OUR GLOBAL SUICIDE CRISIS

What might be causing it, and how the workplace can respond
INTRODUCTION

In a previous publication, *Shifting Mortality Data Impacting Well Being in the Workplace*, The Prudential Insurance Company of America (Prudential), determined that while overall suicide rates have remained relatively flat in its life insurance book of business from 2008 to 2017, dependent suicide has increased over the same 10-year period with a significant spike in 2012.¹

Suicide is profoundly tragic for the person who died, as well as for loved ones left behind who struggle to understand how they may have missed a sign and failed to help the person get the care they needed. The signs are not obvious, and access to appropriate care is often elusive. This paper examines facts about suicide and offers recommendations on how to proactively address this crisis.

ABOUT THE AUTHORS

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Dr. Kristin Tugman has more than 20 years’ experience as a health and productivity consultant. Her work details a specific cognitive behavioral model to help individuals overcome psychological barriers and return to productivity. In addition, she’s the author of several publications on the psychological aspects of disability.

A certified rehabilitation counselor and licensed professional counselor, Dr. Tugman earned a master’s degree in rehabilitation counseling from Georgia State University and a Ph.D. in industrial and organizational psychology from Capella University.

Dr. Tugman leads a team focused on identifying disability trends that impact Prudential customers and making actionable recommendations to help maximize productivity and minimize absence.
CURRENT SUICIDE TRENDS ARE CAUSE FOR ALARM

Suicide is a global crisis. The World Health Organization reports that every 40 seconds, someone dies of suicide. The Centers for Disease Control and Prevention (CDC) discovered that from 1999 to 2016, suicide rates increased in every state of the U.S. and increased by 30% in more than half of the states.

According to a study published in USA Today from the National Institute of Mental Health, suicide attempts doubled to 1.12 million between 2007 and 2015 among children ages 5-18, and suicide was the second-leading cause of death for those ages 10-34.

Suicide rates rose across the US from 1999 to 2016

In a previous publication, Shifting Mortality Data Impacting Well Being in the Workplace, The Prudential Insurance Company of America (Prudential) found that overall suicide rates have remained relatively flat among their life insurance policy holders from 2008-2017, but dependent suicide increased over the same 10-year period (see chart 1), with a significant spike in 2012. Suicide is not only profoundly tragic for the person who died, but also for loved ones who struggle to understand how they missed a sign and failed to help the person get the care they needed. The reality is that the signs are not obvious, and access to appropriate care is often elusive. This paper examines the complex subject of suicide and begins to connect the dots back to mental health as a disability, prevention, and well-being for all involved.

Chart 1 – Dependent Overdose and Suicide Claim Trends
Total Claims from 2008-2017 (n = 1,353, n = 4,062)
THE COMMON MISCONCEPTION ABOUT SUICIDE

When a loved one dies by suicide, it can be hard to understand why society often refers to suicide as a selfish act, which can lead to survivors attaching a level of stigma around talking about what happened. But literature communicates that suicide is generally a problem-solving technique to deal with depression and/or anxiety.

Depression and/or anxiety can typically cause so much pain that the individual does not see any other solution to their problem. Victims often believe those around them would be better off, rid of the burden that they perceive themselves to be.⁴

INDICATORS ARE HARD TO IDENTIFY

It’s a sad fact that 54% of people who died from suicide did not have a known mental health condition.³ The CDC lists warning signs to help recognize suicidal risk, many of which align with signs of mental health issues, including isolation and feeling like a burden. Increased anxiety and a sense of being trapped or feelings of unbearable pain are also warning signs. Some people experience anger or aggression, or search for access to lethal means. Finally, the CDC suggests that feelings of hopelessness, changes in sleep patterns, and talking or posting on social media about suicide are red flags for those who are in contact with the individual.

While there are classic warning signs, suicide can prove to be elusive and complicated for those trying to prevent it. A study of men who survived suicide found that many of their family members failed to recognize signs of depression because they manifested as behaviors not typically identified as depression. The men often withdrew and reacted angrily to intervention, which led friends and family to stay away, afraid to push further.⁸

Suicide Warning Signs:

- Isolation
- Feeling like a burden
- Increased anxiety
- Sense of being trapped
- Unbearable pain
- Increased anger, aggression
- Feeling of hopelessness
- Changes in sleep patterns
- Talking/posting on social media about suicide
RESEARCH AND THEORIES SUPPORT THE COMPLEXITY OF THE PROBLEM

Preventing suicide is a complex problem, and there has been a significant amount of peer-reviewed research on the topic. Several theories about how the process of suicidal thought turns to action can help in knowing what to look for, relative to risk.

Research suggests the ability to die by suicide is progressive and requires a desire to commit and an ability to overcome fear of significant self-harm. A lack of belongingness and perceived burden must also exist.

An ability to inflict fatal self-harm is born from painful, provocative events. Someone exposed to such events can experience a reduction of fear associated with the pain and uncertainty of death. A person exposed to significant abuse or violence who has performed non-life-threatening self-harm can be at risk of gaining the capacity to commit suicide. Additional theories build on this concept and view feeling trapped, hopelessness, increased impulsivity, and access to lethal means as significant contributors. Additional risk factors include:

- Inability to regulate emotion
- Cognitive inflexibility (unable to shift from one idea to another)
- Lack of connection. Individuals are more at risk when pain associated with the illness outweighs connections to loved ones.

DEPRESSION AND ANXIETY CAN BE PRECURSORS

While we don’t yet know enough about the myriad reasons behind suicide to fully prevent it, we do understand that anxiety and depression can be significant precursors to deciding to end one’s life. So how do we recognize the signs of these illnesses and provide earlier intervention?

Depression and anxiety are not uncommon. In fact, 19% of U.S. citizens experience anxiety in a given year and 6% experience depression. Depression is expected to be the leading cause of lost productivity in all economically advanced countries by 2030 according to WHO (10), and it is the single largest contributor to disability globally. Symptoms of depression include hopelessness, feelings of sadness, inability to find pleasure from things that were once enjoyable, changes in sleep patterns, self-medicating, weight loss, fatigue, and an inability to concentrate.

Symptoms of anxiety can often manifest as difficulty concentrating, a sense that things are not OK, restlessness, feeling on edge, irritability, and fatigue. Symptoms of anxiety and depression often present themselves at work as a decline in performance such as procrastination, lack of focus, indecisiveness, poor judgment, impulsivity, declining relationships, and unreliable attendance. Employers are challenged to recognize these signs as an intervention opportunity rather than a performance issue.

Symptoms of Depression

- Hopelessness
- Feelings of sadness
- Inability to find pleasure from things that were once enjoyable
- Changes in sleep patterns
- Self-medication
- Weight loss
- Fatigue
- Inability to concentrate

Symptoms of Anxiety

- Difficulty concentrating
- A sense that things are not OK
- Restlessness
- Feeling on edge
- Irritability
- Fatigue
OVERCOMING THE STIGMA OF DEPRESSION AND ANXIETY

While most people would think nothing of telling a friend about a back problem they have, would anyone consider telling a friend they are being treated for a mental health issue such as depression or anxiety?

A study on seeking mental health help found perceived stigma to be a deterrent from following through on attaining care. It noted that 52-74% of people in the U.S. and Europe do not receive treatment and cited fear of stigma and stereotyping as factors. The concern was most significant among men, youth, and minorities. In the workplace, we have an opportunity to address stigma and create a transparent environment that openly talks about mental health and well-being.

THERE’S A RISING CONCERN FOR OUR YOUTH

Our discussion would be remiss if it didn’t acknowledge the tremendous impact that the rise in adolescent depression and suicide is having in our workplaces, schools, and society as a whole. It is indeed an epidemic. Children are attempting suicide at double the rate they were in 2007, and suicide is the second-leading cause of death among those ages 10-34 years.

In fact, the American Academy of Child and Adolescent Psychiatry states that by the end of high school, approximately one young person in five will have had at least one episode of depression.

Of those diagnoses, 50% occur before age 14 and 75% start before age 24. Currently, there are 8,000 child and adolescent psychiatrists in the U.S., but it’s estimated that the actual need is 30,000 to appropriately care for all who require treatment. As a result, on average children can go 7.5 weeks before they can be seen by a psychiatrist. A parent of a child debilitated by depression or who has just attempted suicide and has to wait 7.5 weeks for care may face great emotional stress. The parent is unlikely able to remain productive at work and at home, and is at risk of stress-related physical and psychological issues as noted in a 10-year study on caregiving literature.

WHAT CAN BE DONE IN THE WORKPLACE TO ADDRESS OUR CURRENT CRISIS?

The correlation between depression and suicide makes this crisis a concern for everyone in the workplace. That’s because depression is the leading cause of disability worldwide. Therefore, it’s in the best interest of employers and insurance providers alike to take a proactive role in dealing with this challenge head on.

Reduce stigma

The workplace can impact stigma through open communication and transparency concerning mental health issues. Employers can encourage workers to ask for help as needed and to convey that asking for such help is a positive act. Simple strategies can include mental health parity as it pertains to health and wellness. If an employer promotes American Heart Month or Breast Cancer Awareness Month, they should also promote National Suicide Prevention Month in September and Mental Health Awareness Month in October.

Employers promoting walking, fitness, and healthy eating programs can openly post facts about mental health, the National Suicide Prevention Lifeline, and employee assistance programs. But employers can do more. According to a Mercer survey, best practices such as tele-mental health and on-site mental health clinicians are emerging in the workplace. Further on-site clinics can help create a supportive environment to reduce stigma. The study further notes that employers understand mental health, that access to care is a key issue, and that proactive measures help facilitate increased access to appropriate treatment and improved productivity.

Include employee assistance programs (EAPs) in benefit plans

Programs providing immediate access to care are desirable, as early intervention is a key component to success. Employers should make sure EAP providers are in network with their health plan to ensure continuity of care once EAP sessions are exhausted. Continuing therapy is vital to treatment compliance, as only 29% of the U.S. population diagnosed with depression seeks treatment and even less follow through.
Accurate assessment and management

Properly trained managers have an opportunity to recognize an emerging mental health issue without defaulting to a performance problem. They need to consider the employee’s history: Is the behavior new or unexpected? Depression can often manifest itself as what appears to be a decline in performance; so one needs to ask, “Is everything ok?” before jumping to conclusions.

If an employee needs help, managers should know the proper resources to access, such as an EAP, health and wellness partner, or human resources representative. If an employee needs to be out of work, managers should remain in contact with them. This may not only help an employee through depression — it can also help reduce the fear of returning to work.

Our Psychology of Return to Work study suggests that manager and co-worker interactions are essential in helping an employee feel comfortable exploring a return to work. Best practice suggests that reaching out, sending a card, or asking how they are doing can prove effective.

Lastly, work creates a sense of purpose that can assist in improving one’s mental health. Return to work (RTW) programs are crucial in paving the way for those returning from a mental health condition. Transitional return to work programs, where employees return incrementally to full-time work, may help employees feel safe, supported, and more likely to successfully return to work, rather than being expected to immediately return to full-time employment.

Partner with mental health professionals, the health care community, and insurance carriers who share your common goal

When someone is experiencing a mental health issue, there must be adequate coordination among all providers to ensure access to care. Prudential is working to ensure that all those who call in to request a leave for a mental health issue personally, or to care for a family member, can be referred to an appropriate provider to help obtain access to the right resources.

Prudential can further help toward solving this crisis through financial wellness education and services. Potential providers concerned about student loan debt are opting out of pursuing health care professions for fear they won’t be able to manage their debt. We are seeking for ways to partner with the marketplace to provide financial wellness programs that help manage student loan burden to better incent students into pursuing these vital professions.

Prudential’s Health and Productivity Analytics and Consulting Practice (HPAC) recognizes that this discussion is merely a beginning and view it as a call to action to continue to actively build partnerships and innovative solutions to help address this crisis. We invite you to examine our other thought leadership publications that provide insights on other topics of interest within our industry by visiting https://www.prudential.com/corporate/insights.

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