



Inquiry into Mental Health in the Workplace: Preventing Suicide

Date: 11/9/2014

To: Parliamentary Committee on
Occupational Safety, Rehabilitation and
Compensation

From: Uniting Communities

Contacts:

Dr Natalie Greenland
Project Officer, Central Support
Ph: 08 8202 5633
NatalieG@unitingcommunities.org

Danielle Hanisch
Service Manager Crisis Intervention
Ph: 08 8202 5841 Mob: 0408 840 142
DanielleH@unitingcommunities.org

Kathy Binks
Group Manager, Crisis and Short Term Intervention
Ph: 08 8202 5930 Mob: 0429 697 705
Email: KathyB@unitingcommunities.org

Uniting Communities
Submission to Parliamentary Committee on Occupational Safety, Rehabilitation &
Compensation Inquiry into: **Mental Health in the Workplace: Preventing Suicide**
August, 2014

First published in August 2014 by
Uniting Communities

10 Pitt Street
Adelaide, SA, 5000
Ph (08) 8202 5111
Email: enquiries@unitingcommunities.org
Website: www.unitingcommunities.org

Prepared by Dr Natalie Greenland and Danielle Hanisch, Uniting Communities

© Uniting Communities, 2014

This publication is copyright. Apart from fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act, no part may be reproduced by any process without written permission.

Introduction

Uniting Communities is pleased to provide a submission to the Parliamentary Committee on Occupational Safety, Rehabilitation and Compensation's inquiry into **Mental Health in the Workplace: Preventing Suicide**. In this submission we draw on published evidence to highlight the link between work and suicide and make a case for suicide awareness and intervention training. Suicide awareness and intervention training has been shown to change people's knowledge, attitudes, beliefs and health-seeking behaviours. Uniting Communities has developed a training program that is ready to be delivered in workplaces. We seek support from Government, the Parliament and WorkCover and/or SafeWork SA to increase industry awareness of the training and uptake for the benefit of the South Australian community. We welcome the opportunity for further discussion with the Committee.

Uniting Communities

Uniting Communities is a not-for-profit organisation working with South Australian citizens across metropolitan and regional South Australia through more than 104 community service programs. Our vision is to create a compassionate, respectful and just community in which all people participate and flourish.

Uniting Communities is made up of more than 1500 staff and volunteers who engage with over 20,000 South Australians each year. Uniting Communities recognises that people of all ages and backgrounds will come across challenges in their life and offers professional and non-judgemental support for individuals and families.

Uniting Communities offers programs for older people, younger people, families and children, housing and crisis support, mental health and well-being, people living with disabilities, carers and financial and legal services.

Suicide

Suicide kills seven Australians every day (Mendoza and Rosenberg 2010). More people die through suicide than in road accidents (ibid.). Suicide is a significant public health concern (World Health Organization 2014), but we're afraid to talk about it. Our fear is feeding the silent suicide epidemic.

Suicide is the leading cause of death for men under 44 and women under 34. Men are over-represented in suicide statistics: three-quarters (75%) of people who died by suicide in 2012 were male and over a quarter of deaths of males aged 20-34 were due to suicide (Australian Bureau of Statistics 2012).

The World Health Organisation (WHO) suggests that worker suicide is the result of complex interactions between individual vulnerabilities and work-related and personal stress (2006). The workplace is an ideal site to target people at risk of suicide for suicide awareness and intervention training.

Suicide Intervention

Uniting Communities is the long term provider of Lifeline Adelaide. Lifeline is a service that provides crisis support and suicide prevention via a crisis support telephone line (13 11 14) and an online crisis support chat service.

The crisis support telephone line is a confidential service available 24 hours a day, 7 days a week from a landline, payphone or mobile. Crisis support chat is a confidential online service available 7 days a week between the hours of 7.30 pm - 4 am. Anyone in Australia who is experiencing a personal crisis or thinking about suicide can contact Lifeline regardless of age, gender, ethnicity, religion or sexual orientation and speak to a trained volunteer crisis supporter.

More than 28,000 phone calls and 15,000 crisis support chats are answered by Lifeline Adelaide each year. Lifeline data recorded in January 2014 shows that suicide was the fifth highest focus issue discussed during telephone conversations.

Lifeline Adelaide has previously been wholly supported by Uniting Communities and its fundraising efforts, but this year will welcome a Government contribution to the Adelaide and Mt Gambier operations.

Work and Suicide

Uniting Communities recognises that suicide is emotionally devastating for the people affected by a suicide death and is a significant public health concern with social and economic burdens. Suicide predominantly occurs among people of working age and research suggests that there is a link between work and suicide (Bottomley, Dalziel et al. 2002; Routley and Ozanne-Smith 2012). Blue collar workers experience higher rates of suicides compared with their counterparts in white collar occupations (Andersen, Hawgood et al. 2010; Routley and Ozanne-Smith 2012; Milner, Spittal et al. 2013).¹ In 2006 the Australian Institute for Suicide Research and Prevention (AISRP) reported an alarmingly high suicide rate (58.6 deaths per 100,000) among young employees working in the construction industry in Queensland that was 2.39 times greater than the working age male population in Australia (2006). Similar research has not been conducted in the South Australian context, but the Queensland findings provide a useful and relevant snapshot of the Australian construction industry.

Employers have a legal responsibility to provide safe and healthy workplaces for employees (*Work Health and Safety Act 2012, SA*). Poor mental health is a risk factor for suicide and a growing body of evidence demonstrates that there are broader economic impacts as a result of workplace stress and poor mental health. Medibank Private (2008) has estimated that stress-related presenteeism and absenteeism is costing employers \$10.11 billion per annum. Close to half of the Australian population aged 16-85 experience a mental health condition at some point in their life (Australian Bureau of Statistics 2007).

The financial cost of suicide in Australia has not been comprehensively calculated. However, Mendoza and Rosenberg (2010) provide a reliable estimate using data from the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW) and studies that look at the wider impacts of suicide. Mendoza and Rosenberg (2010) have estimated that the economic cost of suicide and suicidal behavior in Australia is \$17.5 billion annually. Conversely, a report produced by PricewaterhouseCoopers (2014) found that investing in

¹ With the exception of those people working in medical/veterinary fields, the arts and police services.

mental health initiatives in the workplace would deliver organisations a \$2.30 return on investment for every \$1 spent.

Workplaces are noted as key sites involved in reducing and responding to suicide in Government policies. The Federal Governments strategic policy framework *Life: Living is for Everyone* and the *South Australian Suicide Prevention Strategy 2012-2016* both note the importance of workplaces as sites for suicide intervention. Adults spend about a third of their waking hours at work and workplaces are uniquely placed to facilitate suicide intervention initiatives.

Men under the age of 44 are at the highest risk for completing suicide. However, Lifeline data demonstrates that most calls received were made by women and people aged 45-54. This is an interesting finding and demonstrates that the people who are most at risk of completing suicide may not ask for help. Research undertaken on a workplace suicide intervention program targeted at the construction industry in Australia shows that awareness training has a beneficial impact on suicide prevention awareness and counselling access and may in fact increase the social acceptability of talking about suicide (Gullestrup, Lequetier et al. 2011). Other research similarly demonstrates that suicide awareness and intervention training positively influences peoples knowledge, attitudes and beliefs (Griesbach, Dolev et al. 2008).

Uniting Communities, via Lifeline Adelaide, has developed a plan to deliver suicide awareness and intervention training in workplaces. Lifeline Adelaide has 51 years experience in training volunteer crisis supporters, including training in the model that is proposed to be delivered in workplaces. The training builds on international best practice models and fills a gap in the local marketplace for accessible and affordable suicide awareness training and education. Further details are provided in the body of this submission.

Addressing the Committee's Terms of Reference

7) What is the impact on the remaining workforce of a death by suicide and what support is provided by employers, unions or is available in the community for affected workers, contractors or volunteers?

Research suggests that exposure to the suicide death of a peer may have harmful consequences, including depression, post traumatic stress disorder (PTSD), complicated grief, traumatic grief, increase in suicidal ideation and suicide attempts (Berkowitz, McCauley et al. 2011). A study by De Leo and Heller (2008) reported that 54% of people who had attempted suicide had known someone who had attempted or died by suicide. A Swedish study found that men working in Stockholm in small organisations who were exposed to the suicide death of a co-worker were 3.5 times more likely to die by suicide compared with their non-exposed counterparts (Hedström, Liu et al. 2008). A case study of a suicide death illustrates the impact of a suicide death on a workplace:

Sue² works in a large organisation in a management role. Sue occasionally works with volunteers in her role and spent a significant amount of time with a young volunteer named Jeremy³. Jeremy was passionate about helping the organisation promote their mission with the ultimate goal of helping people access the much needed services that the organisation provides. Jeremy's passion came from a personal place—in the years prior to his involvement with the organisation he had lost family members, which had a profound impact on his sense of self, and he had used the services of the organisation to help him through hard times. Jeremy completed suicide. News of Jeremy's death by suicide was blurted out to Sue by someone in a senior position to herself. There was very little structure around managing the grief of Sue's staff and no consideration given to Sue's own grief. Sue recounts the experience of the management of Jeremy's death in the workplace as being isolating—the insensitivity to Sue's grief made her feel separate and like a spectator on other people's grief. The lack of consideration given to Sue's grief denied her a right to that experience and a lack of support meant that managing her own, and her staff's grief, was unsupported.

(Case study from an Adelaide business)

The case of Jeremy's death and the impact on Sue noted in the above case study demonstrates that there needs to be some structure in place to cope with the grief that people experience when learning about, and dealing with, the suicide death of a colleague. Structures must go beyond Employee Assistance Programs (EAPs) and include strategies for dealing with informing people of a death and supporting their immediate needs.

Postvention is the term used to refer to support services and strategies delivered to bereaved individuals and communities following a death by suicide with the aim of providing support and preventing further suicides. There is no agreed standard for employers in

² Not her real name

³ Not his real name

Australia to manage postvention following the suicide of an employee. A number of postvention guidelines, principles and frameworks have been developed for responding to suicide deaths in schools. The American Association of Suicidology and the National Action Alliance for Suicide Prevention (American) have developed a guide to workplace postvention that may be useful for the development of South Australian guidelines.⁴

In South Australia there are Metropolitan and Regional postvention services that are delivered by Anglicare, Centacare and Uniting Communities. 'Living beyond Suicide' and the 'Standby Response Service' are designed to provide support to individuals and communities affected by suicide. Uniting Communities delivers the StandBy Response Service in Southern country areas of South Australia. The StandBy Response Service provides counselling, referrals and practical assistance to affected communities following a suicide death. The StandBy Response Service delivered by Uniting Communities is in its infancy, but has been utilised a number of times so far. It is expected that community promotion of the service will increase its popularity. Research indicates that postvention is an important suicide prevention tool, and can be fundamentally important in preventing contagion and cluster suicides.

8) What information, training or education programs are available to workers, contractors and volunteers in relation to the prevention of suicide?

A number of organisations offer various forms of mental health training in the workplace. Some organisations offer online (eLearning) training courses (available instead of, or in conjunction with workshops) such as SANE Australia's 'Mindful Employer' program, The Salvation Army's 'INSIGHT' courses and Mental Health at Work's eLearning resources. Many organisations also offer face-to-face workshops, including beyondblue's 'National Workplace Program', Mental Health First Aid Australia's 'Mental Health First Aid' course, The Black Dog Institute's 'Mental Health in the Workplace' program, the Australian Psychological Society's 'Psychologically Healthy Workplace' program and the National Centre for Suicide Prevention Training's suite of courses.

Much of the available training listed above is not well coordinated or systematically delivered in South Australia. Additionally, many providers are based interstate and workshops and courses are not available on a regular basis. Lifeline Adelaide, which is auspiced by Uniting Communities, is seeking to fill this gap. Lifeline Adelaide have accredited trainers in Applied Suicide Intervention Skills Training (ASIST), SafeTALK, SuicideTALK and Mental Health First Aid. Each of these training programs is delivered internationally and established based on evidence from current research and service delivery standards.

Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop that prepares participants to provide first aid intervention to people at risk of suicide. SafeTALK is a three-

⁴ Available at:

<<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf>>

hour training program that helps participants to identify people with thoughts of suicide and connect them to suicide first aid resources. SuicideTALK is a short (1-2 hours) session in which participants explore the challenges related to talking about suicide and associated stigma and encourages and empowers them to play a role in preventing suicide. In Mental Health First Aid participants learn about the signs and symptoms of mental health problems, how to provide initial help, where to get professional help and what to do in a crisis situation.

The value of these training programs cannot be underestimated. Lifeline Adelaide has experienced, accredited trainers for each of the programs detailed above and is well prepared to deliver the training. Our recommendation is for this training to be delivered within all workplaces across South Australia, which we are certain will result in a community more able to support those people at risk of suicide, a reduction in lost productivity for employers, a sense of connection and safety for employees and a suicide-safer community for South Australia. The suicide awareness and intervention training proposed by Uniting Communities may be best delivered with support from WorkCover or SafeWork SA given the impact that poor mental health has on productivity (Medibank Private 2008).

9) How do employers in ‘at risk organisations’ identify and prevent the risk of suicide or self-harm by employees, contractors or volunteers?

There is not a great deal of research into ‘at risk organisations’ in Australia, and paltry evidence of employers identifying and preventing suicide in their organisations and industries. A notable exception is the commercial building and construction industry in Queensland.

A Royal Commission into the building and construction industry and a subsequent report from the Australian Institute for Suicide Research and Prevention found that male industry employees were at a higher risk of suicide than the general male working age population (Australian Institute for Suicide Research and Prevention 2006). In 2008 industry groups responded to this issue by forming MATES in Construction (MIC). MIC is a community development organisation that aims to reduce suicide and improve the wellbeing of people working in the Australian construction industry. MIC is a multi-faceted model that incorporates training and postvention. ‘Connectors’ are a key feature of the MIC model. Construction employees who volunteer to become connectors are trained in safeTALK and assist people who may be at risk of suicide to access help. A study conducted in 2011 on the MIC initiative found that a greater number of people than expected became connectors and that they felt prepared to talk to people about suicide (Gullestrup, Lequetier et al. 2011). The study also found that there had been some referral to counselling and other services via connectors (Gullestrup, Lequetier et al. 2011).

The connectors in the MIC model are a form of gatekeeper. The training of gatekeepers is internationally recognised as best practice for effective suicide prevention (Isaac, Elias et al. 2009; Suicide Prevention Australia 2014). Gatekeepers are people who come into contact with other people and can identify those at risk of suicide (learned via training) and refer them to further assistance.

The workplace training that Uniting Communities is proposing to deliver teaches people how to recognise risk factors for suicide, how to broach the subject and refer people onto further help. The training teaches people to become gatekeepers and there is a body of evidence that suggests that there are benefits (for example increase in knowledge and self-reported capacity to provide crisis intervention) of such training (Knox, Litts et al. 2003; Griesbach, Dolev et al. 2008; Mishara and Martin 2012). Additionally, a review by Griesbach et al. (2008) reported that the ASIST training that Uniting Communities is proposing to deliver has been overwhelmingly well-received and beneficial in a range of international contexts. Uniting Communities has been successfully delivering suicide awareness training since 2005 to apprentices of the Motor Trades Association, which is funded by MTAA Super. We have the knowledge, experience and know-how to save lives.

Conclusion

Suicide is a significant public health concern and research indicates that there is a link between work and suicide. Workplaces are an ideal site for targeting suicide awareness and intervention training and Uniting Communities is poised to deliver this training. Although the available research is somewhat limited, it demonstrates that suicide awareness training has a very positive impact on people's knowledge, attitudes and beliefs and increases health-seeking behavior. Studies have demonstrated that mental health has a significant impact on productivity. Employer investment in employee wellbeing is an investment that delivers positive returns. It is important that employer groups understand the benefits of suicide awareness and intervention training. A broad strategy involving promotion of suicide awareness and intervention training through WorkCover and/or SafeWork SA would be an efficacious means of delivering this message. We welcome the opportunity for further discussion with the Committee.

References

- Andersen, K., J. Hawgood, et al. (2010). "Suicide in Selected Occupations in Queensland: Evidence from the State suicide register." Australian and New Zealand Journal of Psychiatry **44**: 243-249.
- Australian Bureau of Statistics (2007). National Survey of Mental Health and Wellbeing: Summary of results, cat. no. 4326.0, Australian Bureau of Statistics.
- Australian Bureau of Statistics (2012). Causes of Death, Australia, cat no. 3303.0, Australian Bureau of Statistics.
- Australian Institute for Suicide Research and Prevention (2006). Suicide in Queensland's Commercial Building and Construction Industry: An investigation of factors associated with suicide and recommendations for the prevention of suicide Nathan: QLD, Griffith University.
- Berkowitz, L., J. McCauley, et al. (2011). Organizational Postvention After Suicide Death. Grief After Suicide: Understanding the Consequences and Caring for the Survivors. J. R. Jordan and J. L. McIntosh. New York, Routledge: 157-170.
- Bottomley, J., E. Dalziel, et al. (2002). Work Factors in Suicide: Evidence for a new commitment in occupational health and safety research, policy and practice. Prahran East: Victoria, Urban Ministry Network.
- De Leo, D. and T. Heller (2008). "Social Modeling in the Transmission of Suicidality." Crisis **29**(1): 11-19.
- Department of Health and Ageing (2008). Living is for Everyone (LIFE) Framework. Department of Health and Ageing. Canberra, Australian Government.
- Government of South Australia (2012). South Australian Suicide Prevention Strategy 2012-2016. Adelaide Government of South Australia.
- Griesbach, D., R. Dolev, et al. (2008). The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An evaluation. Edinburgh, The Scottish Government.
- Gullestrup, J., B. Lequetier, et al. (2011). "MATES in Construction: Impact of a multimodal, community-based program for suicide prevention in the construction industry." International Journal of Environmental Research and Public Health **8**: 4180-4196.
- Hedström, P., K.-Y. Liu, et al. (2008). "Interaction Domains and Suicide: A Population-based Panel Study of Suicides in Stockholm, 1991–1999." Social Forces **87**(2): 713-740.
- Isaac, M., B. Elias, et al. (2009). "Gatekeeper Training as a Preventative Intervention for Suicide: A systematic review." Canadian Journal of Psychiatry **54**(4): 260-268.
- Knox, K. L., D. A. Litts, et al. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study.
- Medibank Private (2008). The Cost of Workplace Stress in Australia. Brisbane, Medibank Private.

Mendoza, J. and S. Rosenberg (2010). Suicide and Suicide Prevention in Australia: Breaking the silence. Moffat Beach.

Milner, A., M. J. Spittal, et al. (2013). "Suicide by Occupation: Systematic review and meta-analysis." The British Journal of Psychiatry **203**: 409-416.

Mishara, B. L. and N. Martin (2012). "Effects of a Comprehensive Police Suicide Prevention Program " Crisis **33**(3): 162-168.

PricewaterhouseCoopers (2014). Creating a Mentally Healthy Workplace: Return on investment analysis, PricewaterhouseCoopers.

Routley, V. H. and J. E. Ozanne-Smith (2012). "Work-Related Suicide in Victoria, Australia: A broad perspective." International Journal of Injury Control and Prevention **19**(2): 131-134.

Suicide Prevention Australia (2014). Work and Suicide Prevention: Position statement. Sydney, Suicide Prevention Australia.

World Health Organization (2006). Preventing Suicide: A resource at work. Geneva, World Health Organization.

World Health Organization (2014). Preventing Suicide: A global imperative. Geneva, World Health Organization.