

**CIPD**

*Championing better  
work and working lives*



# RESPONDING TO SUICIDE RISK IN THE WORKPLACE

A guide for people  
professionals

**Guide**

June 2021



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The CIPD is the professional body for HR and people development. The registered charity champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 150,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.



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## Guide

# Responding to suicide risk in the workplace: a guide for people professionals

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## 1 The purpose of this guidance

Suicidal thoughts are far more common than many people think, and there can be [extensive stigma in talking about suicide](#). Too few employers have frameworks in place that encourage the kind of climate where people can talk to someone about suicide and find ways to seek help. Most managers and employees have never received education or training to deal with a situation where someone discloses suicidal feelings.

This guide aims to address that gap by providing practical advice and guidance for how organisations can educate their workforce and open up the culture to talk about suicide. This should be embedded as part of an organisation's wider approach to promoting good mental health. By creating a non-stigmatising culture and a safe space to talk, employers can have an important role in signposting people to the right sort of professional support.

This guide is designed as a useful professional resource for people professionals, and it will also hopefully lay the basis to provide advice for people managers in their organisations. We have also published an accompanying, shorter guide for line managers.

Please note that we are not providing occupational health or legal advice, but rather practical guidance to best support people at times of difficulty.



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## 2 Useful definitions

It's important that organisations use appropriate language relating to sensitive subjects such as mental health and suicide. [Samaritans](#) point out that inappropriate use of language can perpetuate stigma or unhelpfully sensationalise or inadvertently romanticise a suicide death. By understanding the appropriate language to use, organisations can raise awareness around potential mental health issues, begin to tackle stigma around suicide and facilitate positive conversations around mental health.

We all have **mental health**, just as we all have physical health. How we feel can vary from good mental wellbeing, to difficult feelings and emotions, to severe mental health problems. Mental health, like physical health, can fluctuate on a spectrum from good to poor and we all have times when we feel better or worse.

**Good mental wellbeing** is a term that describes a positive state of mind. It enhances resilience and promotes our ability to cope with the day-to-day stresses of life, and helps us to work productively. It enables us to interact positively with others and realise our own potential. When we talk about 'wellbeing' in this guide, we are referring primarily to mental wellbeing, while acknowledging that this is also affected by physical health.

**Poor mental health** may result from low mood, stress or anxiety. This may be because we're feeling restless, confused, short-tempered, upset or preoccupied. A **mental health problem** is when difficult experiences or feelings go on for a long time and affect our ability to enjoy and live our lives in the way we want. This could involve a specific diagnosis from a doctor. For more detailed information on types of mental health problem, see [Mind's guidance](#).

**Work-related stress** is defined by the [Health and Safety Executive](#) as '*the adverse reaction people have to excessive pressures or other types of demand placed on them*' at work. Stress, including work-related stress, can be a significant cause of illness. Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety, or more severe mental health problems.

Sustained work-related stress can also lead to feelings of **burnout**, which the [World Health Organization](#) does not classify as a medical condition but defines as:

*'a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:*

- *feelings of energy depletion or exhaustion;*
- *increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and*
- *reduced professional efficacy.'*

Feelings of burnout are not necessarily directly associated with triggering thoughts of suicide, but can provide an important context in which such thoughts might further develop.

**Self-harm** is when you purposefully hurt yourself as a reaction to adversity, or as a way of trying to cope with very difficult feelings, painful memories or overwhelming situations and experiences. (See [Mind guidance](#) for more information.) The [Cross-Government Suicide Prevention Workplan](#) recognises self-harm as a potential risk factor for suicide, but most people who self-harm will not go on to take their own life. However, all instances of self-harm should be taken seriously. Should self-harm be talked about by an employee, signposting to appropriate medical or psychological therapy services, such as a GP, is advised (see [NHS advice](#)).



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**Suicide:** it's important to use appropriate terms so there is greater awareness and understanding about suicide. Terms appropriately used to refer to suicide include 'take one's life', 'death by suicide', 'suicide attempt' and 'person at risk of suicide' (see [Samaritans guidelines](#)).

Terms appropriately used to refer to suicide	Phrases to avoid
✓ Take one's life	✗ Commit suicide
✓ Death by suicide	✗ Cry for help
✓ Suicide attempt	✗ Successful or unsuccessful suicide attempt
✓ Person at risk of suicide	✗ Suicide victim
	✗ Suicide epidemic
	✗ Suicide prone

Using these terms can inadvertently contribute to the stigma associated with talking about suicide and can silence people who might otherwise seek help.

**Suicide postvention** refers to the actions taken by the organisation to support people affected by a colleague who has died by suicide. Although it's a rare event, every employer needs to be prepared to respond very quickly to a suicide death.

**An employer should embed its response to suicide risk in its wider mental health framework. Therefore this guide should be read in conjunction with our *People Managers' Guide to Mental Health*, jointly developed by the CIPD and mental health charity Mind to improve support for those experiencing stress and mental ill health issues.**

### 3 Why is suicide a workplace issue?

#### Key points

- Employers have a legal duty to take care of employees and provide a safe working environment. In any event, there is a firm moral duty on employers to take care of people as they are in a unique position to support wellbeing and good mental health.
- Managing the risks related to workplace stress and preventing unfair treatment, such as bullying and harassment, will help to create a mentally healthy workplace, which, in turn, can help to address some of the potential risks associated with suicide.
- As such, employers have an important role in creating the kind of environment where people can seek help if they are experiencing suicidal thoughts.
- If someone knows their concerns will be listened to with empathy and understanding, this can help that person to take the first step in accessing support services and securing the help they need.



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Most of us spend a large part of our waking hours working, and the quality of our working life has a major bearing on our overall health and wellbeing. Work can give us purpose and meaning, and an important sense of belonging and social cohesion.

Conversely, an unhealthy working environment that causes or exacerbates stress can contribute to poor mental wellbeing.

There is a high degree of stigma and silence about suicide in society that understandably extends into the workplace. People experiencing mental health issues and/or suicidal feelings may fear losing their job or jeopardising their career, or being seen as incapable or unstable/unreliable, for example. Managers or employees may be worried that a work colleague is considering suicide from their behaviour or something they have said, so it's important they know what appropriate action they can take in these circumstances.

Employers play an important role in creating a supportive mental health environment that recognises, but does not focus solely on, the risk of suicide. This is also about recognising particularly difficult and stressful situations and putting additional care and support in place when needed by employees. Employers' approach to mental health and wellbeing should expressly address the risk of suicide and incorporate a prevention strategy.

Not everyone may view suicide as a workplace issue, but people can't be expected to leave their personal worries at home, and work also has the potential to contribute to someone's state of mind. Feeling able to bring one's whole self to work also means feeling able to reach out and share a serious mental health issue and/or suicidal thoughts. If someone is struggling, knowing they can approach a colleague or a manager and be listened to with empathy and without judgement could be the first step in them accessing the help they need. Organisations also need to ensure it provides appropriate support for any individual who listens to someone who's having suicidal thoughts.

Employers are in a unique position with respect to their employees, and with that comes responsibility. Aside from a legal duty of care to provide a safe working environment for employees, there's a strong moral and ethical responsibility on employers to support their health and wellbeing. This includes fostering an environment where mental health is treated with the same importance as people's physical health, and the culture is one where people feel able to talk about suicidal feelings and seek help.

One of the most difficult and emotionally challenging situations as an HR professional or manager is dealing with an employee who discloses suicidal thoughts, or has already attempted suicide. This could be a one-off situation, but it's also possible that someone could have a plan to attempt suicide and/or has enduring thoughts about taking their own life. As an HR professional, you cannot be expected to act as a counsellor, and it's important that managers also understand this is not their role either. It's important to have boundaries and know when/how to refer someone to more specialist sources of help where needed. The organisation should make this signposting clear to managers and colleagues in any guidance you disseminate. A core principle is that, if someone is in distress and tells a manager or colleague they are thinking about suicide, your guidance should urge them to contact their GP in the first instance. If the crisis is immediate and someone is in imminent danger of taking their own life, they should dial 999 for an ambulance and not leave them alone. There is further practical guidance below and in our accompanying guide for line managers.

**It's also important that the organisation is proactive in offering appropriate wellbeing support, such as counselling, to anyone, including managers, HR professionals and employees, who is the recipient of suicidal thoughts from a colleague.**



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### Employers' duty of care

Employers have a duty of care to their employees, which means that they should take all steps which are reasonably possible to ensure the physical and psychological health, safety and wellbeing of their employees. Legally, employers must abide by relevant health and safety and employment law, as well as the common law duty of care, which is part of the law of negligence.

Previously the courts said the duty of care owed by the employer did not extend to employee suicide. So historically employers were not liable to relatives for compensation or losses arising from suicide of a member of staff. However, over the years the courts have increasingly accepted that pressure at work affects both physical and mental wellbeing. Case law has progressively established that many aspects, including overwork, accidents, bullying, lack of supervision and pace of work, can lead to mental consequences. These effects range from stress and sleeplessness through to suicide.

In such cases, the harm suffered must be reasonably foreseeable as if the harm is part of a 'chain' that can be traced back to the employer. The legal position now is that, in rare cases, the courts can find that suicide was a reasonably foreseeable consequence of an employer's breach of duty. In some cases, a direct link can be established between the workplace to many consequences, including depression and suicide. The best way to illustrate this is by a case law example, which is set out below.

#### Case law: *Corr v IBC Vehicles Ltd* [2008]

In breach of duty (negligence) cases, one of the things that the relatives of an employee have to show is that the harm suffered was reasonably foreseeable. Previous cases had protected the employer because the suicide was seen as breaking the link between the employer's breach of duty and the harm suffered.

The following landmark legal ruling is a good example of how employers can now be held liable for the suicide of an employee, although this remains a rare situation.

In *Corr v IBC Vehicles Ltd* [2008], the House of Lords said that suicide was a reasonably foreseeable consequence of an employer's breach of duty.

**Facts:** After a serious accident at work, a maintenance engineer for Vauxhall Motorcars suffered severe head injuries, depression and post-traumatic stress disorder (PTSD). A machine on the production line had malfunctioned, and the robotic arm used to lift the panels on the press line had struck him on the right side of his head. Most of his ear was severed, requiring several operations, and if he had not instinctively moved his head, he would almost certainly have been killed. Six years later, aged 37, he took his own life by jumping from the top of a multi-storey car park. His widow claimed under the Fatal Accidents Act 1976 based on the legal argument that her husband's physical and psychiatric injuries (including his suicide) were reasonably foreseeable following the accident.

The employer admitted that it breached the duty of care to the employee and this had caused the accident but denied liability for the later suicide.





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**Issue:** The key legal issue was if the deceased employee's suicide was reasonably foreseeable by the employer or if compensation for the suicide fell outside the scope of the employer's duty of care. The employee had not had mental health problems before the accident, so how could the employer have foreseen the suicide?

**Decision:** On appeal, the court found the employer liable. The personal injury included psychological injury, PTSD and depression, which had been caused by his accident. The issue was not if the suicide was foreseeable but if the kind of harm, including the depression, was foreseeable. The depression could be foreseen; therefore, it was possible to see a direct link from an accident that caused depression to the suicide. There was an unbroken chain between the employer's breach and the suicide, and the employee's actions did not break this link. The judges said that:

*'Mr Corr's suicide was not a voluntary, informed decision taken by him as an adult of sound mind... It was the response of a man suffering from a severely depressive illness which impaired his capacity to make reasoned and informed judgements about his future... It is in no way unfair to hold the employer responsible for this dire consequence of its breach of duty, although it could well be thought unfair to the victim not to do so.'*

Employers also have a moral and ethical duty not to cause, or fail to prevent, physical or psychological injury, and must fulfil their responsibilities with regard to personal injury and negligence claims. An employer can be deemed to have breached their duty of care by failing to do everything that was reasonable in the circumstances to keep the employee safe from harm.

### **Work-related stress**

Being under pressure is a normal part of life: it can help people to feel more energised and get results. But if that tips into stress and someone becomes overwhelmed by stress, these feelings could become a problem for someone's mental health.

There is no one statute specifically covering the issue of workplace stress: a number of laws are relevant, and much of the law governing stress has evolved from case law rather than legislation. There is the Health and Safety at Work Act 1974, which imposes a general duty on all employers to ensure the health, safety and welfare at work of employees, with additional duties under the Management of Health and Safety at Work Regulations 1999, including making risk assessments. The [Health and Safety Executive \(HSE\)](#) emphasises that employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it. Stress isn't a psychiatric diagnosis, but it's closely linked to mental health in two important ways: it can cause mental health issues or exacerbate an existing condition, and mental health issues can also cause stress. Work-related stress can affect anyone at any level, and is not confined to particular sectors, jobs or industries.

Workplace suicide prevention strategies should address workplace factors that contribute to suicide risk. Such factors include bullying and harassment, monotonous tasks, stressful or distressing psychological work pressures, lack of control over work, extreme effort and inadequate reward. The [HSE Management Standards](#) are designed to manage, prevent and reduce work-related stress.



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Like physical health, mental health will sometimes require employers to make reasonable adjustments, such as a change to working patterns or duties. Such adjustments are required where there is an overlap between health needs and capacity to work. Where someone's mental health has been identified as a factor in their working context, employers should work with employees to make reasonable adjustments to mitigate harm. This is additionally true for suicidal thoughts, where identified risk factors may be mitigated through access to support and appropriate signposting to additional specialist services.

### **Discrimination, harassment and bullying**

Unfair treatment at work, such as discrimination, harassment or bullying, can have a serious effect on people's mental wellbeing. Employers should have an anti-harassment and bullying policy which interacts with grievance and disciplinary policies and procedures. There should be proactive, trained managers who intervene early to prevent potential harassment or bullying situations and act swiftly if allegations are made.

Under the Equality Act 2010, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation are 'protected characteristics' covered by **discrimination law** to give people protection against being treated unfairly.

Employees could be protected under the Equality Act if their mental health condition is a **disability**. Mental ill health is likely to be a 'hidden' disability and many people are reluctant to disclose a condition. It's good practice for an employer to make adjustments for someone experiencing poor mental health even if they don't consider they have a disability under the Equality Act. Protection under the Equality Act also extends to those associated with a disabled person and those who are wrongly perceived to be disabled.

Under the Act, **harassment** is unlawful and is defined as '*unwanted conduct related to a relevant protected characteristic which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual*'. The protected characteristics relevant to harassment are age, disability, gender reassignment, race, religion or belief, sex and sexual orientation.

There are two types of harassment related to sex: **sexual harassment** involves unwanted conduct of a sexual nature; **sex-based harassment** is a separate form of harassment involving unwanted conduct that is related to an individual's sex or the sex of another person. In both of these, the unwanted conduct has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. Pregnancy and maternity are not protected directly under the Equality Act harassment provisions; however, such harassment will usually amount to harassment related to sex.

If an employee successfully shows that the employer has discriminated against them, the amount of compensation that a tribunal can award is unlimited.

There's no legal definition of **bullying**, but Acas says it can include: '*offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient*'.

The legal position with respect to workplace bullying is more complex than for harassment because there's no single piece of legislation that deals with it. Bullying can be covered by a wide range of different legal protections, including breach of the implied terms in an employment contract to take care of employees' safety and the implied term of mutual trust and confidence. An employer's legal duty under the Health and Safety at Work Act



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1974 to ensure the health, safety and welfare of their employees also includes protection from bullying at work.

By fulfilling their responsibility to provide a safe working environment, and create a working culture free of discrimination, bullying and harassment, employers can also help to reduce some of the potential risk factors for suicide.

### Redundancy

Given that employers should pay particular attention to people who are losing their job, the [CIPD's coronavirus \(COVID-19\) guidance on redundancy](#) outlines how employers can approach a redundancy process with compassion and treat everyone with dignity, respect and kindness. Handling redundancy in a humane and compassionate way can make a significant difference to how people cope with the process.

The effect of Brexit and COVID-19 means the economy is officially entering recession. Many employers and employees are facing worries and uncertainties. These factors are all drivers that could lead to an increase in the number of suicides.

An employer's legal obligations (summarised above, including the common law duty of care towards employees and the general duty to ensure the health, safety and welfare at work of all employees under the Health and Safety at Work Act 1974) continue to apply throughout the process of terminating employment, especially if the employee is depressed or has other mental health issues. In addition to the claims referred to above, an employee with two years' service or more will have an unfair dismissal claim if the process is not handled well. Employers need to ensure that there is a genuine redundancy situation, and that a fair procedure is carried out. A failure to inform and consult in collective redundancy situations carries a protective award of 90 days' gross pay per employee. Employers must recognise it is not only the departing employee who may be affected but also those remaining, and employers must also consider how to support their workforce if a suicide does happen.

Supporting employees' mental health is essential for employers to avoid potential liability throughout the redundancy process. Matters to consider include:

- new management training on mental health issues within the workplace prior to implementing any COVID-19 redundancies – managers who are leading the redundancy meetings and any employee representatives need support too
- using all the usual methods to try and minimise redundancies, including recruitment freezes, voluntary redundancies, sabbaticals, flexible working, and so on
- introducing specific mental health practices and incorporating relevant aspects into redundancy policies that are followed
- holding health and wellness programmes or workshops for all employees, including those retained after redundancy processes
- providing paid time off for counselling and access to employee assistance programmes – there may be input from private medical insurance or occupational health providers, encouraging contact with the GP as well as financial advice
- outplacement services, CV help, references, recruitment workshops and, where financially viable, enhanced redundancy packages will also assist
- allowing reasonable time off during working hours to look for a new job or to arrange training for future employment, some of which could be paid
- open communication about any employees' concerns, including summarising the key steps, deadlines and information on common questions, including termination payments
- making reasonable adjustments to accommodate employees with mental health issues and encouraging staff to report this.



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## 4 Understanding suicide

### Key points

- The reasons why a person may be more at risk of attempting or completing suicide are complex and multifaceted.
- Suicide is much more common among men than women, and middle-aged men (aged 45–49) are the age group most at risk.
- Some occupations and demographic groups experience a higher risk of suicide, such as males working in the lowest-skilled occupations.
- Risks also include impulsivity (how quickly we are likely to act on emotional challenges or changes) and feeling disinhibited (for example through alcohol).
- Many people worry that mentioning suicide to someone may encourage that individual to attempt suicide, but this is not the case.

Many people also find it uncomfortable to discuss such a sensitive subject as suicide. This means there are many misconceptions about it. The first step in creating a culture where people are able to seek help if they have suicidal thoughts and are struggling is educating people about the subject. This needs to be done appropriately, with care and sensitivity, as part of building a culture where it's okay to talk about suicide safely and as part of a wider wellbeing strategy.

### The risk factors associated with suicide

There is no straightforward explanation for why someone may decide to die by suicide, and it's typically not caused by one particular factor. The reasons why a person may be more at risk of attempting or completing suicide are complex and multifaceted, and cannot be oversimplified.

*'What lies behind the decision to end one's life is not fully understood. Nevertheless, it is well recognised that a range of complex factors influence this behaviour. Indeed, a past history of suicidal behaviour or self-harm is one of the strongest predictors of death by suicide.'*

Source: [British Psychological Society](#)

It has long been debated whether or not suicide is inevitably linked to mental health problems. Some believe that suicide can be a rational and thought-through choice in the context of challenging personal circumstances, such as terminal illness. This is much debated.

*'Mental health problems are important influences, as well as alcohol and substance misuse, feeling desperate, helpless or without hope.'*

Source: [Samaritans](#)



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### Key facts about suicide: incidence

The latest suicide statistics are made available on the ONS website, usually reporting on the previous year. Important facts and evidence that can help us to understand, and talk about, suicide at work include:

- In England and Wales, there were 5,691 confirmed suicides in 2019 (see [ONS release](#)), a rate of 11 deaths per 100,000 population and consistent with the rate in 2018.
- Around three-quarters of suicide deaths related to men, and males aged 45–49 had the highest age-specific suicide rate.
- Despite having a low number of deaths overall, the suicide rate among the under-25s has generally increased in recent years.
- There have been concerns that the COVID-19 pandemic may lead to an increase in suicide. [Data published for England](#) to explore whether or not suicide rates rose after the first national lockdown do not show a significant rise, '*despite evidence of greater distress*'. However, the researchers caution that a number of caveats apply, including that these are early figures and may change

Suicide is more common in some groups than others. Samaritans' research and ONS data show that dying by suicide is much more common among men than women across all age groups: men from the lowest social class, living in the most deprived areas, were much more likely to end their lives by suicide compared with those in the highest social class from the most affluent areas. Middle-aged men are the age group most at risk. That is not to say, however, that women experience suicidal thoughts less than men. The statistics around suicide deaths are explained by a number of reasons, including that men are less likely to seek support as early as women, are more likely to 'bottle things up', and if they do have suicidal intention can select a method that is more likely to result in their death.

Some occupations are at particularly high risk of suicide. It's important that, in those occupational settings (as described below), attention is given to responding to the specific risk factors that might be present, for example availability of means. According to [ONS research](#), the following settings have been identified at highest risk:

- Males working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average.
- The risk of suicide among low-skilled male labourers, particularly those working in construction roles, was three times higher than the male national average.
- For females, the risk of suicide among health professionals was 24% higher than the female national average; this is largely explained by high suicide rates among female nurses.
- Male and female carers had a risk of suicide that was almost twice the national average.

However, all organisational settings need to be vigilant to the potential for suicide risk.

Attempting to explain suicide by occupation is also complex, as it's likely that a number of factors act together to increase risk. The ONS outlines some broad reasons why an occupation may carry a high risk of suicide, including:

- Job-related features such as low pay and low job security increase risk.
- Having access to, or knowledge of, a method of suicide increases risk: for example, common explanations for a higher risk of suicide among occupations such as doctors, dentists, nurses, vets and agricultural workers (such as farmers) include having easy access to lethal means. A higher risk of suicide among health professionals could also be explained by these occupations possessing relevant knowledge on methods of suicide.





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Risks also include impulsivity (how quickly we are likely to act on emotional challenges or changes) and disinhibition (for example, alcohol or drug use can lead us to act in ways we would ordinarily not do).

The Business in the Community's [Suicide Prevention Toolkit](#) for employers in association with Public Health England further outlines some broad factors that increase the risk that someone will die by suicide. As well as mental health and psychological/attitudinal factors, there's a range of other factors, such as:

- **Demographic** – gender, age and sexual orientation/gender identity – men are the most at-risk group, as are people aged 45–49, and the risk is significantly higher among the lesbian, gay, bisexual and transgender community.
- **Bereavement** – people are at a higher risk after the death of a family member or friend.
- **Socioeconomic status** – the greater the disadvantage, the higher the risk of suicide.
- **Behavioural** – some patterns of behaviour, such as drug and alcohol misuse and self-harm, can indicate a risk.

However, risk factors should not be misinterpreted as warning signs. How specific risk factors and life events impact on one individual is a unique and complex process, and suicide is not predictable in that sense. As such, suicide is one of the most difficult behaviours to predict. Many people will experience the risk factors for suicide and never go on to take their own life, but it's important to understand the risk factors, to help think about your employees and who may be most at risk.

Mind's guidance on suicidal feelings says that **everyone's experience of suicidal feelings is unique to them**. Struggling to cope with certain difficulties in your life can cause you to feel suicidal. It highlights a long list of work- and non-work-related events and circumstances, including:

- mental health issues
- bullying or discrimination
- the end of a relationship
- adjusting to a big change, such as retirement or redundancy
- doubts about your sexual or gender identity
- long-term physical pain or illness.

Being aware of the potential risk factors for suicide and understanding that people are affected by circumstances and events inside and outside work, organisations can create the culture and support to help employees who may be facing difficult issues.

### Protective factors

Alongside risk factors (those aspects that can make suicide more likely), there are protective factors (those aspects that can make suicide less likely). Again, these are multifaceted, but can include:

- an individual's capacity and willingness to talk about their mental health and emotions
- engagement with hobbies, interests or work
- a supportive network of family or friends
- professional support, such as a counsellor or other mental health service
- being given the opportunity to talk about suicidal thoughts, in whatever context.

As such, an approach to supporting suicide risk that is based on the building of relationships within a workplace culture that mitigates the potential for stigma or a fear of judgement is critical in reducing the risk of suicide occurring.



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## COVID-19 and front-line staff

During the COVID-19 pandemic, attention has been drawn to the need for awareness and support in relation to the potential increased risk of mental ill health and suicide among health and social care workers. NHS organisations have collaborated to provide a wide range of emotional, practical and psychological support for NHS and social care workers, including:

- a confidential staff support line operated by the Samaritans (see Our NHS People for the range of support available)
- Our Frontline – a partnership between Shout, Mind, Hospice UK and The Royal Foundation providing round-the-clock one-to-one support service for health, care, emergency and key workers.

### Some suicides are preventable

An employer can raise awareness about suicide among employees and communicate the important fact that some suicides are preventable, and highlight key sources of professional help. Many people worry that mentioning suicide to someone may encourage that individual to attempt suicide, but this is not the case, as the Business in the Community/Public Health England make clear in their myth-busting toolkit:

*'Talking about suicide will not put the idea in someone's mind, but it will make the topic less taboo.'*

Furthermore, individuals who have been experiencing suicidal thoughts will often say what a relief it was to be able to discuss what they were experiencing. The experience of mental health workers tends to be that asking about suicide will, at worst, leave the level of risk unchanged; at best, it will be a critical factor in making it less likely. As such, the key guidance is to always ask about suicidal thoughts if they are suspected.

### Spotting the warning signs of suicide

The World Health Organization (WHO) warns that the signs of suicide are often not always visible, but urges employers to pay particular attention to people who are losing their job. This is particularly relevant at the current time, given the large-scale redundancies predicted during the economic recession (see the section on redundancy below).

The WHO lists other warning signs to look out for, such as:

- expression of thoughts or feelings about wanting to end their life, or talking about feeling hopeless or having no reason to live
- expression of feelings of isolation, loneliness, hopelessness or loss of self-esteem, or dwelling on problems
- withdrawal from colleagues, decrease in work performance or difficulty completing tasks
- changes in behaviour, such as restlessness, irritability, impulsivity, recklessness or aggression
- speaking about arranging end-of-life personal affairs, such as making a will, or concrete plans for suicide
- abuse of alcohol or other substances
- depressed mood or mentioning of previous suicidal behaviour
- bullying or harassment.

The symptoms that could be associated with someone having suicidal thoughts are not definitive on their own, but could still **show that someone is struggling to cope and needs help**.



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It's about noticing that someone's behaviour changes *by comparison with* what has been typically experienced. Warning signs might be different for everyone, but having a good relationship with your employee, and the ability to recognise change in behaviour, can prompt a conversation about whether they're okay. Line managers play a key role and how they should approach this is covered later.

Conversely, many people won't show any warning signs and will do their best to conceal how they are feeling. Nonetheless, being alert to potential indicators could help to build up a picture of concern for that person's welfare. Some of the warning signs and changes can include:

- **physical** – for example, fatigue, changes in sleep patterns, appetite and weight changes, visible tension or trembling, increased physical health symptoms (for example, pain)
- **psychological** – tearfulness, feeling low, mood changes, loss of motivation, increased sensitivity, lapses in memory
- **behavioural** – increased smoking and drinking, irritability, anger or aggression, lateness, working longer hours, absence, impaired or inconsistent performance.

However, just as it's important to understand that someone thinking about suicide may not show any visible signs, it's also important to recognise that if an individual does show some of the above signs, it's not necessarily because they are feeling suicidal.

## 5 Create a supportive and positive culture for mental health

### Key points

- Employers should engender a compassionate culture that harnesses openness and supports staff to talk about their thoughts and feelings, which is key to tackling the taboo around mental health and suicide.
- Everyone's experience of mental health will be unique to them.
- People who have poor mental health can also thrive at work if they have the right adjustments made and support in place.
- Managing pressure and preventing stress forms a crucial element of supporting mental health.
- Recognition and early detection of poor mental health plays a vital role in people being able to access the support they need.
- Good communication and people management skills go a long way to preventing stress and mental ill health among employees.
- People managers need to be competent and confident to have sensitive and supportive conversations with people, and signpost to expert sources of help.
- Unfair treatment at work, such as bullying, harassment or discrimination, can have a devastating impact on people psychologically and employers should develop cultures where unfair treatment is known to be unacceptable.
- Disciplinary processes can be hugely stressful, and support needs to be provided by someone who is not also conducting the process.
- Concern for the health and welfare of anyone involved in a disciplinary, dismissal or redundancy procedure should be a priority at every stage, and suspension should be a last resort.





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Many of the elements that create a mentally healthy workplace, such as effective stress risk management, an open culture around mental health and good people management practices, will lay the groundwork for an employer's response to suicide risk, as a supportive and positive culture is key to offering the right support.

Establishing an effective organisational framework to support good mental health should include fostering an environment where people can talk about how they feel. This kind of culture should help to tackle the silence and stigma around suicide and hopefully encourage people to talk about suicide concerns and seek help.

The CIPD/Mind *People Managers' Guide to Mental Health* provides comprehensive practical advice on how to develop a mentally healthy workplace. It contains information, practical advice and templates to help managers facilitate conversations about stress and mental health issues and put in place support so employees can stay well and in work.

The guide addresses the whole lifecycle of employment, from recruitment, through keeping people well and managing a disability or ill health at work, to supporting people to return to work after a period of absence. Refer to the guide for more in-depth guidance on the practical steps to take across each of these areas.

Establishing a mental health framework that encourages good mental health, and supports people appropriately if they experience mental ill health, should encompass a number of key areas:

#### **Foster an open culture where people can talk about mental health issues**

- Employers need to foster a workplace culture that encourages people to talk about their mental health, including disclosure of a mental health issue.
- Senior managers should lead by example, by role-modelling healthy behaviour (such as an appropriate work-life balance and taking regular breaks) and sending out clear messages about the importance of mental health.
- While mental ill health is a sensitive and personal issue, most people would prefer an honest and open enquiry about how they are as opposed to silence. (See section 8 of the CIPD/Mind *People Managers' Guide to Mental Health* for how to broach the subject, including a conversation checklist for managers.)
- A regular one-to-one is an opportunity to start the conversation, which should always be in a private, confidential setting where the employee feels respected and at ease. It's important to remember that no one should be forced into talking about a mental health issue.
- Culturally sensitive conversations are important as people's reactions will depend on factors such as their background, culture, race, sex, age, and religious and spiritual views.

#### **Early intervention to provide support**

- **Recognition and early detection of mental health issues** play a vital role in people being able to access the support they need.
- If a manager thinks a team member is experiencing poor mental health, or they disclose it, **it's essential to have a conversation with them about their needs**. It's crucial the organisation has equipped managers for this role. This conversation should help a manager to agree appropriate support or adjustments and signpost to more expert sources of help where needed.



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- **It's important to remember that everyone's experience of mental ill health is different** – so two people with depression may have very different symptoms and need different adjustments, for example. This means supporting the person as an individual and listening carefully to what they feel would make a difference to them being able to perform to their best. Adjustments for mental health are often simple and it's good practice to offer support to any employee who needs it, whether or not they have a formal diagnosis.
- Employers should ensure there's widespread promotion of **effective support pathways for people if they experience poor mental health**, and offer sources of help such as counselling, an employee assistance programme (EAP) and occupational health services where possible.

**It's important that an organisation's chosen OH service and EAP provider can offer appropriate support from trained professionals for people experiencing mental health issues. If an organisation does not have access to OH services or an EAP, they could still consider providing appropriate counselling support for an employee who needs it. There are also a number of mental health charities that provide helplines and other support, including Samaritans (see [Further resources](#), below). If someone is experiencing suicidal thoughts, the organisation should signpost them to their GP or specialist mental health services.**

#### **Good practice pointers for supportive listening**

- Avoid interruptions – switch off phones, ensure colleagues can't walk in and interrupt.
- Ask simple, open, non-judgemental questions.
- Avoid judgemental or patronising responses.
- Speak calmly.
- Maintain good eye contact.
- Listen actively and carefully.
- Encourage the employee to talk.
- Show empathy and understanding.
- Be prepared for some silences and be patient.
- Focus on the person, not the problem.
- Avoid making assumptions or being prescriptive.
- Do not promise to keep the conversation confidential if someone has confided suicidal thoughts.
- Follow up with someone afterwards to check they are okay and have received help.

#### **Prevention: promote good mental health and reduce stress**

- Managing stress effectively is a crucial part of a preventative approach to supporting mental health in the workplace, and organisations need to develop an **organisational framework for managing the risks to people's health from stress**.



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- The Health and Safety Executive's (HSE's) [Management Standards](#) cover six key areas of work design (demands, control, support, relationships, role and change) that, if not properly managed, are associated with poor health and work-related stress. The HSE has developed a range of practical tools such as a [Stress Risk Assessment](#), as well as a [Talking Toolkit](#), to help managers start a conversation with employees to **identify key stressors**.
- Employers can also run regular **employee mental health and/or engagement surveys** across their workforce to evaluate the state of people's mental health. See this Mind resource on [how to take stock of mental health in your workplace](#) for further guidance. Crucially, employers need to act on the findings and implement effective interventions to reduce the risks of stress.
- Employers could consider using a **wellness action plan** (WAP) as a proactive way to help people manage their mental health. A WAP is inspired by Mary Ellen Copeland's Wellness Recovery Action Plan® (WRAP®): an evidence-based system used worldwide by people to manage their mental health. See the [Mind website](#) for guides on WAPs for managers and employees. As a result of COVID-19, many people are working continually from home, and this trend is expected to continue for some beyond the pandemic. It's therefore important that organisations provide effective support for people's mental health who work remotely. Therefore, Mind have also published a [WAP guide](#) for people working from home and there's also one developed by the [Charlie Waller Trust](#).
- **Managers need to build supportive relationships with team members and ensure workloads are manageable.** They need to feel confident to have psychologically savvy conversations based on their experience and training. This includes not being afraid of listening to someone who shares suicidal thoughts and knowing how to signpost the individual to more qualified sources of help, such as their GP.

#### Good people management policies and practices

- How people are treated and managed on a day-to-day basis is central to their mental wellbeing and engagement. Poor line management may exacerbate or even cause poor mental health and stress.
- If an individual doesn't trust their line manager, they are unlikely to discuss a sensitive issue such as mental health, stress or suicidal thoughts with them. **The use of empathy and common sense by managers lies at the heart of effective management of mental health** in the workplace.
- People managers should have a clear understanding of HR policies so that they can make helpful adjustments for people, manage absence and the return-to-work process in a supportive way, and take any mental health issue into account during performance management. (See the CIPD/Mind [People Managers' Guide to Mental Health](#) for detailed advice on how to incorporate good mental health practices across the lifecycle of employment, including recruitment, absence management and performance management.)
- The organisation should ensure managers learn the key people management skills needed to support good health and wellbeing. Based on extensive research, new [CIPD resources for line managers](#) identify the key behaviours as: Being open, fair and consistent; Handling conflict and people management issues; Providing knowledge, clarity and guidance; Building and sustaining relationships; and Supporting development.

Go to the CIPD's guidance for line managers on [preventing and reducing stress at work](#), to see how managers can take six steps to help prevent stress in their teams.



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### Promote inclusion and diversity and prevent unfair treatment

- An inclusive and compassionate culture with positive relationships can greatly enhance our mental health in the workplace; conflict can seriously undermine it. An inclusive workplace is built on an acceptance – and celebration – of every individual, regardless of background, identity or circumstances. Employers and HR need to be particularly mindful of the **adverse impact discrimination and a lack of inclusivity can have on the mental wellbeing of certain employee groups**.
- Employers should strive to develop cultures where unfair treatment is known to be unacceptable. To address the root causes of inequality, including racism, employers need to maintain a zero-tolerance approach to workplace discrimination. Therefore, employers need to critically appraise their organisational culture from top to bottom and address discrimination at a systemic level by looking at where it is embedded in their organisations. See the CIPD Guide on [\*Developing an Anti-racism Strategy\*](#) for more in-depth practical advice.
- **Policies dealing with equality and diversity, and bullying and harassment, should be visible and brought to life across the organisation.** This means promoting the importance of respect between employees at every level of the organisation and ensuring people's behaviour reflects the right values. Senior leaders need to take a visible lead on the issue and set the tone for fostering a working environment where people feel empowered to speak up.
- **Conflict between individuals is best dealt with at source**, and at the earliest opportunity. This means challenging behaviours that cross the line into being inappropriate. Organisations should invest in the skills and competence of managers so that they are not afraid of tackling conflict head on and encouraging informal, positive routes to resolution, such as mediation, where appropriate.

See the CIPD guide for people managers: [\*Dealing with Conflict at Work\*](#) for how to handle conflict at an early, informal stage – before issues escalate into serious disputes that require the use of formal procedures.

### Managing discipline, dismissal and redundancy

- **Suspension and/or dismissal** including for redundancy can have a significant detrimental impact on any individual's mental health, regardless of their previous health history and personal resilience.
- **Confidentiality** should be a given when it comes to disciplinary procedures; however, in reality, this is not always the case. The organisation should take steps to complete the process as discreetly as possible. For some individuals, it can be the humiliation of being disciplined or the nature of the allegations that can be too much to cope with.
- Even where the organisation has carefully followed a thorough process and the dismissal is justifiable and proportionate, it's likely to be a devastating outcome for the individual. Concern for the health and welfare of anyone involved in a disciplinary, dismissal or redundancy procedure should be a priority at every stage. This should include the proactive offer of access to occupational health assessment and/or other confidential listening/support services, such as an employee assistance programme. See the CIPD's [\*Coronavirus \(COVID-19\) Guidance on Redundancy\*](#) on how to approach a redundancy process with compassion and protect people's health and wellbeing.



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- Suspension should be a matter of last resort after all other reasonable options have been considered. **Suspension should only be considered exceptionally if there's a serious allegation of misconduct, and only then in certain circumstances will suspension be appropriate**, as the [Acas disciplinary and grievance guidance](#) makes clear.

Fostering a fair, inclusive and supportive working environment that preserves the dignity and respect of everyone is integral to ensuring the culture is one where people can talk about mental health and seek help if they need it. Combined with having in place effective people management policies and practices that prevent stress and unfair treatment such as discrimination and bullying, this will also lay the foundations for suicide prevention.

## 6 Responding to suicide risk

### Key points

- A kind and compassionate culture will encourage colleagues to look out for each other and reach out to those who need help.
- An employer needs to understand the main risks associated with suicide, although everyone's experience of suicidal feelings is unique to them.
- Organisations should provide training and awareness-raising for employees and managers as part of their mental health framework, so that they know how to respond and refer someone who is in distress and/or having suicidal thoughts.
- **If an employee discloses they are experiencing suicidal thoughts, they should be encouraged to contact their GP as the first step for support.**

Senior leaders and people professionals should role-model compassion and kindness, and show leadership by encouraging every manager and employee to take mental health issues seriously. They should take steps to educate and train the workforce about suicide. This includes fostering a culture where people can reach out to those in distress, and where asking for help is not seen as a sign of weakness (as discussed in [section 4](#)). It is important to remember that [suicidal thoughts are much more common than is imagined](#).

### Training and support for managers

Much of the day-to-day responsibility for implementing the policies and adjustments to prevent stress and support people's health and wellbeing falls on line managers. A manager will typically be the first point of contact if someone needs to discuss any concerns or feels distressed.

Employers should ensure that all people managers are trained and have a broad understanding of the important factors relating to mental health and suicide, and how to spot changes in employee behaviour that could signal potential warning signs of distress, including suicide risk. This should be embedded in a broader training programme that educates employees on supporting good mental health.

Managers should have the **confidence to not shy away from personal or emotional issues and feel comfortable having sensitive conversations** with employees. They need to be





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confident in signposting to expert sources of support such as occupational health, GP services and an employee assistance programme, if available. This will require investment by employers in managers' development and skills that should include a competency-based approach so they can demonstrate behaviours such as empathy and compassion, as well as specific education around mental health and suicide.

Dealing with a sensitive situation like suicide can be very challenging. Managers and employees need to understand their role: they should be prepared to reach out to a colleague if they are concerned and ask how they are, including if they are experiencing suicidal thoughts. **But managers are not qualified to act as counsellors or give a diagnosis, and they need to understand the boundaries of their role.** Employers therefore need to provide training and ongoing guidance for managers on this. They also need to ensure managers know when and how to access support from HR and other sources of help if they are finding the employee's circumstances challenging for their own wellbeing, as well as if they are unsure how to handle the situation.

You can refer managers to the line manager guidance which accompanies this guide for information and support.

#### Everyone should feel able to reach out

Asking about suicide can be a challenging experience and [research](#) shows that even specialist staff, such as counsellors, GPs and other mental health workers, can find difficulties in asking the question. However, it's important to remember that asking about suicide will not put the thought into someone's mind. If a person is not suicidal (or they do not wish to talk about it), they will simply say they are not having thoughts. More importantly, asking about suicide is communicating it's okay to talk about it and the employee might approach someone at a later stage, when they are ready.

It's important managers **understand where the line lies between listening and offering empathy, and when to signpost** someone to a qualified health professional. This should be a GP in the first instance if someone discloses they are having suicidal thoughts.

No one should be made to feel responsible for the actions of another person who is feeling suicidal. The organisation should ensure that anyone providing support to someone in this situation should also be offered appropriate support in turn, such as access to employee assistance programme services or similar: see [Mind's advice](#). This needs to be emphasised and included in any policy or guidance provided by the organisation, as well as in practical guidance given to employees/managers.

#### Asking about suicidal thoughts directly

Good practice in mental health points to the need to ask questions about suicide with empathy and sensitivity, but also directly and clearly. People will often initially name suicide thinking by hinting at it, or using a metaphor (*'I just want to get out of everyone's way'*, or *'I feel a burden to people'*). The 'rule of thumb' is: if in doubt, ask. Do so simply and clearly: *'Have you had thoughts about ending your life?'*, or *'Do things get so bad for you that you think about suicide?'* The actual words you use are less important than that they are clear and to the point. Samaritans advise that, if you're worried someone is suicidal, it's okay to ask them directly. This involves asking someone about their suicidal thoughts in a calm, confident, sensitive but clear way. Fearing talking about suicide is always worse than actually talking about suicide.

If a person is asked and they say they are not having thoughts, it's worth following up with something like, *'If anything changes, please do feel able to talk to me about it.'* If someone



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says they are having suicidal thoughts, you may then decide it is appropriate to ask them if they have had any plans or intention to act on those thoughts, and encourage them to contact their GP. Knowing this additional information may help you signpost more effectively.

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It's not possible to offer full confidentiality if someone tells another employee or manager they have suicidal thoughts. If an employee asks if they can talk in confidence, the employee needs to make clear – consistent with any mental health policy – that they would need to sensitively share any information if they believed someone to be at risk. Therefore, it's important the organisation makes clear in its guidance to whom managers and employees should speak if an individual shares suicidal thoughts with them, such as HR or a senior manager or occupational health services, if available.

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An organisation's suicide prevention approach needs to include training and awareness-raising for employees and managers, so that they know how to respond if they are worried someone is in distress and/or having suicidal thoughts.

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**If an employee discloses they are experiencing suicidal thoughts, they should be encouraged to contact their GP as the first step for support.**

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Samaritans offer [practical advice and videos](#) explaining simple actions that can help you be there for someone who is experiencing suicidal thoughts, as well as the importance of seeking professional support and when to step back to look after yourself.

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There are also a number of specialist charities who can provide immediate and specialist support to talk to someone with suicidal thoughts, via a helpline and/or their websites and by email (see [Further resources](#) below).

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### **Dealing with an immediate risk of suicide**

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The following guidance applies to any employee or manager who thinks another employee could be at risk of attempting suicide. It's important to remember that people aren't trained counsellors or clinicians so should remain within the boundaries of their role and offer signposting to professional help where appropriate.

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- If it's felt that the individual is in immediate danger of taking their own life, **you should dial 999 and call an ambulance, and not leave the person alone.**
- The Samaritans have '[in the moment advice](#)' when people are close to the point of attempting suicide. They might feel disassociated from others, the world around them, and even their own emotions – like they are in a bubble – and they sometimes might not show any visible signs of distress. To help burst this bubble, reach out and talk to them to help draw their attention back to the world around them – for example, asking simple questions that don't focus on why they are feeling the way they do, but just allow them to be present. Perhaps asking them simply to focus on their breathing, or an object in the room, can help. It is important to make the suicidal person feel safe, connected and validated.
- Once you have helped the person in danger access emergency care, there are several ways you can support them. Being present – online, on the phone or in person – and waiting for the ambulance with them can be helpful.
- Also be aware of dangers to others. The means of suicide can sometimes put others at risk: jumping from a tall building or walking into traffic, for example. If you are concerned about the safety of others, you should also ask for the police when ringing 999, as they have the powers (unlike ambulance staff) to safely contain a situation.
- How much support you offer is up to you. Looking after someone who is struggling with suicidal thoughts and feelings is hard. And it's important to make sure you're okay.

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Source: Samaritans guidance [If you think it's an emergency](#)



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### Being aware of access to means

Access to means is a major risk factor for suicide. In some cases, the decision to attempt suicide can be an impulsive act, and whether or not lethal means are available for someone to act on their suicidal feelings can be instrumental in preventing a suicide.

*'Internationally, there is consistent evidence that restricting access to lethal means is associated with a decrease in suicide. Restricting access to means involves implementation of measures to reduce availability of and access to frequently used means of suicide (for example drugs, firearms, enhancing safety of bridges).'*

Source: [British Psychological Society](#)

As part of its strategy to help prevent suicide, an employer needs to carry out a risk assessment of the workplace to eliminate or restrict the access employees have to locations or substances that could be used for suicide. The availability of lethal means will depend on the nature of the organisation's business as well as its premises. For example, this should include reviewing the security measures in place in high-rise buildings and construction sites, such as making sure there are effective locks on windows and doors and restricting access to rooftops.

Any organisation that has lethal drugs or chemicals, such as healthcare workers in a pharmacy or hospital, or agricultural workers with access to pesticides, needs to make sure that it has effective health and safety control measures in place to restrict access to them and prevent misuse. An organisation's risk management process should also include steps to make sure customers or members of the public can't access lethal means.

### Regularly review guidance and training provision

It's important the organisation keeps its framework and support for responding to suicide risk under review. This includes evaluating the effectiveness of its training provision for managers on mental health, as well as the guidance it provides to employees and managers on how to respond to a colleague who is in distress.

## 7 Support after suicide

### Key points

- An employer should have in place a plan to respond to a suspected suicide death relating to an employee, and give support to employees, known as 'suicide postvention'. This could be a standalone plan or might be a section of its business continuity plan.
- The organisation's key priority is to provide effective wellbeing support for employees who have been affected by the suicide, as well as appropriately manage the communications and any media interest.
- A senior manager should take responsibility, with appropriate support, for leading the organisation's response to a suicide death.
- A 'suicide postvention' plan should include communications guidelines for how the organisation communicates with the deceased employee's team and other people affected.





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### Key points (continued)

- After a suicide there is a potentially elevated risk of suicide or attempted suicide in people affected by suicide bereavement.
- A caring and compassionate culture will help to encourage an ethos of peer support following a suicide death.
- Employers and managers should be aware of religious beliefs and customs relating to bereavement and accommodate these.
- People managers should feel confident to have sensitive and supportive conversations with team members, and signpost them to expert sources of help where needed.
- HR needs to provide support for managing the practicalities, such as clearing the desk and personal belongings of the employee who has died, in a sensitive way.
- It could help the grieving process for employees to arrange an appropriate and sensitively staged tribute for the deceased employee.

### Understanding the need for ‘suicide postvention’

The term ‘suicide postvention’ refers to the actions taken to support people affected by a suicide death in the workplace when an employee has taken their own life, regardless of where the suicide took place. Although it’s a rare event, every employer needs to be prepared to respond very quickly to a suicide death and to give support to employees.

The organisation’s suicide postvention plan should cover the death of an employee as well as bereavement relating to the suicide of an employee’s family member or friend and a supplier or client. Organisations will also need to consider the death by suicide of a former colleague; even if the individual has left the organisation, there could still be a significant impact among the colleagues they have left behind. The organisation’s plan should include all the steps and organisational support outlined in the CIPD’s [\*Guide on Compassionate Bereavement Support\*](#), including provision for a bereavement policy and compassionate leave, but there are further considerations to take into account following a suicide death.

This guide on responding to suicide risk should be read in conjunction with the [CIPD guidance on compassionate bereavement support in the workplace](#) as the advice on policies and support for employees is also relevant where an employee is bereaved because of a death by suicide of a colleague. As the guide says: *‘It’s vital for organisations to develop, and act on, bereavement policies that offer holistic, long-term support to bereaved employees and that recognise individual circumstances.’*

The compassionate bereavement guide covers a number of key areas where support is needed for employees, including:

#### **Why is it so difficult to talk about death and bereavement?**

It’s not always easy to talk about death and bereavement. It’s something that is not discussed enough in wider society, let alone in the workplace. Bereavement affects everyone in different ways and it’s possible to experience a range of different emotions.



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Grief is a very individual process, affecting people emotionally, psychologically, behaviourally, intellectually, physically and spiritually. When considering work-related activities, bereavement can affect concentration and sleep patterns, which may lead to tiredness, forgetfulness and impaired decision-making.

Mind have a helpful list of some of the feelings people may experience after a loss.

In order to allow employees to have the confidence to seek the support they need, employers should work to create an open culture of support within an organisation that will ensure that people experiencing bereavement will feel more comfortable raising any issues they might be experiencing and asking their managers for support.

#### **Develop and communicate a policy**

It's really helpful to develop a bereavement policy to ensure bereaved employees are aware of and given the support they need. Key considerations include:

- Understand the benefits of having a bereavement policy.
- Communicate your approach and embed a culture of support.
- Involve unions/staff representatives in developing a bereavement policy.
- Consider what a bereavement policy should cover:
  - reporting a bereavement
  - bereavement leave and pay
  - return to work
  - other services and resources to support bereaved employees.
- Understand what do when a member of staff dies.
- Review your bereavement policy.
- Provide support for specific bereavements.

It's important that the policy is communicated widely and linked to broader sources of support and line manager education.

#### **Educate and support managers**

To raise awareness and empathy, organisations could consider holding workplace training sessions for managers and colleagues on how to support a bereaved employee. Such sessions should highlight the support available in the organisation and could also cover how to support the wellbeing of HR, people managers and employees if they have been affected, by association, by supporting someone with a bereavement or several bereavements.

Key considerations include:

- Show empathy and compassion when dealing with bereaved people.
- Understand your organisation's bereavement policy/support structure.
- Acknowledge the bereavement and stay in contact with a named person.
- Discuss what bereaved employees would like communicated.
- Understand and accommodate any religious/cultural considerations.
- Provide ongoing support.

#### **Build flexible responses**

Flexibility is key when supporting bereaved workers. Each person will experience bereavement in different ways and will need different responses and support from their organisation.



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Remember that flexibility is key when supporting bereaved employees:

- Be sensitive to requests for time off, especially around anniversaries and other special events.
- Consider a phased return to work.
- Be open to ongoing flexible working provisions.

As well as the CIPD [guidance on compassionate bereavement support in the workplace](#), there's also guidance for [line managers](#) on compassionate bereavement support.

The unexpected death of a colleague, whatever the cause, can be very upsetting, but if the death is by suicide, the emotional impact on close colleagues can be even more extreme. Individuals can also be very affected by the death by suicide of a former colleague, especially if they worked closely with the deceased and/or was or still is a close friend. If an employee dies by suicide, the **psychological effect on their immediate colleagues and the wider workforce can be profound and long lasting**. It can feel inexplicable, and the silence and stigma that often surrounds suicide can add to the distress and guilt people may feel. Some people may also feel emotions such as anger that are difficult to manage or disclose. One [study](#) showed that people bereaved by suicide were 80% more likely to drop out of education or work.

It's vital that an employer has in place a plan to respond to a suicide death that provides effective support for people. This should include access to wellbeing services and psychological support such as bereavement counselling, as well as practical support like compassionate leave. Not all employers, particularly smaller ones, have in place an employee assistance programme and/or other wellbeing services, but every organisation should consider offering access to bereavement counselling and other support for employees, even on a temporary basis as long as is needed, in the event of a death by suicide of a colleague. A number of charities provide very helpful services such as helplines that the organisation can also help people access (see [Further resources](#), below).

Suicide bereavement can be triggering and can also leave those affected more vulnerable to a higher risk of suicide themselves. This risk makes it very important that an employer responds to a suicide death with compassion but is careful with the tone, content and language of its communications with employees and other stakeholders.

The guidance [Responding to the Death by Suicide of a Colleague in Primary Care: A postvention framework](#) published by the Louise Tebboth Foundation and Society of Occupational Medicine describes 'suicide postvention' as *'the provision of crisis intervention, support and assistance for those affected by a death by suicide'* and sets out its four key aims:

- to provide appropriate information about the death of a colleague and avoid misinformation or rumours
- to offer support to employees who are bereaved by suicide and help them deal with grief and any difficult emotions and trauma they may experience
- to address the stigma that is associated with a death by suicide
- to stabilise the environment, restore some semblance of order and routine and support employees to return to a state of normality.



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A postvention framework could be a standalone plan or might be a section of the organisation's business continuity plan. It's better to be prepared and have a plan in place if the worst happens, as if there is a death by suicide, it's very difficult to respond without a plan in the midst of the devastation.

### Compassionate and calm leadership

Following a suspected suicide of an employee, the organisation should appoint a **senior manager to take responsibility for co-ordinating the organisation's response** to the death. They have an important role to play in leading the organisation through the crisis in a sensitive, calm and appropriate manner. It's important the organisation ensures they have the appropriate practical and psychological support.

The senior lead should oversee all communications and ensure that the organisation provides immediate and effective support for people, both psychologically and operationally. It's important to note that the psychological impact of a suicide can take time to present – this means an organisation should be ready to provide support at any time a person asks for it or seems like they need it (and should be offered it without their asking).

Part of their role is to ensure essential operations continue to run while making allowances for the understandable upset, grief and disruption caused by a sudden death. The senior lead should act as a bridge between the senior management team and other key stakeholders such as HR and relevant people managers. It's crucial to build trust with employees following an employee's death by suicide: people need to have confidence in leadership and know they are supported through a traumatic event.

The **compassion and kindness** shown by senior management will be instrumental in creating a caring and supportive culture that fosters peer support where people can reach out if they need help. Having the courage to show their own vulnerability and talk about how they have personally been affected by the suicide can send an important message to people that it's not a sign of weakness to express their feelings.

**Compassionate leadership** can encourage a healthy grieving process. This includes role-modelling behaviour such as active listening and empathy, as well as being prepared to make temporary changes to work schedules or workloads to support people where needed. Leaders need to look after themselves, too, and seek mutual support from their peers and access more specialist help, such as counselling, if they need it.

### Clear and effective communication

- The organisation should **consult with the deceased employee's next of kin** and, within reason, respect their wishes as far as is possible. Family members should be contacted as early as possible and the organisation should arrange for flowers to be sent. This is likely to be an emotionally challenging task for the HR professional and/or manager who takes the lead in liaising with the employee's family. Every situation will need to be very sensitively and carefully managed based on how the employee's close family want to be communicated with.
- The organisation needs to develop communication guidelines for informing employees about a suspected suicide, although all formal statements to employees need to be tailored to the individual circumstances. **There needs to be careful consideration of the type of language used to convey what has happened. It is important to remember that an individual who has died by suicide should be afforded the same level of confidentiality as they had in life.** Death does not change a right to privacy and dignity.
- Keeping communication channels open is important, as wishes may change and people may receive more information and details of the funeral and so on. It is better to be



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cautious about what information is communicated, as the circumstances of an individual's death may be subject to a police investigation and, subsequently, a coroner's hearing. It is critical to be sensitive to the needs of close family and friends bereaved by suicide.

- The need **for open, honest and factual communication** with employees needs to be balanced with respecting the desire for privacy on the part of the bereaved family, who may not want the manner of death disclosed. The organisation will need to decide what to tell employees about the death, in consultation with the employee's family, who may have strong views about whether it was or wasn't a suicide. It's important to think carefully about the way you choose to communicate with people, and different approaches may be needed for different individuals. For example, if a team member was close to the employee who has died by suicide, it's better to have the conversation in person, where you can show empathy and support, and signpost to expert help where needed.
- The organisation should draft a statement, if appropriate, that sets out in sensitive and respectful language what has happened. However, it needs to be very mindful of the details that are provided. As well as the need to respect the wishes of the deceased individual's family as far as is possible, the suicide may not be confirmed for several weeks or months, following an inquest where the coroner has to legally confirm the cause of death. Any formal mention of the death should refer to 'suspected suicide'. Any communication should definitely not mention the method of suicide.

**Please note**, if suicide occurs in England and Wales there must be a hearing, also known as an inquest. At the end of this public inquest hearing, the coroner (or jury in some cases) can give many verdicts, including death due to accident, suicide or an open verdict. To confirm the suicide the coroner must decide beyond all reasonable doubt that the deceased did the act which ended their life and intended by that act that their life would end. In Scotland the procurator fiscal is roughly equivalent to a coroner and investigates all unexplained deaths and sends a report to the procurator fiscal service headquarters. In most cases this ends the process, unless a fatal accident inquiry is needed. The Scottish system is considered by some to be less public and distressing for the family.

- If some details have already been informally discussed by employees, this will need sensitive handling. It may be necessary to **contain the flow of any rumours or misinformation** across the workforce, as these can quickly circulate to fill any vacuum in communication.
- Communication needs to be carefully thought through using a **tiered approach**, for example talking to the employee's team in person and considering who, if anyone, needs to know outside the immediate team. This will depend on how large the organisation is and the level of contact between the deceased employee and wider organisation. The organisation will need to think through who needs to know, what they need to know and why, then tier communication accordingly. It should not be assumed that the (suspected) suicide will affect everyone in the same way, so **it's important not to make assumptions about how individuals will feel**; an employee could have been close to people outside of their team, or maybe had a difficult relationship or meeting before that people will remember.
- This should include giving employees guidance on the need to be careful about their use of social media. It's understandable that people may want to share their thoughts about such an upsetting event in a community forum, but the organisation needs to





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ensure that comments don't stray into any negative or harmful areas. Depending on the circumstances of the suicide, there could be media interest and the organisation will need to establish how any press enquiries should be handled.

### Be aware of the potential impact on people

- People who have been bereaved by suicide can be vulnerable to an increased risk of suicide. [The British Psychological Society](#) cautions that care needs to be taken with the type of language used to describe the death as well as the information that's given on its circumstances, to avoid those most vulnerable being affected and having suicidal thoughts.
- There's a view that information about the method of suicide can increase someone's risk of suicidal thoughts or attempts. How an organisation communicates with employees about a suicide death can influence how they react and cope with it. It should communicate in a respectful and compassionate manner but avoid giving any specific details about the method or circumstances involved in the suicide. This doesn't contradict the good practice guidance mentioned earlier in this guide – that the organisation should foster a supportive culture at work where people feel able to talk about suicide and seek help if they need it.
- In the rare event that a suicide death occurred in the workplace setting, the organisation should take particular care to manage the tone used and details shared by employees who may be witnesses, while also supporting these individuals in dealing with the shock and potential trauma they may experience.

### Compassionate care and support

- If the culture of the organisation is **kind and compassionate**, and people are able to talk about how they feel, this will help to encourage an ethos of peer support in the event of a suicide death. This should lay the basis for employees to recognise any colleagues who may be feeling vulnerable and at risk of self-harm or suicide, as well as encourage people to seek help. The need for kindness and compassion among people should be conveyed in all of the organisation's messaging, including in any specific communications following a suicide death. The organisation should make sure that people have the space and time to take breaks when needed to deal with the news and support each other.
- The key priority of an organisation's postvention plan is to **provide appropriate wellbeing support for employees who have been affected by the suicide**. Everyone's experience of grief is different, but people bereaved by a suicide can go through complicated grief, including feelings of shame, guilt, rejection, isolation, trauma and even a sense of responsibility. Complicated grief can leave a person who has been bereaved feeling stuck and struggling to cope with the emotional impact of their grieving. A death by suicide is likely to be sudden, which can add to the feeling of shock some people may feel.
- It's also possible that bereaved employees experience more general poorer mental health, or their grief could exacerbate pre-existing issues. The organisation needs to be particularly mindful and caring of any individuals whom it knows may already be vulnerable and need additional support. Support may be needed after a while, so it should be made available for some time afterwards.
- Not everyone affected by bereavement, including a suicide bereavement, will need psychological support, but they need to know it's available and how to access it. The organisation should take particular care to **sensitively promote the available wellbeing services it has for bereaved employees**, such as occupational health and employee assistance programmes that can offer mental health support, including bereavement



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counselling. If an organisation doesn't normally provide such services, it's definitely worth considering offering them for employees in this exceptional situation, and/or helping employees to access some of the helpful services provided by charities (see [Further resources](#), below).

- The organisation should also clearly signpost to external support services such as Samaritans via employee communication channels, including the intranet, email, noticeboards, and through its network of wellbeing champions if it has one.
- Some teams find benefit in having debriefing sessions. These may be facilitated by an external person, such as a bereavement specialist or counsellor, to help members of a team talk about their experiences, and also to provide an opportunity to reflect on, and develop, a positive mental health culture.
- As well as emotional and psychological support, employees bereaved by suicide should be offered **practical support**. This should include time off through the organisation's bereavement leave policy to attend a funeral (with the relatives' permission) and/or to support the grieving process depending on the individual circumstances, as well as ongoing flexibility to help employees balance work with their grief. Managers need to know how to accommodate any leave requests and how any absence should be managed in relation to the organisation's sickness absence and return-to-work processes.
- People professionals are typically at the sharp end of dealing with the organisation's response to a suicide death, including communicating with the next of kin and colleagues who were close to the employee who has died. As such they will be facing some difficult and emotional situations which they could find very distressing. HR professionals need to be fully supported and offered access to appropriate wellbeing services and psychological support where needed.
- It's important to understand the ways **differing cultures grieve**, as different cultures practise a wide range of mourning rituals and respond to death in significantly different ways. Attitudes to suicide can also vary across different religions and faiths. The organisation should make every effort to understand and accommodate any religious/cultural practices or special arrangements. People managers should be trained to have a raised awareness of these issues. The organisation needs to ensure people managers are confident to have sensitive conversations with employees to check whether the employee's religion or culture requires them to observe any particular practices or make special arrangements, and explore what extra support would be helpful. For information on cultural attitudes to dying and death see:
  - [Our NHS People: Understanding different bereavement practices and how our colleagues may experience grief](#) – to enable line managers to confidently start conversations with staff who have experienced loss, in a more compassionate way as a result of gaining a deeper understanding of the different ways in which our colleagues may experience a bereavement
  - Sudden's [Guide to Cultural and Religious Issues Professionals May Encounter Following a Bereavement](#)
  - Public Health England's (2016) [Faith at End of Life – A resource for professionals](#) (pp12–26).

### Supporting people managers

- The organisation should make sure that it reaches out to those who were closest to the person who has died, including their manager and colleagues in their team. The impact on close co-workers and the individual's manager can be particularly devastating and HR needs to be proactive in looking after their wellbeing. The type of support needed should be based on individual need, as everyone is likely to be impacted differently.



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- For a manager, the death of someone you managed on a day-to-day basis in a work context could be particularly upsetting and even traumatic. The organisation should ensure any manager who had supervisory responsibility for the deceased has the support they need, both practically and in terms of the wellbeing services available.
- HR and people managers need to feel comfortable to have **sensitive and supportive conversations with bereaved employees**. Managers can't be expected to act as counsellors, or be experts on the grieving process, but they should be educated to understand that everyone's experience of grief and loss is different, and it can be a long process.
- A suicide could easily destabilise the whole team. As well as making available all necessary emotional and psychological support, the organisation needs to act quickly to make sure the team can continue to function operationally. At the same time, it needs to be flexible and allow for **a period of disruption and adjustment** where people are unlikely to feel able to work to full capacity. It could be that extra resources and/or management support are needed to support the team's essential operations, and/or the timelines adjusted on any non-essential projects.
- Some organisations find benefit in having debriefing sessions. These may be facilitated by an external person, such as a bereavement specialist or counsellor, to help members of a team or wider organisation talk about their experiences, and also to provide an opportunity about any ways in which the organisation might reflect on, and develop, a positive mental health culture.

#### Managing the practicalities

- As well as ensuring there's full support for the wellbeing of managers and employees following a death by suicide of a colleague, HR needs to co-ordinate the practicalities. The empty desk or workstation of the employee will be a difficult reminder of their absence, and HR should have a discussion about how to sensitively gather their belongings and return them to their next of kin. There needs to be careful thought about the timing – if it's done immediately, this could cause colleagues to feel upset, and so a respectful time period should be allowed. The manager and close colleagues of the person who has died may want to share what is likely to be a very upsetting task. HR should ensure there's appropriate support on hand for anyone who needs it. Family members/next of kin may wish to pick up any belongings in person or may prefer that these are sent. Whatever the preference, make sure that the way you return personal belongings shows true care for the deceased and their next of kin/family.
- HR will also need to manage other practicalities, such as informing any external clients or stakeholders that the employee has died (without being specific about the cause of death) and alternative arrangements for future contact with the organisation. This process, and whether or not it's necessary, will depend on the nature of the employee's role. HR and the employee's line manager will also need to arrange for an appropriate out-of-office redirect message. Although discussing and carrying out these tasks will be emotionally difficult, they are necessary and could help to avoid more distressing situations, for example clients calling and asking to speak to the individual.
- HR will also need to manage the administration related to the death of an employee in service, including pension and death-in-service entitlements.

#### Holding a memorial event or tribute

- It could help the grief process to **organise an appropriate and sensitively staged tribute for the deceased employee**. This may be as simple as giving people time off to go to the funeral, but HR needs to talk to the family to check whether work colleagues are welcome. Any memorial should be approached in the same way as it would be if another colleague had died, and not treated differently just because it concerns a death





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by suicide. This is because it's important that the organisation doesn't inadvertently romanticise the death by suicide.

- How the organisation pays tribute to the deceased employee will depend on the individual situation and the wishes of those colleagues who were closest to the person. An appropriate event could be a remembrance service or memorial that honours the life of the deceased. Co-workers could also wish to give something back to the community in a positive way to remember their colleague, such as organising a charity event to raise money for a cause that was close to the heart of the deceased.
- It's important to **sensitively communicate with the family of the deceased employee** in the planning of any tribute, and listen to their wishes or concerns. The organisation needs to be mindful that the event could have an impact on the family or close friends of the deceased, and they may or may not want to be involved in it.
- Different faiths and cultures can respond to death and the grieving process in significantly different ways and there needs to be sensitivity in observing these as part of any commemoration event. The organisation should discuss these with the deceased's family where possible to **ensure that any religious or cultural considerations are fully taken into account**.

## 8 Further resources

There's a range of organisations that provide expert information and resources about suicide prevention, as well as useful guidance to help employers develop a good mental health framework.

It's also important to provide information on workplace support for employees. Health and wellbeing policies should link to other helpful services and resources, if you offer them, such as occupational health and employee assistance programmes, or point to external sources of support if you don't offer them.

It's important to emphasise that if someone feels that the intensity of their feelings is affecting their daily lives, or they are experiencing suicidal thoughts, they **should seek support and contact their GP**. They can also call **NHS 111** for out-of-hours help.

You might find it helpful to include information on, or signpost to, some of the following sources of information and advice:

- **Campaign Against Living Miserably (CALM)** runs a [free and confidential helpline and webchat](#) and supports those bereaved by suicide. Call 0800 585858 (5pm to midnight every day).
- **Childline** – for children and young people under 19, call 0800 1111, from 9am to midnight.
- **Cruse** – offers support, advice and information to children, young people and adults when someone dies.
- **Facing the Future** – support groups for people bereaved by suicide, developed by Samaritans and Cruse Bereavement Care.
- **Hub of Hope** provides an opportunity to search for [support services by local area](#) and is a good starting point in finding out what is available.
- **Mind** provides advice and support to empower anyone experiencing a mental health problem.
  - Mind Infoline – 0300 123 3393 or email [info@mind.org.uk](mailto:info@mind.org.uk)
  - Mind's Legal Advice Service – 0300 466 6463, [legal@mind.org.uk](mailto:legal@mind.org.uk)



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- **NHS organisations** have collaborated to provide a wide range of emotional, practical and psychological support for NHS and social care workers, including a confidential [staff support](#) line operated by the Samaritans (see [Our NHS People](#) for the range of support available).
- **Our Frontline** – a partnership between Shout, Mind, Hospice UK and The Royal Foundation providing round-the-clock one-to-one support service for health, care, emergency and key workers.
- **Papyrus**, providing confidential support and advice to children and young people under the age of 35 who are experiencing thoughts of suicide, and anyone concerned about a young person, through its helpline, HOPELINEUK – call 0800 068 4141 (Monday to Friday 9am to 10pm, weekends and bank holidays 2pm to 10pm), or text 07860 039967, or email [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)
- **SAMH** is the Scottish Association for Mental Health, operating in communities to provide a range of mental health support and services.
- **Samaritans** – The Samaritans’ vision is that fewer people die by suicide and their mission is to make sure there is someone there for anyone who needs someone. Every year, the Samaritans answer more than 5 million calls for help via their unique 24-hour listening service, email, letter, face-to-face and through their Welsh language service. Call freephone 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)
- **Shout**, a free 24/7 crisis text service – for anyone in crisis anytime, anywhere and if someone needs immediate help, they can text ‘Shout’ to 85258.
- **Support after Suicide Partnership** brings together suicide bereavement organisations and people with lived experience, to give practical and emotional support for anyone bereaved by suicide.
- **Survivors of Bereavement by Suicide** exist to meet the needs and overcome the isolation experienced by people over 18 who have been bereaved by suicide.

#### Further resources for employers

- British Psychological Society position statement: [\*Understanding and Preventing Suicide: A psychological perspective\*](#)
- Business in the Community’s [Suicide Prevention Toolkit](#) for employers in association with Public Health England
- Business in the Community: [\*Crisis Management in the Event of a Suicide: A postvention toolkit for employers\*](#) in association with Public Health England, sponsored by Samaritans
- CIPD [guidance on compassionate bereavement support in the workplace](#)
- CIPD and Mind [People Managers’ Guide to Mental Health](#)
- [National Suicide Prevention Alliance](#) (NSPA) is an alliance of public, private, voluntary and community organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those affected by suicide.
- The Louise Tebboth Foundation and Society of Occupational Medicine: [\*Responding to the Death by Suicide of a Colleague in Primary Care: A postvention framework\*](#)
- Workplace Postvention Task Force of the American Association of Suicidology and the Workplace Task Force of the National Action Alliance for Suicide Prevention: [\*A Manager’s Guide to Suicide Postvention in the Workplace\*](#)



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## 9 Case study: PwC embeds suicide prevention at work

PwC is a company that firmly believes work should be a place where people feel able to talk about suicide. As Ben Higgin, head of technology and investments, says in [his blog](#): *'As a Mental Health Advocate at PwC and also a Samaritans listening volunteer, I know that these conversations aren't easy; but if you want a culture that gives people permission to talk about what is going on in their life, then you have to be prepared to talk about anything – or better put, be available to listen to anything.'*

*'Some of the main factors contributing to someone having suicidal thoughts may be non-work-related but that's not the point as it's about the whole person,'* explains Sally Evans, PwC wellbeing lead. *'It's about raising awareness, fostering a culture enabling people to reach out at work and signposting to professional help.'* This doesn't mean employees should be trained to act as counsellors, and employees are not there 'to rescue' someone experiencing suicide ideation: it's about preparing people to listen if someone says they are having suicidal thoughts, and to help them access qualified support if appropriate. It's important to remember that suicidal thoughts are relatively common and do not necessarily indicate intent. Also, talking about suicide compassionately does not increase risk, rather it lessens it.

This means setting clear parameters for what an employee's role should – and should not – be, as well as embedding clear guidelines for what action should be taken in certain situations, including a crisis. *'Suicide is very complex and of course it can be very hard to know if someone is having suicidal thoughts unless they tell you – but the better we get to know our colleagues, the easier it can be to spot behavioural or verbal cues that could be warning signs, and it's always better to err on the side of caution, such as not being afraid to dial 999 if the situation warrants it,'* says Sally.

### Part of the mental health conversation

PwC's suicide prevention work is very much part of its wider wellbeing and mental health framework. PwC partnered with Samaritans and the Lord Mayor's Appeal to develop the Wellbeing in the Workplace [online learning tool](#). Free to all UK workplaces, the tool brings Samaritans' listening and wellbeing expertise into the workplace, and teaches employees the skills to look after their emotional health and look out for others, before they reach crisis point.

PwC has also helped to spearhead the '[This Is Me](#)' campaign to challenge the stigma around mental health at work. Employees at PwC regularly share stories of lived mental ill health experience online, including several employees who have written about having suicidal thoughts and/or attempted suicide previously. *'Some of the experiences are hard hitting but they have really helped to open up meaningful conversations about mental health as well as suicide,'* says Sally.

### Support pathways

There are clear support pathways for an employee to signpost someone to if they are concerned about that person's welfare and they need expert help. These include PwC's employee assistance programme, which can provide direct access to psychological support for someone experiencing suicidal thoughts.

PwC has also embedded clear practical steps in its guidance, so that an employee knows what action to take in different scenarios. These are set out in three levels with clear prompts to help the employee with appropriate signposting, along with contact details.



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They range from having a conversation to contacting a GP or A&E for a mental health crisis. In the guidance this is set out under three headings:

- **Someone you are concerned about** – suggests actions such as offering a supportive conversation and signposting to help, for instance if you recognise someone is struggling to focus or comes to you with a concern.
- **Someone in acute distress** – recognising a more serious concern and the need for more immediate help and/or consultation in the case of a colleague becoming agitated, behaving erratically or substance misuse.
- **Someone with a mental health emergency** – acting on a mental health crisis, knowing when direct action is needed due to a risk to health/life. This uses thinking actively about suicide as an example (differing from thoughts as the person would have plans, means or timeframe). The guidance indicates immediate action such as calling 999 or taking someone to A&E.

In all cases the emphasis is on signposting to more expert support and further guidance emphasises the importance of keeping boundaries and not trying to ‘rescue’ ourselves.

### Building knowledge and skills

The organisation has developed a blend of training interventions to promote good mental health and foster a culture where people are not afraid to talk about suicide and seek help, which are designed across three levels:

- 1 Building awareness and understanding** about mental health issues and suicide at a ‘foundation’ level across the workforce, for example through guidance and online resources.
- 2 Developing people’s skills and competence** through appropriate training, so they have the confidence to have sensitive conversations with someone who may be struggling and/or having suicidal thoughts. For example, line managers and career coaches receive highly targeted awareness and skills-building courses from a range of mental health experts.
- 3 Key roles are targeted for more in-depth training** – for example, senior managers and HR professionals participate in training designed to give them the confidence to deal with more complex situations and conversations about mental health.

The range of online learning resources and apps developed with Samaritans and implemented by PwC across its 22,000-strong workforce helps employees to improve their emotional wellbeing. The tools and training also enable colleagues to recognise emotional distress in others and reach out to someone who might be struggling to cope. The company aims for 100% workforce coverage at the foundation level, aimed at improving mental health literacy. It also has its own mental health first aid training instructor to deliver more in-depth internal training to employees.

The work PwC has done, and continues to do, to promote good mental wellbeing and create a culture where people can seek help, including for suicidal thoughts, is making a real difference. *‘By breaking down the stigma and silence around suicide at work, more people will have the confidence to reach out for help – and this is why it is a workplace as well as a societal issue,’* says Sally.

## 10 Appendix: At-a-glance checklists

### Responding to risk of suicide

This checklist is intended to serve as a reminder of the key actions to take if you are required to respond to risk of suicide.

- If the crisis is immediate and someone is in imminent danger of taking their own life, dial 999 for an ambulance and do not leave them alone. Also be aware of dangers to others.
- Ask about their suicidal thoughts in a calm, confident, sensitive but clear way. For example, *'Have you had thoughts about ending your life?'*, or *'Do things get so bad for you that you think about suicide?'* The actual words you use are less important than that they are clear and to the point. ([Pages 2–21](#) offer more advice.)
- If there is no immediate risk to life, direct the individual to their **GP as the first step for support** or specialist mental health services.
- Offer appropriate wellbeing support to managers or colleagues who have received suicidal thoughts from the employee.

Samaritans [offer practical advice and videos](#) explaining simple actions that can help you be there for someone who is experiencing suicidal thoughts, as well as the importance of seeking professional support and when to step back to look after yourself.

[Section 6](#) of the guide covers this scenario in more detail.

### Responding to death by suicide

This checklist outlines the key actions to take to respond to death by suicide.

- Sensitively communicate with the family of the deceased employee.
- Appoint a senior manager to take responsibility for co-ordinating the organisation's response.
- Develop communication guidelines for informing employees about a suspected suicide, although all formal statements to employees need to be tailored to the individual circumstances.
- Provide appropriate information about the death of a colleague and avoid misinformation or rumours. It is important to remember that an individual who has died by suicide should be afforded the same level of confidentiality as they had in life.
- Ensure bereaved employees are aware of your organisation's bereavement policy and support on offer. Sensitively promote the available wellbeing services for bereaved employees.
- Support people managers, especially around having sensitive and supportive conversations with bereaved employees.
- Be aware of the potential impact on people and allow for a period of disruption and adjustment.
- Show empathy and compassion.
- Organise an appropriate and sensitively staged tribute for the deceased employee.
- Co-ordinate the practicalities in a sensitive manner, for example the empty desk or workstation of the employee will be a difficult reminder of their absence, and HR should have a discussion about how to sensitively gather their belongings and return them to their next of kin.
- Manage other practicalities, such as informing any external clients or stakeholders and alternative arrangements for future contact with the organisation.
- Provide ongoing wellbeing support.

More information on suicide 'postvention' is available in [section 7](#).



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