Specific mental disorders that have been linked to suicide include depressions, substance abuse (both alcohol and drugs), anxiety disorders, personality disorders (such as borderline or antisocial personality disorder), and schizophrenia. Co-occurring conditions are particularly common among those who commit suicide. For example, a depression combined with alcohol abuse occurs in 80-90% of those who commit suicide. While mental disorders rank first among risk factors for suicide in Western cultures, there is some evidence that they may be less prominent in non-western, particularly Asian countries.

Mental disorders are more frequent and cause more suffering and disability than any other condition. A World Health study on the prevalence of mental disorders in 14 countries shows that the proportion of adults who experience a mental disorder during a 12 month period ranges from 4.3% to 26.4% depending on the country. Countries that reported the highest rates were the United States of America (26.4%), Ukraine (20.5%), France (18.4%), and Colombia (17.8%). Countries that reported the lowest rates were the People's Republic of China (Shanghai) (4.3%), Nigeria (4.7%), Italy (8.2%), and Japan (8.8%). The remaining countries (Mexico, Belgium, Germany, the Netherlands, Spain, Lebanon, and the People's Republic of China (Beijing) ranged between 9.1% and 16.9%[5]

Globally, the share of disability due to mental disorders is projected to rise almost 5% from 10.5% in 1990, to 14.7% in 2020. By 2020, depression will become the second leading cause of disability worldwide. In developed countries, depression will rank third in disability days, and in developing countries, it will rank first. Suicide rates are also expected to rise. In 1990, suicide was the 12th most important cause of

death worldwide. By 2020, it will be the 10th.[6] Worldwide, suicide rates have increased by 60% over the last half a century.[1]

The majority of people who experience mental health problems will be in the workforce (since the majority of people work), making mental disorders a leading cause of occupational disability. Data from Canada show that during a 30-day period, 8.4% of the working population will experience a depression, anxiety, or a substance related disorder (often alcohol related), or combination of these. The highest prevalence of anxiety disorder will occur among people in professional occupations (such as medicine or law) and high-level managers. The highest frequency of depression will occur among semi-professional workers. Substance abuse, particularly alcohol abuse, will be most frequent among farmers and co-occurring disorders among unskilled clerical workers.[7] Recent research has also shown a high prevalence of alcohol and depressive illness among managerial and professional workers, with particularly high levels of alcohol abuse among professional women.[8]

JOB STRESS

People react differently to stress, depending on their psychological resilience, coping strategies, and environmental resources. People with mental disorders and those experiencing mental health problems may be particularly susceptible to the negative effects of stress due to reduced psychological resilience, lack of social support, and difficulties in coping.

Job stress occurs when there is a mismatch between the demands of the job or work environment, and the capabilities, resources, and needs of the worker. Long term exposure to job stress has been linked to a host of health outcomes including musculoskeletal disorders, job burnout, depression, sick-building syndrome, injuries, workplace violence, and suicide. Job stress is one of the top ten work-related

health problems, often a precursor to serious mental health difficulties, and an important target for health and mental health promotion and prevention activities, including suicide prevention.

Worker stress is of increasing concern worldwide; not only in established economies such as in Europe or North America, but also in places undergoing rapid industrialization, such as the People's Republic of China, China (Province of Taiwan), or the Republic of Korea. In the United Kingdom, mental health problems such as stress, depression, and anxiety are the second leading cause of days lost through work-related illness.[2] In the Canadian workforce, 31% report that most days at work are quite a bit stressful or extremely stressful. Individuals who experience work-related stress are twice as likely to have a psychiatric condition.[7] In Japan, work stress is reported by as many as 63% of workers, reflecting a 10% increase over the past 15 years.[9] In China (Province of Taiwan), 8% of men and 7% of women report that they often or always feel stressed out at work, suggesting there may be a lower level of job stress among these workers compared to others.[10]

In Asian countries, the relationship of worker stress to physical and mental health, worker morale, and job satisfaction is similar to that found in Western countries. However, sources of workplace stress differ markedly. For example, job recognition and the demands of managerial roles are the chief causes of job strain among managers in Taiwan, China compared to relationships, organizational climate, and personal responsibility among mangers in the United Kingdom.[11] In the People's Republic of China, workers' level of identification with and commitment to the organization are key, perhaps because these play an important role in determining both extrinsic rewards (such as wages or benefits) and intrinsic rewards (such as recognition and job satisfaction).[12]

In some cases, it is possible to draw a clear link between a workplace stressor and a suicidal act, such as in the case of a worker who is reprimanded or let go and subsequently attempts or commits suicide. Traumatic events may be associated with job transitions (such

as retirements, lay-offs, or dismissals), disciplinary actions, or situations in which a worker has suffered serious embarrassment, shame, or been found to be involved in a illegal act (such as sexual assault or a misappropriation of company funds). More often, however, chronic workplace stress will play a contributory role among workers who are already vulnerable to suicide because of a pre-existing mental health or personal problem and who have access to lethal means.[13] By taking steps to recognize the environmental factors that cause stress and the early signs of mismanaged stress, employers can promote a mentally healthy workforce, reduce suicidal behaviour, and improve productivity.

Stressful work environments are characterized by a lack of time, uncontrollable work schedules, background distractions, strife (caused by poor employee relations, bullying, or harassment), lack of space, general uncertainty, and a push to do more with less. A wide range of work-related environmental factors can trigger stress reactions and contribute to poor mental health including:[14]

- Organizational change associated with downsizing, outsourcing, rapid expansion, or job restructuring (including promotions, demotions, and job transitions);
- Uncertainty or lack of control over work tasks (poorly defined roles, lack of clear priorities, job insecurity, restriction of perspectives that encourage frustrated feelings);
- Problematic managers or colleagues (poor communication between workers and managers, inadequate or insensitive management, hostility from colleagues, harassment, negative office politics);
- Extreme demands of the work environment (long hours, lack of autonomy, high responsibility, heavy commitment, danger, traumatic events);
- Poor working conditions and physical stressors (noise, poor lighting, lack of space, extreme temperatures, poor ergonomics, chemical hazards, lack of access to employee health programmes);

- Monotonous or repetitive tasks or under-utilization of skills;
- Low pay leading to overtime and piecework;
- Organizational cultures that promote stigma and discrimination towards people with mental health problems.

In addition, certain occupations are intrinsically more stressful such as where workers are involved in high levels of interpersonal contact with the public, those in law enforcement if exposed to traumatic or violent events, assembly line workers involved in repetitive tasks, air traffic controllers, and health workers.[13,15] Women are particularly likely to suffer work-related stress because they often have the primary responsibility for childcare and family management, tend to be concentrated in lower paying or lower status jobs, work shifts in order to accommodate family responsibilities, and are more likely to suffer work-related discrimination and harassment.[16]

PRODUCTIVITY AND COST

The high prevalence of mental disorders worldwide has made them an important global economic burden. Businesses are increasingly recognizing that mentally healthy workers are more productive workers. Mental health problems at work typically manifest themselves as performance issues: increased absenteeism, reduced productivity, increased employee turnover, increases in the number of short-term and long-term disability days, and increased disability claims. Thus, a lack of attention to worker mental health and job stress can be a costly proposition.

Although the costs of mental health problems in the workforce are only beginning to be quantified, they already appear to be staggering. For example, in 2000, the cost of mental ill health was estimated to be 3-4% of the gross domestic product of the 15 states of the European Union.[17] A large proportion of these costs (probably a third or more) were directly related to lost productivity.[2] In the United States, more

workers are absent from work because of mental health problems than because of physical illness or injury. Depression is ranked as the third most important work-related problem, followed by family crises and stress. Between 1989 and 1994, disability claims for mental disorders in the United States doubled.[7] In Canada, disability claims for mental disorders account for up to 12% of payroll costs. They are the fastest growing category of days lost to disability, and are expected to continue to grow.[23]

Much less is known about the productivity costs of worker mental health problems and work-related stress in non-Western societies. However, patterns appear to be similar. Among managers in China (Province of Taiwan), for example, job stress was correlated with mental and physical ill health, absenteeism, poor job satisfaction and job turnover intentions. In addition, given their non-traditional roles and family responsibilities, female managers reported higher levels of job stress compared to their male counterparts.[11]

SUICIDE AND OCCUPATION

Suicide rates vary across occupational groups depending on the unique day-to-day stresses they impose, a greater exposure to harrowing or violent incidents that give rise to post-traumatic stress disorder, or their ready access to lethal means of suicide, such as firearms, lethal doses of medications, or pesticides. Occupations with high suicide rates include physicians, some chemical workers and pharmacists (in part due to greater availability of lethal chemicals and drugs); lawyers, teachers, counsellors, and secretaries (in part due to the higher prevalence of depression in these groups), farmers (who have high rates of depression, hazardous work environments, job stress due to economic pressures and social isolation, access to large amounts of pesticides, and poor access to emergency services), and some police officers (such as those who are retired or suffering the effects of psychological trauma). In addition, several studies suggest that female professionals in certain occupations

(such as female physicians, nurses or military personnel) may be at uniquely high risk of suicide, perhaps in part due to conflicts between family and career advancement. Suicides are also elevated among those who are unemployed or who suffer job insecurity.[13]

Despite the high prevalence of mental health problems among employed populations, few suicides ever occur at work. One study from the United States estimated that 1-3% of all suicides occur at work, reflecting an average annual rate of 2.3-2.5 suicides per million workers. Ninety percent of people who commit suicide at work are men, with higher suicide rates occurring among the older age groups. Fifty-eight percent of men and 40% of women kill themselves at work using guns, making guns the most frequent method used to suicide at work.

HELP SEEKING AND UNMET NEED

The majority of people who have mental health problems or are suicidal fail to receive appropriate treatment, even in countries where a wide range of cost-effective treatments exist. For example, only about a third of workers with depression will consult a mental health professional, physician, or employee assistance programme. As few as one in ten of those who report occupational impairment will take medication to address this problem. Yet, the majority of those who are appropriately treated for depression will manifest improved work performance and reduced disability days sufficient to offset employer costs for treatment.[18]

There are a number of reasons why workers don't seek treatment. Fear of stigma is widely considered to be the major one. Workers with mental health problems often face considerable work-related discrimination. Their autonomy may be limited, supervision increased, job security placed in jeopardy, advancement restricted, and social support from workmates withdrawn. Workers with mental health problems will usually go to great lengths to ensure that co-workers and managers do not find out about their illness, including avoiding employee

assistance programmes and shunning effective treatment options.[19] Women are more likely to seek care for emotional and mental health problems than men. Young, poorly educated men are the least likely to seek care. This pattern of help-seeking has been reported across five countries involved in an international comparison: The Netherlands, Germany, the United States, Canada, and Chile.[20] Men's reluctance to seek treatment for mental and emotional distress combined with their preference for more lethal suicide methods may partly explain their higher suicide rates.

To overcome treatment barriers, organizations must be proactive in identifying and managing mental health problems among their workers, particularly among high risk groups who may require special outreach and intervention efforts. Organizations also must foster an organizational culture that is supportive of psychosocial recovery. In too many instances, stigma and misunderstanding about the effectiveness of psychiatric treatments prevent organizations from developing mental health policies and programmes, or ensuring that the benefits afforded to people with mental disabilities are on par with those provided to people with physical disabilities.[2]

CREATING A HEALTHY WORKFORCE

Adults may spend a third or more of their waking hours at work. Through health and safety policies and programmes, worksites have significantly improved the physical health and behaviours of workers. Now that it is clear that problems in occupational functioning due to mental impairments are comparable or worse than those associated with physical impairments, employers are viewing mental health policies and programmes as strategic business investments, and work settings as ideal locations for mental health promotion and prevention initiatives.

The World Health Organization and the International Labour Organization suggest that three things are necessary to create a

mentally healthy workforce. First, employers and managers must recognize that mental health issues are a legitimate work-related concern, whatever their precipitating factors, and develop policies and guidelines to address them. Second, employers must understand disability legislation and the need to make accommodations for people with mental disabilities. Third, employers must develop appropriate prevention and promotion policies and programmes. Additional ingredients for successful prevention and promotion include organizational change to improve working conditions and reduce job stress; education and training for workers and managers on the importance of mental health and treatment seeking; and enriched psychological health services.[9]

The International Labour Organization has developed the SOLVE programme[21] to respond to the three needs mentioned above. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address psychosocial issues in the workplace. The central Policy Course is designed to provide managers with a basic understanding of psychosocial problems, including those related to suicide, such as stress and substance abuse, and how the workplace can contribute to both exacerbating and reducing those problems. Armed with this understanding, managers are in a position to introduce a holistic policy addressing psychosocial issues, which is one of the company's main tools in fostering an organizational culture that is both prevention-oriented and supportive of those with problems. Complementary to policy, companies need to engage in continuing education for all levels of the workforce, which SOLVE also provides in the form of 1.5 hour interventions known as MicroSOLVEs. This combination of enlightened policy and informed workforce can create a supportive workplace environment in which prevention and peer support can flourish. Additionally, as part of the SOLVE programme, the International Labour Organization is finalizing a training course for peer counsellors to prevent, mitigate, and deal with psychosocial problems at work. Awareness of suicide prevention is an essential element of this training programme. Demonstration of the effectiveness of the SOLVE programme, particularly for the prevention of suicide, is awaited.

The importance of adopting a broad, organizational approach to suicide prevention is illustrated by the experience of the US Air Force. In response to a rising number of suicides, they implemented a multi-level risk reduction programme targeted to a range of organizational, cultural, and individual risk factors across the entire air force community. The programme approached suicide reduction through early intervention of mental health problems, strengthening socio-environmental protective factors such as promoting a sense of belonging, and implementation of policies to reduce stigma and promote help-seeking. Supervisors and leaders received concentrated training and acted as gatekeepers, to identify and channel people at risk into appropriate agencies. Service-wide electronic messages were circulated praising people who obtained professional help to confront difficult issues such as marital, family, legal, mental health, or other difficulties. Military leaders were directed to ensure that individuals facing substantial stress received care and social support from their military unit, and organizational policies were enacted to ensure that leaders executed their gatekeeper roles appropriately. In so doing, this programme changed the culture of the entire military community to reduce risk factors for suicide. Between 1994 and 1998, the suicide rate dropped from 16.4 per 100,000 members to 9.4. In the first 8 months of 1999, a further reduction to 2.2 suicides per 100,000 members was noted—an 80% reduction over their highest rate recorded (in 1980). They also noted significant reductions in accidental death, homicide, and family violence.[22]

Organizational Change

A key strategy in promoting a healthy workforce is to eliminate or reduce job-related stressors such as:

- Role ambiguity in which the worker has inadequate or misleading information about how a job should be done;
- Role conflict in which the worker experiences conflicting demands or pressure to behave in ways that cause discomfort;

- Over work where the individual has too much to do, or when the individual lacks the necessary skills to complete the task;
- Underutilization or skills or repetitive boring tasks;
- Authoritarian management structures that do not include workers in problem-solving and decision making;
- Job or financial insecurity;
- An organizational or management culture that fosters hostility, gossip, favouritism, or unnecessary competition;
- Physical health, security risks or exposure to harmful agents;
- Sexual or emotional harassment or discrimination.

In addition, it may be possible to modify many of the environmental factors that contribute to job stress in intrinsically stressful occupations, including improved technology or safety devices to reduce exposure, or by creating more family-friendly work environments to support working women. In addition, many countries have enacted legislation to improve worker job security, regulate dismissal procedures, and set standards for the management of worker disability.

Because job stress results from the interplay of environmental factors and individual vulnerabilities, workers and organizations must collaborate to reduce job-related stressors. However, without consideration of the organizational factors that produce stress, a focus on individual workers alone, through worker health and wellness programming, will not prevent stress-related problems or their potentially fatal outcomes.

Information and Education for Workers

Few managers currently have sufficient knowledge and skills to recognize and manage mental health problems at work or deal with a suicidal worker.[9] In addition, few organizations have corporate plans to deal with worker mental health or suicidal crises, or staff development programmes to ensure that their key managerial staff are knowledgeable

about suicide prevention, the effects of mental health problems on worker productivity, the factors that promote a healthy working environment, and the factors that signal difficulties. For example, in a recent Canadian survey of employers:

- 91% noted workers were experiencing increased workloads;
- 72% reported their workers had experienced changes in job duties;
- 68% noted an increase in worker absences;
- 64% said emotional tension was prevalent among workers;
- 61% reported decreased productivity;
- 44% noted worker requests for adjusted work schedules.

Despite these clear warning signs, most still had no corporate plan to address worker mental health, and fewer than 10% had managers that were trained to identify and address mental health issues.[23] Similarly, in the United Kingdom, a Confederation of British Industry survey of 800 companies showed that 98% of employers thought that the mental health of workers should be a company concern, and 81% thought that it should be part of company policy. However, less than 10% had an official policy on mental health.[24]

Enriched Psychosocial Health Services

Employee assistance programmes are company-sponsored programmes that provide a range of supportive, diagnostic, referral, counselling, and treatment services. They were originally designed to address substance abuse issues, usually alcohol abuse, but many have since broadened their mandate to include other aspects of mental health.

Although employee assistance programmes are likely to be cost-effective (particularly if direct and indirect costs are considered), the field of occupational medicine remains under-developed in many countries, employee assistance programme benefits are often limited (particularly in

small firms), or available programmes are not linked to mental health professionals and treatment services in the local community. A national survey of employer sponsored health plans in the United States showed that in 2001, less than 20% of firms offered employee assistance programmes. Programmes were common in large firms over 20,000 workers (80%), but relatively uncommon among smaller firms of 50-100 workers (20%), particularly in firms of less than 50 workers (10%). Approximately two-thirds of the programmes provided brief therapy for behavioural health and substance abuse problems, voluntary screening, and treatment referral.[25] In many parts of the world, occupational medicine in general, and employee assistance programmes in particular, remain underdeveloped or entirely unavailable.

A second issue is that even when employee assistance programmes are available, organizational cultures are such that workers will be reluctant to use them for fear of confidentiality breaches, stigma from co-workers, or reprisals from managers. Few firms actively engage in outreach activities to reduce stigma and encourage workers to access the benefits they do have. Thus, to function at their best, occupational health and employee assistance programmes must combine access to appropriate treatment (including employee assistance programmes and referral to local mental health professionals and services) with mental health awareness and anti-stigma strategies designed to remove barriers to accessing care, and assertive outreach to high risk and under-treated groups.[19] Some companies now offer union-run employee assistance programmes as these can be easier for workers to approach. Others offer programmes that are jointly managed by the company and the union.

One example of a programme that aims to reduce the stigma associated with mental health and suicide through outreach activities is the International Labour Organization's SOLVE programme, mentioned earlier in this document.

In Canada, the Quebec Federation of Labour runs an innovative programme that uses peer support. Unionists receive basic training in listening skills and information about sources of help that have been built up and maintained by the union. Those who are more interested can receive more in-depth training, such as in suicide prevention. This programme has the advantage of providing informed peer support and a conduit for access to professional help. Peer counsellors are easily approachable and available, which can be key to suicide prevention.

HOW A MANAGER CAN HELP A SUICIDAL WORKER

There are no firm rules to follow to recognize when an worker may be suicidal. People who feel suicidal usually feel depressed, fed up, and may say that they don't know what to do. However, people vary in the extent to which they are willing to disclose their problems to others, particularly managers and work colleagues. Nevertheless, the majority of those who eventually kill themselves do give definite warning signs of their suicidal intentions in the weeks or months prior to their death. These are not harmless bids for attention, but important cries for help that should be taken seriously. Warning signs include:[26,27]

- Being withdrawn and unable to relate to friends and co-workers;
- Talking about feeling isolated and lonely;
- Expressing feelings of failure, uselessness, lack of hope, or loss of self-esteem;
- Increased restlessness, irritability, or dissatisfaction;
- Impulsivity or aggression;
- Fragmented sleep;
- Constantly dwelling on problems for which there seem to be no solutions;
- Expressing a lack of support or belief in the system;
- Speaking about tidying up affairs;
- Giving some other indication of an exit plan and, if asked, they may have definite ideas about how to commit suicide.

In addition, suicidal people who are demonstrating warning signs are at greater risk if there has been:

- A recent loss of a close relationship;
- A change (or anticipated change) in work circumstances, such as a lay off, early retirement, demotion, or other work-related change;
- A serious and embarrassing work-related event (such as an official reprimand, disciplinary action, or discovery of an event such as a misappropriation of funds or sexual impropriety);
- A change in health;
- Increased misuse of alcohol or other drugs;
- A history of suicidal behaviour or history of suicide attempts in the family;
- Current depression, job burn-out, or unexplained fatigue.

A manager who believes that an worker is suicidal can help by:[14,26,27]

- Expressing acceptance and concern.
- Encouraging the person to talk. Most suicidal people are ambivalent about dying. Asking someone if they are suicidal or otherwise talking about suicide will not tip them over the edge, but will provide a sense of relief and a starting point for a solution.
- Asking if there is anyone they would like to call, or have called.
- Gently letting them know that confidentiality will have to be broken in order to notify appropriate persons within the organization, such as representatives from the Occupational Health or Personnel Department (depending on company policy). A manager should never agree to keep secrets.
- Taking immediate appropriate action to refer the individual to an occupational health or mental health specialist. In a small company, this may be a mental health programme or physician in

the local community. Pre-arranged agreements with these agencies will facilitate this process. Suicide may be averted if people receive immediate and appropriate care.

- Identifying and arranging support for the individual among family members, friends, or close work colleagues to ensure that they are not left alone when suicidal.
- Following company policy with respect to documentation. It may be necessary to document this on the worker's personnel or health file.
- Having an Occupational Health specialist, Personnel Director or other delegated staff member visit the disabled worker as soon as possible to demonstrate concern and to encourage an early return to work. It is important to try to return the worker to their old job, making appropriate accommodations such as flexible work schedules, unless job-related conditions (such as harassment, conflict with workmates, poor working conditions, or extreme job-related stress) prevent this.
- Making a special effort to inform the worker's physician or mental health professional regarding job requirements, possible changes, and accommodations.
- Raising worker awareness of the nature and consequences of mental health problems.
- Creating a supportive environment for the worker who is returning to work following a suicide attempt.
- Eliminating or reducing job stress and other work related psychosocial hazards.

HOW A COLLEAGUE CAN HELP A SUICIDAL WORKER

When someone experiences a mental health problem, workmates may distance themselves believing that a "hands off" approach is best. Co-workers may not want to intervene because they fear getting the individual in trouble, or they worry about jeopardizing close working relationships. Consequently, they may miss a critical opportunity to

share information with those in the organization who are in a position to do something constructive.[27,28]

If it becomes known that a colleague has attempted suicide, co-workers may feel awkward and embarrassed because they don't know what to say or how to act. However, by not discussing or acknowledging the incident, they can create feelings of isolation and social distance. When people are suicidal or recovering from a mental condition, peer group support is critical. What they don't want is:[26]

- To feel rejected by colleagues and friends;
- For someone to change the subject;
- To be given a lecture or sermon, or told that it is wrong or silly to feel or behave as they did;
- To be patronized, criticized, analysed, or categorized;
- To be given a pep talk to try to cheer them up or help them snap out of it.

Reassurance, support and respect from friends and co-workers will help the person rebuild self-esteem and re-integrate into the workplace environment.

WHAT EMPLOYERS CAN DO TO PROMOTE WORKFORCE MENTAL HEALTH

Employers foster a mentally healthy workforce when they:

- Create a work environment that is supportive, harmonious, and respectful of individual contributions and accomplishments;
- Deal with work conflicts through open discussion, effective communication, and conflict management;
- Develop and implement effective mental health policies, including a comprehensive policy on how to deal with worker suicide involving prevention, intervention, and post-vention;

- Employ fair and effective procedures for handling grievances, performance reviews, and aspects of organizational change;
- Establish procedures for early identification and reduction of job stress and other psychosocial hazards;
- Provide or arrange counselling for those who are laid off, terminated, or otherwise involved in a traumatic work-related event;
- Ensure that managers are appropriately trained to identify and manage psychosocial difficulties among workers;
- Take action to reduce the stigma associated with mental health problems and improve worker help-seeking;
- Regularly evaluate mental health policies, procedures, and programmes to ensure that they are meeting both organizational and worker needs.

WHAT EMPLOYERS CAN DO IN THE CASE OF A WORKER SUICIDE

Although rare, workplace suicides are significant for their psychosocial impact on co-workers. Whereas a suicide that occurs outside of work may seriously affect six other people in their close circle of family and friends, a workplace suicide may seriously affect hundreds, and these effects may reverberate through an organization for years. Workplace suicides also raise the possibility of suicide clusters.

In their search for meaning, co-workers may feel that they contributed to the suicide in some way or blame themselves for not having prevented it. Mangers may feel that they should have been in better touch with their subordinates, that there was something suspect in their management style (particularly if there has been a difficult relationship or recent disciplinary issue), or feel overly responsible for creating job stressors. Managers may feel blamed by others for having pushed someone over the edge and feel that they are the subject of malicious gossip. Close colleagues and friends may feel angry and

rejected; somehow betrayed by the secrecy of their colleague's fatal or near fatal act.

A timely response to a workplace suicide can reduce subsequent ill effects among surviving work mates and friends. In the wake of a workplace suicide (or suicide attempt), employers can:

- Ensure that nothing is touched at the scene of the death and local officials, such as emergency personnel, police or coroners are immediately enlisted;
- Debrief workers, ensuring open and honest communication about the manner of death, though details about the method used are not necessary and not always appropriate;
- Provide accurate information to all workers about suicide and its various risk factors;
- Organize an appropriate tribute for the deceased;
- Ensure that surviving work-mates are adequately managing their grief;
- Identify and refer vulnerable or high risk individuals who may need professional supports through employee assistance programmes or community mental health services (thereby containing the possibility of contagion);
- Conduct an organizational (critical incident) review of potential precipitating factors that could be ameliorated through organizational change;
- Use this information to improve occupational health and prevention strategies.

SUMMARY AND CONCLUSION

Worker suicide is a result of a complex interaction between individual vulnerabilities (such as mental health problems) and stressful working conditions. Suicide prevention at work is best addressed through a combination of (a) organizational change aimed at preventing

and reducing job stress (b) the destigmatization of mental health problems and help-seeking (including awareness raising) (c) recognition and early detection of mental health and emotional difficulties, and (d) appropriate intervention and treatment through employee health and assistance programmes linked to external community mental health resources. The overriding goal should be to create a working environment that is respectful to the individual, maintains worker integrity, and minimizes or counteracts stress; while at the same time facilitating social relationships, a positive corporate identity, a sense of coherence and meaning, and worker empowerment where individual contributions are prized. Companies of all sizes can develop supportive environments and health and safety policies and programmes that promote a mentally healthy workforce and prevent suicidal behaviours. In a large company, this may mean developing a strong occupational health infrastructure including employee assistance programmes and links to community care. In a small company, this may mean arranging with local mental health professionals and agencies. Whatever their size, all companies will benefit from activities aimed at promoting a mentally healthy workforce.

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