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# Leaving "It Can Never Happen Here": Suicide Prevention in the Workplace

Sally Spencer Thomas

"Do you have posters to prevent suicide?" an employer asked a suicide prevention expert after the suicide of an employee had impacted the workplace.

This employer was not just any employer; it was a major airline in the U.S. The employee was not just any employee; he was a pilot.

The suicide prevention expert swallowed hard and suggested that a comprehensive suicide prevention approach including evidence-based training might be a more effective route than posters. They discussed the potential plans and cost-benefit analysis of several different options and then over time, the employer stopped returning phone calls. The reactive moment passed and so did the interest.

In a moment of frustration the suicide prevention expert thought , "The next time I hear from you is when your next suicidal pilot was flying a plane full of people when he or she decided to die by suicide."

Sadly, suicide prevention and postvention are usually not on the minds of most business leaders until they find themselves in crisis mode. Just as they did in the 1980s and 1990s for violence prevention in the workplace, employers often lull themselves into thinking, "It can never happen here." Since the 1990s many workplaces have become far more prepared to handle a violent episode in the workplace, and yet are still under prepared to handle a suicide crisis.

For most countries on-the-job suicides are relatively rare; for example in the U.S. suicides at work only account about 3.5% of all workplace fatalities (U.S. Bureau of Labor Statistics), however the numbers of completed suicides at work in the U.S. climbed 28% in 2008. In the last year, the country that has been receiving the most attention regarding work-related suicides has been France for what appears to be a suicide contagion pattern.
Ever since Telecom, Europe's 3rd largest phone company, started restructuring and cutting about 1/5 of its workforce, the company has experienced 26 suicides, which is somewhat higher than the national rate. What makes these suicides alarming to many, however, is that many of the people who died expressed a direct connection to workplace stress in their reasons to take their own lives.
Some of them engaged in suicidal behaviour at work or in front of colleagues and some wrote notes that left little doubt of the motivation including one that read, "I am committing suicide because of my work at France Telecom. That's the only reason."

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In the aftermath of a suicide at the worksite, special care must be taken to assess the impact on witnesses, responders (especially public safety professionals internal to the organization who might know the deceased), and company stakeholders (i.e., suppliers or customers who might've known the deceased). Unfortunately, for workplaces in a reactive mode, the initial response is sometimes to deny the impact on the workplace or its contributing role in the death and to create distance between the crisis and the workplace operations. Consequently, this approach often makes the situation far worse for the co-workers suffering from the trauma and grief resulting from the suicide.

For example, Dr. Paul Quinnett, the founding principal for the internationally acclaimed QPR Institute (suicide prevention gatekeeper training), was asked to provide a support session to help the staff of a workplace impacted by the suicide of an employee.

When preparing for this session, the Human Resources Director of the workplace asked, "What do you need?" To which Dr. Quinnett answered, "Drinking water, tissues and a quiet room where people can't look in." The Human Resources Director then noted, "Okay that is fine, but I should let you know that it is our company policy that you can't use the word suicide at this workplace."

Twenty-five people came to the session, and the expectation set by the leadership was that they would just talk around the issue for an hour. While the employer had good intentions of giving the staff support, restrictions such as this were clearly counterproductive. The following list of suggestions offer alternative strategies workplaces might use for a more effective approach to postvention.

## The Impact of Suicide at Work

When a suicide attempt or completion occurs at the workplace an appropriately appointed person should notify family members in a timely way. Clean up of the death scene should be handled by an external organization with extreme sensitivity to the surviving staff and without the expectation that it will appear as "nothing ever happened." At the same time, memorializing the death site should be avoided.

Of course, a suicide occurring at a work site is only one form of suicide that can impact a workplace. The suicide death of an employee off-site is usually equally troubling to co-workers, and other types of workplace relations can have an impact as well. For instance the suicides of vendors, clients, and family members of employees can all cause trauma and grieving and disrupt the functioning of a workplace.

Finally, the impact of a suicide attempt of an employee can also have a profound effect on workplace functioning. While it is beyond the scope of this article to address the nuances of each of these scenarios, some of the general principles of postvention discussed below apply to many.

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## Leadership and Post-Suicide Crisis Management and Support

According to Bob VandePol, president of Crisis Care Network and consultant to Employee Assistance Programs (EAP), "How leaders respond during the first hours after a disaster offers both tremendous opportunity and serious risk for the subsequent outcomes." Effective leadership will both compassionately address the personal impact of the suicide while skilfully moving people along in the healing process.

VandePol proposes the **ACT Model**, a structured process for leaders to help facilitate individual and organizational recovery:

1. **Acknowledge** and the trauma
   - Understand the facts and avoid speculation.
   - Use real language (specific and jargon-free) that appropriately captures the experience.
   - Personally acknowledge the trauma, positioning leaders as equally affected by the tragedy.
2. **Communicate** compassion and competence
   - Seek consultation from a knowledgeable colleague, EAP consultant or Critical Incident Response expert to help develop your statements and provide coaching on subsequent steps.
   - Develop a full-scale crisis plan that includes use of critical incident response professionals and referral networks.
3. Transition
   - Communicate an expectation of recovery and resiliency, helping to paint a picture of "survivors" rather than "victims".
   - Communicate flexible and reasonable accommodations as people progress back to normalcy. Assign concrete tasks with structure and focus. Remember that extended time away can actually inhibit recovery.
   - Lead visibly for several days and be especially accessible.
   - Encourage the use of support services

After the crisis of the suicide has passed, a committee of external and internal evaluators should conduct a review to determine the lessons learned from both the suicide prevention and the crisis response perspectives.

## Co-Workers and Postvention

If appropriate, co-workers should be allowed to participate in mourning rituals (e.g., funerals, memorial services, etc.), and even create a keepsake such as a memory scrapbook or quilt for the surviving family. Just like with other deaths that impact the workplace, co-workers can bring easy-to-heat up and nutritious frozen meals to grieving family (e.g., a big batch of chicken soup is especially comforting).

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If the deceased was a co-worker, co-workers or another appropriate staff person can offer the family assistance by packing up the personal belongings of the individual's desk or office, and delivering the contents to an appropriate location. Co-workers most impacted by the suicide may need to access mental health services and may benefit from other support services mentioned above. Others may be moved to get involved in suicide prevention efforts. Some may mobilize to get increased training at the workplace and while others may choose to participate in community suicide prevention as part of their pathway to recovery.

### Conclusion

Around the world, workplaces seem to be some of the last major systems to acknowledge the impact of suicide, and yet as Sue Shellenbarger once wrote in the *Wall Street Journal,* "The workplace is the last crucible of sustained human contact for many of the 30,000 people who kill themselves each year in the U.S. A co-worker's suicide has a deep, disturbing impact on work mates. For managers, such tragedies pose challenges no one covered in management school."

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### About the Author

As a Psychologist and the survivor of her brother's suicide, Dr. Sally Spencer-Thomas addresses the issue of suicide prevention, intervention and postvention from many angles. Currently she is the Executive Director for the Carson J Spencer Foundation (www.CarsonJSpencer.org), a Colorado-based (USA) non-profit that is dedicated to "sustaining a passion for life" through suicide prevention, social enterprise and support for emerging leaders." In 2009, the Carson J Spencer Foundation launched the Working Minds Program (www.WorkingMinds.org), a comprehensive suicide prevention initiative for workplaces. Finally, she is the Survivor Division Chair for the American Association of Suicidology.

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The IASP Website has updated the postvention and suicide bereavement pages. Please look at these links:

- http://www.iasp.info/resources/postvention/
- http://www.iasp.info/postvention.php

Do you know any additional useful resources (e.g., PDF of brochures or links) or links to national suicide survivor organisations? If so, please forward same to

**karl.andriessen@pandora.be**

# At Your Service—The Suicide Information and Education Collection

## Myra Morrant

Established in 1982 by the Government of Alberta, the Suicide Information and Education Collection (SIEC) is the non-profit, special library of the Centre for Suicide Prevention in Calgary. The library's mandate is to collect and disseminate English-language materials, published from 1950 onwards, on suicide intervention, prevention, and postvention.

Like all libraries, SIEC offers a variety of services for the general public and professionals. The book and thesis collection now numbers over 1,000 titles and includes a number of first-person accounts written by survivors. Books are available on loan to residents of Alberta; borrowing from the library is the service most frequently used by the public.

Students, practitioners, and researchers also borrow from the collection. However, there are a number of other services and resources they and all others can access. Some of these are:

*SIEC Alert* – this quarterly 1-page publication is a review of the research literature on a selected topic. Topics in postvention have included child survivors of suicide, commonalities of the grief experience between survivors and professionals, and school memorials.

Reference checking/verification. A complete and accurate bibliography is an integral aspect of any publication (and something greatly appreciated by authors, readers and librarians, alike). If parts of a reference are missing or need to be verified, we can help by checking the information you have against our in-house database.

Customized reading lists for use as handouts at public and student presentations or training courses.

SIEC database searching.

The key to the work of the library, both internally and externally, is SIEC's computerized database. Each of the nearly 40,000 items in the collection has a unique record that includes all the known publication details and, where available, a brief content summary. The database will not provide full-text documents but for those individuals who can visit the Centre, a print copy is available of the majority of items.

There are two routes to the database, through subscription or by request to the library staff. A subscription gives the user 24-hour access, 7 days a week and is most useful to people who are doing ongoing research or projects, graduate studies, or who are career suicidologists. People who are doing one-off projects may only need a single search on their topic in which case a request to the library staff is probably a better option.

These days, many agencies and individual researchers are coping with program cutbacks or fiscal restraints. Given this, it is important for all of us to support each other and our endeavours through the sharing of resources and information. We here at the Centre welcome all opportunities to do so through all of the avenues discussed above. We invite your inquiries and look forward to hearing from you.

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# Implementation of a Suicide Support and Information System (SSIS): A Pilot Study in Ireland

Dr. Ella Arensman

The National Office for Suicide Prevention (NOSP) in Ireland has commissioned the National Suicide Research Foundation to develop and implement an innovative model to obtain detailed information on all suicide deaths and deaths classified as open verdicts (undetermined) at the coroners' inquest. A Suicide Support and Information System has been developed with the aim to facilitate support to the bereaved and to obtain information about risk factors associated with suicide and deaths classified as open verdicts, which is in line with *Reach Out,* the Irish National Strategy for Action on Suicide Prevention (2005-2014).

The specific objectives of the Suicide Support and Information System are to:

1. Improve provision of support to the bereaved
2. Identify and better understand the causes of suicide
3. Identify and improve the response to clusters of suicide and extended suicide (e.g. filicide-suicide)
4. Better define the incidence and pattern of suicide in Ireland

The SSIS is operating in close collaboration with the Irish coroner's system. Two specially trained Senior Researchers, Dr Carmel McAuliffe and Mr. Eoin O'Shea are involved in both facilitating support for the bereaved and in the research arm of the SSIS. Information on confirmed cases of suicide and open verdicts is obtained after conclusion of the coroners' inquest. The Senior Researchers support the provision of information on suitable support services to the bereaved and facilitate referral to quality assured bereavement support services if required. They obtain relevant data on factors associated with the death and the deceased in an appropriately sensitive and confidential manner from sources including coroners, the family, general practitioners and mental health professionals who had been in contact with the deceased within the year prior to death.

Information from coroners' records is obtained by the Senior Researchers using check lists. Family members are invited to participate in a psychological autopsy interview. Information from health care professionals is obtained through self–report questionnaires.

Elements and functions of the SSIS are in line with existing international systems, such as the UK National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, which was established in 1995 and which provides the evidence base for the development of suicide intervention and prevention programmes.

The SSIS pilot-study funded by the NOSP started in collaboration with coroners in County Cork, Ireland in September 2008. Since the start of the study, 98 cases of suicide and deaths classified as open verdicts have been included.

In only 4% of cases, family members expressed a preference not to be approached further after the first contact.

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In nearly one third of cases, the Senior Researchers facilitated bereavement support following conclusion of the inquest. In a significant proportion of additional cases, follow-up by the Senior Researchers without any formal referral to support services is well received by the bereaved. Of family members invited to participate in an interview, so far 61% has agreed. The response rate in terms of completed questionnaires by GPs and mental health professionals is currently around 50%. Following completion of the pilot study, the aim is to maintain the SSIS in County Cork and to expand to Dublin.

For further information, please contact Dr Ella Arensman at ella.nsrf@iol.ie.

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