

A Workplace Strategy for Preventing Suicide

**Rich Paul, MSW, CEAP
Vice President, Health &
Performance Solutions
ValueOptions**

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Agenda

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



Societal and Business Impact of Suicide



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.



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.



Leading Causes of Death - 2000

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

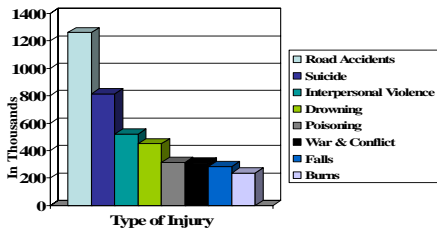


Source: National Center for Health Statistics, 2001



Injury Deaths – Worldwide

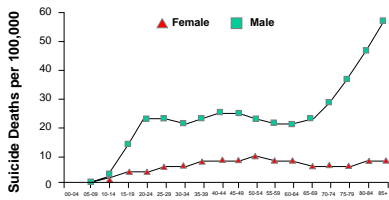
2000



Source: World Health Organization, May 2003

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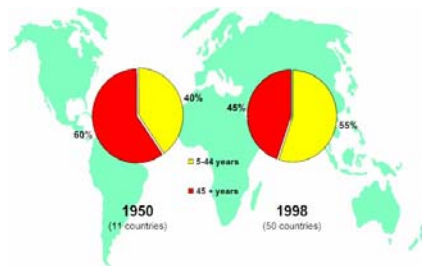
U.S. Suicide Mortality – 2000



Source: National Center for Health Statistics.
National Vital Statistics Reports.

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Age Distribution of Cases



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Business Costs

- Annual cost of workforce-related suicides is approximately \$11.8 billion in 1998 dollars.
- Long-term costs of treating non-fatal suicide attempts, including lifelong disability, are unknown.
- Nearly 2/3 of all suicides occur among the nation's workforce: Americans ages 25-65. About 20,000 deaths were reported in 2000 for this age group.
- 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.



Business Costs (cont.)

- 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.



Why EAP and Suicide Prevention?



A Workplace Strategy

Risk Factors
life stressors
substance abuse
depression

Suicide
suffering
human costs
economic costs

Prevention Strategy
awareness
support
communication
treatment
education

Reaching Out to Troubled Employees

Tens of thousands of Americans each year suffer such despair that they take their own lives; many more attempt to do so. The impact of each of these deaths ripples out, devastating family members, friends and co-workers. When the tragedy of suicide strikes the workplace, employers face not only the emotional impact of the human loss but they also face increased exposure to significant financial loss. The good news is that suicide prevention programs can help reduce suicide rates and suffering.

ValueOptions is here to help your workplace community. The enclosed CD contains information and tools that describe the scope and impact of the problem, and guide your organization through constructing a suicide prevention program. Sections include:

- **The Costs of Suicide**—Suicide has a dramatic impact on the workplace in both human and financial terms, whether it is an employee, family member or friend. The statistics are staggering.
- **About Suicide**—Suicide can be prevented when we understand the nature of suicide and suicide risk factors, and intervene early.
- **Helping Callers**—When an individual seeks help from the ValueOptions EAP, the professional's assessment includes evaluation of risk factors, such as a person's history of self-harm or current thoughts of suicide.
- **Building Organizational Support**—ValueOptions can help you create the environment in which a suicide prevention effort can succeed, including enlisting the support of senior management and other influencers within the organization.
- **Creating a Communication Strategy**—We offer guidance on planning your outreach to employees and supervisors:
 - Guiding Principles
 - Tools (training, articles, tip sheets, posters and more)
 - Sample Timeline
- **Resources**—Here are other organizations and key documents you may want to consult.

ValueOptions can provide other services as well. Please contact your account executive.

A Workplace Strategy for Preventing Suicide

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

The Role of Prevention in the Evolution of EAP

- 1875 — Aggie Dunn was hired as "Social Secretary" for the H.J. Heinz Company of Pittsburgh
- 1880 — Following the post-Civil War industrialization movement to 1900, almost 23,000 strikes took place at over 117,000 businesses - "Welfare Capitalism" Taylorism
- 1930-1940 — Human Relations Movement - social responsibility of industry
- 1940 — Occupational Alcoholism Programs were developed; 1956 AMA defined alcoholism as a disease
- 1950 — Initial steps made toward a merger of programs that focused on alcoholism and emotional problems
- 1960 — Hughes Act established; shift from alcoholism per se to identifying impaired job performance; EAPs began to appear - (internal) Industrial Social Work Movement
- 1970 — The Association of Labor and Management Administrators and Consultants on Alcoholism (ALMACA) would become EAPA - "broad-brush programs" Also integrate with MHSA
- 1990 — Over 90% of all fortune 500 companies have an EAP; EAPs are increasingly turned to as a consultant for workplace issues and expand into Work/Life
- 2000 — EAPs introduce expanded service capabilities including internet as a means of access and education; increased attention towards EAP role in disease management
- 2005 — EAPs expand into absence management, predictive modeling and a return to a prevention and education focus



EAP Contributions to a Prevention Initiative

- Behavioral health expertise
- Comprehensive diagnostic assessment with multiple screenings and preliminary identification of behavioral health issues
- Wellness education and prevention
- Management consultation
- Case management, including referral linkage and follow-up
- Development of a multi-disciplinary network of referral sources.



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



Organizational Components of a Prevention Program

- Guiding principles
- Communication materials such as trainings, articles, tip sheets, posters, etc...
- Tools...such as Health Risk Appraisals, screenings, surveys, and Web resources
- Timeline for implementation and ongoing activities – “prevention is not a one time event”
- Education and supportive resources



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



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



Suicide Prevention Works

- The U.S. Air Force was experiencing an annual rate of 15.8 suicide deaths per 100,000 of its 350,000-person community, the highest of all U.S. armed forces, before developing and implementing its community-based suicide prevention program in 1995.
- Subsequently, the suicide rate fell 79 percent to less than 3.5 suicide deaths per 100,000 in 1999.



Power of Community Applied to the Workplace



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.



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



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



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



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



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



Suicide Prevention Resource Materials

www.sprc.org
www.valueoptions.com



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

American Association of Suicidology
4201 Connecticut Ave., NW, Suite 408
Washington, DC 20008
(202) 237-2280
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

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

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

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



Resources (cont.)

LifeLine
800-273-TALK
Toll-free, 24-hour hotline
www.suicidepreventionlifeline.org

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

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

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

Suicide Prevention Action Network USA, Inc.
1025 Vermont Avenue, NW, Suite 1200
Washington, DC 20005
(202) 449-3600
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



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
www.qprinstitute.com
- 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.



Questions and Answers



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