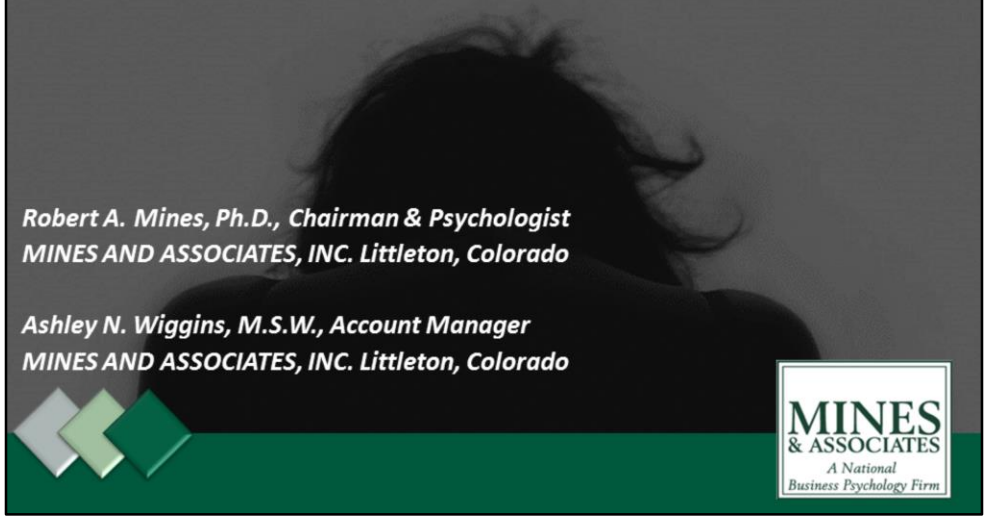
Suicide and the Workplace: *Impact and Implications*



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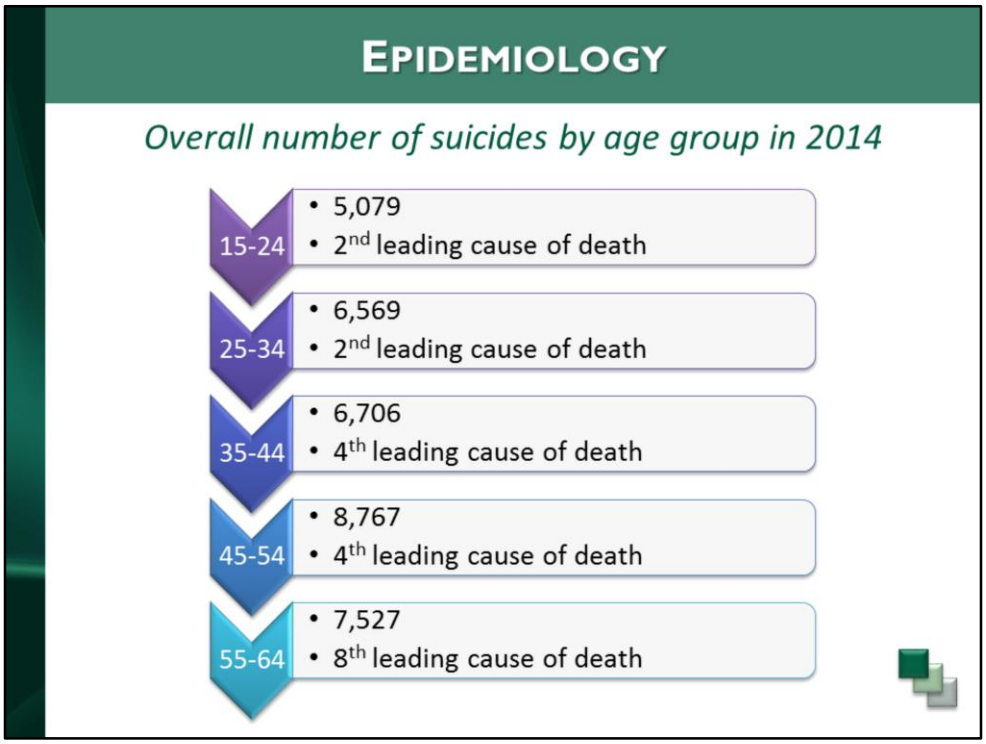
A National Business Psychology Firm

- Slide Notes: SI in the workplace
    - Who is MINES? What do we do? Why do we care? Why are we relevant?

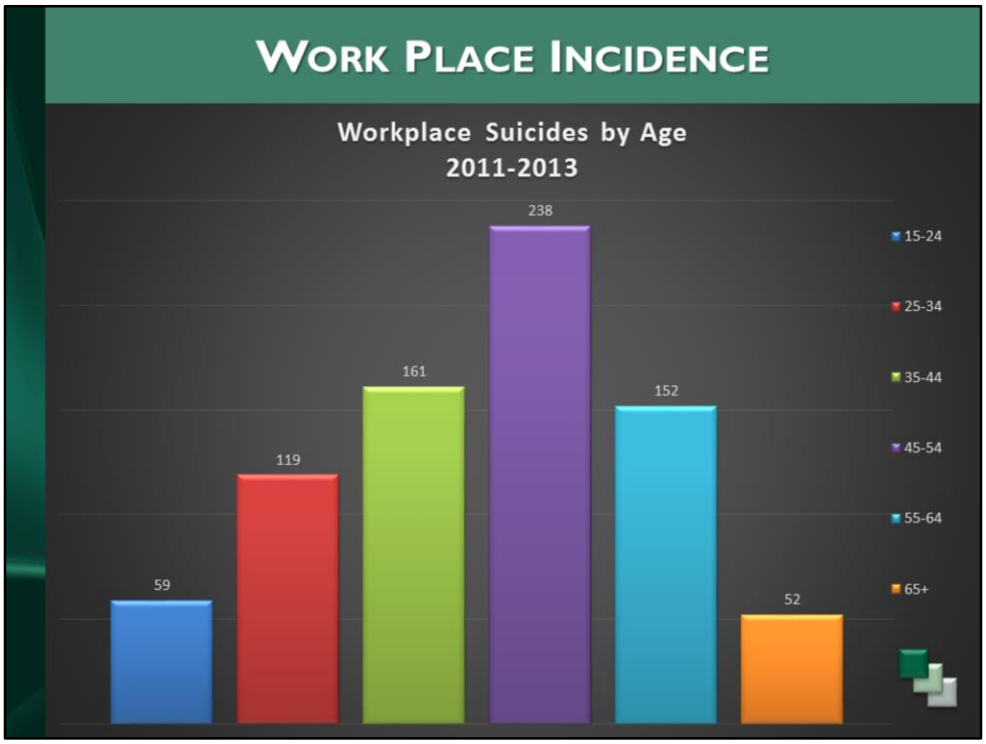
- 1) HR consultation
- 2) EE calls crisis line
- 3) Spouse/Family member calls crisis line
- 4) Completed suicide outside of work
- 5) Completed suicide in the workplace

- Lost productivity
- Grief and loss for other ees
- Concentration issues
- Method (in which suicide was completed)
- Individual Ees own vulnerabilities to a traumatic event
- Loss of intellectual and material capital
- Acute stress disorder
- PTSD



Overall numbers leading cause of death in US in for all races/ both sexes in 2014
http://www.sprc.org/scope/age
Age group: number completed

1. 15-24: 5079 2nd
2. 25-34: 6569 2nd
3. 35-44: 6706 4th
4. 45-54: 8767 4th
5. 55-64: 7527 8th



https://afsp.org/about-suicide/suicide-statistics/

https://www.bls.gov/opub/mlr/2016/article/pdf/suicide-in-the-workplace.pdf

Between 2011-2013
Total Workplace Suicide: 781
Age group: number

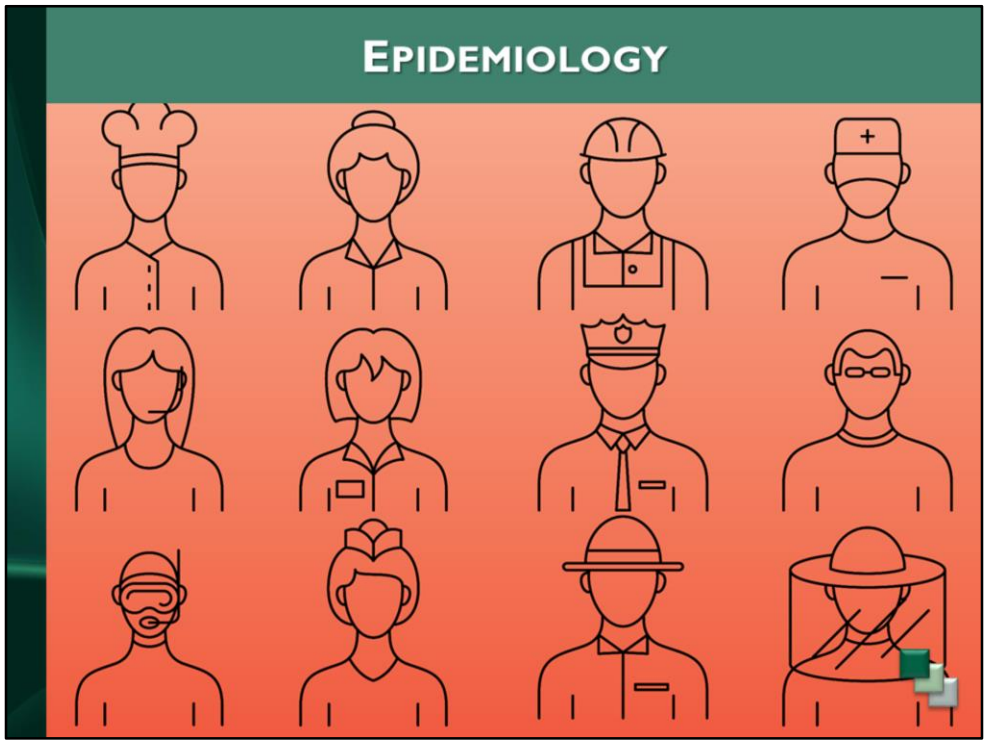
1. 15-24: 59= 7.5%
2. 25-34: 119= 15.2%
3. 35-44: 161= 20.6%
4. 45-54: 238= 30.5%
5. 55-64: 152= 19.5%
6. 65+: 52 = 6.7%

http://www.ajpmonline.org/article/S0749-3797(14)00722-3/fulltext?cc=y=

- Between 2003 and 2010 there have been a total of 1719 completed suicides in the workplace.
- Workplace suicide rates are higher in men than women (approximately 3/100,000 people)
- Protective service occupations and fishing, farming and forestry occupations (manual laborers who tend to work in isolation) average about 5/100,000 people
- In the United States, suicide rates have been reported to be highest in professional, managerial and executive groups
  http://journals.lww.com/joem/Abstract/1995/04000/Suicide_and_Occupation__A_Review_of_the.16.aspx
- High rates also seen in carpenters, miners, electricians and folks who work in construction. CDCP
- Military vets are 3 times more likely to complete suicide than the general public (reason include

https://www.bls.gov/opub/mlr/2016/article/pdf/suicide-in-the-workplace.pdf

- There were 282 workplace suicides that occurred in 2013 (highest number recorded since 1992)
- "Occupational groups with higher suicide rates might be at risk for a number of reasons, including job-related isolation and demands, stressful work environments, and work-home imbalance, as well as socioeconomic inequities, including lower income, lower education level, and lack of access to health services," the CDC said in the report. http://www.cbsnews.com/news/these-jobs-have-the-highest-rate-of-suicide/

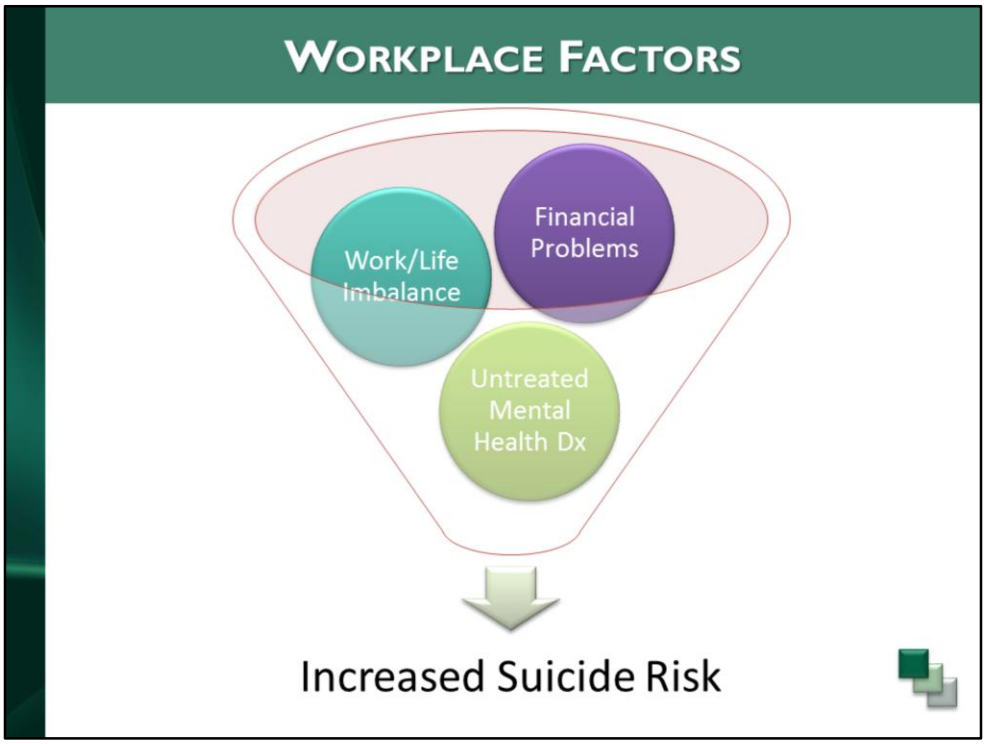


https://afsp.org/about-suicide/suicide-statistics/

https://www.bls.gov/opub/mlr/2016/article/pdf/suicide-in-the-workplace.pdf

Veterans 3 times more likely to die from suicide than general population.
Re-integration and transition into civilian life is difficult and many veterans struggle with this.
The challenges of adjustment and transition, post-traumatic stress, traumatic brain injuries, and physical disabilities, all need to be addressed especially as these things result in barriers to education, employment, health care, and overall individual well-being. Many due to the negative stigma associated with MH dx, veterans will often refuse to seek treatment for dx such as PTSD and depression.
http://taskandpurpose.com/truth-22-veteran-suicides-day/
http://www.latimes.com/nation/la-na-veteran-suicide-20150115-story.html
http://veteransandptsd.com/PTSD-statistics.html
http://interventionstrategies.com/statistics-on-current-suicide-rates-in-the-us-military/
https://www.rt.com/usa/us-army-suicide-rate-025/

The CDC's occupational suicide list: http://www.cbsnews.com/news/these-jobs-have-the-highest-rate-of-suicide/
1. Farmworkers, fishermen, lumberjacks, others in forestry or agriculture (85 suicides per 100,000)
2. Carpenters, miners, electricians, construction trades (53)
3. Mechanics and those who do installation, maintenance, repair (48)
4. Factory and production workers (35)
5. Architects, engineers (32)
6. Police, firefighters, corrections workers, others in protective services (31)
7. Artists, designers, entertainers, athletes, media (24)
8. Computer programmers, mathematicians, statisticians (23)
9. Transportation workers (22)
10. Corporate executives and managers, advertising and public relations (20)
11. Lawyers and workers in legal system (19)
12. Doctors, dentists and other health care professionals (19)
13. Scientists and lab technicians (17)
14. Accountants, others in business, financial operations (16)
15. Nursing, medical assistants, health care support (15)
16. Clergy, social workers, other social service workers (14)
17. Real estate agents, telemarketers, sales (13)
18. Building and ground, cleaning, maintenance (13)
19. Cooks, food service workers (13)
20. Child care workers, barbers, animal trainers, personal care and service (8)



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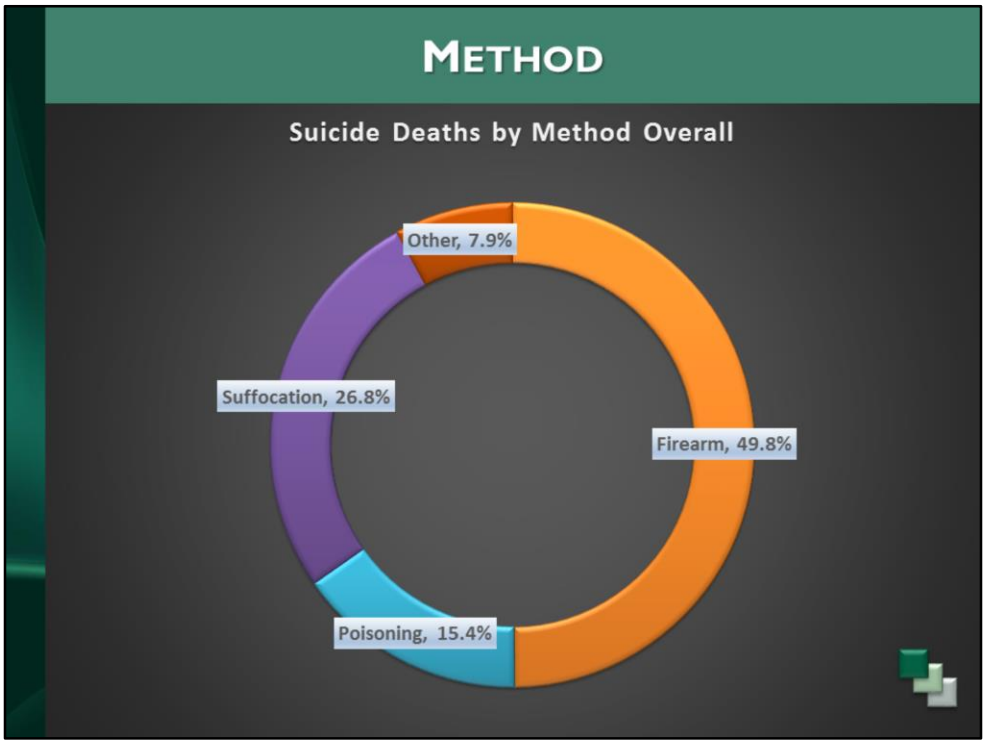
- http://www.huffingtonpost.com/2015/03/17/workplace-suicide-rates_n_6879046.html
- https://afsp.org/about-suicide/risk-factors-and-warning-signs/
- http://www.cbsnews.com/media/suicide-in-the-workplace-which-professions-are-high-risk/6/
- https://theconversation.com/how-work-can-lead-to-suicide-in-a-globalised-economy-62847
- Workforce factors that can increase the risk for suicide in the workplace are:
    - Job insecurity/financial problems
    - Intense work/ high workloads
    - Forced redeployments/down sizing/firings/loss of licensure
    - Flexible contracts
    - Worker surveillance
    - Limited social protection and representation
    - Work place harassment and bullying
    - Work/home life imbalance
    - Legal problems
    - Compounded or untreated mental health dx

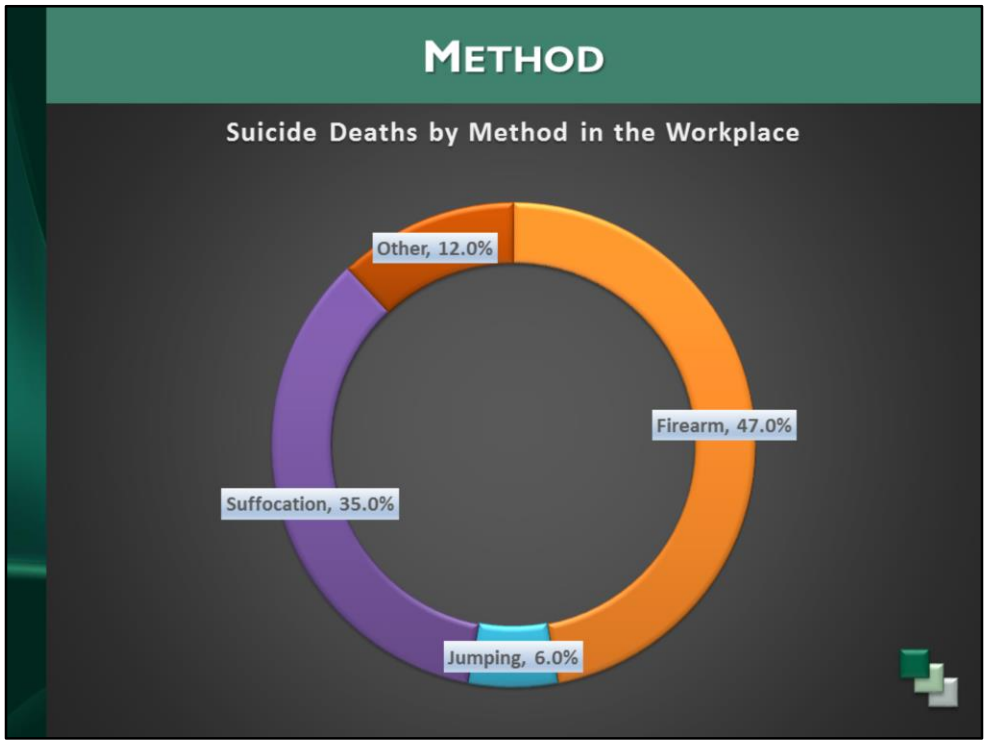
    - The profession with the highest suicide rate is protective services such as police and firefighters, followed by farming, fishing and forestry.
    - *Occupation can largely define a person's identity and psychological risk factors for suicide, such as depression and stress, can be affected by the workplace. Also, as the lines between home and work continue to blur, personal issues creep into the workplace, and work problems often find their way into employees' personal lives.*
    - http://www.benefitspro.com/2015/04/23/workplace-suicide-new-disturbing-trend
    - They found that, between 2003 and 2010, a total of 1,719 people died by suicide in the workplace.



https://afsp.org/about-suicide/suicide-statistics/

Method in which suicide is completed

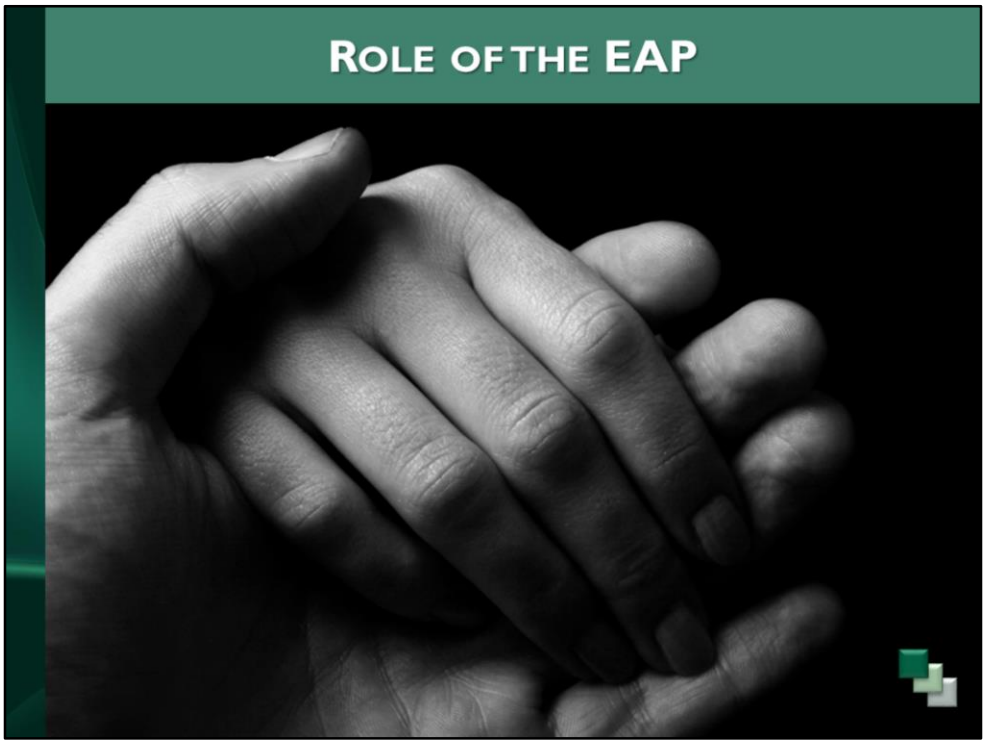
Work place deaths from suicide: What is the impact of the method on those who find the person? If at work, what happens to the workgroup? The facility? Fire arms, suffocation, jumping out of a window or off the building.



https://www.bls.gov/opub/mlr/2016/article/pdf/suicide-in-the-workplace.pdf

Method in which suicide is completed in the workplace

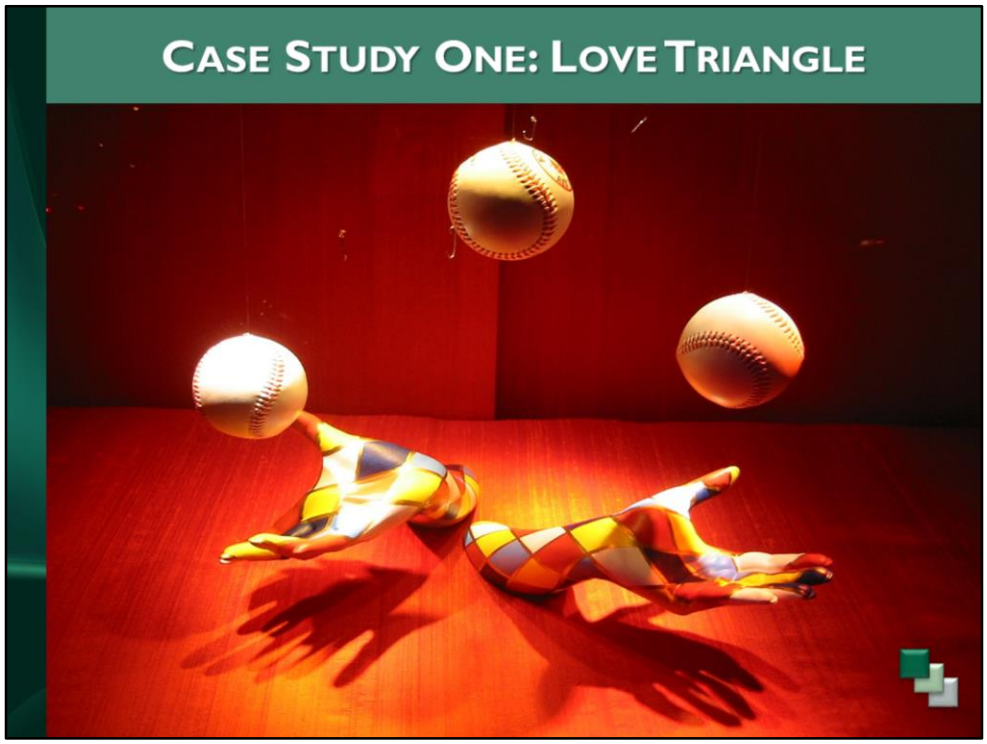
Work place deaths from suicide: What is the impact of the method on those who find the person? If at work, what happens to the workgroup? The facility? Fire arms, suffocation, jumping out of a window or off the building.



1. Triage crisis
2. Assessment and referral for non-emergent clients
3. Debriefing the work group
4. Training the workforce
5. Advising on policy
6. Monitor work performance referrals
7. Advise on downsizings
8. Interface with licensing boards

Case Studies

The case studies are composites in order to protect client confidentiality.



EE called in crisis related to another ee who was recently hired who five years earlier was a temp and was involved in a love triangle, married man and a single coworker. The married man murdered the single man at the single mans home and then killed himself. Five years later there were people who went through the tragic situation and recapitulated their pain and blamed the new hire for their deaths.

- Back ground: Approximately 5 yrs ago, a female EE, who was a temp EE, got involved in a love triangle within the office (with a married man and a single man)
- Other EEs knew about this affair.
- Female EE broke things off with married man and continued relationship with single man
- Married man showed up at single man home and stubbed him to death
- Married man then committed suicided when he realized he was going to be charged with murder
- Fast forward 5 years, we get a call from an EE who is at the same office.
- Female EE involved in the love triangle has been hired on fulltime at the SAME office, with a lot of the same EE who were there 5 yrs prior.
- Female EE being hired at the same office recapitulated the other EE pain, specifically this woman who called, who was struggling with feelings or anger and resentment toward the female EE involved in love triangle, as she wanted to place blame on this EE for the deaths of her other coworkers, one of whom she was very close with.

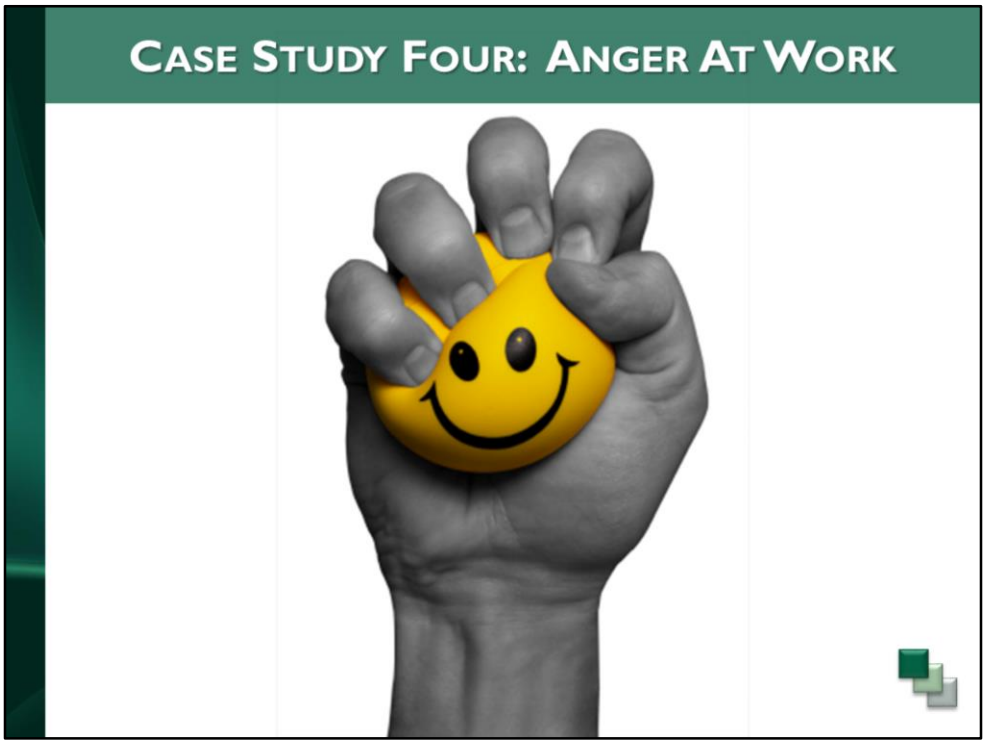
Crisis from an employee on behalf of another ee who disclosed he was going to shoot himself and was with the first ee in the office. He had ideation because he felt he was not valued at the workplace, bullied by co workers.

- Received a call from and EE who was concerned about the safety of a fellow EE who disclosed that he was going to go home and “blow his brains out”
- The suicidal EE had disclosed that he had been experiencing extreme bullying and harassment in the workplace that made him feel incompetent, useless, and unvalued in the workplace. This was a very toxic work environment.
- EE was new to the area, had no friends or support systems where he lived. Was somewhat estranged from family.
- We assess the level of lethality and he was considered to be at imminent risk for dying by suicide.
- EE agreed to be admitted into a mental health facility to maintain safety and to get additional mental health supports for his suicide ideation and other depressive symptoms.

Client was a work performance referral for substance use from the employer. Eventually came into the eap for personal issues, was in ongoing therapy outside the eap when he was terminated and lost his professional license. The therapist reported no signs or symptoms before he died from suicide.

- EE touched our system in 3 different ways:
    - Clt accessed his EAP benefit for individual counseling to address is alcohol use
    - Several yrs later entered our system again as a WPR for the inability to perform work and apparent lack of focus (successfully completed and returned back to work)
    - A few years later accessed EAP services for couples counseling

    Clt had been seen by multiple providers of a course of 10 yrs and there was an indication that EE was suicidal or had plans of wanting to harm himself or anyone else.
    Even when clt had subsequently lost his job and his license to practice in his field, he had been in contact with 2 different MH providers 2 days before he died by suicide. Both providers had assessed for safety concerns and EE denied feelings of wanting to harm himself or anyone else.
    Clt had lost everything: lost his job, his livelihood, and his reputation. His marriage was in trouble. All these factors in addition to his in ability to manage his mental health diagnosis by staying med compliant appear to have ultimately led him down the path of suicide.



Son shot himself in front of the parent, never processed, back to work in three days
A year later, anger symptoms showed up as the parent was starting to process the event
Work performance referral to the eap.

- EE was referred as a WPR for anger in the workplace and conflict with fellow EEs in the workplace
- Uncovered through therapy that EE had witnessed his only son shot himself in the head in the kitchen of their home.
- EE had approximately 3-4 days off from work and then went back to work, and did not receive any therapeutic services.
- EE never processed the grief and loss or the trauma of having to clean up the remains of his son
- Grief and loss symptoms started to surface approximately a year later, which appears to have been triggered by the anniversary of the son's death

Hr has an ee with suicidal ideation in their office and makes a crisis call to the eap.

Husband sent coworkers out of the room
Then murdered wife at work,
Shot himself after killing her

EAP debrief and consultation.

Dr. MINES
TALKING ABOUT SUICIDE https://www.psychology.org.au/Content.aspx?ID=5048

Susan Beaton MAPS, *beyondblue* Suicide Prevention Advisor, Dr Peter Forster MAPS, University of Worcester and Dr Myfanwy Maple MAASW, University of New England

Stigmatizing terminology/Appropriate terminology
Committed suicide vs Died by suicide
Successful suicide vs Suicided
Completed suicide vs Ended his/her life Took his/her own life
Failed attempt at suicide vs Non-fatal attempt at suicide
Unsuccessful suicide vs Attempt to end his/her life

For more information:
http://www.holliseaster.com/p/suicide-related-terminology/

Mental Health Policy

Defines the Vision for Improving Mental Wellness of Workforce and Framework for Action

Step 1: Needs Assessment, analyze current state:

- Mental Health Issues
- Knowledge, skill, attitudes of leadership, management, HR, legal, employees
- Build businesses and legal case

Step 2: Set the vision and develop the policy (supplement with guides and tools)

Step 3: Design strategies to implement the policy, including education, training, and clarifying referral and support services

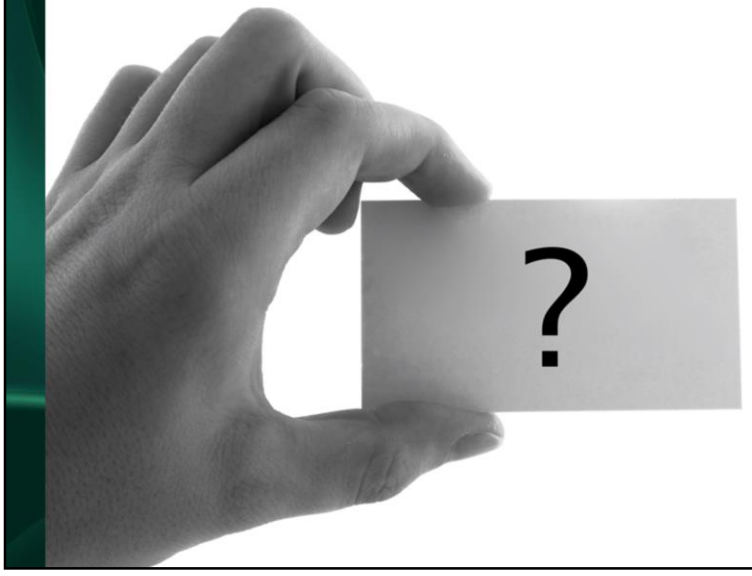
Step 4: Implement and evaluate the policy

EAP's do supervisory training related to signs and symptoms of declining work performance that are not related to skills or systems. Paying attention to individual signs of suicide potential can be added.

ADA/FMLA

When the employer has been put on notice that someone may be depressed or showing other signs, in addition to the immediate concerns on stabilization, there may be ongoing ADA/FMLA implications for the ER and the EE. HR needs to be brought in

Questions or Comments?



THANK YOU!!!

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