

## Workplace suicide on the rise: Specific occupations pose higher risks than others

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Suicide is responsible for more than 36,000 deaths in the United States and nearly 1 million deaths worldwide annually. In 2009, suicides surpassed motor vehicle crashes as the leading cause of death by injury in the U.S. A new study published in the *American Journal of Preventive Medicine* analyzes the upward trend of suicides that take place in the workplace and identifies specific occupations in which individuals are at higher risk. The highest workplace suicide rate is in protective services occupations (5.3 per 1 million), more than three times the national average of 1.5 per 1 million.

"Occupation can largely define a person's identity, and psychological risk factors for [suicide](#), such as depression and stress, can be affected by the workplace," commented lead investigator Hope M. Tiesman, PhD, epidemiologist with the Division of Safety Research at the National Institute for Occupational Safety and Health (NIOSH). "A more comprehensive view of work life, public health, and work safety could enable a better understanding of suicide risk factors and how to address them. Suicide is a multifactorial outcome and therefore multiple opportunities to intervene in an individual's life—including the workplace—should be considered. The workplace should be considered a potential site to implement such programs and train managers in the detection of suicidal behavior, especially among the high-risk occupations identified in this paper."

This study compared workplace versus non-workplace suicides in the U.S. between 2003 and 2010 using data from the Bureau of Labor

Statistics' (BLS) Census of Fatal Occupational Injury (CFOI) database. The number of workers within each occupation was determined from the Bureau of Labor Statistics Current Population Survey (CPS). Data on suicides outside the workplace were gathered from the CDC's Web-Based Injury Statistics Query and Reporting Systems (WISQARS) database, which also contains census-based population counts.

Slightly more than 1,700 people died by suicide in the workplace during this period, for an overall rate of 1.5 per 1,000,000 workers. In the same period, 270,500 people died by suicide outside of the workplace, for an overall rate of 144.1 per 1,000,000 people. Examining the data across occupational lines, researchers found that workplace suicides were 15 times higher for men than for women and almost four times higher for workers aged 65-74 than for workers 16-24.

Several occupations have consistently been identified to be at high risk for suicide: [law enforcement officers](#), farmers, medical doctors, and soldiers. The researchers noted that one hypothesis that may explain the increased [suicide risk](#) among specific occupations is the availability and access to lethal means, such as drugs for medical doctors and firearms for law enforcement officers. Workplace stressors and economic factors have also been found to be linked with suicide in these occupations.

Following protective services workers, among whom are firefighters and law enforcement, individuals working in farming, fishing, and forestry occupations had the second highest suicide rate (5.1 per 1 million). Those in Installation, maintenance, and repair occupations also had high workplace suicide rates (3.3 per 1 million), while a subset of this category, workers specifically in automotive maintenance and repair occupations, had high workplace suicide rates (7.1 per 1 million), which is a relatively new finding.

Although a subject of major concern, suicide within the military was

excluded from this analysis because the primary data sources used for the study did not include statistics on military personnel. In addition, deaths tracked by the Department of Defense (DoD) or Veterans Affairs (VA) databases are reported differently than the CFOI.

"This upward trend of suicides in the workplace underscores the need for additional research to understand occupation-specific risk factors and develop evidence-based programs that can be implemented in the [workplace](#)," concluded Dr. Tiesman.

**More information:** "Suicide in U.S. Workplaces, 2003-2010; A Comparison With Non-Workplace Suicides," by Hope M. Tiesman, PhD, Srinivas Konda, MPH, Dan Hartley, EdD, Cammie Chaumont Menéndez, PhD, Marilyn Ridenour, MPH, and Scott Hendricks, MPH. It is published in the *American Journal of Preventive Medicine* online ahead of Volume 48, Issue 6 (June 2015), DOI: [dx.doi.org/10.1016/j.amepre.2014.12.011](https://doi.org/10.1016/j.amepre.2014.12.011)

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