

Suicide Prevention at Work: A Fact Sheet

As economy relies more on cognitive functioning—innovation, creativity, and information processing—addressing suicide prevention and mental health in work force is critical.

Suicide among working aged people is a growing problem.

- *NY TIMES* (2.19.08) A five-year analysis of the nation's death rates released by the Centers for Disease Control and Prevention found that the suicide rate among 45- to 54-year-olds increased 20 percent from 1999 to 2004, a larger increase than any other age group during the same period (youth and elderly rates are decreasing).¹
- Surgeon General's National Strategy for Suicide Prevention²
 - Employers are critical stakeholders

Working aged men most vulnerable

- Suicide is the second leading cause of death for men aged 25-34 years.³
- Men of working age (21-65) bear the largest public health burden due to suicide—more than for HIV, homicide, diabetes or stroke.⁴
- Middle-aged men die by suicide at twice the baseline rate of other Americans; most of these men are working for agencies and businesses in the U.S.⁵

Occupations impacted most notably

- Physicians: access to and familiarity with lethal means⁶
- Temporary workers⁷
- Occupations performed in isolation: farmers, miners, writers, artists, etc.⁸
- Veterans and active duty military: high spike in suicide completion rate⁹
- Nontraditional roles: men as nurses, women as cops¹⁰

Economic impact

- Suicide attempts in the US annually = \$3.8 billion in medical costs, \$13 billion in lost earnings.¹¹
- For each suicide prevented, savings = \$1,182,559 in medical costs (\$3,875 per) and lost productivity (\$1,178,684 per).¹²
- One in 14 employees will suffer from depression at some point. This = over 200 million lost workdays, and \$44 billion annually in absenteeism, lost productivity and direct treatment costs.¹³
- Organizations that demonstrate care for their workplace community by developing wellness programs improve employee morale and retention while keeping costs down.¹⁴

Workplaces as venues for suicide prevention

- Disseminate public health messages
- Referral mechanisms in place
- Workplaces are communities
 - Co-workers often have more face time than family or friends
- Already preventing “workplace violence.”
 - Many workplace violence perpetrators also suicidal, increasing risk of homicidal tendencies.

The Carson J Spencer Foundation (CJSF) **(www.CarsonJSpencer.org)**

- Working Minds Program (www.WorkingMinds.org)
 - Only program in US exclusively addressing this issue
 - Modeled after evidence-based Air Force Suicide Prevention Program
 - Offering prevention, intervention and postvention resources

¹ Cohen, P. (2008, February 19). Midlife suicide rises, puzzling researchers. The New York Times. Retrieved on February 22, 2008 from <http://www.nytimes.com/2008/02/19/us/19suicide.html>.

² Surgeon General (2001). National Strategy for Suicide Prevention. Rockville, MD: U.S. Department of Health and Human Services, p. 67. Retrieved on February 22, 2008 from <http://download.ncadi.samhsa.gov/ken/pdf/SMA01-3517/SMA01-3517.pdf>

³ Center for Disease Control – 10 Leading Causes of Death in the United States (2005). Retrieved on February 22, 2008 from <http://webappa.cdc.gov/cgi-bin/broker.exe>.

⁴ Knox, K. & Cane, E..(2005). Establishing priorities for reducing suicide and its antecedents in the United States. American Journal of Public Health, 95(11), 1898-1903. Retrieved on February 22, 2008 from <http://www.ajph.org/cgi/reprint/95/11/1898>.

⁵ QPR Institute (n.d.) Executive summary: QPR for corporations - A depression/suicide awareness and prevention pilot project for employers. Retrieved on February 22, 2008 from <http://www.qprinstitute.com/CommunitiesCorp.htm>.

⁶ American Foundation for Suicide Prevention (n.d.) Physician depression and suicide prevention. Retrieved on February 22, 2008 from http://www.afsp.org/index.cfm?page_id=05804002-E8F4-13AB-2D4B97A0815A2744.

⁷ Kivimaki, et al. (2003). Temporary employment and risk of overall and cause-specific mortality. American Journal of Epidemiology, 158, 663-668. Retrieved on February 22, 2008 from <http://aje.oxfordjournals.org/cgi/content/full/158/7/663>.

⁸ Stack, S. (2001). Occupation and suicide. Social Science Quarterly, 82(2), 384-396.

⁹ Anonymous (2008, January 31). Army suicides up 20 percent in 2007, report says. Retrieved on February 22, 2008 from <http://www.cnn.com/2008/HEALTH/01/31/army.suicides.ap/>.

¹⁰ Simon, R. & Hales, R. (2006). Textbook of Suicide Assessment and Management. Washington, D.C.: American Psychiatric Publishing.

¹¹ Research America (n.d.) Facts about suicide. Retrieved on February 22, 2008 from <http://www.researchamerica.org/uploads/factsheet21suicide.pdf>.

¹² Ibid.

¹³ ValueOptions (n.d.) The costs of suicide. Retrieved on February 22, 2008 from http://www.valueoptions.com/suicide_prev/html%20pages/Costs.htm.

¹⁴ Paul, R., Dacko, T. & Montgomery, T. (n.d.) Corporate wellness. Retrieved on February 22, 2008 from <http://www.hrmreport.com/pastissue/article.asp?art=271121&issue=216>.

