Mitigating the risk of worker suicide deaths

Each year, WorkSafeBC receives approximately 20 calls that are classified as suicide threats. Between 1993 and 2005, we recorded a total of 15 suicide-related worker deaths. By being aware of suicide risks and communicating with us regarding at-risk worker patients, you provide a valuable link between those workers and the help that is available to them.

Suicide analysis

Analysis of the 15 suicide deaths provides some interesting results. Perhaps the most revealing is the fact that, while the physical injuries these workers suffered ranged from mild to severe, in each case the injured worker developed chronic pain related to the original injury. In many cases, the biomechanical issues had been resolved and chronic pain became the predominant factor in the individual's ongoing disability.

Here are more results of our analysis:

- The 14 males and 1 female were, on average, 37 years old.
- The first evidence of psychological distress was present, on average, at 2 years postinjury.
- The average time between injury and death was 5.5 years.
- 10 of the individuals had at least one referral to Psychology Services.
- 50% of the injured workers were receiving psychological treatment at the time of death.
- Only one had an identifiable preinjury mental health history.
- Five were known to be suicide risks.
- All had a chronic pain disorder.

Risk factors

Unfortunately, there are no clear-cut methods to predict suicide, but the research literature identifies the following as significant contributory factors:

- Hopelessness—the most serious warning sign that a person is at risk of suicide.
- Depression—most who died by suicide had a diagnosable mental illness, the most common being depression.
- Living circumstances—people living alone, unemployed, or having suffered a recent loss are at the highest risk.
- Older adults, particularly older males, are more likely to complete suicide.
- Excessive drinking.

What you can do

The first step is to be aware of the emotional status of your worker patient. Is the individual grappling with depression, hopelessness, or suicidal thoughts? Are there any other risk factors such as drug, medication, or alcohol abuse? After you discuss and take reasonable measures to ensure your patient is safe and the suicide crisis has passed, please contact the WorkSafeBC medical advisor or psychology advisor to inform him or her of the risk so we can flag the case for closer monitoring, and let us know if you need assistance in providing access to ongoing care.

What WorkSafeBC will do

WorkSafeBC recently revised the procedures for responding to workers in psychological crisis. Our staff have received, and continue to receive, updated training in the early identification of suicide risk and effective management of crisis calls. In addition, WorkSafeBC is reviewing existing claims to identify injured workers who are at risk for suicide. Claim management for these individuals will involve direct, continuous clinical monitoring—with care being left to you or consultants you have chosen in conjunction with the injured worker. Communication and coordination of care between WorkSafeBC and community clinicians are being promoted and improved.

Working together, we can make a difference.

—Don Graham, MD
WorkSafeBC Chief Medial Officer