



Universität Hamburg

DER FORSCHUNG | DER LEHRE | DER BILDUNG

Guidelines

for dealing with suicide risk in the workplace

prepared by

Center for Health and Workplace Cooperation

You can be confronted by suicide in both your private and working life. This guide was developed to provide an initial look at this issue, and to help counteract any concerns you may have. The following information does not claim to be a comprehensive discussion or take the place of training in dealing with suicide crises, but to provide you with an initial understanding, and some potential ways of responding in such situations. We thank you for your interest, and your willingness to familiarize yourself with the suggestions and contents of this guide. If you have any questions, please contact the personal counseling team in the Center for Health and Workplace Cooperation.

Definition

Suicidal behavior includes a range of behaviors from suicide ideation to suicide plans or attempts, as well as the act of committing suicide itself. A distinction is also drawn between latent and acute suicide risks (see diagram). Often, a clear definition is not possible and shifts between acute and latent may be ongoing.

Approaching the individual and offering help are important in every phase of a suicidal crisis, the more acute the situation, the more urgent the help needed.

Anyone can find themselves in a situation where they are so burdened and overwhelmed that they turn to suicidal thoughts and plans. There are some factors associated with suicidal behavior that may increase its likelihood. This includes psychological disorders (e.g. depression, addiction, post-traumatic stress disorders, etc.), physical illnesses with chronic pain, loneliness, and other painful life events (e.g., relationship breakups, death of a loved one, moving, job loss, but also being forced to flee or experiences of violence). In addition, the risk of suicide increases where there is a family history of suicide and previous suicide attempts, as well as for men and older individuals.

Conditions in the workplace may also influence the risk of suicide. In addition to heightened stress or overwork, there are other negative conditions in the workplace that increase the risk. These factors can be divided into 3 categories.

Suicide risk factors in the workplace

Psychological/mental	Physical	Social
<ul style="list-style-type: none">• excessive demands• performance and time pressure• fear of failure and being monitored• failing	<ul style="list-style-type: none">• night and shift work• overtime• exposure to harmful substances• hard physical labor	<ul style="list-style-type: none">• lack of recognition• negative work environment / bullying• competitive pressure• working in isolation• fear of losing one's position

Particularly in the work context, we often don't know much about an individual's private background and the causes of suicidal behavior in coworkers. Sometimes, we only realize someone's behavior has changed or become "somehow off" when in direct contact with that person. There are a few warning signs, however, that may make us aware that someone is not doing well and developing suicidal tendencies.

Warning signs

- feelings of hopelessness
- disproportionate rage, anger, or desire for revenge
- self-harm, risky behavior
- expressions of feeling trapped in a situation
- increasing (ab)use of intoxicants
- signs of fear or nervous tension
- significant mood swings
- changes in sleeping patterns
- expressions of futility and being tired of life
- social withdrawal
- direct or indirect mention of suicidal ideation
- saying goodbye, giving away possessions

If you suspect someone may be harboring suicidal thoughts or tendencies, you should not try and deal with it on your own. Confide in coworkers or supervisors. Together, you can work out the best plan of action. You are not able to take the place of professional help, and are not responsible for preventing the individual from committing suicide. If you do not feel comfortable in your role, ask someone else to take over the conversation (e.g., counseling for University Staff, supervisors, coworkers). Raising your suspicions is an important first step in getting help for the individual who is affected. Often people feel a sense of relief that someone is finally talking to them about it. If the individual doesn't want to talk to you, try to work out with them who they might feel comfortable speaking to.

How can I start the conversation?

Start by asking how the person is, and outline your impression or concern.

- "I have the feeling you're not doing so well."
- "I'm concerned because I notice that you . . ."
- "I am afraid that you will do something to yourself."

In particular, ask about:

- suicidal thoughts
“Are you thinking about doing something / taking your own life?”
- preparation
“How would you do it / Are you planning it?
Have you decided when?”
- announcement:
“Does anyone in your life outside of work know about this?”
“Do you have someone you can turn to?”
- previous suicide attempts
“Have you ever attempted suicide before?”

The more specific the suicidal thoughts or intent are expressed, the more danger the person is in. In acute cases, you may need to act quickly. This may include receiving an email saying strange things, or a telephone call which raises suspicions. Perhaps the individual about whom you or other coworkers had previously had concerns simply

What to do in acute crises

- Remove any possible weapons or sources of harm (scissors, toxic substances...) or make sure none of these are accessible.
- Get a second person involved where possible
- (With the consent of the affected individual) contact emergency services / social and psychiatric services, or register the person with a psychiatric emergency ward (see page 6) and make sure transport is available.

Above all, however: Stay with the person and listen to them!

- Take the person’s concerns seriously.
“I can see that would be really hard for you.”
“I’m sorry that you feel like this.”
- Establish a connection:
“I’ll stay with you until we think of what the next step should be.”
“How can I help you?”
- Just be there, and be patient.
- If possible, consider together what the individual can do for themselves (ask their opinion, do not presume you know what the person needs)

does not show up to work without having said anything or cannot be reached by phone.

Things to avoid

- moral statements e.g., “You can’t think that,” or “Don’t be so selfish.”
- trivializing their situation e.g., “You’re making too much out of this, it will all be better tomorrow.”
- making criticisms or accusations e.g., “You’re just hurting everyone else.”
- dismissing the individual or their thoughts, e.g., “That’s just a silly thing to say,” “There are other people who have it way worse than you,” “That’s not a reason to kill yourself.”
- suggesting changes
- provocation: “You’re not going to do anything anyway.”
- making promises that cannot be delivered

Contact details

Social and psychiatric counseling services

It is important to know that the social and psychiatric services also offer counseling. They offer advice and assistance for adults in mental distress, psychological disorders, in acute crisis situations, with suicidal tendencies, addiction, age-related mental illnesses, and mental disability.

Sozialpsychiatrischer Dienst der Hamburger Bezirksamter	Kontaktdaten: Sozialpsychiatrischer Dienst	
	Bezirk Hamburg-Mitte	Caffamacherreihe 1-3 20355 Hamburg Telefon 040 42854-4741
In jedem Bezirksamt in Hamburg gibt es im Fachamt für Gesundheit einen Sozialpsychiatrischen Dienst. Dieser ist Ansprechpartner für Menschen in akuten Krisensituationen, auch mit Suizidgedanken.	Bezirk Altona	Bahrenfelder Straße 254-260 22765 Hamburg Telefon 040 42811-2093
	Bezirk Eimsbüttel	Grindelberg 66 20144 Hamburg Telefon 040 42801-3384
Auch Angehörige, Freunde, Nachbarn und andere, die sich Sorgen um Menschen mit psychischen Problemen machen, können sich an den jeweiligen Sozialpsychiatrischen Dienst wenden.	Bezirk Hamburg-Nord	Eppendorfer Landstraße 59 20249 Hamburg Telefon 040 42804-2764
	Bezirk Wandsbek	Robert-Schuman-Brücke 8 22041 Hamburg Telefon 040 42881-5357
Sprechzeiten: Mo – Fr 8:00 – 16:00 Uhr	Bezirk Bergedorf	Herzog-Carl-Friedrich-Platz 1 21031 Hamburg Telefon 040 42891-2271
	Bezirk Harburg	Harburger Rathauspassage 2 21073 Hamburg Telefon 040 42871-2364

Universität Hamburg personal counseling

office email: sozialberatung@uni-hamburg.de

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Psychological crises and emergencies: UKE

Central emergency admissions, building O10, Open 24/7, no registration required

[Tel: +49 0 40 7410-0](tel:+4904074100)

Psychiatry and Psychotherapy, Building W37, Mon–Fri 9 am to 3 pm, no appointment requirement

Tel:[+49 \(0\) 40 7410-53210](tel:+49040741053210)

Telephone counseling

[0800.1110111](tel:08001110111) | [0800.1110222](tel:08001110222) | [116.123](tel:116123)

Sources:

Rudd, M.D., Berman, A.L., Joiner, T.E., Nock, M.K., Silverman, N.M., Mandrusiak, M., Orden, K.V. & Witte, T. (2006). Warning signs for suicide: theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36 (3), 255-262.

Deutsche Gesellschaft für Suizidprävention. (2023). Suizidalität – Zahlen, Fakten, Warnsignale. <https://www.suizidprophylaxe.de/suizidalitaet1/allgemeine-informationen/>

Deutsche Gesellschaft für Suizidprävention. (2023). Hinweise und Tipps für das Gespräch mit einer suizidgefährdeten Person. <https://www.suizidprophylaxe.de/hilfsangebote2/gesprachsempfehlungen/>

Lindner, R., Schneider, B., Giegling, I., Müller, S., Müller-Pein, H., Rujescu, D., Urban, B. & Fiedler, G. (2021). Suizidprävention im beruflichen Umfeld. In *Suizidprävention Deutschland. Aktueller Stand und Perspektiven* (pp. 118-139). Kassel: Deutsche Akademie für Suizidprävention.