



Work Related Fatality project
Department of Forensic Medicine, Monash University

Work Related Suicide Stressors

Report

<i>Accompanying documents to this report</i>	
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Work Related Suicide Stressors – research brief	1010-005-R4B

Prepared by:

Dr Virginia Routley, Senior Research Fellow, Prevention Research Unit, Monash University Department of Forensic Medicine; and
Professor Joan Ozanne-Smith, Head Prevention Research Unit, Monash University Department of Forensic Medicine.

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1. Introduction

1.1 Previous studies

An overview of work related suicide from the Victorian Work Related Fatality Database (VWRFD) found that work stressors were the major work relatedness factor (55.2% of work related suicides) compared with a workplace location (6.8%) and the means of both commercial transport (31.9%) and work agent (5.8%). In the VWRFD suicides are included on the basis of having been caused by work related stressors where the following contributed to the suicide of the deceased:

Harassment or bullying; ongoing difficulties gaining employment; financial problems related to their business; mobility, pain or depression after a workplace injury; recent redundancy, compensation claims or involvement in job related court proceeding; work-related interpersonal conflict or relationship breakdown (Bugeja et al., 2009).

Bottomley et al. (2002) noted in their analysis of 109 Victorian Coroners records that most of their suicides considered work related were also experiencing at least one non-work related problem eg relationships, health problems, substance abuse but the nature of the coronial findings does not allow an evaluation of the relative importance of work and other factors, or their inter-relationship (their work related suicide definition is similar to that of the VWRFD for work stressor suicide but excludes “ongoing difficulties gaining employment”). Work factors (or stressors) were considered to be associated with suicide in one of three ways: as a significant contributing cause to the person’s suicide, as a trigger that precipitates the suicide or as only one of a number of stresses in the person’s life such that personal or family events may be the significant contributing cause or trigger event.

Bottomley et al. (2002) noted that the most frequent work difficulty was “stress at work” (23); then work troubles, problems, difficulties (21); followed by arguments/disagreements with colleagues or a boss (14); fear of retrenchment (13);

performance pressures (10); job dissatisfaction (8); long hours (7); police or legal issues (7); retrenchment or loss of job (5); restructuring (4); unsuccessful return to work after injury (1). Physical injury appears to increase the risk of mental illness developing. The onset may be a result of a range of factors including personal disfigurement, severe and prolonged pain and stress and loss of feeling of self worth.

In a later report Bottomley and Neith (2010) investigated 58 people for whom 86 Victorian Workcover Authority claims were made (21 suicide; 65 attempted suicide) over eleven years from 1985-86 to 2006-07. Mental injury, stress or psychological injury was almost always identified as the primary cause of suicide, whether the person had one or more than one claim.

1.2 Current Study

The Victorian Work Related Fatalities Database (VWRFD), first noted in paragraph 1, is a record of both intentional and unintentional injury deaths reported to the Victorian Coroner that have a work related component. The coding hierarchy applicable to suicides, where more than one work related criterion has been recorded, comprises work agents, work stressors, commercial vehicles and finally work locations.

Where there are co-existing factors such as relationship problems or mental health issues, the suicide is still coded as work-related. However if there are many other stressors listed or the coroner named a particular other stressor such as relationship breakdown or terminal illness as the major stressor then the suicide has not been classified as work-related. Non work related factors have been noted in addition to those that are work related (Bugeja et al., 2009).

The aim of this current study is to provide an overview of all Victorian suicides between July 2000 and December 2007 recorded on the VWRFD that have an association with work stressors, as broadly defined in paragraph one, and modified slightly to include broadening of *unemployment* and *retrenchment/redundancy*

criteria to include *fear of this* and for the latter also *resignation*. Stressor types added are *workplace wrongdoing* and *general/other work stress*, the latter including 'dissatisfaction with hours, pay, demotion', 'dissatisfaction with own work standard' etc or brief information such as 'stressed at work'.

2. Method

Work related suicides that had been closed by the Coroner as at the 8th June 2010 were extracted from the VWRFD for the most complete data collection period (July 2000-December 2007).

Suicides were extracted that had their work related code primarily as *stressor* or as *work agent* and then *stressor*. For each work related suicide in the extracted dataset up to two work related stressor types were coded, in order of contribution to the suicide, to the extent to which this could be determined from the Coroner's records. Work related stressor type categories, determined to be relevant to this study, were (similarly to the inclusion criteria):

- Business related financial problems
- Recent retrenchment or fear of this occurring or resignation
- Previous work-related injury
- Difficulty gaining employment or no longer being employable or fear of this
- Workplace wrong doing mostly with legal implications
- Conflict with colleagues or supervisors
- Harassment/bullying
- General/other work stress

The work related suicide stressor subset was analysed for the following variables: stressor type (primary and secondary), gender, work only vs non-work stressors and major ANZSCO (Australia and New Zealand Standard Classification of Occupations)

groupings, suicide methods etc. using Microsoft Excel 2007 and SPSS Statistics version 17.0.

3. Results

3.1 Overview

There were 356 work related suicides coded as being associated with work related stressors for the period July 2000 to December 2007 (Table 1), an average of 47 per year. The most common work stressor types were *business related financial problems* (74), *recent retrenchment or fear of this, resignation* (68) and *general/other work stress* (76). There were 25 suicides associated with two or more work related stressors.

Table 1 Work related suicide stressor types*

Work stressor type	Primary** (N)	Secondary (N)	Total
Business related financial problems	74	2	76
Recent retrenchment or fear of, resignation	68	3	71
Previous work-related injury	56	4	60
Difficulty gaining employment, no longer being employable or fear of this	33	1	34
Workplace wrong doing mostly with legal implications	20	2	22
PTSD	12	0	12
Conflict with colleagues or supervisors/ Harassment/bullying	12	6	18
General/other work stress	81	7	88
Total	356	25	381

*WFRD closed cases, July 2000- December 2007

** Work stressor type that appears to have had the most influence on the suicide.

Typical work related scenarios for each of the work related stressor types are in Table 2.

Table 2. Work related stressor type typical scenarios

Work related stressor type	Typical scenarios
Business related financial problems	<p>Long hours of owner operated business</p> <p>Failed or failing businesses (starts pathway of financial problems, loss of home and relationship breakdown, anxiety, depression, suicide)</p> <p>Unable to afford to maintain essential equipment eg vehicle</p> <p>Family conflict over shared business</p> <p>Owed money by others for completed work</p>
Recent retrenchment or fear of, resignation	<p>Anxiety about job insecurity eg takeover situation, workplace closure</p> <p>Financial problems, depression caused by job loss eg felt useless without a job, was isolated without a job</p> <p>Loss of licence (5) and subsequent loss of job as a truck driver, courier etc</p>
Previous work-related injury	<p>Most have long-standing injury, few recent</p> <p>Chronic pain often associated (especially back injury)</p> <p>Work injury sole factor in more than half</p> <p>Some noted Work Cover, including disputes</p> <p>Injury prevented some from working but not included here if not noted as a work related injury</p>
Wrong doing	<p>Found out defrauding or stealing from workplace</p> <p>Sexual harassment by the suicide</p> <p>Imminent investigation into professional misconduct</p> <p>Bullying</p>
PTSD	<p>Depression or anxiety following an incident/s (military excluded)</p>
Conflict with colleagues or supervisors/victim of harassment or bullying	<p>Harassed, picked-on, bullied, victimised</p> <p>Family business intergenerational farming practices</p> <p>Problems with employer- non-specified</p> <p>Employer staff and union issues</p> <p>Disillusioned about other staff</p>
General/other work stress	<p>Anxiety about returning to work after a break</p> <p>Change in or ongoing work conditions affecting lifestyle eg shift work, interstate truck driving</p> <p>Work cover claimant for anxiety or depression</p> <p>Excessive workload or work hours</p> <p>Not coping with or mismatched to job</p> <p>Believed they were below the standard of others or the standard required for the job</p> <p>Work related 'dissatisfied, unhappy, stressed, depressed, anxious or pressured' but otherwise unspecified</p> <p>Hours had been cut back</p> <p>Change from salaried to commission pay arrangement</p> <p>Unwanted change to department and position</p>

3.2 Work and non-work stressors

The majority (54.8%) of suicides where the work related stressor was the primary stressor (Table 1) also had additional non work related stressor causes (Table 3). The primary stressor types were more likely to be ascertained as the sole cause of the work related suicide where there was a *work injury, workplace wrong doing or conflict with supervisors/colleagues (includes bullying/harassment)* ie situations where there was a trigger incident. Typical non-work related stressors were a history of anxiety or depression, relationship problems, drug and alcohol abuse or health problems.

Table 3. Work related suicide stressor and non work stressors*

Work related stressor types**	Work related stressor only		Work and non-work related stressors		Total	
	N	%	N	%	N	%
Business related financial problems	39	52.7	35	47.5	74	20.8
Recent retrenchment or fear of, resignation	20	29.4	48	70.6	68	19.1
Previous work-related injury	33	58.9	23	41.1	56	15.7
Difficulty gaining employment, no longer being employable or fear of this	7	21.2	26	78.8	33	9.3
Workplace wrong doing mostly with legal implications	14	70.0	6	30.0	20	5.6
PTSD	5	41.7	7	58.3	12	3.4
Conflict with colleagues or supervisors/harassment/bullying	8	66.6	4	33.3	12	3.4
General/other work stress	35	43.2	46	56.8	81	22.8
Total	161	45.2	195	54.8	356	100%

*WRFD closed cases, July 2000- December 2007

** Primary stressor type only.

3.3 Gender

Males clearly dominated the work related stressor suicides both for each stressor type and overall (87.4% male vs 12.6% female) (Table 4).

Table 4. Work related suicide primary stressor by gender - % of stressor type*

Work related stressor types**	Gender				Total	
	Male		Female		N	%
	N	%	N	%		
Business related financial problems	69	93.2	5	6.8	74	100
Recent retrenchment or fear of, resignation	61	89.7	7	10.3	68	100
Previous work-related injury	47	83.9	9	16.1	56	100
Difficulty gaining employment, no longer being employable or fear of this	31	93.9	2	6.1	33	100
Workplace wrong doing mostly with legal implications	17	85.0	3	15.0	20	100
PTSD	9	75.0	3	25.0	12	100
Conflict with colleagues or supervisors /harassment/bullying	10	83.3	2	16.7	12	100
General/other work stress s	67	82.7	14	17.3	81	100
Total	311	87.4	45	12.6	356	100

*WRFD Closed cases, July 2000- December 2007

** Primary stressor type only.

Though having fewer cases than males overall, a higher proportion of females had *general/other work stress*, *PTSD* and *previous work injury* as primary work related stressors. A higher proportion of males had *business related financial problems* and *employment/retrenchment/resignation issues* (Table 5).

Table 5. Work related suicide primary stressor by gender - % of gender*

Work related stressor types**	Gender				Total
	Male		Female		N
	N	%	N	%	
Business related financial problems	69	22.2	5	11.1	74
Recent retrenchment or fear of, resignation	61	19.6	7	15.6	68
Previous work-related injury	47	15.1	9	20.0	56
Difficulty gaining employment, no longer being employable or fear of this	31	10.0	2	4.4	33
Workplace wrong doing mostly with legal implications	17	5.5	3	6.7	20
PTSD	9	2.9	3	6.7	12
Conflict with colleagues or supervisors /harassment/bullying	10	3.2	2	4.4	12
General/other work stress	67	21.5	14	31.1	81
Total	311	100%	45	100.0%	356

*WRFD closed cases, July 2000- December 2007

** Primary stressor type only.

3.4 Major occupational groupings (ANZSCO)

Managers and technicians and trade groups were most likely to be affected by *business related financial stressors*; professionals and managers by *general/other work stress* (Table 6). The Not Applicable (N/A) major ANZSCO grouping (ie unemployed, pensioners, retirees, students or home duty persons) occurred most commonly for the *recent retrenchment or fear of, resignation; previous work related injury and difficulty finding employment, no longer being employable or fear of this* stressor groupings. The N/A group has been further described in Table 7.

Table 6. Major ANZSCO occupational groupings*

Work related stressor types**	N	Most common major occupational ANZSCO grouping
Business related financial problems	74	Managers (30), technicians & trade workers (23)
Recent retrenchment or fear of, resignation	68	N/A (40), technicians & trades (8)
Previous work-related injury	56	N/A (29), machinery operators & drivers (7), technicians & trades (7)
Difficulty gaining employment, no longer being employable or fear of this	33	N/A (22)
Workplace wrong doing mostly with legal implications	20	Managers (6), N/A (6)
PTSD	12	N/A (8)
Conflict with colleagues or supervisors /harassment/bullying	12	Varied
General/other work stress	81	Professional s (19), managers (13), technicians & trade workers (11), N/A (10), community and personal service workers (8)
Total	356	N/A (126), managers (59), technicians & trades (57)

*WRFD closed cases, July 2000- December 2007

**Primary stressor type only.

The substantial *Not Applicable* (N/A) major ANZSCO occupational grouping has been further broken down into another variable – *current occupation*. Unemployed featured highly in this breakdown for most stressor types, especially those associated with ‘employment, retrenchment or previous injury’ (Table 7). In total the

126 N/A group comprised 73 unemployed, 23 pensioners, 23 retirees, 3 students and 3 home duties.

Table 7. Breakup N/A major occupational grouping – most common current occupation*

Work related stressor types**	Not applicable (N)	Common current occupations
Recent retrenchment or fear of, resignation	40	30 unemployed, 6 retirees,
Previous work-related injury	29	10 unemployed, 5 retirees, 4 pensioners
Difficulty gaining employment, no longer being employable or fear of this	22	18 unemployed
PTSD	8	4 pensioners, 2 retirees
Business related financial problems	7	3 retirees, 2 unemployed
Workplace wrong doing mostly with legal implications	6	4 unemployed
Conflict with colleagues or supervisors/ harassment/bullying	4	4 unemployed
General/other work stress	10	5 retirees
Total	126	

*WFRD Closed cases, July 2000- December 2007

** Primary stressor type only.

Hanging and exhaust gassing were the most common suicide methods for all stressor types (Table 8). Drug overdose was disproportionately high for previous work related injury (n=9, 16.1%) compared with other stressor types (6.3%).

Table 8. Method of suicide by stressor type

Suicide method	Business related financial problems	Conflict with colleagues or supervisors	Difficulty finding employment	Harassment/ bullying	Previous work related injury	PTSD	Retrenchment	Workplace wrong doing	General/ other work stress	Total
Hanging	29	3	15	3	25	6	36	11	45	173
Gases and other vapours (mostly motor vehicle exhaust gas)	17	1	7	0	9	1	14	2	17	68
Drug overdose	3	0	2	1	9	3	5	1	4	28
Firearms	7	1	1	1	3	1	4	2	6	26
Struck by train	3	1	1	0	3	0	2	1	4	15
Jumping from high places	4	0	3	1	0	0	0	2	2	12
Sharp objects	3	0	0	0	4	0	2	0	0	9
Drowning	0	0	1	0	1	1	0	0	1	4
Other/not specified	8	0	3	0	2	0	5	1	2	21
Total	74	6	33	6	56	12	68	20	81	356

4. Discussion

4.1 Findings

The main findings were that there were 356 work related suicides on the VWRFD that had been coded as being associated with work related stressors for the period July 2000 to December 2007, an average of 47 per year. Of these suicides, 45.2% had work related stressors only and these had often been triggered by an injury or other work related incident. Two or more work related stressors were associated with 25 suicides. The most common primary work stressor types were *business related financial problems* (74) and *recent retrenchment or fear of this, resignation* (68) in addition to *general/other work stress* (81). Males dominated both total and all stressor types.

4.2 Multi-cause nature of suicide

Despite their application of a narrower definition of work related suicide (excludes unemployment as a work stressor) the results of the current study are similar to those of Bottomley et al. (2002) and Hartshorn (1997) who noted that “Stressful jobs are rarely the sole cause of an employee’s suicide. How an individual copes with the pressures of the job is influenced by many factors such as employee’s personality, prior experiences, personal support system and the balance and satisfaction the employee finds in other aspects of their life”.

4.3 General work stress

McCalister (2003) noted that high levels of job stress correlated to high levels of job dissatisfaction which is influenced by coworker support, supervisor support, work stress and personality disposition. Woo & Postolache (2008) reviewed the evidence around the impact of occupational factors on mood disorders and suicide and the efficacy of interventions and identified the following factors: shift work can increase the risk of developing or aggravating mood disorders, at least in vulnerable individuals; employees who perceive they are treated unfairly by their supervisors are at increased

risk of poor mental health; workplace bullying is a significant risk factor for incident depression and lack of social support is related to depression.

There are many Japanese studies supporting the contribution of work stress to psychological distress. For example, Kawakami & Haratani (1999) reported that more than half of Japanese employees reported job-related distress. Working ten hours or longer per day was associated with lower satisfaction in working life among men in managerial occupations. Among middle-aged working men, those who worked 50 hours or longer per week had higher levels of irritation, anxiety, loss of interest and exhaustion. Feelings that the job is unsuitable, a lack of control over the workplace and poor human relations at work were associated with depression, a well documented risk factor for suicide.

4.4 Unemployment and retrenchment

The 20.5% of suicides whose occupation was coded as *unemployed*, as distinct from *pensioners or retired*, and the 19.1% and 9.3% whose primary work stressor type was associated with *retrenchment* or *unemployment* respectively supported previous studies where unemployment and retrenchment have been associated with suicide. Platt & Hawton (1992) identified that there is an increased risk of suicide and deliberate self-harm among the unemployed, which may be compatible with both causal and self-selection processes. In a UK case control study Shepherd & Barraclough (1980) compared the work history of 75 suicides and 150 non-suicides. The non-suicide controls were matched from GP records for age, sex, geographical location and marital status. The suicides showed more unemployment (in the labour market but not employed), more absence through illness, they had more frequent job changes and held their jobs for shorter periods. Similarly Chan et al. (2007) noted unemployment can trigger stress, health problems and reduce self-esteem. Involuntary and prolonged unemployment can induce depression and feelings of hopelessness.

Suicide has been associated with both unemployment for men and women aged 25-64 years Kposowa (2003) and those on unemployment, social or disability benefits (Agerbo, 2003; Agerbo, 2005; Blakely et al., 2003). Additionally unemployment has been estimated as having tripled the risk of suicide for females and doubled the risk for males (Gallagher et al., 2008).

The health benefits of work have been shown to outweigh the risks. According to the biopsychosocial model the benefits include: ensuring that some physical activity is taken on work days, providing a sense of community and social inclusion, allowing workers to feel they are making a contribution to society and family, giving structure to days and weeks, providing financial security and decreasing the likelihood that individuals will engage in risky behaviours such as excessive drinking (The Royal Australasian College of Physicians & the Australasian Faculty of Occupational & Environmental Medicine, 2010).

5. Prevention

5.1 General

Since work-related stressor suicide is quite frequent, 365 cases over 7.5 years in Victoria, and there is an apparent increasing trend to compensate such deaths (Bottomley & Neith, 2010), this epidemiological study of work-related stressor suicide typologies provides a basis to inform prevention, potentially including WorkSafe's policy directions in this area.

It is clear from this overview that these work-related stressors are often the sole contributing factor identified in suicides (Table 3); that patterns are present and that their identification may also provide opportunities for prevention. Accordingly, based in part on this information, employers, insurers and regulators may in the future need to consider expanding their roles in suicide prevention.

As for other injury intents, the public health approach to work-related suicide prevention focuses on the person, agent and the physical and social environment. It specifically addresses known risk factors and common contributing factors.

An overview of general preventative measures identified in the literature was provided in the initial overview of work related suicide (Routley & Ozanne-Smith, 2010) and much of that material is also incorporated here. While a focus on mental health is fundamentally important, other apparent risk factors identified in the current study may be equally important intervention points to intercept the chain of events leading to suicide. To some extent, these can be extrapolated from the evidence on suicide risk.

5.2 Person factors

- Personal resilience and problem-solving skills
- Good physical and mental health (De Leo et al, 1999)
- A sense of meaning and purpose to life (De Leo et al, 1999)
- Early identification and appropriate treatment of psychiatric illness (Goldney, 1998) (Department of Health and Aged Care, 2000)

5.3 Social and environmental factors

- Social support from co-workers and supervisors can act as a protective factor against work stressors and changing individuals' perceptions of a situation can help decrease dissatisfaction (McCalister, 2003)
- Employers can encourage managers and colleagues to plan more positive interaction within work groups (McCalister, 2003)
- An integrative approach to workplace health is needed since the traditional approach is individual focused. Prevention needs to address organizational, environmental and social factors which influence stress at work (McCalister, 2003)

- Community and social integration (De Leo et al, 1999) – includes workers and those retrenched who are seeking work or disabled following work injury
- Psychiatric quality care to treat workers under stress; increased awareness and destigmatising of mental health; regular monitoring of high-risk populations (men, certain professions); identifying increased risk such as recent hire, demotion, transfer and laying-off and offering of counselling; listing of suicide crisis hotlines in every directory. (Woo & Postolache, 2008)
- Measures to provide economic security in older age (De Leo et al, 1999) and to provide safety nets for financial security in businesses
- Job re-design aimed at increasing worker's control and work flows that encourage human contact and reporting concerns to a supervisor immediately (Woo & Postolache, 2008)
- Measures which increase employment. Consideration should be given to the wider aspects of market conditions and situations and their impact on suicide. Many European nations have regulations in place preventing companies from laying off employees during hard financial times" (Lester & Yang, 2003).

5.4 Other

Suicide agents and the physical environment are addressed in the previous overview of work-related suicide paper (Routley & Ozanne-Smith, 2010).

Additional preventive measures may need to focus on practices around changes to work status for individuals and other trigger events, including *work injury, workplace wrong doing or conflict with supervisors/colleagues (includes bullying/harassment)*.

Another key intervention point is primary prevention of injury particularly addressing disabling long term consequences of work injury (such as chronic pain and inability to find work following injury). It can also be argued that improved workplace management practices may be needed for situations of work-place wrong doing (or

accusations thereof) as death by suicide may be considered an extreme outcome in such situations and may be preventable.

Specific work stressor topics will be addressed in the next series of reports from this research program including work-place conflict, previous injury at work and general/other work stressors, together with specific prevention strategies.

5.5 Resources for suicide prevention

1. Beyond Blue (<http://www.beyondblue.org.au>) for their National Workplace Program, Mens line Australia, Trans-Help support for transport drivers and their families, Rural men's health.
2. Suiceline (Vic) <http://www.suiceline.org.au/> Counsellors provide specialist telephone counselling and information to anyone affected by suicide – those thinking about suicide, worried about someone or have lost someone to suicide 24 hours a day, seven days a week. Service supports callers through a series of up to six 50 minute phone calls.

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