Suicide Prevention: A Call to Action for EAPs
SUICIDE PREV
Employee assistance programs (EAPs) have established themselves as effective change agents and positive influencers of organizational culture. As employers continue to struggle with a variety of human capital risks impacting organizational effectiveness, there continues to be important opportunities for EAPs to operate as organizational consultants.

Unfortunately, EAPs have been somewhat passive in relaying key information to employers about suicide and its costs—and ultimately the impact of a workplace suicide-prevention strategy. But because EAPs’ core strengths include prevention, employee education, outreach, and early intervention, they are ideally suited to champion suicide awareness among our nation’s employers.

In the fall of 2003, ValueOptions (the largest privately held, managed behavioral healthcare and EAP company) partnered with the internal EAP at Owens Corning to form a task force to design and implement a suicide-prevention strategy for employees that would reach out and reduce modifiable risk factors for suicide and enhance protective factors. The eight-member task force included representatives from ValueOptions and Owens Corning, with significant contributions from Crisis Care Network (a provider of critical incident response services [www.crisiscare.com]) and the Suicide Prevention Resource Center (SPRC, www.sprc.org). The task force was charged with designing a suicide-prevention strategy that could be implemented in multiple organizations.

An MBHO/EAP develops materials to educate employers about suicide and decrease its incidence among employees  BY RICH PAUL, MSW, CEAP; AND PAUL COURTOIS, MBA, MSW
Making the Business Case
Each year more than 30,000 Americans experience overwhelming feelings of despair that they are unable to cope with and ultimately choose to end their lives. Suicide is the 11th leading cause of death in the United States, and every 18 minutes an American takes his/her own life.¹

Sharing these and similar statistics with employers shows them that suicide is a significant public health concern; however, the task force recognized the need to make a business case that employers could relate to their bottom lines.

The annual cost of workforce-related suicides has been calculated to be approximately $11.8 billion in 1998 dollars.² These costs are related to the fact that nearly two-thirds of all suicides occur among the nation’s workforce (Americans ages 25 to 65). The American Association of Suicidology reported about 20,000 deaths in the year 2000 for this age group. Paul Quinnnett, PhD, from the QPR Institute (a training organization providing suicide-prevention educational services) estimates that the impact of suicide on a corporate “family” consisting of 100,000 employees, with an average of four blood relatives per employee, includes:

• the loss of a corporate family member to suicide every seven days
• three suicide attempts every day, since there are about 25 nonfatal suicide attempts for every reported suicide; some of these attempts result in significant medical injury, which directly impacts healthcare costs, particularly for self-insured companies.

Because human resources (HR) and benefit managers who manage the relationship with their organization’s EAP have competing priorities and a host of challenges, the task force knew that the prevention materials had to build a strong business case that implementing a suicide-prevention program would result in positive outcomes—both human and financial. The suicide-prevention initiative focused on identifying supporting statistics and research related to suicide’s costs to employers and providing presentation materials that an HR or benefits professional could use to build organizational support at an executive level. In addition, the materials were designed to dispel the myths that exist within organizations (such as that talking about suicide will increase the incidents of suicide) to obtain senior-management and cross-functional team member support.

Why Involve EAPs?
At times EAPs have been criticized for compromising the “core technology” that originally defined the field by having an ever-extending scope of services—programs designed with multiple foci in the areas of clinical, prevention, coaching, and consultative services. Yet we assert that this wide depth of activities demonstrates EAPs’ flexibility and their effectiveness with many workplace issues.

EAPs are ideally suited to address suicide in our nation’s workforce particularly because EAPs understand the natural synergies between prevention and clinical interventions. An EAP that focuses too narrowly by addressing only a suicidal caller’s needs will not have a significant impact on reducing the overall incidence of suicide. Research indicates that most individuals who die by suicide previously had not sought or received professional counseling or assistance.¹ Therefore, a strong prevention program, including a high level of employer engagement, is a critical factor for success. The ideal scenario to support an effective suicide-prevention strategy is an EAP that recognizes the importance of approaching this issue as a public health concern and not only a clinical concern. In other words, the focus should be to reduce the risk of suicide in the workplace community as a whole and not only for those identified as being at immediate risk.

Effectiveness of Employer Interventions
The task force materials were designed to support employers in implementing a suicide-prevention program and were intended to serve a dual purpose: increase awareness about the impact of suicide and address employee depression—in the process, increasing employee awareness of professional assistance availability. Although suicide can be challenging and nearly impossible to predict, suicide-prevention programs overall have been clearly demonstrated to be effective in reducing incidents of suicide.

One of the more noted success stories is the U.S. Air Force’s reduction of suicide rates in the 1990s.³ The Air Force was experiencing an annual rate of 15.8 suicide deaths per 100,000 of its 350,000-person community, the highest of all U.S. armed forces, before developing and implementing its community-based suicide-prevention program in 1995. Subsequently, the suicide rate fell 79% to fewer than 3.5 suicide deaths per 100,000 in 1999. The Air Force program is replicable in communities and corporations. The result can be a demonstrable reduction in the emotional, physical, and financial toll of depression and suicide, lost productivity and absenteeism, and costs of operations and medical benefits.

These efforts also can prevent some homicides in both the workplace and the home; according to Air Force data, successful suicide-prevention programs also reduce other kinds of violence. Some instances of workplace violence result in the perpetrator ending his/her own life. It is important to note that employees who see no future for their own life are at increased risk for perpetrating workplace violence.
Because these acts of violence often are premeditated, they can be prevented if the warning signs are acted upon and there is an effective intervention.

One of the themes throughout the Air Force’s effort was the importance of creating a culture in which help-seeking behaviors are encouraged. The task force specifically sought to duplicate this message in its materials, recognizing that senior management and supervisors have the ability to influence culture so that the workplace community feels supported and less stigmatized by the need for professional help.

**Developing a Communication Strategy**

Some of the key components an organization will want to consider when developing a suicide-prevention plan are a statement of purpose, demographic and/or utilization data, metrics and evaluation methods, communication objectives, and key messages. In developing a suicide-prevention program, the members of the task force sought to develop communication and training materials that would target employees, managers, and senior-level executives, as well as the EAP staff providing direct services.

A key component of any program is a statement of purpose that serves as the suicide-prevention effort’s foundation; it acknowledges the scope of the problem, commits to supporting the workforce, and expresses the core objectives that must be achieved.

As part of the overall effort to mitigate modifiable risk factors and strengthen protective factors for suicide, *The Surgeon General’s Call to Action to Prevent Suicide* includes recommendations to build awareness. Some of the core objectives that can be adapted include:

- Promote awareness that many suicides are preventable; make facts about suicide and its risk factors and prevention approaches available.
- Reduce the stigma associated with mental illness, substance abuse, suicidal behavior, and seeking help for such problems.

The CDC offers these additional objectives for a suicide-prevention program:

- Promote the development of interpersonal and social competency through training in stress management and coping skills to help individuals deal with problems.
- Promote listening and interpersonal skills to help individuals improve their relationships.

We suggest consistent and frequent dissemination of the following key messages to raise employee awareness and maximize the impact of suicide-prevention programs:

- Suicidal feelings are temporary.
- Treatment can make people feel better.
- Asking for help is a sign of strength.
- A family member’s, friend’s, or coworker’s talk of suicide should be taken seriously.
- Help is available: In emergency situations, contact a doctor, the nearest hospital emergency room, or 911; for nonemergencies, the EAP is available 24/7 via the toll-free telephone number.

**Implementation and Evaluation**

In March 2004, the suicide-prevention materials were completed and mailed directly to more than 400 ValueOptions EAP customers. The materials included a CD-ROM and cover letter from Ronald I. Dozoretz, MD, chairman, president, and CEO of Value-Options. Employers were encouraged to implement a suicide-prevention program, based on the evidence that such programs can be effective, with education about the nature of suicide and suicide risk factors along with early intervention.

Prior to the mailing of the suicide-prevention CD-ROM, a teleconference “summit” was offered to customers to reinforce the importance of workplace involvement. At the client summit, David Litts, OD, FAAO, SPRC associate director, formally responsible for the Air Force’s suicide-prevention program, provided insight into the implementation of a successful suicide-prevention program.

The task force understood that EAP and employer involvement should not be a one-time event but rather an ongoing process. To achieve this, the prevention materials include a timeline for employers, which outlines during the course of a year the distribution of educational materials and delivery of work-site training and various promotional activities.

Although it is still too early to measure this initiative’s success, and recognizing that employers are implementing the program to greater and lesser degrees, the goal is to be able to identify a reduction of suicides. Many employers have indicated that they will be reviewing more closely how to track the number of suicides among their workforces, as well as the financial impact of a suicide on their workplaces. They also will be monitoring EAP utilization with the hope that greater promotion of it will result in increased program participation and, thus, early identification and resolution of problems before they reach a critical risk level.

**Conclusion**

To significantly reduce suicides and suicide attempts among our nation’s
workforce, a concerted educational and preventive response is necessary. Implementing depression screening and a comprehensive suicide-prevention program has significant social and economic value. EAPs have been greatly underutilized as a resource in the development and implementation of such programs. If more widely implemented at the employer level, suicide-prevention programs have the potential to assist in reducing the stigma and shame often surrounding mental health issues. In the end, earlier intervention and linkage to professional services can profoundly address this public health issue.

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The model and materials discussed in this article are available to the EAP community in an effort to increase employer awareness about the costs of suicide—both human and financial. For more information, visit www.valueoptions.com.

References