A Qualitative Psychological Autopsy of Male Employee Suicide: Implications for Workplace Mental Health and Suicide Prevention.

Daniel Tarisayi

University of Zambia-PhD Candidate in Public Health

DOI: https://doi.org/10.47772/IJRISS.2026.100700606

Received: 29 July 2026; Accepted: 03 August 2026; Published: 08 August 2026

ABSTRACT

Suicide among working-age men remains a significant public health concern globally, yet limited evidence exists regarding the psychosocial and occupational circumstances surrounding employee suicide in Zimbabwe. This study employed a qualitative psychological autopsy approach to explore the factors preceding the suicide of two male employees and to identify opportunities for workplace suicide prevention and postvention. A phenomenological multiple-case study design was utilised. Data were collected through semi-structured interviews with family members, colleagues, workplace wellness practitioners, and other key informants, supplemented by a review of relevant records. Purposive and snowball sampling techniques were used to identify participants with direct knowledge of the deceased employees.

Data were analysed using thematic analysis. Four major themes emerged: (1) cumulative psychosocial burden and erosion of support systems, (2) concealed distress and missed opportunities for intervention, (3) help-seeking, spirituality and interrupted suicide attempts, and (4) retrospective recognition of warning signs following death. Findings revealed that both deceased employees experienced significant psychosocial stressors, including financial difficulties, interpersonal challenges, and declining social support. Although warning signs were present, many were either misunderstood or recognised only after the suicides occurred. Evidence of previous suicide attempts, indirect verbal disclosures, behavioural changes, and the transfer of valued possessions suggested escalating suicide risk. The findings also highlighted the important role of informal support networks and spiritual interventions in delaying suicidal behaviour.

The study concludes that employee suicide is best understood as the outcome of interacting psychosocial, occupational, and individual vulnerabilities rather than a single causal factor. Strengthening workplace mental health literacy, gatekeeper training, crisis referral pathways, and postvention programmes may enhance early intervention and support for employees at risk of suicide.

Keywords: suicide, psychological autopsy, male employee, workplace mental health, suicide prevention, postvention.

INTRODUCTION

Suicide remains a major global public health challenge, accounting for more than 700,000 deaths annually and ranking among the leading causes of premature mortality worldwide. Men consistently account for the majority of suicide deaths, with global evidence demonstrating that they are significantly more likely than women to die by suicide despite often reporting lower rates of diagnosed mental disorders. This disparity has been attributed to a complex interaction of psychological, social, cultural, and occupational factors, including reluctance to seek help, adherence to traditional masculine norms, substance use, financial pressures, and exposure to chronic life stressors. Consequently, understanding the circumstances surrounding male suicide has become a priority for both public health and occupational mental health research.

The workplace represents a critical setting for suicide prevention because employed adults spend a substantial proportion of their lives at work, where supervisors and colleagues may be among the first to observe behavioural

or emotional changes. Although suicide frequently occurs outside the workplace, occupational factors such as job insecurity, excessive workload, interpersonal conflict, organisational change, financial strain, and poor work-life balance may interact with personal vulnerabilities to increase suicide risk. At the same time, workplaces provide unique opportunities for early identification, timely referral, mental health promotion, and postvention following employee suicide. As a result, there is growing recognition that organisations have an important role in supporting employees' psychological wellbeing and implementing evidence-informed suicide prevention strategies.

Male employees may experience additional barriers to accessing mental health care. Cultural expectations surrounding masculinity often discourage emotional expression and professional help-seeking, increasing the likelihood that psychological distress remains undetected until it reaches crisis point. Research has shown that men are more likely to externalise distress through substance misuse, aggression, risk-taking behaviours, or social withdrawal rather than openly discussing emotional difficulties. These behavioural patterns may reduce opportunities for early intervention by family members, colleagues, supervisors, and healthcare professionals.

One of the most comprehensive approaches to understanding suicide is the psychological autopsy. This qualitative investigative method reconstructs the deceased person's psychological state and life circumstances through interviews with family members, friends, colleagues, supervisors, and healthcare providers, supplemented by documentary evidence where available. Psychological autopsy studies have consistently identified multiple interacting contributors to suicide, including psychiatric illness, previous suicidal behaviour, relationship difficulties, financial hardship, occupational stress, substance misuse, traumatic experiences, and inadequate access to mental health services. Rather than attributing suicide to a single cause, the approach recognises suicide as a multifactorial phenomenon resulting from the interaction of individual, interpersonal, occupational, and societal influences.

Within occupational settings, most published studies have focused on suicide rates among specific professions such as healthcare workers, military personnel, first responders, police officers, and agricultural workers. Comparatively fewer studies have examined individual employee suicides using qualitative psychological autopsy methods, particularly in low- and middle-income countries. In sub-Saharan Africa, and Zimbabwe in particular, empirical evidence on employee suicide remains extremely limited despite increasing recognition of mental health challenges within the workforce. Consequently, many workplace suicide prevention programmes rely largely on evidence generated in high-income countries, which may not fully reflect local cultural, economic, organisational, and healthcare contexts.

Furthermore, the experiences of bereaved families, colleagues, and supervisors following employee suicide have received limited attention. Understanding how these stakeholders interpret warning signs, missed opportunities for intervention, organisational responses, and support needs may provide valuable insights for strengthening both suicide prevention and postvention programmes. Such evidence can inform workplace policies, improve mental health literacy, enhance referral pathways, and support organisational learning following employee suicide.

The present study therefore employs a qualitative psychological autopsy approach to explore the psychosocial and occupational circumstances preceding male employee suicide and to identify opportunities for improving workplace suicide prevention and postvention. By integrating the perspectives of family members, colleagues, supervisors, and other key informants, this study seeks to generate contextually relevant evidence that can strengthen occupational mental health policies and contribute to reducing suicide among working-age men.

Problem Statement

Suicide among working-age men remains a significant public health concern, with men accounting for the majority of suicide deaths globally. Although suicide often occurs outside the workplace, many employed individuals experience occupational stressors that may interact with personal, social, and psychological factors to increase vulnerability. The workplace therefore represents an important setting for early identification of distress, timely intervention, and postvention. Despite increasing investment in employee wellness and

workplace mental health programmes, organisations continue to face employee suicides, highlighting important gaps in the recognition of warning signs and the implementation of effective prevention strategies.

Existing research has largely focused on epidemiological trends, psychiatric diagnoses, or suicide within high-risk occupations such as healthcare, law enforcement, and the military. Comparatively little qualitative research has explored the lived circumstances preceding suicide among male employees in general workplace settings, particularly through the use of psychological autopsy methods. Furthermore, most available evidence originates from high-income countries, limiting its applicability to low- and middle-income countries where socioeconomic conditions, workplace cultures, mental health resources, and help-seeking behaviours may differ substantially.

In Zimbabwe, evidence on employee suicide is scarce, and organisations have limited context-specific guidance for strengthening workplace suicide prevention and postvention programmes. Consequently, opportunities to recognise warning signs, understand the interaction of psychosocial and occupational factors, and learn from completed suicides remain underexplored. Without such evidence, workplace mental health interventions may not adequately address the realities faced by male employees or the needs of colleagues, supervisors, and bereaved families following suicide.

This study seeks to address this knowledge gap by employing a qualitative psychological autopsy to examine the psychosocial and occupational circumstances preceding male employee suicide. By exploring the perspectives of family members, colleagues, supervisors, and other key informants, the study aims to identify perceived warning signs, missed opportunities for intervention, and practical recommendations for strengthening workplace suicide prevention and postvention programmes. The findings are expected to contribute contextually relevant evidence to inform organisational policies, employee wellness programmes, and occupational mental health practice in Zimbabwe and similar settings.

Aim of the Study

This study aimed to examine the circumstances surrounding male employee suicide through qualitative psychological autopsy and to identify lessons that can strengthen workplace mental health, suicide prevention and postvention practices in Zimbabwe.

Objectives

1. To explore the psychosocial and occupational circumstances preceding employee suicide.
2. To identify perceived warning signs and missed opportunities for intervention
3. To understand the experiences of families, colleagues following employee suicide.
4. To develop recommendations for workplace suicide prevention and postvention programmes.

Research Questions

1. What's psychosocial and occupational circumstances preceded the suicide of male employees
2. What warning signs and missed opportunities for intervention were perceived by family members, colleagues and key informants before suicide occurred?
3. How do bereaved family members, colleagues make sense of the events leading to male employee suicide?
4. What organisational lessons can be drawn from psychological autopsies of male employee suicide to strengthen workplace mental health, suicide prevention and postvention?

LITERATURE REVIEW

Global burden of suicide and male vulnerability

Suicide is recognised as a major public health concern worldwide. According to the World Health Organization (WHO, 2021), "more than 700 000 people die due to suicide every year" (p. 1), making suicide one of the leading

causes of premature mortality globally. The WHO further notes that suicide is preventable through timely, evidence-based interventions across multiple sectors, including workplaces.

Men consistently account for the majority of suicide deaths worldwide. The World Health Organization (2021) reports that male suicide rates exceed female rates in most countries, suggesting that gender-specific biological, psychological, and sociocultural factors contribute to this disparity. Canetto and Sakinofsky (1998) argue that "gender is one of the strongest predictors of suicidal behaviour" (p. 2), with men more likely to die by suicide despite women reporting higher rates of suicidal ideation and attempts.

Masculinity and help-seeking behaviour

Masculinity has emerged as an important determinant of men's mental health and suicide risk. Traditional masculine norms encourage independence, emotional restraint, self-reliance and toughness, often discouraging men from expressing vulnerability or seeking psychological support.

Seidler et al. (2016), in their systematic review, concluded that "conformity to traditional masculine norms is associated with poorer help-seeking behaviour among men experiencing depression" (p. 112). Similarly, Addis and Mahalik (2003) observed that "many men avoid seeking help because doing so conflicts with masculine ideals of strength and self-reliance" (p. 8).

Consequently, men may externalise emotional distress through substance misuse, anger, aggression or risk-taking behaviours rather than openly discussing depressive symptoms. These behavioural manifestations often delay recognition of suicide risk by family members, colleagues and healthcare providers.

Occupational factors and suicide

Employment generally promotes psychological wellbeing through financial security, social interaction and purpose. Nevertheless, adverse working conditions may contribute to psychological distress.

The World Health Organization (2022) states that "psychosocial risks at work may be related to job content, work schedule, workplace relationships and organisational culture" (p. 5). Such risks include excessive workload, poor supervisor support, workplace bullying, job insecurity and organisational change.

Milner et al. (2015), in their systematic review of workplace suicide prevention, noted that "the workplace provides an ideal setting for suicide prevention because it reaches a large proportion of the adult population" (p. 30). However, they also observed that evidence supporting workplace suicide interventions remains limited.

It is important to acknowledge that workplace factors rarely act independently. Cavanagh et al. (2003), after reviewing psychological autopsy studies, concluded that "suicide results from a complex interaction between psychiatric disorder, personality traits, life events and social circumstances" (p. 396). Therefore, employee suicides occurring outside the workplace should not automatically be attributed to occupational stress alone.

Psychological autopsy

Psychological autopsy is widely regarded as the gold standard for reconstructing the circumstances preceding suicide.

Shneidman (1981), who pioneered the method, described psychological autopsy as "the retrospective reconstruction of the life and death of the deceased through structured interviews with knowledgeable informants" (p. 325).

According to Cavanagh et al. (2003), psychological autopsy enables researchers to examine psychiatric history, interpersonal relationships, occupational experiences and stressful life events preceding suicide. Hawton et al. (1998) further argued that "psychological autopsy provides valuable information about antecedents of suicide that cannot be obtained from death records alone" (p. 270).

Because the deceased cannot provide first-hand accounts, psychological autopsy relies on multiple informants—including family members, friends, supervisors and colleagues—to reconstruct events and identify potential warning signs. Triangulating these accounts improves the credibility of findings.

Workplace suicide prevention and postvention

Increasingly, workplaces are recognised as strategic settings for suicide prevention. The WHO and International Labour Organization (2022) recommend integrating mental health promotion, early identification of psychological distress, supportive leadership and referral pathways into organisational policies.

Milner et al. (2015) observed that "gatekeeper training, awareness programmes and employee assistance programmes have shown promising results, although evidence remains limited" (p. 35).

Following an employee suicide, postvention is equally important. Andriessen (2009) defines postvention as "activities developed by, with or for suicide survivors to facilitate recovery after suicide and prevent adverse outcomes, including suicidal behaviour" (p. 43). Effective workplace postvention reduces psychological distress among colleagues, promotes organisational learning and strengthens future prevention efforts.

Research gap

Although psychological autopsy has substantially advanced understanding of suicide in Europe, North America and Australia, there remains limited evidence from sub-Saharan Africa, particularly Zimbabwe. Existing studies predominantly examine suicide epidemiology or psychiatric disorders rather than the interaction of psychosocial and occupational circumstances among employed men.

Furthermore, few studies have explored the perspectives of bereaved family members, colleagues and supervisors regarding warning signs, missed intervention opportunities and organisational responses. This knowledge gap limits the development of culturally appropriate workplace suicide prevention and postvention programmes.

Accordingly, the present study employs a qualitative psychological autopsy to explore the psychosocial and occupational circumstances preceding male employee suicide and generate evidence to inform workplace mental health policy and practice in Zimbabwe.

Theoretical Framework

The Integrated Motivational–Volitional (IMV) Model proposes that suicide develops through three interrelated phases:

Pre-motivational phase: Individuals possess background vulnerabilities such as adverse childhood experiences, mental illness, substance misuse, occupational stress, financial difficulties, and societal expectations regarding masculinity.

Motivational phase: Triggering events may lead to feelings of defeat and entrapment. When individuals perceive

no escape from these circumstances, suicidal thoughts may emerge.

Volitional phase: Not everyone with suicidal thoughts dies by suicide. Factors such as acquired capability for suicide, access to lethal means, impulsivity, exposure to suicidal behaviour, and inadequate social support influence the progression from suicidal ideation to suicide.

In this study, the psychological autopsy serves as the methodological approach to retrospectively investigate these phases by collecting information from family members, colleagues, and available records. The findings will inform evidence-based workplace suicide prevention and postvention strategies aimed at reducing suicide among male employees.

METHODOLOGY

Study Design

The study adopted a qualitative multiple-case study design using a psychological autopsy approach. Psychological autopsy is a retrospective qualitative method used to reconstruct the psychosocial, psychological and occupational circumstances preceding suicide through interviews with individuals who knew the deceased and the review of relevant documentary records (Cavanagh et al., 2003). The approach was considered appropriate because it enabled an in-depth exploration of the complex factors surrounding the suicides of two male employees whose deaths occurred outside the workplace.

Each deceased employee constituted an individual case. The cases were analysed separately before a cross-case comparison was undertaken to identify common themes and differences.

Study Setting

The study was conducted within a large manufacturing organisation in Zimbabwe. Although both suicides occurred at the employees' homes, the study explored both occupational and non-occupational circumstances preceding the deaths.

Study Participants

The study population comprised individuals who had possessed detailed knowledge of the deceased employees before their deaths. Participants included immediate family members, close colleagues, supervisors, Human Resources personnel and workplace wellness practitioners.

The unit of analysis was each deceased employee rather than the individual participants.

Sampling Strategy

Purposive sampling was used to identify participants who had direct knowledge of the deceased employees' lives and circumstances before death. Snowball sampling was subsequently employed where initial participants identified other individuals who had relevant information.

A total of two psychological autopsy cases were investigated, with multiple informants interviewed for each case to ensure triangulation of information.

Inclusion Criteria

Participants were included if they were 18 years or older, had maintained regular contact with either deceased employ during the months preceding death, were willing to participate and provided written informed consent.

Data Collection

Data were collected through semi-structured psychological autopsy interviews and documentary review.

Semi-structured interviews were conducted with family members, colleagues, supervisors and organisational representatives using an interview guide developed from the study objectives and the Integrated Motivational–Volitional (IMV) Model of Suicidal Behaviour (O'Connor & Kirtley, 2018).

The interviews explored the psychosocial circumstances preceding suicide, occupational experiences, mental history, interpersonal relationship, financial and family stressors, behavioural changes before death, warning signs, and perceived missed opportunities for intervention and recommendations for workplace suicide prevention.

Each interview lasted between 60 and 90 minutes and was audio-recorded with participants' permission. The recordings were transcribed verbatim, and field notes were maintained throughout the data collection process.

Where permission was granted, organisational documents, wellness records and Human Resources records were reviewed to corroborate participants' accounts.

Data Analysis

Data were analysed using Braun and Clarke's (2006) six-step thematic analysis.

The analysis involved: familiarisation with data, generation of initial codes, searching themes, reviewing themes, defining and naming themes and producing the final report.

Initially, each psychological autopsy case was analysed independently. Subsequently, a cross-case thematic analysis was conducted to identify similarities and differences between the two cases.

The Integrated Motivational–Volitional Model guided data interpretation by providing a theoretical lens through which psychosocial vulnerabilities, motivational processes and volitional factors were examined.

Trustworthiness

Lincoln and Guba's (1985) criteria for establishing trustworthiness were applied.

Credibility was enhanced through triangulation of multiple data sources, including family members, colleagues and organisational records.

Dependability was ensured by maintaining an audit trail documenting methodological decisions throughout the study.

Confirmability was promoted through researcher reflexivity and independent review of emerging themes.

Transferability was facilitated through rich descriptions of the organisational context, participants and findings.

Ethical Considerations

Written informed consent was obtained from all participants before data collection commenced.

Participants were informed that participation was voluntary and that they could withdraw from the study at any time without consequence.

Because the study addressed suicide, psychological support was made available should participation evoke emotional distress. Confidentiality was maintained through the use of pseudonyms, and all identifying information was removed from interview transcripts.

Methodological Limitations

The study relied on retrospective accounts, which may have been influenced by recall bias, grief and hindsight bias. In addition, the findings were limited to two cases and therefore were not intended to be statistically generalizable. However, the rich qualitative data provided valuable insights into the psychosocial and occupational circumstances surrounding male employee suicide and offered evidence to inform workplace suicide prevention and postvention programmes.

RESULTS

Theme1: Cumulative Psychosocial Burden and Erosion of Support Systems

Participants described both deceased employees as experiencing escalating psychosocial difficulties before their

deaths. In Case 1, overwhelming debt and prolonged financial strain emerged as dominant stressors. Informants indicated that despite receiving counselling for approximately two months, the deceased ultimately perceived that he had exhausted available options for resolving his financial problems. Participants also described a gradual breakdown of social support, including reduced engagement from church members who had previously formed part of his support network.

In Case 2, informants reported less overt evidence of distress. Although the deceased had reportedly attended counselling in the past, family members and colleagues largely perceived him as sociable, generous and outgoing. This outward presentation appeared to mask underlying psychological difficulties, resulting in limited recognition of his vulnerability.

Illustrative quotations

"He eventually died from suicide when he had exhausted all avenues to clear the debts."

"Church members had stopped coming for cell group at his home."

"They never saw it coming."

Theme 2: **Concealed Distress and Missed Opportunities for Intervention**

The findings demonstrated that serious warning signs were present prior to both deaths but were not fully recognised as indicators of suicide risk. Case 1 involved at least two interrupted suicide attempts. On one occasion, the deceased had obtained rat poison with the intention of self-harm but was interrupted by an interaction with his child. On another occasion, he reportedly sought spiritual assistance during a suicidal crisis.

Similarly, Case 2 demonstrated evidence of a prior potentially suicidal act involving attempted arson. Participants also recalled indirect verbal statements suggestive of suicidal intent that were not recognised as warning signs at the time.

Illustrative quotations

"Dad why do you want to kill yourself?"

"You will miss me one day."

These findings suggest that opportunities for intervention existed but were not understood as indicators of imminent risk.

Theme 3: Help-Seeking, Spirituality and Interruption of Suicide Attempts

The data revealed that both formal and informal help-seeking occurred before death. Case 1 had participated in counselling and, during a suicidal crisis, reportedly contacted a pastor whose intervention interrupted the planned suicide attempt. This finding highlights the potentially protective role of spiritual and community-based support systems.

Participants suggested that individuals contemplating suicide may continue to seek connection, reassurance and assistance despite experiencing intense psychological pain. However, such help-seeking efforts may be subtle and therefore easily overlooked

Illustrative Quotation

"He heard a voice that gave him a number to call and when he called the number a female pastor answered."

This theme underscores the importance of ensuring accessible support pathways within both community and workplace settings.

A notable finding was the role of spirituality and unexpected interpersonal connection in interrupting suicidal behaviour. In Case 1, a planned suicide attempt involving rat poison was interrupted when the deceased's four-year-old son questioned his intention to die. During another suicidal crisis, the deceased reported hearing a voice prompting him to contact a pastor. This resulted in immediate engagement with spiritual support that temporarily interrupted the suicide attempt. These accounts suggest that moments of human connection, spirituality and perceived external intervention may function as short-term protective factors during acute suicidal crises.

Theme 4: Retrospective Recognition of Warning Signs following Suicide

Following the deaths, participants began reinterpreting prior behaviours as indicators of distress. Colleagues and relatives retrospectively connected financial problems, emotional withdrawal, unusual conversations, behavioural changes and the transfer of significant financial assets with suicide risk.

Participants noted that many signs appeared obvious only after the suicide had occurred, highlighting the complexity of recognising distress in individuals who continue to perform occupational and social roles effectively.

Illustrative Quotations

“The man was going through financial difficulties of late.”

“You could see that the man was troubled.”

“The deceased gave him USD3000 the previous two weeks just to keep.”

Both employees had attended work during the week preceding their deaths, suggesting that occupational functioning alone may not accurately indicate psychological wellbeing.

DISCUSSION

The findings support contemporary theories that suicide rarely results from a single event but rather from the cumulative interaction of psychosocial vulnerabilities, stressful life circumstances, and reduced coping resources. Financial difficulties, social isolation and diminishing support systems featured prominently in Case 1, consistent with psychological autopsy studies that identify life stressors and adverse social circumstances as important contributors to suicide (Cavanagh et al., 2003). Similar patterns have been reported in studies showing that financial pressures, debt and perceived burdensomeness increase vulnerability to suicidal behaviour, particularly among men.

The findings also highlight the influence of masculine norms on the concealment of psychological distress. Although Case 2 was described as outgoing and socially engaged, retrospective accounts revealed evidence of significant internal struggles. This is consistent with Addis and Mahalik (2003) and Seidler et al. (2016), who argue that men often suppress emotional distress and avoid seeking help because of cultural expectations surrounding self-reliance and emotional control. Consequently, symptoms may manifest indirectly through behavioural changes rather than explicit disclosures of emotional difficulties.

An important finding was the presence of multiple warning signs before both deaths. Previous suicide attempts, indirect verbal expressions of hopelessness, behavioural changes and giving away possessions have all been identified in suicide literature as indicators of elevated risk. However, participants frequently failed to recognise these signs until after the deaths had occurred. This finding supports evidence that family members and colleagues often reinterpret warning signs retrospectively, creating a perception that indicators were obvious only after the outcome became known.

The study further demonstrated the significance of help-seeking and spiritual support in suicide prevention. In Case 1, both counselling and pastoral intervention interrupted suicide attempts. This finding aligns with research suggesting that individuals experiencing suicidal crises frequently demonstrate ambivalence towards death and

may continue seeking support even during periods of severe distress. The role of spirituality identified in this study is particularly relevant in the Zimbabwean context, where faith communities often serve as important sources of emotional and social support. Integrating faith leaders into community and workplace suicide prevention initiatives may therefore strengthen existing support networks.

An important finding was the apparent protective role of spirituality and interpersonal connection. In Case 1, suicidal behaviour was interrupted by an interaction with the deceased's young child and later by engagement with a pastor following a perceived spiritual experience. Previous research suggests that spirituality and religious involvement may provide meaning, hope, social connectedness and reasons for living during periods of severe distress. Within the Zimbabwean context, where faith communities often play a central role in psychosocial support, spiritual resources may constitute an important component of suicide prevention. However, spiritual support should complement rather than replace professional mental health interventions

The findings can also be interpreted through the Integrated Motivational-Volitional (IMV) Model of Suicide. Both cases reflected pre-motivational vulnerabilities, including financial strain, psychological distress and social difficulties. These circumstances appeared to contribute to feelings of entrapment and hopelessness characteristic of the motivational phase. The eventual progression to suicide reflects the volitional phase, where suicidal thoughts transitioned into fatal behaviour. The IMV model therefore provides a useful framework for understanding how accumulating stressors interacted over time to increase suicide risk.

Finally, the study highlights the importance of workplace postvention. Participants continued to struggle with unanswered questions and feelings of missed intervention opportunities following the deaths. This finding supports Andriessen's (2009) argument that postvention services are crucial for supporting bereaved individuals, reducing psychological distress and strengthening organisational capacity to prevent future suicides. Employee suicides affect not only families but also colleagues, supervisors and the broader workplace community.

RECOMMENDATIONS

1. Strengthen Workplace Suicide Prevention through Mental Health Literacy

The study found that warning signs were present before both suicides but were often not recognised until after death. Organisations should therefore implement regular mental health awareness programmes that educate employees and supervisors about depression, suicide warning signs, help-seeking pathways, and protective interventions. Training should include recognition of indirect signs such as withdrawal, giving away possessions, behavioural changes, hopeless statements, and sudden mood improvement following severe depression.

2. Introduce Suicide Gatekeeper Training

Selected employees, supervisors, human resources personnel, union representatives, and wellness champions should receive gatekeeper training to identify and respond appropriately to employees experiencing psychological distress. Gatekeepers should be trained to enquire about suicidal thoughts, provide immediate support, and facilitate referrals to professional services. The missed opportunities identified in both cases suggest a need for greater confidence and competence in recognising suicide risk.

3. Strengthen Employee Assistance Programmes (EAPs)

Workplaces should ensure access to confidential counselling services and actively promote their utilisation. Given that both deceased employees had previously engaged with counselling services, organisations should establish mechanisms for ongoing follow-up of employees presenting with significant psychosocial stressors such as financial difficulties, relationship problems, substance misuse, or previous suicidal behaviour.

4. Develop Financial Wellness and Debt Management Support

Financial distress emerged as a major contributory factor, particularly in Case 1. Organisations should consider implementing financial wellness programmes that include budgeting education, debt management support,

referrals to financial advisors, and emergency assistance mechanisms for employees experiencing severe financial hardship.

5. Foster Social Connectedness and Peer Support

The findings highlighted the erosion of support systems before suicide. Organisations should promote social connectedness through peer-support initiatives, employee networks, mentorship programmes, and wellbeing activities that reduce isolation and encourage help-seeking. Particular attention should be given to male employees who may be reluctant to disclose emotional difficulties.

6. Engage Community and Faith Based Support Systems

The study identified spirituality as a potentially protective factor, with pastoral intervention interrupting a suicide attempt in one case. Workplace mental health programmes should recognise the role of culturally appropriate support systems, including faith leaders and community support structures, while maintaining respect for employee choice and diversity of beliefs.

7. Workplace Suicide Postvention Programme

The death of an employee by suicide can significantly affect colleagues, supervisors, family members, and the wider organisation. A formal postvention programme should therefore be established.

Recommendation for Future Research

Future studies should include larger numbers of psychological autopsy cases across different industries in Zimbabwe to enhance understanding of occupational, social, cultural, and economic factors associated with employee suicide. Longitudinal research examining help-seeking pathways and protective factors among male employees would also strengthen evidence for workplace suicide prevention programmes.

Practical Implications

The central lesson from this study is that **employee suicide is rarely sudden or unpredictable**. In both cases, warning signs, previous suicidal behaviour, psychosocial stressors, and help-seeking attempts were present before death. Effective workplace suicide prevention therefore requires not only awareness of these indicators but also structured systems for intervention, referral, and postvention support.

CONCLUSION

This study used psychological autopsy methods to examine the circumstances surrounding the suicide of two male employees in Zimbabwe. The findings demonstrate that suicide emerged through the interaction of multiple psychosocial vulnerabilities, including financial difficulties, declining support systems, concealed emotional distress and previous suicidal behaviour. Importantly, warning signs were present before both deaths but were frequently misunderstood, minimised or recognised only retrospectively.

The study highlights that men may continue to function socially and occupationally while experiencing significant psychological distress, making early identification challenging. The findings also emphasise the potential protective role of counselling, spirituality, supportive relationships and timely intervention during suicidal crises.

Workplaces are uniquely positioned to contribute to suicide prevention through mental health awareness programmes, gatekeeper training, Employee Assistance Programmes, effective referral pathways and comprehensive postvention responses. Strengthening these interventions may improve early recognition of suicide risk, enhance help-seeking, and reduce the likelihood of future employee suicides. While based on two cases, the study provides valuable context-specific insights that can inform workplace mental health policy and suicide prevention efforts in Zimbabwe and similar settings.

REFERENCES

1. Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. American Psychologist, 58(1), 5-14.
2. Andriessen, K. (2009). Can postvention be prevention? Crisis, 30(1), 43-47.
3. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.
4. Canetto, S. S., & Sakinofsky, I. (1998). The gender paradox in suicide. Suicide and Life-Threatening Behavior, 28(1), 1-23.
5. Cavanagh, J. T. O., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: A systematic review. Psychological Medicine, 33(3), 395-405.
6. Hawton, K., Appleby, L., Platt, S., Foster, T., Cooper, J., Malmberg, A., & Simkin, S. (1998). The psychological autopsy approach to studying suicide: A review of methodological issues. Journal of Affective Disorders, 50(2-3), 269-276.
7. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage Publications.
8. Milner, A., Spittal, M. J., Pirkis, J., LaMontagne, A. D., & Robinson, J. (2015). The effectiveness of suicide prevention delivered by workplace settings: A systematic review. BMC Psychiatry, 15, 213.
9. O'Connor, R. C., & Kirtley, O. J. (2018). The integrated motivational-volitional model of suicidal behaviour. Philosophical Transactions of the Royal Society B: Biological Sciences, 373(1754), Article 20170268.
10. Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. Clinical Psychology Review, 49, 106-118.
11. Shneidman, E. S. (1981). The psychological autopsy. Suicide and Life-Threatening Behavior, 11(4), 325-340.
12. World Health Organization. (2021). Suicide worldwide in 2019: Global health estimates. World Health Organization.
13. World Health Organization. (2022). Mental health at work. World Health Organization.
14. World Health Organization, & International Labour Organization. (2022). Mental health at work: Policy brief. World Health Organization and International Labour Organization.