

## Issue #82: Work-Related Suicide: Evolving Understandings of Etiology & Intervention

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Suicide is a leading cause of death worldwide, and suicide and suicidal behaviours are major contributors to the global burden of disease. In absolute terms, the majority of suicide deaths occur among people of working age.<sup>1</sup> Yet, the role of work and how it might contribute to suicide risk is a relatively under-developed area of research. This News & Views issue and a recently published extended treatment of the subject,<sup>2</sup> provide overviews of the evidence on the role of work in the etiology of suicide, as well as the current state of workplace suicide prevention research, policy & practice.

We propose a definition of work-related suicide from an occupational health and safety perspective as follows: death by suicide that is wholly or partly caused by work or working conditions. We argue that the threshold for determining work-relatedness is adequate evidence to justify policy or practice action, an approach informed by the precautionary principle.<sup>3</sup> The precautionary principle in public health aims to balance the uncertainty of evidence with legal and ethical duties to act to prevent harm.

We reviewed the case investigation-based and epidemiologic evidence on work-related causes of suicide. Previously published analyses of suicide case investigations suggest that work or working conditions contribute to 10%–13% of suicide deaths. Recent epidemiologic investigations suggest that this may be a conservative estimate, particularly in light of the rapidly growing evidence suggesting elevated risk in association with various psychosocial working conditions, which are common exposures in working populations.<sup>2, 4, 5</sup>

We identified six broad categories of potential work-related causes of suicide, which are: (1) workplace chemical, physical, and psychosocial exposures; (2) exposure to trauma on the job; (3) access to means of suicide through work; (4) exposure to high-stigma work environments; (5) exposure to normative environments promoting extreme orientation to work; and (6) adverse experiences arising from work-related injury or illness. We summarise current evidence in a schema of potential work-related causes that can also be applied in workplace risk assessment and suicide case investigations ([Figure 1: Schema of potential work-related causes of suicide](#)).

These findings have numerous implications for policy and practice. Various principle- and evidence-based workplace intervention strategies for suicide prevention exist, some of which have been shown to improve suicide-prevention literacy, reduce stigma, enhance helping

behaviours, and in some instances, maybe even reduce suicide rates. Prevailing practice in workplace suicide prevention, however, overly emphasizes individual- and illness-directed interventions, with little attention directed to addressing the working conditions that may increase suicide risk. We conclude that a stronger emphasis on improving working conditions will be required for workplace suicide prevention to reach its full preventive potential.

## References

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