



Is your workplace killing you? - Suicides

In 2008 'Hazards magazine' compiled a dossier of work related suicides entitled 'Crying Shame' - Hazards 101, April-March 2008.

(<http://www.hazards.org/suicide/cryingshame.htm>) The information published is raw and revealing. It records accounts of individuals who have died as a result of their employment. One individual wrote to his trade union complaining about his employers treatment. He said he had been '*treated unfairly and victimised*' by his employer.

Other cases include , a head teacher who killed himself and two more teachers who killed themselves fearing criticism by Ofsted. Also there are examples of a number of individuals who are reported to have killed themselves because of '*pressure of work*' and '*overwork*'. Each of these individuals show the distress that people find themselves with as a result of the way they are treated at work.

In the TUC Risks 730 from 28 November 2015 the examples were added to with the suicide report of an award-winning headteacher after Ofsted downgraded her school. The article also said that in 2009 'the NUT warned that teachers in England and Wales had an almost 40% greater rate of suicide than the general population'.

In a recent report of a construction industry health and safety event (<https://www.thebesa.com/news/workers-six-times-more-likely-to-die-from-suicide-than-falls/>) a spokesperson for Samaritans said that more construction workers are killed through suicide than through workplace incidents and that the main risk factors include depression and mental illness, which can often be brought on by a stressful working environment, money worries, or drugs and alcohol. Mr McLaughlin from BESA is reported as saying '*how the industry behaved and how it treated people was a major contributory factor to growing depression and suicidal feelings in workers*'.

In January, 2016 the Guardian ran an article written by an anonymous Junior Doctor, entitled 'By the end of my first year as a doctor, I was ready to kill myself' (<https://www.theguardian.com/healthcare-network/views-from-the-nhs-frontline/2016/jan/05/doctor-suicide-hospital-nhs>) The author said '*As I wrestled silently with the urge to kill myself, another house officer in my trust went right on and did it. To me, that monstrous waste of young life seemed entirely logical. The constant, haunting fear of hurting my patients, coupled with relentless rotas at work, had rendered me incapable of reason.*

Though we know large numbers of doctors kill themselves, what is less clear are the reasons why, when dedicated to preserving human life, some doctors silently plot their own deaths.'

There is growing concern from reps and members across all industries at the rise in workplace stress, mental ill health and suicide. We are all too aware of the increased intensification of the work we do; the ever increasing accountability of every minute of the day; the pressure from management to not take drink breaks, lunches or even toilet breaks; the pressure from not being on a permanent contract and having to continually prove you are better than everyone else; the pressure to do more and more work with fewer people; the continual on call attitude with employees using technology to answer and deal with emails, phone calls and other administrative work at all hours of the time and day; the pressure to not take all your holidays; the pressure not to be off sick because of absence and sickness policies that can lead to discipline and dismissal or to presenteeism which means you are unable to work properly because you are ill at work or unable to share your mental ill health concerns because you are fearful you will be stigmatised by it; the pressures of working in an environment where you are micro managed, bullied, face violence, sexual harassment or discrimination or have no control over your work or are not adequately trained or qualified to carry out the work you are expected to do.

These are the sorts of pressures that workers are facing from work and then added to these are the pressures they are facing in society, which includes: A health service so over stretched and underfunded that our friends and relatives are having to be cared for at home, a welfare system which favours the rich and stigmatises the poor and which has been massively cut so people have no safety net or an ever decreasing income safety net, a low wage highly precarious contract jobs market which gives little or no financial stability and an inability to challenge unfair, unjust or dangerous practices at work.

In 2018 Hugh Robertson wrote in the Hazards Magazine and provided a check list for trade union reps <http://www.hazards.org/suicide/suicideprevention.htm>

For more information see <http://www.hazards.org/suicide/>

See the Hazards Campaign: Mental Health and the Workplace for details of what employers should be doing in their workplaces to prevent work related stress and mental ill health, how they can support individuals with mental ill health and how they can provide a positive mental health environment for all workers.

Trade unions should continue to support members and challenge employers and workplace policies and practices that cause ill health, whether that is physical or mental ill health.

There is a further role in supporting the families of members who have died by suicide. Contact FACK/GMHC for more information: mail@gmhazards.org.uk