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Contributed by David Wildman of Corporate Risk International

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A program for employees and managers
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Assessing Suicide Risk

The purpose of this article is to discuss the factors that can contribute to a high risk of suicide. It is not intended to teach suicide assessment, which should always be ultimately left up to professionals. Needless to say, if there are any concerns about whether an individual could be potentially suicidal, this should not be ignored and should be addressed and carefully reviewed.

Professionals have found that there are four core factors that one must look at when attempting to make a suicide assessment:

- **Suicidal Desire** -- The first is essentially the professed desire to end one’s life, generally due to a perceived lack of reason to live or a wish to die. This may be associated with other feelings such as that of a feeling of being trapped, a lack of a perceived alternative, a sense of hopelessness, and the perception of oneself as being a burden. Suicide is perceived as an escape from those feelings. Further, there may be a constriction of one’s ability to solve problems that can lend itself to this feeling of being trapped, which professionals refer to as “cognitive restriction”. Suicidal desire in and of itself does not necessarily imply a high risk, unless it is in association with either of the next two factors.

- **Suicidal Capability** -- This relates to imminent plans and a relative fearlessness about suicidality. The individual has a sense of competence that he or she can make an attempt, has the ability or means to do so, and has a plan. Factors that increase risk are a history of suicide, a history of violence, exposure to someone else’s death by suicide, availability of means, and intoxication, among others.

- **Suicidal Intent** -- This is more than desire and more than suicidal capability. This refers to the intent to commit an act, with the presumption that those who intend a behavior will often enact it. Indices of intent may include a plan in progress, preparatory behaviors, and an expressed intent to die, with a notable reduced ambivalence about death.

- **Buffers against suicidality** -- With everyone, even among those who are imminently suicidal, there often still exists some will to live. Examples of buffers that contribute to this will to live include perceived immediate social supports, plans for the future, engagement with a helper, and a sense of purpose, albeit ambiguous. These buffers can help reduce the risk that may be associated with a high degree of desire, intent, or capability. However, if the first three factors (suicidal desire, intent and capability) are all present, the risk is high, regardless of the presence of buffers.

Suicide: Where To Go For Help

In 2005, the National Suicide Prevention Lifeline (1-800-273-TALK) was launched. Lifeline consists of a network of more than 120 crisis centers located in communities across the country that are committed to suicide prevention. Persons in emotional distress or in suicidal crisis can call the toll-free number at any time from anywhere in the nation and are routed to the nearest network crisis center. The following is what the National Suicide Lifeline recommends in regards to how to be helpful to someone who is threatening suicide:

**How To Be Helpful to Someone Who Is Threatening Suicide**

- **Be direct.** Talk openly and matter-of-factly about suicide.
- **Be willing to listen.** Allow expressions of feelings. Accept the feelings.
- **Be non-judgmental.** Don’t debate whether suicide is right or wrong, or whether feelings are good or bad. Don’t lecture on the value of life.
- **Get involved.** Become available. Show interest and support.
- **Don’t dare him or her to do it.**
- **Don’t act shocked.** This will put distance between you.
- **Don’t be sworn to secrecy.** Seek support.
- **Offer hope** that alternatives are available but do not offer glib reassurance.
- **Take action.** Remove means, such as guns or stockpiled pills.
- **Get help** from persons or agencies specializing in crisis intervention and suicide prevention.

Workplace Suicides Surge 28%

The Labor Department’s Bureau of Labor Statistics recently announced that workplace suicides surged 28% last year. This represents the highest number of suicides in a one-year period since official reporting began. As a comparison, the suicide rate increased to 21% during the first year of the Great Depression. If you would like more information on the findings, the Department of Labor’s report can be found at [http://www.bis.gov/news.release/cfoi.nr0.htm](http://www.bis.gov/news.release/cfoi.nr0.htm).
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Suicide as Workplace Violence

Welcome to our Autumn newsletter. We have been focusing on the consequences of the recent economic downturn, and this newsletter will focus on perhaps one of the more disturbing aspects of it. As you will note in the box that is included in another part of this newsletter, workplace suicide (suicides that actually occur within the workplace) increased substantially this past year. The prevention of suicide is always a priority, because of our concern for the life and safety of the victim. But we are also concerned about suicides in the workplace because of its implications for collateral violence.

Sometimes for a distressed and irrational individual, the act of suicide, the act of violence against one’s self, can occur in conjunction with the act of violence against others. It is my belief that most extreme workplace violence episodes are essentially suicidal in its ultimate intent. The outcome often includes the death of the perpetrator – not a non-purposeful event.

There have also been some notable workplace violence incidents that appeared to be “suicide by cop” in nature, in which someone engaged in a violent act ultimately in order to compel someone to respond with deadly force against them. At a recent Association of Threat Assessment Professionals’ Conference, Drs. Reid Maloy and Kris Mohandie reported that “suicide by cop” was responsible for an extraordinary percentage of officer-involved shooting cases.

We assume that the increase in workplace suicide is driven by financial stress, job insecurity and the extraordinary pressure that many Americans have found themselves under. But it must be remembered that these reported suicides were not committed by those who lost their jobs, but by those who were currently employed and in the workplace.

It has been suggested that some of this may be due to what is termed “survivor’s guilt”, along with the continuing anxiety of not knowing what is going to happen next. Uncertainty is in and of itself, one of the most significant stressors than any of us can ever experience.

A second area of attention in this newsletter is the continuing increase in workplace violence being reported in other countries throughout the world. In the area of suicide for example, France Telecom announced this month that it was suspending its layoffs and restructuring efforts, after experiencing 23 suicides among its employees. I have asked David Wildman of Corporate Risk International to summarize some of the recent data in this area.

We cannot sufficiently address in this brief newsletter the issue of suicide prevention. However, the old adage of “know your employees” always applies. We can all commit to “paying attention” to our coworkers who are under extraordinary stress. If you think an employee is emotionally at risk and is especially about to encounter some kind of adverse employment action, then a cautious and thorough review is always recommended.

If we can be of any help, please feel free to contact us at any time. As always we welcome your comments and feedback.

Marc McElhaney, Ph.D.
Director, Critical Response Associates