

# Suicide Prevention Among Men in Their Middle Years – A Workplace Strategy

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## Agenda

- Welcome and Introductions
- Societal and Business Impact of Suicide
- Power of Community
- Why EAP and Suicide Prevention?
- Role of the EAP and Suicide Risk Factors
- Suicide Prevention CD-ROM and Resource Materials
- Questions and Answers



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## Societal and Business Impact of Suicide



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## Impact of Suicide

- Suicide is a major public health concern that affects businesses, families and communities.
- It is the 11th leading cause of death in the United States. Every 18 minutes an American takes his/her own life.
- Each year, there are more than 30,000 deaths by suicide and 650,000 suicide attempts requiring emergency care.
- 4% of American adults (8.4 million individuals) have contemplated suicide.



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## Impact of Suicide (cont.)

- For every two U.S. homicide victims, there are three persons who take their own lives. There are twice as many deaths due to suicide as to HIV/AIDS.
- More than 90 percent of those who die by suicide have depression or another diagnosable mental or substance abuse disorder.
- Most individuals with suicidal thoughts never seek counseling first.



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## Leading Causes of Death - 2002

Age Groups

	5 - 14	15-24	25-34	35-44	45-64
1	Unintentional Injuries	Unintentional Injuries	Unintentional Injury	Malignant Neoplasms	Malignant Neoplasms
2	Malignant Neoplasms	Homicide	Suicide	Unintentional Injury	Heart Disease
3	Congenital Anomalies	Suicide	Homicide	Heart Disease	Unintentional Injuries
4	Homicide	Malignant Neoplasms	Malignant Neoplasms	Suicide	Chronic Lower Respiratory Ds.
5	Suicide	Heart Disease	Heart Disease	HIV	Cerebrovascular
6	Heart Disease	Congenital Anomalies	HIV	Liver Disease	Diabetes Mellitus
7	Chronic Lower Respiratory Ds.	Cerebrovascular	Diabetes Mellitus	Homicide	Liver Disease
8	Benign Neoplasms	Chronic Lower Respiratory Ds.	Cerebrovascular	Cerebrovascular	
9	Influenza & Pneumonia	Influenza & Pneumonia	Congenital Anomalies	Diabetes Mellitus	Suicide

Source: National Center for Health Statistics, 2004

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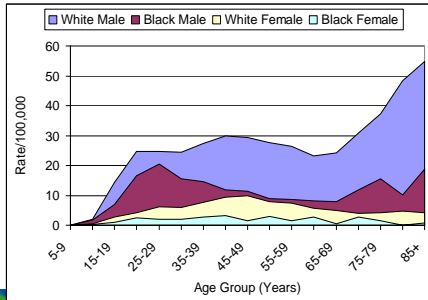
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## U.S. Suicide – 2002



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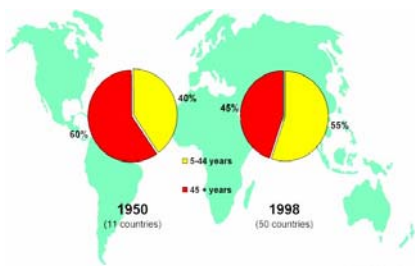
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## Age Distribution of Cases



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## Workforce Suicides

- Annual cost of workforce-related suicides is approximately \$11.8 billion in 1998 dollars.
  - 12,000 employed persons 18-54 died from suicide 2000
  - Suicide is 4<sup>th</sup> leading cause of death among working persons 18-54
- Deaths among employed persons 18-54 yrs are 2 times more likely to be due to suicide than non-employed (9% vs. 4%)
- Men account for 7 of 8 suicide deaths among workers.

Source: "Pfizer Facts: The Impact of Mental Disorders on Work." An analysis of the National Mortality Followback Survey, 1993. U.S. Department of Health and Human Services, Centers for disease Control and Prevention, National center for Health Statistics, June 2002.

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## Workforce Suicide Attempts

- 500,000 workers attempt suicide annually; 55% women
  - 61% "serious" intent
- 86% of attempters had 1 or more psychiatric disorders
- Long-term costs of treating non-fatal suicide attempts, including lifelong disability, are unknown.
- One in 14 employees suffer from depression at any one time, resulting in more than 200 million lost workdays each year with an annual cost of \$44 billion nationally.

Source: "Pfizer Facts: The Impact of Mental Disorders on Work." An analysis of the National Mortality Followback Survey, 1993. U.S. Department of Health and Human Services, Centers for disease Control and Prevention, National center for Health Statistics. June 2002.



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## Workforce Suicidal Behavior

- The impact of suicide on a corporate family consisting of 100,000 employees, with an average of four blood relatives per employee, includes:
  - The loss of a member to suicide *every seven days*.
  - Three suicide attempts *every day* since there are about 25 nonfatal suicide attempts for every reported suicide. Some of these attempts result in a significant medical injury, which directly impacts health care costs, particularly for self-insured companies.



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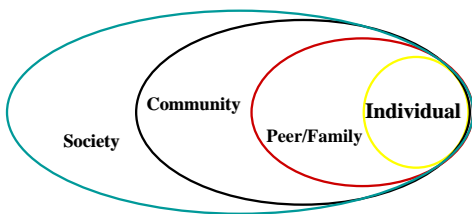
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## Ecological Model



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## Power of Community



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## Community

“... not just the sum of its citizens, but rather the web of relationships between people and institutions that hold communities together.”

— Wallack L and Dorfman L. Media advocacy: a strategy for advancing policy and promoting health. *Health Education Quarterly*; 1996, 23:293-317.



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## Community Capacity/ Social Capital

- Extent to which community members:
  - Demonstrate a sense of **shared responsibility** for the general welfare of the community and its members
  - Evidence **collective competence** in confronting situations that threaten the integrity of the community and the safety and well-being of its members



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## Community Factors

### Risk

- Isolation/social withdrawal
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide
- Unemployment

### Protective

- Access to health care and mental health care
- Interconnectedness
- Respect for help-seeking behavior
- Recognition of suicidal warning signs
- Skills to respond to suicide risk



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## Air Force Suicide Prevention

- Leadership
- Collaborative approach
- Data-driven decision making
- Multi-layered, ecological approach
- Risk and protective factors
- Community readiness
- Sustained, significant decreases in:
  - Suicidal behaviors
  - Domestic violence
  - Violent Crime
  - Unintentional injuries



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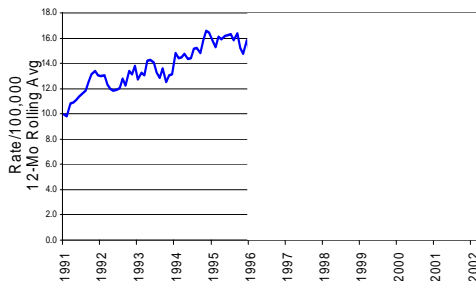
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Suicide Rate -- US Air Force Members 1990-2002



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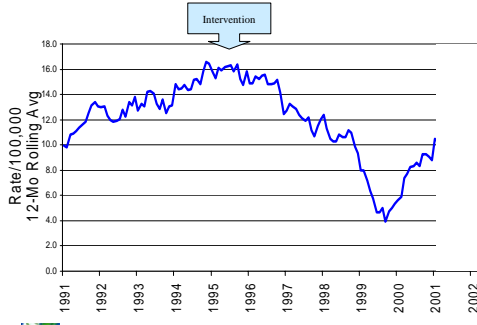
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### Suicide Rate -- US Air Force Members 1990-2002




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### A Workplace Strategy

*Reaching Out To Troubled Employees*




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### Why EAP and Suicide Prevention?

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## Employee Assistance Programs

- An employee assistance program (EAP) is a confidential service providing professional assistance to employees and their families. An EAP helps individuals manage personal problems that may affect job performance, while helping employers address employee emotional issues early on, before they manifest into disruptions in the workplace
- 90% of Fortune 500 companies have an EAP
- EAPs focus on prevention and early intervention
- The workplace is an under-utilized setting for suicide prevention



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## Prevention Strategy

- Greater chance of success with community involvement, including the workplace
- Promote EAP availability to employees and family members
- Educate managers and supervisors – signs to look for and how to respond
- Develop and communicate clear policies and procedures related to suicide, violence and management referrals to EAP
- Create a communication plan to reach out and educate



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## Prevention Goals

- Enable individuals who may be at risk to contact the EAP
- Minimize suicide risk factors
- Reinforce suicide protective factors, thereby reducing suicide risks



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## Results of Prevention Activities

- Increased rate of referral to EAP
- Enhanced productivity by addressing underlying issues
- Minimized costs associated with attempted and completed suicide (employees and dependents)
- Improved employee perception of employer commitment



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## Suicide Prevention Resource Materials

[www.sprc.org](http://www.sprc.org)  
[www.valueoptions.com](http://www.valueoptions.com)



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## Diverse Communications

- Ongoing EAP promotions
  - newsletters, e-mails, posters, brochures, etc.
- On-site seminars facilitated by EAP professionals
  - Depression
  - Coping With Loss
  - Conflict Resolution
  - Building Resilience
  - Substance Abuse



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## Diverse Communications

- Web-based resources
  - Articles, resources, interactive quizzes
  - Manager's tools
  - Can be used in company newsletters
- Tip sheets distributed throughout organization
  - Depression
  - Suicide warning signs
  - Overcoming stigma of mental illness



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## Requirements for Success

- Strong support of senior management to ensure visibility and attention
- Commitment from internal communications team(s)
- Participation at all levels of the organization
- Communicate and promote education through a series of materials, in print and/or online



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## Summary

- Suicide and its risk factors are leading contributors to HR costs
  - Affect large proportion of all employees
- Comprehensive suicide prevention programs can:
  - Substantially decrease leading causes of death and disability
  - Improve employee health and productivity
- Suicide prevention is the *right thing* to do



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## Resources

American Academy of Child and Adolescent Psychiatry  
3615 Wisconsin Ave., NW  
Washington, DC 20016-3007  
(800) 333-7636 or (202) 966-7300  
[www.aacap.org](http://www.aacap.org)

American Association of Suicidology  
4201 Connecticut Ave., NW, Suite 408  
Washington, DC 20008  
(202) 237-2280  
[www.suicidology.org](http://www.suicidology.org)

American Foundation for Suicide Prevention  
120 Wall Street, 22nd Floor  
New York, NY 10005  
(888) 333-AFSP or (212) 363-3500  
[www.afsp.org](http://www.afsp.org)

American Psychiatric Association  
1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22209-3901  
(703) 907-7300  
[www.psych.org](http://www.psych.org)



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Depression and Bipolar Support Alliance  
730 N. Franklin Street, Suite 501  
Chicago, IL 60610-7224  
(800) 826-3632 or (312) 642-0049  
[www.dbsalliance.org/](http://www.dbsalliance.org/)

Kristin Brooks Hope Center  
201 North 23rd Street, Suite 100  
Purcellville, VA 20132  
(540) 338-5756  
[www.hopeline.com](http://www.hopeline.com)

National Alliance for the Mentally Ill  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
(800) 950-NAMI (6264) or (703) 524-7600  
[www.nami.org](http://www.nami.org)

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## Resources (cont.)

National Hopeline Network  
800-SUICIDE (800-784-2433)  
Toll-free, 24-hour hotline connects caller with a trained telephone counselor at a local suicide crisis center

National Institute of Mental Health (NIMH)  
Office of Communications  
6001 Executive Boulevard, Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
(301) 443-4513 or (866) 615-NIMH (6464)  
[www.nimh.nih.gov/publicat/index.cfm](http://www.nimh.nih.gov/publicat/index.cfm)

National Mental Health Association  
2001 N. Beauregard Street, 12th Floor  
Alexandria, VA 22311  
(800) 969-NMHA or (703) 684-7722  
[www.nmha.org](http://www.nmha.org)

National Strategy for Suicide Prevention  
Center for Mental Health Services  
[www.mentalhealth.org/suicideprevention/](http://www.mentalhealth.org/suicideprevention/)



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Substance Abuse and Mental Health Administration (SAMHSA)  
P.O. Box 42557  
Washington, DC 20015  
(800) 789-2647  
[www.samhsa.gov](http://www.samhsa.gov)

Suicide Prevention Action Network USA, Inc.  
1025 Vermont Avenue, NW, Suite 1200  
Washington, DC 20005  
(202) 449-3600  
[www.spanusa.org](http://www.spanusa.org)

Suicide Prevention Resource Center  
SPRC, Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02458-1060  
(877) GET-SPRC (438-7772)  
[www.sprc.org](http://www.sprc.org)

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## References

- National Strategy for Suicide Prevention
- The U.S. Centers for Disease Control and Prevention
- The National Institute of Mental Health
- The National Mental Health Association
- The American Association of Suicidology
- *Reducing Suicide: A National Priority*, The Institute of Medicine
- Paul Quinnett, PhD, Director, the QPR Institute, Spokane, Washington
- Kerry Knox, PhD, Eric Cane, MD. "Establishing Priorities for Reducing Suicide and its Antecedents in the United States." University of Rochester Medical Center, University of Rochester Center for the Study and Prevention of Suicide.



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## Questions and Answers



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