

Not just losing your job

Mandy Rutter explores the alarming link between job loss and suicide

As a department specialising in supporting people and organisations after traumatic events it is not surprising that we are constantly getting requests to help manage issues relating to suicide – either the threats or the consequences. These situations always cause distress, guilt, sadness and sometimes anger, with many unanswered questions left for the manager and team to consider.

This is an example of a call we received last week from an HR manager in a manufacturing plant:

'I would like some help with a very difficult situation here. I have just had a meeting with 10 employees and explained that their jobs were no longer required. Before I could finish, one employee got up, shouted across the room about how difficult this was for him, and stormed out of the building. I have just had a text from him saying thanks for everything and he hopes we understand why he has had to take this action, and not to blame ourselves. He has been very worried about things for a few weeks and I believe he is separated from his family and living alone.'

We were able to assist this manager by exploring further what he knew about the employee's mental health and what support mechanisms the employee currently had. We discussed options for the manager which included contacting the employee's GP, contacting a family member, requesting the assistance of another employee he was friendly with, and ultimately calling the

emergency services. The end result was positive in this situation as a colleague was able to contact the employee and organise immediate psychological support. We also provided advice and support to the manager who was understandably stressed and panicked by the situation.

The current global economic recession has led to more and more employees facing the prospect of losing their jobs. Recent figures have indicated that there are over two million workers now out of a job, the highest unemployment figures since 1997. While we can understand the loss of economic deprivation, the psychological impact of job loss is less understood, and particularly the link between job loss and suicide. This article aims to provide information for workplace counsellors and managers to help them better support employees who are losing their jobs.

Psychological impact of job loss

To understand the impact of job loss it is important to understand the psychological impact of having a job. Psychologists as early as Freud¹ have recognised the value of work. He commented that 'work is a person's strongest tie to reality'. Wood² described work as the 'natural state whereby human beings reach their potential' and Maurer³ stated that work provides not simply a livelihood but an essential passage into the human community: 'It makes us less alone'.

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Jahoda⁴ described employment as imposing a time structure on the waking day and offering shared experiences and contacts with people outside the nuclear family as well as linking individuals to goals and purposes beyond their own. He commented that work defines aspects of personality, status and identity.

In the last 20 years many reputable organisations have written about the value of work⁵ and Margaret McCartney⁶ brings us right up to date with remarkably similar messages to research in the last century when she comments: 'Work gives us meaning, structure, social inclusion, relationships and, usually, a visible outcome or product we can be proud of.'

Having a sense of the positive effects of work helps us to understand the losses of not having a job. These losses have been documented widely in the research since the Depression of the 1930s, demonstrating an unquestionable link between poor mental health and job loss. To summarise, the most common descriptors of feelings after job loss were depression, incompetence, anger, rage, rejection, powerlessness, frustration and self-doubt⁷. Statistics from both US and Europe measuring wellbeing in many different ways support the conclusion that losing one's job is among the worst things that can happen to a person 'worse than breaking up from one's partner'⁸.

Link between suicide and job loss

With this resounding message about the hugely detrimental effects of job loss it is not surprising that there is a correlation between job loss and suicide. The Suicide Prevention Resource Centre⁹ described the 'chain of adversity' that begins with job loss and moves towards depression, financial constraint and loss of personal control. This in turn leads to feelings of humiliation, shame and despair which can trigger feelings of suicide.

Statistics from the last century can help us predict what may happen in the current economic downturn and assist us in planning resources and supporting employees. The Wall Street crash of 1929 put 12 million people out of work in the US; 23,000 people committed suicide the following year, the highest number since records began. During the 1930s UK depression, a two-fold increase in unemployment was linked to approximately a 50 per cent rise in suicide¹⁰. A study¹¹ investigating the suicide rates after the 1997/98 Asian economic crisis found that in Japan, male suicide rates rose by 39 per cent in 1997/98, by 44 per cent in Hong Kong and by 45 per cent in South Korea. The 10,400 men who committed suicide were mostly of working age, between 15 and 64.

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Key points for managers prior to delivering messages about job loss

- Talk to your workplace counsellors (or EAP case managers) to identify staff who may be vulnerable.
- Arrange a variety of support systems for all staff who will be losing their job, ie counsellor on site, literature available to assist the management of change, financial management information, careers advice and reminding staff of their workplace counselling facility.
- Ensure that the workplace has current details of all staff, ie address, GP contact and emergency contacts.
- Talk to staff who may be vulnerable about the support they have in place both at work and outside the workplace; check their plans over the next few days to ensure they are not alone; make an arrangement for them to have contact from their manager or workplace counsellor over the next few days.
- Ensure there is the opportunity for reflection, analysis and confidential support for all managers involved in job loss programmes.

Suicide and other risk factors

While there is clearly a link between suicide and job loss, suicide is usually a combination of many factors rather than one sole causal factor. Mclean et al¹² noted that social support, geography, gender, age and type of employment were all co-variables in suicide and attempted suicide after job loss.

The Suicide Prevention Resource Centre in its very useful document⁹ comments that 'job loss is associated with depression, substance abuse problems and marital disruption, all of which are independently linked to suicide risk'.

The Scottish Government has conducted some interesting research¹³ on looking at the risk and protective factors in suicidal behaviour. It is this information that is clearly important for us today. If we can identify employees with a particularly high number of risk factors we can target resources in their direction in order to lessen the severity of the impact of job loss. Correspondingly, if we can identify those employees who have protective factors, these are likely to assist the employee in moving forward and finding alternative activities after job loss.

The question for workplace counsellors is whether we can minimise the risk factors for suicidal behaviour while strengthening the protective factors for those people who have lost their job.

Some of the risk factors are pre-existing characteristics that remain static such as:

- previous suicide attempts
- previous instances of aggression
- chronic physical illness
- family history of suicide.

However, there are other risk factors that can be minimised with support from a counsellor:

- depression (and other psychological disorders)
- drug and alcohol misuse
- feelings of hopelessness
- difficulty in problem solving.

Many of the protective factors identified by the Scottish Government research are factors that can be developed within a counselling relationship:

- good problem solving skills
- effective coping skills
- feeling in control of behaviour, thoughts and emotions
- feeling hopeful
- having a sense of spirituality
- having a full and active life
- resilient personal relationships.

Other protective factors outside the counselling relationship have been identified as:

- engagement in sport
- caring for children.

Accessing help

One of the striking differences between the recession of 2009 and the recessions in the previous century is that now, not only do we have significant knowledge about how people behave after they have lost their job, but we also have national and local support systems to help people recover from the devastating impact of job loss. I would suggest that it is our role as workplace counsellors to educate managers, and other support personnel within the workplace, about some of the more tragic and critical consequences of job loss. The box (left) details succinct, pragmatic guidelines that workplace counsellors can offer to managers in order to assist the organisation with strengthening the protective factors and minimising the risk of suicidal behaviour after job loss. ■

References

- 1 Freud S. Civilization and its discontents. London: Hogarth Press; 1930.
- 2 Wood S. Redundancy and stress. In: Gowler D, Legge K. (eds) Managerial stress. Epping, Essex: Gower Press; 1975.
- 3 Maurer H. Not working: an oral history of the unemployed. New York: Holt, Rinehart and Winston; 1979.
- 4 Jahoda M. Work, employment and unemployment: values, theories and approaches in social research. American Psychologist. 1981; 36:184-191.
- 5 HSE. Managing sickness absence and return to work. 2004.
- 6 McCartney M. Why work is good for you. Financial Times. 10 January 2009.
- 7 Ragland-Sullivan E, Barglow P. Job loss: psychological response of university faculty. Journal of Higher Education. 1981; 52:45-66.
- 8 Oswald A. The missing piece of the unemployment puzzle. Inaugural lecture, Warwick University; November 1997.
- 9 The Suicide Prevention Resource Centre. Sustaining community based initiatives – community and economic development. WK Kellogg Foundation; 2008.
- 10 Gunnell D, Lopatatzidis A, Dorling D. Suicide and unemployment in young people. Analysis of trends in England and Wales, 1921-1995. British Journal of Psychiatry. 1999; 175:263-270.
- 11 Chang Shu-Sen. Suicide rates and the 1990s Asian economic crisis. Social Science and Medicine. 12 February 2009.
- 12 Mclean C, Carmona C, France S, Wohlgemuth C, Mulvihill C. Worklessness and health – what do we know about the causal relationship? Evidence review. London: Health Development Agency; 2005.
- 13 Scottish Government. Risk and protective factors for suicide and suicidal behaviour: a literature review. Chapter 4, Modelling the interplay between risk and protective factors in suicidal behaviour. 2008.

How to fit into the NHS commissioning picture

We would like to introduce a new BACP publication to you: *NHS commissioning – a toolkit for psychological therapy providers* written by Heather Hurford, director of Research and Development in Mental Health and co-authored by Yolande Watson (associate to RDMH) and BACP's healthcare development manager, Louise Robinson. RDMH was commissioned by BACP to write the toolkit in consultation with BACP. The brief for RDMH was based on work by BACP which identified what a toolkit for providers might usefully include (this involved consultation with members). It was also based on desk research, surveys and interviews with commissioners. The toolkit aims to help providers navigate the often highly complex NHS pathways and offer them support to maintain their position in the market.



Taken from the foreword, this statement by BACP's Chair, Lynne Gabriel, sets the scene. The toolkit aims to help identify ways that readers can:

- demonstrate how our services help deliver national government priorities and guidelines
- offer services that meet local health needs and enhance patient choice
- reassure commissioners of the safety and effectiveness of our services by sharing information on clinical governance, audit and evaluation
- seek and create opportunities for service improvement
- achieve sustainability by remaining adaptable to changing local and national priorities.

The toolkit sets out NHS organisational structures in a straightforward and understandable way across the four nations, using diagrams and tables to assist the reader. It also unravels the processes for locating and accessing commissioners and explains how to engage with the commissioning processes.

The information given in this toolkit will greatly assist workplace psychological therapy providers to think strategically about what they have to offer and how to present this when putting together a proposal. This may have the added benefit of highlighting potential changes and re-evaluating procedures which will lead to an improvement in services. (Please note, this publication does not cover NHS staff counselling.)

The toolkit is available at a special offer price of £15 to BACP members (£25 to non-members). To order or for further information, please contact BACP customer services on: 01455 883300. ■