



PROBLEM SOLVING: DILEMMAS: SUICIDE

Unthinkable act leaves behind unspeakable hurt

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Dear Susan,

Our company tried hard to help a new employee stay on - even extending his probation and offering counselling. But, he did not work out and his employment was terminated. A few days later, he committed suicide and we learned that he had emotional problems. Now, some of us wonder if there was more we could have done. As the person who fired him, I, for one, lie awake at night wondering where I went wrong. How can we overcome our anguish, and be more vigilant about and sensitive to people like this in the future?

- *Sleepless Supervisor*



Dear Sleepless,

Of course you feel awful. Suicide is a private act decided by someone in inconceivable psychic pain, whose illness is tragic and whose death is a disaster. And no matter the cause, there are always recriminations among those who knew the person. Suicide has always existed - in every era, culture and country - despite enormous social stigmas and prohibitions against it.

As long as there have been records, suicide has been most common among adult men, who are most likely to die in broad daylight, in spring or early summer. And Mondays are most often chosen, probably as a result of the "broken promise" that a new week, or a new season will bring that much dreamed of new start. Those at risk are usually suffering from an untreated, or undertreated, depression (or bipolar disorder), sometimes combined with a recent stress that they perceive as the last straw. This combination makes them tortured by what they experience as unbearable hopelessness and pain. If they are not treated with mood stabilizers - such as lithium or antidepressants - these people are nearly nine times as likely to attempt or commit suicide than those treated with these drugs, according to a meta-analysis of studies comprising about 17,000 people. Meanwhile, a Swedish study in the late nineties showed that treating those at risk with medication resulted in a 77-per-cent reduction of suicide.

Suicide is the leading cause of violent death in Canada, according to Bill Wilkerson, chairman of the Global Business and Economic Roundtable on Mental Health in Toronto.

While families and employers have an obligation to reach out to those in distress and help them seek appropriate care, in reality few have the skills and training needed to detect the signs of serious emotional trouble.

Even people who do - psychologists and physicians - often struggle to save these patients. Two-thirds of suicide "completers" (as opposed to "attempters") have seen a doctor within a month of their deaths, according to a 2006 review article by Joel Paris, a psychiatrist at McGill University, who adds that many people who take their own lives don't seek any help or they expressly avoid it.

All this is to say that suicide is a desperate choice made by someone who has usually suffered on and off for long periods. And while I doubt that you and your co-workers caused this tragedy, I agree that it's a catalyst to learn about these illnesses - to chip away at the stigma that prevents people from seeking help - and to develop practices aimed at assisting employees in distress.

Be informed

To make sense of what happened, get your hands on information. Psychiatrist and author Kay Redfield Jamison has suffered from manic depression for most of her life and is a one-time suicide attempter, so her view on the subject is up close and personal, yet well-informed. Her books, *Night Falls Fast: Understanding Suicide*, and *An Unquiet Mind*, is where I'd start in dealing with the loss of this employee. These books will clarify how much is known about suicide (actually, quite a lot), and how well we can prevent it (not nearly well enough).

Additionally, the Centre for Addictions and Mental Health (<http://www.camh.net>) and the Mental Health Roundtable (<http://www.mentalhealthroundtable.ca>) offer information about depression and suicide, and guidelines for those facing suicide risks among family members or employees.

Be ready

Be vigilant to signs of psychological distress in your staff. "Argumentativeness, stony silence, withdrawal, unusual irritability. Sometimes we have to look past this," Mr. Wilkerson writes, adding that during a period when a manager perceives an employee to be under inordinate pressure and unusually agitated or withdrawn, the right approach is to reach out - even if the person's performance temporarily wavers. Discretely and in a non-judgmental way, ask if the employee would like to talk to someone. Set aside performance discussions and look for ways the company can assist, through EAP programs, or through any connections with health care providers in the community.

Be there

If an employee talks about suicide to a co-worker or supervisor, don't send him home or leave him alone. "In fact, an employer may assume some liability under those circumstances," Mr. Wilkerson says. "The boss can sit with the employee, invite a trusted co-worker into the conversation, keep it at a human scale, don't bureaucratize it."

Ask if the person has a family doctor, a friend, spouse or family member he or she could call, and if necessary, accompany the individual to a walk-in clinic or hospital emergency department. Don't leave him or her alone at the hospital, or if discharged, allow the employee to go home alone.

Be sensitive

If employees must be given bad news in a performance review or must be let go, couch all comments in a fair and thoughtful way, respectful of their dignity. Think always about how you would like to be treated under the circumstances. "The old idea of walking people off the premises when laid off and or fired for performance reasons is obsolete and humiliating, and should be abandoned," Mr. Wilkerson writes.

Be trained

Finally, just as you would ensure that there were smoke detectors and people trained in CPR, agitate to get some suicide training into your workplace. Non-professionals can be educated to spot the

risks and learn how to direct people to seek help. One study of such "gatekeepers" in the U.S. Air Force showed that, after training officers to identify those suffering from personal problems and to reduce the stigma of mental illness among servicemen, the rate of suicide declined 33 per cent.

*Susan Pinker is a psychologist and author of *The Sexual Paradox: Extreme Men, Gifted Women and the Real Gender Gap*.*

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