



Work-related suicide: Increased among Iranian workers and retirees

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Abstract

Introduction: Suicide, a critical global health and social issue, manifests with increasing frequency among economically vulnerable populations. So far, the most important factor in the issue of suicide is the medical, and especially psychiatric model, sociology and economics also have an important contribution to this issue. Factors such as low socioeconomic status and unemployment were identified as significant risk factors for suicidal behaviors. This study investigated work-related suicide in Iran, focusing on workers and retirees facing economic hardship.

Materials and Methods: We analyzed factors such as unemployment, job insecurity, and economic instability that contribute to suicidal behavior among these groups.

Results: Previous research indicates that economic pressures, coupled with inadequate mental health support, increase suicide risk. News from Iran reveals alarming trends, including a rise in suicides among dismissed and financially strained workers across multiple provinces, reflecting a broader socioeconomic crisis.

Conclusion: Findings underscore the urgent need for comprehensive intervention strategies, including workplace modifications, mental health training for employees, and accessible financial support systems. Recommendations are offered for policymakers and health providers, emphasizing preventative measures that address economic and psychosocial stressors in workplace environments.

Keywords: Economic, Retirees, Suicide, Worker

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Introduction

Suicide is one of the most important social problems in the world. Therefore, the prevalence and factors related to the types of

suicide in each society should be carefully examined and studied. Over the past decade, various studies have documented the prevalence of suicide attempts and deaths,

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revealing alarming statistics that highlight the need for effective intervention strategies. To date, the most important factor in the issue of suicide has been the medical model, particularly the psychiatric model. However, sociology and economics also make an important contribution to the issue. Factors such as low socio-economic status and unemployment have been identified as significant risk factors for suicidal behavior (1).

While the prevalence of suicide in Iran is relatively low, empirical evidence suggests an increasing trend in this area. A systematic review and meta-analysis found that there were approximately 22,780 suicide deaths in Iran between 2010 and 2021, a prevalence of 8.14 per 100,000 people. Studies show that increasing economic instability is associated with an increased suicide rate. Suicide among workers and retirees in poor economic conditions in various countries falls into this category. Financial and work-related factors are significantly responsible for 10-15% of suicide mortality (2,3).

Construction workers have the second-highest suicide rate in the United States (4). During the six-year observation period, there were a total of 559 deaths attributed to suicide (500 men and 59 women) among Italian workers in hunting, forestry, fishing, and agriculture (5). A study using data from all provinces of Iran from 2009 to 2015 found that a 1% increase in the unemployment rate was associated with an increase in suicide attempts and deaths of 0.72 and 0.68 per 100,000 people, respectively (6). In 2023, about 2.9 thousand people committed suicide in Japan, mainly due to complications related to their working conditions. The phenomenon of sudden death at work, commonly known as Karoshi (death from overwork), is a pervasive problem in Japanese society. In addition to the physical measures imposed, the psychological stress caused by the work environment can accelerate cases of Karoshi (7).

Over the past decade, various news agencies have reported suicide deaths among Iranian workers and pensioners. Although there are no accurate statistics on the number of workers who have committed suicide in Iran, official news and statistics show that from 2016 to 2017, 9 workers who were laid off committed suicide due to poverty (8). Compare this statistic with another published news about workers' suicide in 2023, which reports that

about 30 workers living or working in Khuzestan, Kerman, Fars, Semnan, Khorasan Razavi, Ilam, Gilan, Kermanshah, Qazvin, Kohgiluyeh and Bobayrahmad, West Azerbaijan and Golestan provinces have committed suicide due to poverty, arrears and wage demands or adjustment and dismissal (9). The news about the suicide of the retired national media was also confirmed. The news about the suicides of pensioners was published both officially (10) and unofficially, causing an uproar in society and increasing the risk of copycat suicides.

The link between economic poverty and suicide rates among workers and pensioners is complex. While mental health is an important risk factor for suicide among retirees, other factors such as economic poverty and social support systems must also be considered, which also play a crucial role in influencing suicide rates (1). A limited number of suicides directly attributable to economic problems have previously sought mental health services. Studies show that during the great recession, suicide rates increased among older adults, especially those experiencing a transition to retirement (1). A longitudinal study found that older adults living in poverty have a 34% higher risk of suicide than their higher-income peers (11). In addition, the introduction of a basic pension in South Korea was associated with a decrease in suicide attempts among older people, suggesting that financial support can reduce the risk of suicide (1).

In general, the reasons for work-related suicide are often due to poor working conditions and financial stress. Exposure to harmful physical, chemical, and psychosocial conditions can increase the risk of suicide (2). Highly stigmatized environments make conversations about mental health difficult and increase feelings of isolation. Economic stresses, such as financial problems and job insecurity, are strongly associated with work-related suicide, with an odds ratio of 4.7 for financial problems (12).

Workplace interventions aimed at reducing the risk of suicide among employees are critical to promoting mental health and well-being. Effective strategies identified in recent research include educational programs, employee development initiatives, and changes to the work environment. Training to recognize signs of stress and mental illness has been shown to have a positive impact in a variety of settings,

including healthcare and emergency services (13). These programs improve knowledge about suicide prevention, reduce stigma, and promote a supportive workplace culture (2). Programs that include skills training and coaching contribute to job satisfaction and psychological well-being and can reduce suicidality. They promote engagement and positive organizational change, which are essential for suicide prevention. Adjustments to workplace conditions, such as reducing traumatic and harmful stress and improving psychosocial factors, are essential to reducing suicide risk (2).

Research on work-related suicide faces several limitations that prevent a comprehensive understanding of causes and prevention strategies. There is no consensus on what constitutes work-related suicide, making identification and detection difficult. King and LaMontagne propose a framework that defines work-related suicides as deaths caused in part by working conditions. However, it is not clear whether this definition is universally accepted. Existing research suggests that work-related factors contribute to 10-15% of suicides, but methods for assessing these contributions are underdeveloped (2). A systematic review reveals a significant gap in interdisciplinary research on the relationship between work experiences and suicide. Current interventions often focus on individual factors rather than addressing systemic workplace issues that may increase suicide risk, such as highly stigmatized environments and unfavorable working conditions. The concept of work-related suicide highlights the role of diminishing institutional support in preventing suicide, but this area remains under-researched (13). Considering the

increasing growth of the economic problem in Iran before the tsunami of related suicides, we emphasize the urgent need to develop correct intervention guidelines for healthcare providers and family physicians in this area. The possible warning signs of work-related suicide (verbal or behavioral) and how to deal with them should be taught. Details about the method of suicide and the location of the event, as well as sensitive headlines, should be avoided. Repeated reports of suicide have a profound effect on people with similar problems and greatly increase the number of related copycat suicides. Reports of suicide should include detailed information on where to get help and preferably referrals to accredited suicide prevention centers that are available 24 hours a day, 7 days a week.

Conclusion

Findings underscore the urgent need for comprehensive intervention strategies, including workplace modifications, mental health training for employees, and accessible financial support systems. Recommendations are offered for policymakers and health providers, emphasizing preventative measures that address economic and psychosocial stressors in workplace environments.

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Conflict of Interests

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