

## **Open letter on work-related suicides**

As international researchers and experts in the field of suicide prevention, we are calling on public health authorities, workplace health and safety regulators, trade unions, employers, suicide prevention associations, and other stakeholders to take urgent action to recognise, investigate and prevent work-related suicides.

There is growing international recognition of the links between work or working conditions and suicide. Evidence has shown that employment can be a protective factor against suicide – especially when compared to unemployment. Yet among those employed, workplace factors may also pose risks for suicide ideation, attempts and death. A growing body of research provides evidence of associations between working conditions and suicide, with conditions such as unmanageable workloads, bullying, insecure work, exposure to trauma, chronic stress, workplace sexual harassment and work intensification related to elevated rates of suicide.

Yet governments and employers vary significantly in their willingness or capacity to recognise, monitor, and intervene to prevent work-related suicide. While in some countries, there is a growing awareness of, and action on, work-related suicide, in many countries, this remains an invisible social problem that is unrecorded, unrecognised, and overlooked.

Suicides are preventable and with effective policy frameworks, work-related suicide can be prevented.

### **Five actions to recognise, monitor, compensate and prevent work-related suicides**

1. **Define them:** We propose the following definition: *“death by suicide that is wholly or partly caused by work or working conditions (both physical and relational)”*.
2. **Identify and investigate them:** Every suicide is unique, and most have multiple contributing causes. Whenever a suicide attempt or death occurs in a work context, or outside of the work context where there is evidence suggesting work-relatedness, it should be investigated by work health and safety authorities (as well as other authorities as relevant). Primary investigators (e.g., police officers, coroner, first responders, etc.) should specifically seek to identify factors that could indicate work-relatedness, including factors such as a suicide note implicating work factors, evidence of work-related change, conflict, stress or circumstances of the suicide that could indicate a work connection. Where potential work-relatedness is identified by the primary investigators, work health and safety authorities should be notified. The aim of a work health and safety authority investigation should be to identify potential links between the suicide and work-related risk factors so as to motivate the prevention and control of similar risks going forward.
3. **Record and monitor them:** A problem has to be seen to be solved. Work-related suicides should be counted in occupational injury and illness surveillance programs in order to direct and inform policy & practice intervention, and to evaluate intervention effectiveness. This should include trends and rates over time, and attention to higher-risk work contexts (e.g., education, healthcare, and construction sectors).
4. **Regulate and control work-related suicide risk factors:** Work-related risk factors for suicide should be regulated, requiring prevention and control measures to be



# International Association for Suicide Prevention

implemented just like for other hazards to worker health and safety. The aim of regulation would be to compel the identification, assessment, and control of such hazards.

5. **Compensate them:** Work-related suicides should be eligible for government compensation just like other work-related injuries, illnesses and deaths.

We believe that adoption of the five actions above, encouraged through persuasion, regulation, or other means, will reduce work-related suicide risk as well as behaviour.

Signed on behalf of the IASP Special Interest Group on Suicide and the Workplace  
by the Chairs:

Sally Spencer-Thomas  
10 September 2024

Jorgen Gullestrup  
10 September 2024

---

## Further information:

LaMontagne AD, & King, TL. Work-related suicide: a discussion paper. A report prepared for Suicide Prevention Australia. 2023 [https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/WordRelatedSuicide\\_DiscussionPaper\\_8aug2023.pdf](https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/WordRelatedSuicide_DiscussionPaper_8aug2023.pdf)

LaMontagne, A. D., Åberg, M., Blomqvist, S., Glozier, N., Greiner, B. A., Gullestrup, J., . . . Hanson, L. M. (2024). Work-related suicide: Evolving understandings of etiology & intervention. *American Journal of Industrial Medicine*. <https://onlinelibrary.wiley.com/doi/full/10.1002/ajim.23624>

Magill, R. Work-related suicide: Examining the role of work factors in suicide. Worksafe New Zealand. 2024 <https://www.worksafe.govt.nz/dmsdocument/65952-work-related-suicide-examining-the-role-of-work-factors-in-suicide/latest>

Hazard Magazine <https://www.hazards.org/suicide/index.htm>

## IASP Suicide and the Workplace Special Interest Group Podcasts:

Join Dr Sally Spencer-Thomas and guests, Jorgen Gullestrup and Professor Sarah Waters as they discuss suicide prevention in the workplace. <https://www.podbean.com/ew/pb-xit9j-1388b4b>

Join Dr Sally Spencer-Thomas and guests, Associate Professor Jenny Chan and Professor Sarah Waters as they discuss work-related suicide. <https://www.podbean.com/ew/pb-kub6q-1445517>



## International Association for Suicide Prevention

Join Dr Sally Spencer-Thomas and guests, Dr Tania King and Professor Anthony LaMontagne as they discuss work-related suicide. <https://www.podbean.com/ew/pb-nrvyn-14a3c24>

Join Dr Sally Spencer-Thomas and Jorgen Gullestrup with guests, Dr John Fitzgerald, Registered Clinical Psychologist and Lead at "Mentally Healthy Work" alongside Timothy Irving, Deputy Director, Directorate of Construction, US DOL/Occupational Safety and Health Administration as they discuss work-related suicide. <https://www.podbean.com/ew/pb-9r532-15235a2>