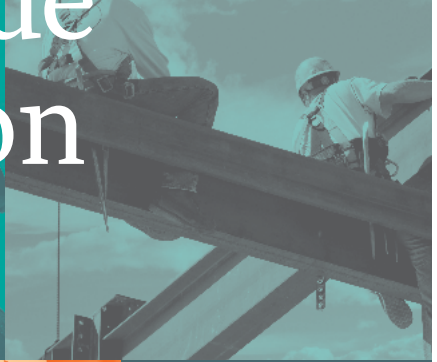


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A SUICIDE PREVENTION  
TOOLKIT

# The workplace and suicide prevention



centre for  
suicide prevention



**IN THIS TOOLKIT**

*Workplace  
warning signs*

*Statistics  
and facts*

*Suicide prevention  
at work*

*After a suicide  
at work*

*Resources*

*Bullying in  
the workplace*

*References*

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.

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# Workplace warning signs

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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).
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### **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).

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# Statistics and facts

**\$1,795,379**

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

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

**30%**

(UK NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE).

**\$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).

**\$6 billion**

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

**70%**

OF ALL SUICIDE DEATHS IN CANADA ARE AMONG WORKING AGED ADULTS (AGES 30-64) (MUSTARD, ET AL., 2010).

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# Suicide prevention at work

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## 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 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).
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# After a suicide at work

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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

- **Breaking the silence in the workplace: A guide for employers on responding to suicide in the workplace.** Irish Hospice Foundation <http://bit.ly/2pmZ2QJ>
  - **Critical Incident Stress Debriefing.** <http://bit.ly/2oNVtRI>
  - **A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide.** Carson J. Spencer Foundation <http://bit.ly/1z8N1d2>
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# Bullying in the workplace

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## 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).
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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.**



Canadian Mental  
Health Association  
*Mental health for all*

Centre for Suicide Prevention  
T 403 245 3900  
csp@suicideinfo.ca

suicideinfo.ca  
@cspyyc