The workplace and suicide prevention
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The workplace is a major part of the lives of most Canadians. Many of us spend upwards of 60% of our waking hours at work (Canadian Association for Suicide Prevention, 2016). Therefore, when a colleague dies by suicide the emotional and financial costs are enormous not only to family members, but to co-workers and the organization itself. Workplaces need to have measures in place to inform and educate about suicide. It is an issue that cannot be ignored.

This toolkit is a collection of facts, figures, and best preventative practices regarding suicide in the workplace.
Workplace warning signs

People who are suicidal typically exhibit warning signs. In the workplace, these changes may be identified as a person:

• Being very happy after a period of depression;
• Acting more aggressive or stressed out than usual (e.g. lashing out at people);
• Commenting on being tired all the time, being noticeably fatigued;
• Commenting about being a burden to others (e.g. “Everyone would be better off if I wasn’t here”);
• Not showing up for work as often or being absent for long periods of time (absenteeism); and
• Not being as productive as usual, being un-motivated (presenteeism).

Some warning signs require more immediate action than others. If someone is exhibiting the following warning signs, call 9-1-1:

• Talking about wanting to die or kill oneself; and
• Looking for a way to kill oneself or already having a plan (American Association of Suicidology, 2017).
OCCUPATIONS WITH HIGH SUICIDE RATES

People in occupations where some of the following factors are present generally have higher suicide rates:

- easy access to lethal means (e.g. guns, pesticides);
- exposure to chemicals (e.g. pesticides) that can cause mood or behaviour impairments;
- high workplace stress (e.g. trauma, dangerous working conditions);
- job insecurity (e.g. contract work);
- low wages;
- stressors related to gender imbalance (women working in traditionally male-dominated industries);
- inconsistent work schedule (e.g. shift work) which can cause a disruption of family routine, inconsistent sleep patterns and other challenges; and
- isolation in the workplace.

OCCUPATIONS WITH THE HIGHEST RATES OF MALE SUICIDE INCLUDE (PER 100,000):

- Construction workers (53.2);
- Installation, maintenance, and repair workers (39.1); and
- Farmers, ranchers, and other agricultural managers (32.2).

OCCUPATIONS WITH THE HIGHEST RATES OF FEMALE SUICIDE INCLUDE (PER 100,000):

- Arts, design, entertainment, sports, and media professionals (15.6);
- Protective services (e.g. police) (12.2); and
- Health care support (11) (Peterson et al., 2018).

More research is needed to understand occupation-specific risk factors and develop evidence-based programs for the workplace (Tiesman, et al., 2015).
Statistics and facts

$1,795,379
IS THE AVERAGE COST OF ONE SUICIDE (USD) (SUICIDE PREVENTION RESOURCE CENTER, 2015).

$811 million
IS THE ESTIMATION OF DIRECT AND INDIRECT COSTS OF SUICIDES IN ALBERTA IN 2015 (ANIELSKI, 2015).

FOR EVERY 1% INCREASE IN UNEMPLOYMENT THERE IS A 0.79% INCREASE IN THE SUICIDE RATE (STUCKLER, ET AL., 2009).

BUSINESSES IN CANADA LOST $6 billion IN PRODUCTIVITY DUE TO POOR MENTAL HEALTH IN 2011 (MENTAL HEALTH COMMISSION OF CANADA, 2013).

30%
IMPROVING MENTAL HEALTH IN THE WORKPLACE CAN DECREASE LOSSES TO PRODUCTIVITY BY AS MUCH AS

70%
OF ALL SUICIDE DEATHS IN CANADA ARE AMONG WORKING AGED ADULTS (AGES 30-64) (MUSTARD, ET AL., 2010).
Suicide prevention at work

PREVENTION MEASURES

• Employee assistance programs or human resource departments are available to help employees access mental health services (SPRC, 2013).
• Promotion of mental health (such as paid mental health days, sufficient vacation time, benefits that acknowledge both physical and mental health services).
• Suicide prevention awareness and training.
• Fostering a culture where help-seeking is encouraged.

HOW TO TALK TO A CO-WORKER YOU THINK MAY BE SUICIDAL

• Mention you have noticed changes in their behaviour and that you are concerned about them:

  Hey, you seem to be a bit overwhelmed with all the work you’ve been getting lately. I notice you are a bit more distracted than usual and I’m a bit worried about you. Are you okay?

• Ask them directly if they are having thoughts of suicide and if they a plan to kill themselves:

  Sometimes when people feel overwhelmed they think of any way possible to escape their situation. Sometimes they even think about killing themselves. Are you thinking about suicide?

• Connect them with resources in your organization (e.g. human resources, the employee assistance program or another mental health professional) or resources in your community (Suicide Prevention Resource Center, 2013).
When a suicide occurs in the workplace people in leadership roles need to respond swiftly and appropriately.

Immediately after a suicide, leadership should:
• send their condolences to the deceased person’s family;
• ask family members if they are comfortable with the leadership acknowledging the death as a suicide to other members of the organization;
• communicate the death to employees while respecting the family’s wishes; and
• follow any existing crisis response policy guidelines.

In the days and weeks following the suicide, leadership should:
• identify those employees most impacted by the death and ensure they receive the grief support they need;
• offer psychological resources and supports to all employees; and
• decide whether or not to memorialize the deceased.

In the months and years following the suicide, leadership should:
• ensure preventative measures (previously listed) are put in place (Carson J. Spencer Foundation, 2013; Canadian Association for Suicide Prevention, 2016).

RESOURCES
Bullying in the workplace

Workplace bullying can cause:

- anxiety;
- panic attacks;
- depression; and
- increased suicide risk for those already at risk.

Bullying includes:

- repeated intimidating or abusive behaviour;
- assertion of power through aggression; and
- calling attention to or mocking a person’s perceived shortcomings (including psychological or physical disabilities).

Bullying does not include:

- expressing differences of opinion;
- offering constructive feedback, guidance, or advice about work-related behaviour; and
- reasonable management actions (e.g. managing a worker’s performance, disciplinary actions, assigning work) (Canadian Centre for Occupational Health and Safety, 2017; Workplace Mental Health Promotion, 2017).

37% of workers have been bullied
72% of the people bullying others hold authoritative positions (Workplace Bullying Institute, 2007).
REFERENCES


We are the Centre for Suicide Prevention, a branch of the Canadian Mental Health Association. For 35+ years we have been equipping Canadians with knowledge and skills to respond to people at risk of suicide.

We educate for life.