



FLORIDA OFFICE OF DRUG CONTROL
STATEWIDE OFFICE OF SUICIDE PREVENTION
AND
SUICIDE PREVENTION COORDINATING COUNCIL



WORKPLACE RESOURCES

STATISTICAL OVERVIEW

Clinical depression has become one of America's most costly illnesses. Left untreated, depression is as costly as heart disease or AIDS to the U.S. economy, costing over \$43.7 billion in absenteeism from work (over 200 million days lost from work each year), lost productivity and direct treatment costs. Depression tends to affect people in their prime working years and may last a lifetime if untreated. More than 80 percent of people with clinical depression can be successfully treated. With early recognition, intervention, and support, most employees can overcome clinical depression and pick up where they left off.

KNOW THE FACTS (Provided by Mental Health America)

- Depression ranks among the top three workplace problems for employee assistance professionals, following only family crisis and stress.
- 3% of total short term disability days are due to depressive disorders and in 76% of those cases, the employee was female.
- In a study of the First Chicago Corporations, depressive disorders accounted for more than half of all medical plan dollars paid for mental health problems. The amount for treatment of these claims was close to the amount spent on treatment for heart disease.
- The annual economic cost of depression in 1995 was \$600 per depressed worker. Nearly one-third of these costs are for treatment and 72% are costs related to absenteeism and lost productivity at work.
- Almost 15% of those suffering from severe depression will commit suicide.

BUSINESS IMPACT (Found at www.ValueOptions.com)

- One in 14 employees suffers from depression at any one time, resulting in more than 200 million lost work days each year and a cost of \$44 billion annually in absenteeism, lost productivity and direct treatment costs (The National Mental Health Association).
- Nearly two thirds of all suicides occur among the nation's workforce, Americans age 25-65. About 20,000 deaths were reported in 2000 for this age group (The American Association of Suicidology).
- The annual cost of workforce-related suicides has been calculated to be approximately \$11.8 billion in 1998 dollars (*Reducing Suicide: A National Priority*, The Institute of Medicine, 2002.)
- 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 member to suicide every *seven days*.
 - Three suicide attempts *every day* since there are about 25 non-fatal suicide attempts for every reported suicide. Some of these attempts result in a significant medical injury, which directly impacts health care costs, particularly for self-insured companies (Paul Quinnett, Ph.D, Director, the QPR Institute, Spokane, Washington.)

For organizations with a global workforce it is also important to understand how incidents of suicide vary among different countries and cultures around the world. The prevalence of suicide varies significantly

throughout the world. The World Health Organization reports that the highest rates of suicide in 2001 occurred in the West Pacific, followed by Southeast Asia and Europe.

EMPLOYEES ATTITUDES TOWARDS DEPRESSION (Provided by Mental Health America)

- Often times a depressed employee will not seek treatment because they fear the affect it will have on their job and they are concerned about confidentiality.
- Many employees are also unaware they have depression or they fear their insurance is inadequate to cover costs.
- Most employers will refer a depressed employee for help if they are aware of the symptoms. 64% of NMHA Survey respondents said they would refer an employee to an EAP health professional.

LEARN TO RECOGNIZE THE SYMPTOMS OF CLINICAL DEPRESSION

No two people experience clinical depression in the same matter. Symptoms will vary in severity and duration among different people. See your doctor if you experience five or more of the following symptoms for more than two weeks:

- Persistent, sad, anxious, or “empty” mood.
- Sleeping too little, early morning awakening, or sleeping too much.
- Reduced appetite and/or weight loss, or increased appetite and weight gain.
- Loss of interest in activities once enjoyed, including sex.
- Restlessness, irritability.
- Persistent physical symptoms that don’t respond to treatment (such as headaches, chronic pain, or digestive disorders).
- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy.
- Feeling guilty, hopeless or worthless.
- Thoughts of suicide or death.

As a first step, a thorough physical examination may be recommended to rule out other illnesses.

SUICIDE PREVENTION PROGRAMS HAVE A POSITIVE IMPACT (Found at www.ValueOptions.com)

The U.S. Air Force was experiencing an annual rate of 15.8 suicide deaths per 100,000 of it’s 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 percent to less than 3.5 suicide deaths per 100,000 in 1999. The Air Force program is replicable in existing 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 the U.S. Air Force Data, successful suicide prevention programs also reduce other kinds of violence. Sometimes, instances of workplace violence result in the perpetrator ending his own life. Keep in mind too that employees who see no future for their own life are at increased risk for perpetrating workplace violence. These acts of violence are often premeditated so they can be prevented if the warning signs are acted upon and there is intervention.

HELP IS AVAILABLE

- National Alliance for the Mentally Ill, 1-800-950-NAMI
- National Depression Screening Project, 1-800-520-6373
- DEPRESSION/Awareness, Recognition and Treatment Program, 1-800-421-4211

- The National Institute of Mental Health National Depressive and Manic Depressive Association, 1-800-82-NDMDA
- ❖ Sustaining Productivity: Addressing the Economic Burden of Workplace Depression (PowerPoint presentation by Denise Pazur) - AVAILABLE ON REQUEST ONLY. Please contact Allyson Adolphson at Allyson.Adolphson@eog.myflorida.com

TAKE ACTION

- “What Co-Workers Can Do to Prevent Suicide” by the Suicide Prevention Resource Center http://www.sprc.org/featured_resources/customized/pdf/co_worker.pdf
Customized information for the workplace including The Role of Co-Workers in Prevention Suicide, Recognizing the Warning Signs, Responding to the Warning Signs, Seeking Professional Help, If a Suicide Happens, and Resources for Co-workers, Locating Mental Health Services, and on Suicide and Suicide Prevention.
- Working Minds: Suicide Prevention in the Workplace <http://workingminds.org/>
Our vision is of a community of workplaces eliminating the devastating impact of suicide at work and beyond. To realize this vision, Working Minds provides tools and networks to workplaces to assist with suicide prevention, intervention, and postvention.
- Value Options http://www.valueoptions.com/suicide_prev/html%20pages/Support.htm
Value Options provides tools and tips to integrate suicide prevention into your organization, including a PowerPoint presentation for senior management, sample staff memos and email messages, informative articles, and tips sheets.
- Partnership for Workplace Mental Health – A program of the American Psychiatric Foundation <http://www.workplacementalhealth.org/>
The partnership delivers educational materials and provides a forum to explore mental health issues and share innovative solutions. It promotes the business case for quality mental health care, including early recognition, access to care and effective treatment.
- QPR for Corporations: A Depression/Suicide Awareness and Prevention Pilot Project for Employers <http://www.qprinstitute.com/CommunitiesCorp.htm>
The QPR Institute offers comprehensive suicide prevention training programs, educational and clinical materials for the general public, professionals and institutions. This Executive Summary focuses on workplace depression and suicide prevention including an overview, scope of the problem, and explanation of the pilot project.
- “7 Steps to Combat Workplace Depression” by Christopher Knippers Ph.D <http://hr.blr.com/whitepapers.aspx?id=18885>
Depression can affect a company’s productivity, morale and effectiveness. Recognizing the signs and understanding what kind of help and support can be offered will be extremely helpful for dealing with a depressed employee. Here are ways to recognize depression and 7 steps to give your employees the support they need.
- ❖ Helping Suicidal Callers Factsheet by the Statewide Office of Suicide Prevention – AVAILABLE ON REQUEST. Please contact Allyson at Allyson.Adolphson@eog.myflorida.com

PUBLIC AWARENESS

- ❖ Monthly newsletter segments written by the Statewide Office of Suicide Prevention – AVAILABLE ON REQUEST.
- ❖ Public Awareness Materials Recommendations – AVAILABLE ON REQUEST. Please contact Allyson at Allyson.Adolphson@eog.myflorida.com for the above resources.

RESEARCH

- “Study: Treating depression a good business move” by *CNN.com*
<http://www.cnn.com/2007/HEALTH/conditions/09/26/workplace.depression.ap/index.html>
Study: Helping depressed workers can cut absenteeism, improve health. Depression costs over \$30 billion annually in lost productivity. Those who got aggressive help worked two weeks more in a yearlong study. Early results suggest savings averaged about \$1,800 per employee.
- “The Economic Burden of Depression in the United States: How Did it Change Between 1990 and 2000?” by Greenberg et. al, *Journal of Clinical Psychiatry*, December 2003.
<http://www.psychiatrist.com/issues/greenberg.pdf>
The economic burden of depression remained relatively stable between 1990 and 2000, despite a dramatic increase in the proportion of depression sufferers who received treatment.
- “Depression in the Workplace: Costs and Barriers to Treatment” by Goldberg & Steury, *Psychiatric Services*, December 2001.
<http://psychservices.psychiatryonline.org/cgi/reprint/52/12/1639.pdf>
Surveys estimate that 1.8 to 3.6 percent of workers in the U.S. labor force suffer from major depression. Depression has a significant impact on vocational functioning. Seventeen to 21 percent of the workforce experiences short-term disability during any given year. Studies indicate that treating workplace depression provides favorable cost offsets for employers.
- “Proximate Outcomes of Gatekeeper Training for Suicide Prevention in the Workplace” by Cross, Matthieu, Cerel, and Knox, *Suicide and Life-Threatening Behavior*, December 2007.
<http://www.atypon-link.com/GPI/doi/pdf/10.1521/suli.2007.37.6.659>
In this pilot study we report on proximate outcomes of a 1-hour community gatekeeper training in-service for 76 non-clinical employees in a university hospital workplace setting. Pre-post analyses resulted in positive changes in participants’ knowledge about suicide and attitudes (self-efficacy) about intervening with suicidal individuals.