

Financial sector workers

Title: Financial sector workers' experiences of managing suicidal clients

Authors: O'Neill, S. (Ph.D), Ennis, E.* (Ph.D), McFeeters, D. (Ph.D), & Gallagher, L.

Address: Ulster University, Northland Rd., L.Derry, N.Ireland BT48 7JL

*corresponding author Edel Ennis, School of Psychology, Ulster University, Northland Rd.,
L.Derry, N.Ireland BT48 7JL Phone; 02870 124326

Biographies;

Professor Siobhan O'Neill is a Professor of Mental Health Sciences at Ulster University. Her current research programmes focus on trauma and suicidal behaviour in Northern Ireland (NI) and novel interventions for mental health and suicidal behaviour. Siobhan is also a Health Psychologist with expertise in qualitative and quantitative research methods.

Dr Edel Ennis is a Lecturer in Psychology at Ulster University. Her current research programmes focus on individual differences, mental health and suicidal behaviour.

Dr Danielle Mc Feeters is post-doctoral research fellow in the Faculty of Education, Health and Well-being at the University of Wolverhampton. Danielle's research pertains to population mental health and suicidal behaviour, currently focusing on evaluation of early intervention initiatives in terms of improving mental health outcomes.

Dr. Lia Gallagher is a Counselling Psychologist in an early intervention, mental health support service for adolescents and young adults. She has worked across a variety of mental health settings and her research interests include suicide, perceptions of suicide, the experience of children in care and care leavers, and motherhood.

Abstract

Background; Financial sector workers interface with indebted clients, who may be distressed and have heightened vulnerability to suicidality. Aim(s); This study examined the experiences of 10 Irish financial sector workers who had experiences of encountering distressed clients who discuss suicide. Method; Semi-structured interviews (open ended questions) were used. Results; Interpretative Phenomenological Analysis (IPA) identified four themes, namely 1) avoidance versus confrontation of reality (management of the debt) (2) role conflict (recovering the debt versus supporting the client) 3) emotional impact and distancing from clients (coping with concerns for client welfare) 4) desire for support (practical and emotional training and support needs). Limitations; The frequency with which such clients were encountered was not assessed. Conclusions; These themes demonstrate the need to provide support to this group, and also the difficulties in providing training to manage suicidal clients in a context where the staff member's goal is to recover debt.

Keywords; suicide prevention; attitudes; financial; training and support.

Financial sector workers' experiences of managing suicidal clients

Theoretical frameworks consider suicidal behaviour to result from the complex interaction of many factors including mental illness, social connectedness, cognitive capacity and life events or personal circumstances which cause distress (O'Connor & Nock, 2014; Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010). There is widespread recognition of the need to focus suicide prevention efforts in settings outside formal mental health services (Coppens et al., 2014; WHO, 2014) and engage with people in times of crises, to assess suicide risk and help people seek support and treatment. This poses challenges for staff who may have infrequent contact with individuals who are in suicidal crisis (Coppens et al., 2014; WHO, 2014).

Financial pressures are known to be an important cause of distress (O'Neill, Corry, Murphy, Brady, & Bunting, 2014; O'Neill, Corry, McFeeters, Murphy, & Bunting, 2016), and are often described as bringing about thoughts such as defeat and entrapment, both of which are important predictors of suicidal behaviour (O'Connor & Williams, 2014). The economic recession and subsequent austerity measures are known to have led to rises in suicide rates across several countries (Martin-Carrasco et al., 2016; Norström & Grönqvist, 2014; Parmar, Stavropoulou, & Ioannidis, 2016). In Ireland Corcoran, Griffin, Arensman, Fitzgerald, and Perry (2015) found that the economic recession and subsequent austerity measures led to an additional 500 deaths by suicide from 2008 to 2012, which represented a 57% increase compared with the continuation of pre-recession trends and were predominantly amongst males. Unemployment and financial crises are common adverse life events amongst those who die by suicide (O'Neill et al., 2014; O'Neill et al., 2016). Social position, rather than absolute income, may be more important in understanding suicidal thoughts and attempts (Wetherall, Daly, Robb, Wood, & O'Connor, 2015). Psychosocial

Financial sector workers

rather than material factors may best explain the relationship between income and suicidal outcomes (Wetherall et al., 2015).

Financial service providers are not routinely expected to be involved in the delivery of mental health or suicide prevention services, however they may be in a position to offer support and promote treatment seeking among people at risk of suicide. The majority of these professionals have no formal training in suicide prevention (Coppens et al., 2014). Indeed, as with members of the general public, they may hold certain attitudes and beliefs, which could prevent them from intervening in an appropriate manner (Coppens et al., 2014). An understanding of the experiences of those workers in the financial sector who deal with people who may be at risk of suicide, is potentially of great benefit. Furthermore, financial sector workers may benefit from support themselves if they have experienced a client suicide (Seguin, Bordeleau, Drouin, Castelli, Dransart, & Giasson, 2014).

This study explores the experiences of Irish financial sector workers in dealing with clients in debt, who may have suicidal thoughts. It explores their experiences in terms of their experiences of whether or not clients discuss suicidal vulnerability of their clients, and their views as to whether or not they play any role in either identifying or managing this vulnerability. The study will also address the emotional impact of this element of their role, their perceived capacity to deal with it and their opinions on training received or needed.

Method

Participants

The study participants were ten financial services workers (M=5, F=5), who had experience of managing indebted clients. Participant characteristics are outlined in Table 1. Participants were purposefully selected with the assistance of intermediaries in the organisations, with suitability assessment based on the following inclusion criteria; (i) having either face to face meetings or frequent telephone conversations with people in real financial difficulty, and (ii)

Financial sector workers

currently working in this role with at least two years' experience in this capacity. The participants were employed in two major Irish banks (N=3), an international credit card company (N=3), a private pensions organisation (N=1), a sub-prime lending organisation (N=1), and a non-profit financial advisory service (N=2). Participants ranged between 27 – 48 years of age and also varied in terms of occupational status with two participants employed in junior management roles and one employed as a senior co-ordinator.

[INSERT TABLE 1 ABOUT HERE]

Procedure

Ethical approval was granted by the university's ethical committee. Strict confidentiality was adhered to at all times and all participants provided fully informed consent. All identifying information was removed and pseudonyms were used to conceal the identity of the participants. Interviews were conducted in public places such as cafes outside the vicinity of the participants' workplaces. The interview schedule was devised according to recommendations by Smith, Flowers and Larkin (2009). Each participant was asked seven open-ended questions. These included questions about their experience of the role, possible training and support requirements as well as their attitudes to suicide. The questions were; (1) What are some your experiences of dealing with clients who you believe to be psychologically distressed and/or at risk of suicide? (2) Tell me about how you talk to these clients? What do you say, or not say? (3) How do you feel about talking with people who are distressed in this way? Do you think you have the ability to deal with these clients? (4) Do you feel that you have any specific training needs in this regard? (5) How do you cope with the emotional impact of this? (6) What support is available to you? Do you feel this is adequate? (7) What are your attitudes toward suicide? Do you feel that suicide can be avoided? On average the interviews lasted approximately twenty-five minutes. The content of each interview was audiotaped and transcribed verbatim.

Financial sector workers

Research design and data analysis

Interpretive Phenomenological Analysis (IPA) (Smith, 1996) was used to analyse the interviews. In order to minimise threats to validity, the researcher attempted to suspend their own preconceptions through a conscious process of reflexivity (Smith et al., 2009).

Results

Analysis revealed the presence of four themes: 1) avoidance versus confrontation of reality 2) role conflict 3) emotional impact and distancing from clients 4) desire for support

Avoidance versus confrontation of reality

Many participants, differentiated clients on the basis of their perceived ability to manage their current financial circumstances and on their psychological capacity to cope with the crisis of debt.

Some people can handle it and some people can't...But then you see other people that are ten times worse off, but they are able to just go "Look, it is what it is." (David)

Suicide as an outcome, was believed to be linked to clients' ability to recognise the "reality" of their debt which had led to the crisis. In other words they blamed the clients for the circumstances that led to the crisis, their own failure to manage their debt. Suicide was conceptualised as a response to their being forced to confront the reality of the debt that they themselves were responsible for. This is reflected in Darragh's interview, where he describes deliberate avoidance behaviour. The change from avoidance to acute crisis is in his view the trigger for the suicidal thoughts.

I think they've buried their heads in the sand until it came to this [point of being at risk] (Darragh)

Financial sector workers

...most customers who find themselves underneath stress are particularly customers who initially would not have the concept of reality. (Darragh)

Likewise, Tom sees suicide risk as a result of the person's avoidance of the reality of their debt, followed by the need to confront the debt.

...those people [those who avoided their debt] are the ones who are probably most in trouble, because they can't realign themselves. (Tom)

However later suicide is linked to distorted perceptions of reality.

I think that you couldn't commit suicide if you had clarity of thought and clarity of sight...the vision is gone. (Tom)

Participants appeared to use these schema to internally make an assessment of risk. There were differing opinions as to accuracy of clients' claims about their suicidal thoughts and behaviour, whether expressions of suicidal intent should be taken as serious high risk factors, and also as to whether or not it was possible to prevent death by suicide as an outcome.

These participants categorised suicidal clients into "genuine cases" and those who were not at risk based on their individual views of risk. For example Brian believed that people who report feeling suicidal are at lower risk.

...when there is a history of people kind of saying it - well not that you wouldn't take them seriously but it mightn't be as serious compared to the more genuine saying it. (Brian)

David believed that the report of suicidal ideation could reflect a fleeting idea rather than a real feeling.

...that could be just on that particular day, but they might not actually feel like that. (David).

Financial sector workers

Both Caroline and John described the psychological factors that can lead a person to avoid seeking assistance for their debt; shame, guilt and embarrassment.

...they're almost ashamed to ask for help because it's deemed as if, they're a failure...

(Caroline)

...an element of pride associated with that [liquidation] too... (John) .

Tom and John both also reflected on the secrecy and sense of entrapment that he believed came with debt problems which influenced suicidal behaviour.

It's just unspoken...The number of Irish people who bought an apartment...as investments...and they have no chance of getting out of it. (Tom)

..they're in serious negative equity.... and if they can't see a way out...they look to turn to certain things like that [suicide]... (John)

There were diverse views about whether suicide was preventable or inevitable. For example Orlagh and David both believed that their intervention, would not change the outcome:

Some people are just going to do what they are going to do. It's like any kind of choice in life, you can't tell a person not to do something they will either do it or they'll not... (Orlagh)

... We can't...we can't help them...we can't really help them. That's the thing, we can't really help them. (David).

Michelle, described her experience of witnessing a client move away from suicidal ideation through support and counselling and this supported her view that suicide was preventable.

... and even speaking whether it was just myself, and then in turn to a counsellor... and that guy realized that, yeah ok, 'There is another way out of this'. (Michelle)

Financial sector workers

Participants described two categories of strategies to manage suicidal ideation among their clients; empathic and practical approaches. The empathetic approach involved active listening, building trust and promoting disclosure.

..you'd kind of have to listen to the person more than talk at them.... (Laura)

I just listen to them first of all I let them say out what they need to say. (Kate)

I would tryand draw it out of them that they would know they had my trust that I would not do anything with that... (Kate)

...and I think that if people feel safe with you and they know it's confidential they probably open up more. (Michelle).

Orlagh spoke about the need to instil a sense of perspective and an alternative way of interpreting their financial situation.

...and try and get them to an end result where they see 'well look, it isn't that bad.'
(Orlagh).

However Darragh and John emphasised the need to confront the reality of debt rather than dwell too much on the client's view on the debt.

I don't like any of my customers to have their heads in the sand or to be pushing it aside for the sake of the easiness of it but just to face up to it. (Darragh).

You have to kind of make them aware of the reality of the situation and the gravity of the situation because ultimately these houses will be repossessed.... (John).

Role conflict

Participants also explained that ultimately their role, and priority, was to recover the money for their employer, which conflicted with any desire to alleviate distress:

...unfortunately we can't be Samaritans in the financial back ground... (Orlagh).

Financial sector workers

It's a sad, harsh reality but you're not too worried about the person at the other end of the phone as long as you're getting money in.. (John)

One of the most difficult aspects of the role was witnessing the 'avalanche of emotions' (Kate) that are released when a client first discloses their financial circumstances. The effect of having to manage these situations was described as erosive by Caroline.

....it's just demoralising, and chips away at you bit by bit. (Caroline)

The need to balance the interests of the client with the needs of the organisation is most aptly described in Laura's reference to the double edged sword.

... on one hand you're trying to help the customer, you're trying to do the best by them. And on the other hand then...you have to get this amount in.... a two sided sword so to speak. (Laura)

Emotional impact and distancing from clients

There was recognition that managing distressed and suicidal clients was emotionally difficult. For those participants who have had long term experience of this role, there was an awareness of the need to safeguard their own emotional well-being.

...it's only in the last I'd say year and a half, two years that I've thought I really need to start looking after myself. (Michelle)

It was apparent from the accounts that their interactions with distressed and indebted clients exerted a strong emotional impact.

...dealing with someone who's very, very upset is mentally is very draining on you as an individual. (Laura)

Financial sector workers

The stress of their role impacted upon their psychological well being, placing a strain on their psychological resources and relationships.

...you would be sort of lying awake some nights thinking about the cases...you do lose sleep over it.. (Brian)

...I mean in the past my health and all would have been affected, my relationship would have been affected. (Michelle)

For Laura, this psychological burden was intensified by the lack of information about the client's outcome.

...and then you're left in limbo wondering did they go and kill themselves that evening. (Orlagh).

A variety of coping strategies were described. John described active disengagement:

...[the] best way I can deal with it....would be to distance yourself from it...that's how I get by, basically just don't take it to heart. (John)

...if you asked me how I coped in those days...I couldn't tell you, because I think I've kind of blanked it out...because it was absolutely horrendous. (Tom)

Tom referred to holidays and alcohol use:

...how do I cope? Plenty of holidays...plenty of alcohol! (Tom)

Michelle described ritualistic handwashing to symbolise her psychologically letting go of the emotional impact.

...my other way of dealing with this, every time I walk out of the interview room I will wash my hands and that's my way of washing the problem away. (Michelle).

Financial sector workers

Whereas others described a desensitisation which occurred over time, accompanied by an acceptance that this was part of their job and therefore unavoidable:

You kind of get used to it too... ... you just have to get on with it sure that's your job you know? (Brian)

... you get slightly de-sensitised (Orlagh).

...it's kind of a hard thing to say but it's your job and you just kind of have to get on with that job. (Laura)

Finally Orlagh noted that cohesion within the staff could help mitigate the effects.

...you all bond together and everyone feels like they are together and not just suffering by yourself. (Orlagh).

Desire for support

All the participants reported a lack of support or guidance on how to retrieve debts whilst avoiding creating distress:

Some people can, some people can't. Some people are better than others. A lot of the time it just depends on your experience. Since nobody really knows what the best thing to do is. (David).

Everyone's kind of left to their own...way of dealing with it so to speak. (Laura).

This was accompanied by a desire for knowledge about suicide, and training in managing people who are suicidal. There was particular uncertainty about whether their responses were "correct" which created anxiety.

Nobody really had that structure in place, so people were always bringing it home and not knowing if they did something right or wrong, you know. (Brian).

...but I just felt like I could have known more the signs or something... (Kate).

Financial sector workers

...the first thing someone had said to me was 'God, I was just wondering could I have done anything else for that person?' (Michelle).

...the last thing we want is someone going home in the evening as that guy did thinking 'Did I do something wrong? Should I have done something? [] I think that people want more specific things on what to do...what to actually tell the customer. (David).

There was perceived to be a lack of support for the workers coupled with a perception that their managers are not interested in the difficulties they encounter in managing distressed clients.

...in all honesty there is no support.(Caroline)

They [management] just don't want to know... (Brian).

Tom believed that his experience of managing individuals in financial crisis had equipped for the role and that training was not necessary.

After what I've been through for the last four years...I don't think anybody out there could train me, unless they had sat in those offices and listened to those stories...I've dealt with that fear. (Tom).

However, in contrast Kate described how training and supervision could assist her in managing clients and also safeguarding her own mental health.

That support in supervision is a great help...you could say what kind of a problem you might be having with a client or what you might do to help them and how to protect yourself while doing that.... (Kate).

Discussion

Financial sector workers

There is increased recognition of the need for suicide prevention initiatives to include setting outside of formal mental health services and involve those who are likely to be dealing with individuals who are experiencing life crises (Coppens et al., 2014; WHO, 2014). To date, these efforts have largely focused on those in settings such as medical, pastoral, or education (Coppens et al., 2014). However, despite evidence that unemployment and financial crises represent risk factors for suicidal behaviour (Martin-Carrasco et al., 2016; Norström & Grönqvist, 2014; O'Neill et al., 2014; O'Neill et al., 2016), little attention has been paid to the experiences of financial sector workers in dealing with clients at points of extreme debt. The current results identified four themes in relation to this issue; 1) avoidance versus confrontation to reality 2) role conflict 3) emotional impact and distancing from clients 4) desire for support.

The “Avoidance versus confrontation to reality” theme referred to the professionals very clear views concerning clients’ avoidance versus management of their debts and ultimately reflected a view that some clients may be responsible for the crisis that led to suicidal behaviour. These views of blame were also accompanied by some perceptions that expressions of suicidal intent were not significant indicators of suicidal behaviour, with varying beliefs as to whether suicide can be prevented. These opinions are concerning given the documented adverse outcomes associated with unemployment and financial crises and the very real risk of suicide in this group (Martin-Carrasco et al., 2016; Norström & Grönqvist, 2014; O'Neill et al., 2014; O'Neill et al., 2016). As noted earlier, in Ireland Corcoran et al. (2015) found that the economic recession and subsequent austerity measures led to an additional 500 deaths by suicide from 2008 to 2012, which represented a 57% increase compared with the continuation of pre-recession trends and were predominantly amongst males. Unemployment and financial crises are common adverse life events amongst those who die by suicide (O'Neill et al., 2014; O'Neill et al., 2016). This is concerning given that

Financial sector workers

men are particularly likely to disengage with formal mental health services in the period preceding death by suicide (O'Neill et al., 2014).

Knowledge and attitudes are essential components of effective community facilitation (Coppens et al., 2014). The less than favourable knowledge and attitudes documented above ties in with the second theme, in which financial workers reported "role conflict". This refers to the workers having empathy for the clients that they are dealing with, but also keeping in mind that their primary objective is to recover the debt owed to their organisation. Results substantiate Fichters' (2010) argument that changes in the 'financial-type' role have made financial advisors more susceptible to the traditional stressors seen by other "counsellor-type" professions. This stress aligns with financial workers reporting "the emotional impact and distancing from clients". For some, the stress of this was also furthered by the fact that these financial workers had no means of following up on the outcomes of their clients. Coping strategies were referred to in terms of emotionally distancing the self and team support, as well as maladaptive strategies, such as alcohol use.

The previously reported lack of knowledge, less than favourable attitudes and emotional impact all lead to the final theme of a "desire for support". This theme included support for the workers themselves and also support and training to manage clients' needs. Herron, Patterson, Nugent, & Troyer, (2016) note the benefits of providing diverse groups of trainees with formal training in recognised and standardised prevention initiatives such as ASIST (applied suicide intervention skills training) or QPR (question, persuade, refer). This type of intervention could provide workers with the skills concerning action on indication of suicidal intent.

However, such interventions would need to be tailored as there is a risk that the implementation of this sort of intervention may be viewed as in contradiction of the worker's key role, to recover debt. This approach promotes asking about suicidal thoughts, and as such

Financial sector workers

contradicts the approach used by many workers of distancing themselves from their clients. It also conflicts with their view that their role is to recover debt rather than to provide counselling. Any intervention provided to this group may well need to be tailored to meet the needs of the industry in order for it to be accepted. Balancing debt recovery with limitation of emotional distress, as well as protection of personal wellbeing could also be built into mentorship arrangements within such organisations.

Training might also incorporate positive re-evaluation of clients' financial circumstances and the implementation of practical steps to manage their debt. This may constitute a starting point in the development of interventions in this sector since it is the absence of positive thoughts rather than the over-representation of negative thoughts which best characterises the pattern of thoughts associated with suicidal thinking (O'Connor & Williams, 2014). However, such strategies may not be possible for those with unmanageable debt. To target this group of clients, other strategies (e.g. advising them for Individual Voluntary Arrangement or declaring bankruptcy) may apply. This may well run contrary to the objectives of the financial institution in terms of their priority, which may be full and timely debt recovery. This may represent a role conflict.

As with all qualitative studies, the small sample size precludes the generalisability of the research findings. That being said, the selection of participants from a diverse cross section of the financial sector is likely to have increased the transferability of the conclusions. A further limitation relates to the use of a self-selected sample who may have had a particular interest in the topic. Notwithstanding these limitations, the current findings provide insight into the experiences of financial sector workers, and their support needs in order to become effective community facilitators of suicide prevention, whilst also protecting their personal wellbeing.

References

Financial sector workers

Coppens, E., VanAudenhove, C., Iddi, S., Arensman, E., Gottlebe, K., Koburger, N.,

Hegerl, U. (2014). Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behaviour: Results of the OSPI-Europe intervention in four European countries. *Journal of Affective Disorders, 165*, 142-150.

Corcoran, P., Griffin, E., Arensman, E., Fitzgerald, A.P., & Perry, I.J. (2015). Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: an interrupted time series analysis. *International Journal of Epidemiology, 44*(3), 969-977.

Fichter, C. (2010). A research study of role conflict, role ambiguity, job satisfaction, and burnout among financial advisors. *Dissertation Abstracts International Section A, 71*,

Herron, F.B., Patterson, D.A., Nugent, W.R., & Troyer, J.M. (2016). Evidence-based gatekeeper suicide prevention in a small community context. *Journal of Human Behaviour in the Social Environment, 26*(1), 25-36.

Martin-Carrasco, M., Evans-Lacko, S., Dom, G., Christodoulou, N.G., Samochowiec, J., González-Fraile, E. ... Wasserman, D. (2016). EPA guidance on mental health and economic crises in Europe. *European Archives of Psychiatry and Clinical Neuroscience, 266*(2), 89-124.

Norström, T., & Grönqvist, H. (2014). The great recession, unemployment and suicide. *Journal of Epidemiology and Community Health, 0*, 1-7.

O'Connor, R.C., & Nock, M.K. (2014). The psychology of suicidal behaviour. *The Lancet, 1*, 73-85.

O'Connor, R.C. & Williams, J.M.G. (2014). The relationship between positive future thinking, brooding, defeat and entrapment. *Personality and Individual Differences, 70*, 29-34.

Financial sector workers

- O'Neill, S., Corry, C.V., Murphy, S., Brady, S., & Bunting, B.P. (2014). Characteristics of deaths by suicide in Northern Ireland from 2005 to 2011 and use of health services prior to death. *Journal of Affective Disorders, 168*, 466-471.
- O'Neill, S., Corry, C., McFeeters, D., Murphy, S., & Bunting, B. (2016). Suicide in Northern Ireland: an analysis of gender differences in demographic, psychological and contextual factors. *Crisis-The Journal of Crisis Intervention and Suicide, 37*(1), 13-20.
- Parmar, D., Stavropoulou, C., & Ioannidis, J.P.A. (2016). Health outcomes during the 2008 financial crisis in Europe: systematic literature review. *BMJ British Medical Journal, 354*, i4588.
- Robin, D. (2009). Toward an applied meaning for ethics in business. *Journal of Business Ethics, 89*, 139-150.
- Seguin, M., Bordeleau, V., Drouin, M.S., Castelli_Dransart, D.A., & Giasson, F. (2014). Professionals' reactions following a patient's suicide: review and future investigation. *Archives of Suicide Research, 18*, 4, 340-362.
- Smith, J.A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. London: Sage.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11*(2), 261-2
- Van Orden K.A., Witte T.K., Cukrowicz K.C., Braithwaite S.R., Selby E.A., & Joiner T.E. Jr. (2010). The interpersonal theory of suicide. *Psychological Review, 117*, 575–600.
- Wetherall, K., Daly, M., Robb, K.A., Wood, A.M., & O'Connor, R.C. (2015). Explaining the income and suicidality relationship: income rank is more strongly associated with suicidal thoughts and attempts than income. *Social Psychiatry and Psychiatric Epidemiology, 50*(6), 929-937.

Financial sector workers

World Health Organisation (WHO) (2014). *Preventing suicide; a global imperative*.

Retrieved from: http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

Financial sector workers

Table 1; Participant characteristics

Pseudonym	Age	Work setting
Tom	48	Private pensions organisation
John	27	Bank
Brian	34	Bank
Darragh	32	Bank
David	30	Sub-prime lending organisation
Laura	32	International Credit card company
Orlagh	35	International Credit card company
Caroline	39	International Credit card company
Kate	38	A not for profit financial advisory service
Michelle	45	A not for profit financial advisory service