

**BUSINESS
IN THE
COMMUNITY**



**THE PRINCE'S
RESPONSIBLE
BUSINESS NETWORK**

Reducing the risk of suicide: a toolkit for employers

In association with



**Public Health
England**

Protecting and improving the nation's health

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SAMARITANS

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About this toolkit

- **Our mission is to help employers reduce the risk of suicide**
- **This resource supports senior leadership, line managers, HR and occupational health and safety professionals identify a member of staff who may have suicidal feelings and gives practical advice on how to deal with a crisis situation**
- **This toolkit will help embed suicide prevention strategies in your organisation's health and wellbeing policies, guide your approach to supporting those at risk and act as a resource to provide support across the workforce**
- **This resource forms part of the Business in the Community/ Public Health England suite of mental health and wellbeing toolkits**

Important note



This toolkit is designed to help organisations adopt a strategy to reduce the risk of a suicide that will have an impact on the workplace. In this context, the term 'workplace suicide' is understood to be a suicide in or outside the workplace, which may involve an employee or contractor, or a family member or close friend of an employee or contractor. It may also concern a significant customer or supplier, or a person who is important to the organisation, such as a union representative.

"I am so pleased to endorse this toolkit. There is nothing more important than saving lives – and we now know that there's a lot we can do to reduce the risk of suicide. There is a moral obligation to act. I know the impact that a suicide has on loved ones, friends, and work colleagues. This toolkit gives invaluable guidance to employers. Thanks to Business in the Community and Samaritans for this vital work."

Norman Lamb, MP



Paul Polman

CEO, Unilever

In England a person dies by suicide every 107 minutes. It is a stunning and sad statistic, and one that should make us all pause to reflect, and consider how we can personally make a difference to bring this down. Each person who passes on is somebody's mother, father, brother, sister, son or daughter. Many will have colleagues at work. They will have spent hours, often more time than with their own families, as colleagues together. They will have shared the ups and downs of work and numerous stories of their lives with others. And yet when a colleague passes on suddenly it often comes as a devastating and unexpected shock, leaving the deepest sense of loss, one from which we struggle to recover. The impact is felt across the whole organisation. The question each of us will ask is: "Was there something I could have done to prevent this?"

The reality is that the reasons for suicide are complex and can never be definitively established. But there is so much that we all can do to understand and reduce the risk of suicide at work. Not everybody who dies of suicide has a history of mental ill-health. But many have struggled with mental health problems yet felt unable to reach out for help. The stigma of mental health at work is still one of the biggest barriers to ensuring that our people have the support they need, when they need it.

The most effective way to tackle stigma is through a commitment from the top, especially people sharing their own stories. We need more CEOs to show leadership on this issue, and to make sure that they have action plans in place that address mental ill-health and wellbeing at work. We must give people the confidence to step forward to ask for help, and equip managers with the skills needed to respond effectively. Nobody should be more than one call, one click or one chat away from help.

It is important for an organisation's approach to mental health and wellbeing to incorporate a suicide prevention strategy. By being explicit about its purpose we take a major step towards addressing the stigma of suicide. We should not fear talking about these issues in a workplace setting; rather we need to encourage it.

I welcome and support this collaboration between Public Health England, Samaritans and Business in the Community to create an online resource to support employees to develop their own suicide prevention strategy. It articulates the business case for embracing suicide prevention and sets out the practical steps an organisation can take to reduce the risk of suicide.

But above all, it will give you the confidence to begin the most difficult conversation at work: "Let's talk about suicide." Your leadership could save a life.



Ruth Sutherland

CEO, Samaritans

At work, you already have so much to think about. How can we deliver against our objectives? Manage the bottom line. Develop our teams. Provide a safe and secure environment for our employees? It's rare that suicide prevention would even occur to us. Why would it? Until it happens to us, our friends, family or colleagues.

In England alone, nearly 5,000 people die by suicide every year. Leaving behind 5,000 families, communities or groups of workmates devastated by their loss. People's first question is often why? Why did it happen? What could we have done to prevent it? There is no simple reason and no simple formula for preventing suicide. Suicidal feelings and behaviour usually result from multiple issues that vary and interact over time.

But suicide isn't inevitable and together we can play a part in preventing it.

One in five adults experience suicidal feelings at some point in their lives. With a third of our lives spent at work, it is highly likely that there will be people struggling to cope in the workplace and possibly trying to hide it. There are lots of things we can all do to make a difference and we hope this toolkit will help give you the confidence and the support you need to help create a workplace where it's okay to talk about what is overwhelming you, about emotional pain, about suicidal thoughts and where people are free to open up and seek the support they need.

Organisations have a unique opportunity to create open and supportive environments, to raise awareness about suicidal thoughts and feelings, and help reduce the huge stigma that still surrounds this area, reducing the chance that someone we know and maybe see every day at work might take their own life.

It all starts with a simple step. To listen. It's what you're doing now by reading this and is what Samaritans have been doing for more than 60 years. Samaritans volunteers respond to a call for help every six seconds, so we know there are lots of people out there who need our support. And yours. Together we really can save lives.

Samaritans is proud to have worked in partnership with Public Health England, Business in the Community and all those who have contributed to help build this toolkit that will help organisations ensure they are properly equipped to recognise and support the people that need it. That way we can help avoid anyone getting to the point where they feel they have no option but to take their own lives.



Duncan Selbie

CEO, Public Health England

Suicide is the leading cause of death for men under 50, and more women are taking their own lives each year. Death by suicide is never inevitable, yet for a person feeling overwhelmed by feelings and events that appear insurmountable, it can seem like the only answer.

There is growing evidence that a number of actions can help to prevent suicide, and support those bereaved by and affected by suicide. Public Health England has partnered with Business in the Community and Samaritans to develop this resource specifically for employers, managers and leaders in the workplace.

People who die from suicide are not always in contact with health services, yet they often continue to go to work even as their ability to cope deteriorates. More than two thirds of adults are in employment, so the workplace offers a practical opportunity to reach people who need extra support and to reduce the stigma around mental health and issues such as debt and domestic violence.

Supporting people to talk about their feelings with their manager or colleagues can help them get the support they need, and ultimately save lives.

Our work colleagues are often also our friends, and can even feel like family, and so the loss of a colleague through suicide has a profound and lasting effect on a business and those who work there. For this reason, I wholeheartedly recommend employers of all sizes to prioritise mental health and suicide prevention when designing their staff health and wellbeing plans.

What is good for health is also good for business, and the evidence demonstrates that when businesses visibly take action on staff health and wellbeing, they see improved staff engagement, better productivity, less presenteeism, fewer mistakes and better customer satisfaction.

This toolkit offers best practice support and should be used in conjunction with the Public Health England-Business in the Community Mental Health Toolkit for Employers as an effective way to prevent and manage mental health and suicide at work.

Introduction

“ *Suicide in the workplace is relatively uncommon but when it happens it is not only a tragic loss of life but also has a profound and lasting impact on colleagues and on the organisation. The causes of suicide are complex and sometimes we simply don't know why a person decided to take their own life. But there are many simple, practical steps we can take to reduce the risk of suicide, and to reduce the impact on colleagues and on the organisation.*

The best foundation for suicide prevention is a holistic approach to health and wellbeing in the workplace, which encourages employees to understand its importance and to be open about their concerns and anxieties. This suicide prevention toolkit gives employers and line managers valuable guidance in how to engage with their people about the importance of suicide prevention, and on action they can take which could save someone's life. ”

Nigel Jones, Partner & Co-Head
Healthcare, Linklaters LLP & Chair, City
Mental Health Alliance

Almost 5,000 people in England took their own life in 2015. Suicide is now the main cause of death for men under 50. Although women are less likely to die by suicide than men, the rate of female suicide is the highest in more than a decade.

The reasons for this are complex, but it is clear that urgent action is required to prevent this unacceptable loss of life. Every person lost to suicide is a tragedy, for their loved ones, their colleagues, and society as a whole. Suicide is everyone's business.

The Government has prioritised suicide prevention, and the Five Year Forward View for Mental Health set a target to reduce suicide by 10 per cent by 2020/21. This target cannot be met by health professionals working on their own, but requires a massive, co-ordinated effort across the whole of society.

Employers have a crucial role to play in suicide prevention. People in work spend about one-third of their lives at their place of employment. Colleagues and line managers can provide an important social and emotional support network, built on shared experiences.

Employers are in a unique position to help colleagues understand the importance of wellbeing and good mental health, and the knowledge of how to keep safe and well and how to spot the signs of being unwell.

Employers can also create an environment in which employees are able to talk openly about how they feel, and to ask for help when they need it without fear of discrimination or prejudice. This may be as simple as recognising when employees are going through a difficult time, and responding by enabling them to take time off, encouraging them to seek help and offering it if it's appropriate. We need to reduce the stigma around admitting that there will always be times when we are struggling to cope.

This is an important step to tackling stigma surrounding suicide. Suicidal thoughts are far more common than people realise – one in five adults say they have thought about taking their own life at some point. But the vast majority will not go on to take their own life, and the truth is, we just don't talk about it enough. Stigma makes it embarrassing or frightening to tell another person, but talking is absolutely critical to getting help.

Employers can give employees, particularly managers, the skills they need to help reduce the risk of suicide and to prevent this tragic loss of life. Board members and senior managers can show leadership by joining the workplace conversation around mental health, and demonstrating that acknowledging vulnerability is a strength and a normal aspect of working life. When organisations lack the internal resources to provide appropriate support, they should not hesitate to seek help from outside.

The message from this toolkit is that suicide is preventable, but prevention requires leadership, commitment and understanding from everyone. This toolkit sets out simple steps that you can take to embed an approach to mental health, wellbeing and suicide prevention in the workplace that could save someone's life.

“Suicide is a difficult subject to talk about. Taking positive and practical steps to support employees is important and can make a real difference in saving lives.”

Dr Steve Boorman, Director of
Employee Health, Empactis

Key elements of a workplace suicide prevention programme might include:



A work environment that values its employees and their families, and promotes respect, open communication, a sense of belonging, emotional wellbeing, and encourages people to seek help when they need it and to support each other.



Education and training on mental health, including suicide awareness, for all employees, especially line managers.



Internal communications and induction programmes that ensure employees are aware of resources and support available and that these are accessible to everyone.



Clear policies, procedures and practical guidance to help employees who need support around issues including mental health, long-term health, domestic violence and financial insecurity.



Specialised suicide awareness and prevention training for the workplace's Employee Assistance Programme (EAP) providers and/or HR staff.



Helplines with national reach and issue focus are signposted across the workplace, such as Samaritans and national domestic violence helplines.



A plan for responding to a suicide attempt or death.

“As a large company with a low turnover of staff, and with a predominantly male workforce, it is essential that we are mindful of the risk of suicide among our people – we have a duty of care as a responsible employer – duty we take really seriously. Our approach to suicide prevention is rooted within our Feeling First Class employee wellbeing programme. Specifically our First Class Mental Health and Support tools, are available to support our employees and we ensure that suicide prevention tools and techniques are embedded in our approach to supporting the mental health of the people who work for us.”

Dr Shaun Davis, Global Director of Safety, Health, Wellbeing & Sustainability, Royal Mail Group

“This toolkit for employers is an important resource for embedding prevention strategies into your organisation’s mental health and wellbeing policies. We all have mental health just as we have physical health, therefore employers can make a real difference and I encourage everyone to read this valuable toolkit.”

Helen Tucker, HR Global Diversity and Inclusion Director, P&G

Common myths about suicide:



Myth: You have to be mentally ill to think about suicide



Fact: There is a misconception that you have to be mentally ill to think about suicide, but the truth is many people do – around one in five adults say they have thought about suicide at some point. Suicidal thoughts can range from feeling that life isn't worth living anymore, to seriously considering taking your own life. Not all people who die by suicide have mental health issues. Two in three suicides are by people who are not under mental health care.



Myth: People who threaten suicide are just seeking attention



Fact: People who say they want to die should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and giving them this attention may save their life.



Myth: Once a person has made a serious suicide attempt, that person is unlikely to make another



Fact: People with a history of attempting suicide are at an increased risk of dying by suicide. If someone has made an attempt on their life, it is essential they are given appropriate support and help.



Myth: Talking about suicide is bad as it may give someone the idea to try it



Fact: People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Talking about suicidal feelings in an honest and non-judgmental way can help break down the stigma associated with it, meaning people are more likely to seek help and open up about how they feel. Talking about suicide will not put the idea in someone's mind, but it will help make the topic less taboo.



Myth: If a person is seriously thinking about taking their own life, then there is nothing you can do



Fact: Suicide is not inevitable – it is preventable. Most people who experience suicidal thoughts don't go on to take their own life.



Myth: Most suicides happen in the winter months



Fact: Suicide rates peak in the spring, but suicidal thoughts, feelings and behaviour may happen to anyone at any time.

Useful resources



“This toolkit echoes our commitment to supporting colleagues with mental health problems and promote mental wellbeing in the workforce. We have clear guidelines and programmes for managers which cover key psychological risks. As a key initiative over 800 branch managers recently attended Positive about Mental Health training, helping them identify colleagues who may have a developing mental health condition, to have that “difficult conversation” and to sign post them to professional help and support. Working in collaboration with managers and union officials Santander is confident it has an integrated suicide risk assessment support programme in place to protect its most vulnerable colleagues.”

Vicky Wallis, Financial Services,
HR Director, Santander

“At Bupa we recognise the importance of mental as well as physical health, and we focus on creating an environment which encourages people to look after this. Part of our approach is a commitment to starting the conversation with people, asking them if they are OK.

“Most people spend so much time in the workplace but have lost the ability to connect. We equip our line managers to be able to have difficult and supportive conversations with the people they are responsible for. Toolkits such as this one provide valuable knowhow on how to talk about the highly stigmatised topic of suicide.”

Patrick Watt, Corporate Director, Bupa UK

1/ Key strategies for suicide prevention

The background of the slide features a complex network of thin, light-colored lines connecting various circular nodes of different sizes. This network is overlaid on a grayscale image of a dandelion seed head, with its characteristic spherical structure and radiating seeds. The overall aesthetic is technical and interconnected, suggesting themes of communication, social networks, or systemic relationships.

Key strategies for suicide prevention

“*Employers owe a duty of care to support the mental health and wellbeing of employees. It is the right thing to do and makes good business sense. Understanding the risk of suicide, and the best way to mitigate that risk, should form part of the organisation’s mental health strategy.*

Although suicide is very rare in workplaces, when it does happen it has a devastating impact. Prevention requires a clear approach, embedded in your strategy on health and safety at work, which can bring about the

necessary change in culture. It is about making sure that there are enough people trained to recognise the risk, and to take steps to provide appropriate and effective support.

This suicide prevention toolkit provides guidance and practical advice that will help your organisation put in place an effective strategy to reduce the risk of suicide in the workplace.”

Paul Farmer, CEO, Mind

An effective strategy for suicide prevention at work begins with a holistic approach to health and wellbeing, which encourages an open and honest conversation about mental health.

Suicide prevention initiatives should be embedded in the broader framework of an occupational health, safety and wellbeing policy, and in the general workplace culture. A safe and healthy workplace is one where employees and employers feel valued and secure, where pressure from work and home life is recognised, and measures are in place to minimise it, and where employees feel they have reasonable control over the work they do.

A safe and healthy workplace can be achieved by:



Promoting good mental health and
destigmatising mental health problems



Reducing stress at work



Preventing and taking action against
bullying and harassment



Extending support and psychological
health services



Educating and training managers
and other key staff

Promoting good mental health and destigmatising mental health problems

Staying in good mental health enables
employees to:



Realise their full potential



Work productively



Have positive relationships



Make good choices



Deliver excellent customer service

It is important to create a workplace culture that promotes mental wellbeing, which can help prevent people from experiencing mental ill health, or helps them better manage mental health issues.

The Public Health England/Business in the Community **Mental Health Toolkit for Employers** has more detail and support resources to help you develop a mentally healthy workplace.

Developing a mentally healthy workplace



Here are simple steps you can take to begin that process:



Make a commitment:

- ✓ Appoint mental health champions who can raise the profile of mental wellbeing and bring about positive change
- ✓ Sign the Time to Change employer's pledge, and work with Time to Change to identify what immediate actions you can commit to
- ✓ Ensure good mental health as an important topic is communicated across the organisation to normalise the topic and promote proactive approaches to good mental health



Build your approach:

- ✓ Understand your employees: get to know their pressures and aspirations, and what's happening outside work
- ✓ Understand the business benefits: look at how good employee wellbeing can benefit your organisation and the costs of poor employee health
- ✓ Understand the law: ensure that you are following your legal obligations
- ✓ Create a positive mental health plan: develop a scheduled programme of activity to promote good mental health and introduce measures to assist those with poor mental health



Foster a positive culture:

- ✓ Encourage healthy behaviours around diet and exercise. Promote smoking reduction and responsible alcohol consumption
- ✓ Provide a healthy workplace environment, including air quality, lighting, temperature and noise levels
- ✓ Be sociable: organise company events and activities to strengthen relationships between staff
- ✓ Give back: encourage staff to take part in volunteering, which is good for wellbeing and mental health. As an employer you can lead the way, by 'adopting' a charity, for example

Extending support and psychological health services

It is estimated that one in four people have been diagnosed with a mental illness at some point in their lives, so it is vital for employers to provide timely and appropriate support to those who need it, when they need it.

Employees should feel comfortable in approaching their line manager for help. In turn, managers should have the confidence to be able to respond appropriately when an employee needs help. Line managers must be able to count on the support of other departments, including human resources and occupational health and safety, and know how to access this support quickly.

Even though they may have received training to recognise and respond to mental health problems, line managers are not qualified to diagnose or provide treatment. This must come from qualified health professionals. In most cases, this will involve a consultation with a GP in the first instance. Line managers can play an important role in encouraging an employee to consult a GP and to attend follow-up treatment if required. In some areas people can self-refer to some NHS mental health support services, so it is useful to find out what is available locally and have the information available for line managers to signpost to.

For those who have disclosed that they have already been diagnosed and may be receiving treatment, line managers must ensure they are aware of the right policies and procedures to support them (for example, needing time off work, flexible working to make appointments and any additional support that the workplace can provide). Occupational health can also help understand what might be reasonable adjustment if someone has a long term mental health issue.

Larger organisations should provide an employee assistance programme (EAP) and occupational health services, which can provide specialist, psychological support tailored to the individual's situation as well as to the organisation's requirements. Solutions can include return to work programmes, psychological assessments, and including support with issues beyond an employee's control such as bullying. For organisations that do not currently have an EAP, as above, encourage employees to consult with a GP.

As an employer, it is important that you:



- ☑ Ensure your EAP provides appropriate support and counselling services to those who may have thoughts of suicide
- ☑ Ensure employees are aware of confidential EAP or community services which are available to help them
- ☑ Ensure occupational health services can provide confidential advice and support for staff from trained clinical professionals who understand their specific work requirements
- ☑ Ensure line managers have the confidence to respond and know what to do if an employee asks for help

Absence and return to work
Sometimes employees who experience mental health problems will need to take time off work to get better. Employers should provide the support people need while they're off sick and on their return to work. Adopting supportive policies will help you to reduce sick leave and retain valued employees.

It is important to maintain reasonable contact with anyone off sick, but not to put pressure on them to return before they are ready.

Tell your employees what they can expect from you to help them return to work. Make sure they understand their responsibilities to you, including what procedures you require for absences from work. It is important to have a fair and consistent approach to return to work. The sooner you take positive action, the more likely it is that your employees can return to work successfully.

The **Fit for Work** service, run by the Department for Work and Pensions (DWP), provides occupational health advice and assessment to employers and employees. It is of particular value to SMEs that do not have their own occupational health provision. There is a telephone and online support service for employers, and an assessment and support service for employees.

“Supporting employee mental wellbeing is fundamental to our firm. We know that suicide prevention is part of this and a hugely important topic, however it is also one that’s very tricky to navigate without the right guidance. As an employer with a holistic approach to supporting our employees this toolkit is extremely welcome and will be a very practical resource for us.”

Lorna Gavin, Head of Diversity, Inclusion & Corporate Responsibility, Gowlings WLG

“It is important that employers work with their workforce and union representatives to take forward the suggestions in this toolkit. There is a lot that employers can do to support workers who are going through difficult times and we will be encouraging unions to ensure that they are raising the issue of suicide prevention with employers.”

Frances O’Grady, General Secretary, TUC

Managing work-related stress

Stress at work can build up when a person is unable to cope with the demands being placed on them and other pressures of life. Stress can be a significant cause of illness and is known to be linked with high levels of sickness absence, staff turnover and poor productivity.

Work-related stress can affect anyone at any level, and is not confined to particular sectors, jobs or industries.

Lack of control over work tasks and decisions, monotonous/repetitive jobs, high psychological demands of work, imbalance between effort and reward are all factors that can increase the risk of suicide. Addressing these should be seen as a priority in workplace suicide prevention strategies, and is now considered best practice worldwide.

The Health and Safety Executive has developed the Management Standards approach to tackling work-related stress. These standards represent a set of conditions which, if present, reflect a high level of health, wellbeing and organisational performance. This approach helps prevent stress spiralling into illness.

The six Management Standards cover the primary sources of stress at work which, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence.

The six Management Standards:



Demands – this includes issues such as workload, work patterns and the work environment



Control – how much influence the person has in the way they do their work



Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues



Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour



Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles



Change – how organisational change (large or small) is managed and communicated in the organisation

The Management Standards:

- > **Demonstrate good practice through a step-by-step risk assessment approach**
- > **Allow assessment of the current situation using surveys and other techniques**
- > **Promote active discussion and working in partnership with employees to help decide on practical improvements that can be made**
- > **Help simplify risk**
- > **Assess work related stress by:**
 - **identifying the main risk factors for work related stress;**
 - **helping employers focus on the underlying causes and their prevention; and**
 - **providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress**

Screening the risk of work-related psychological stressors

Managers can have a positive impact on the level of work-related stress.

It is important to involve employees in identifying areas of concern and to keep them up to date with the status of your evaluation of workplace stressors. Ensure that the measures you have drawn up to reduce stress are put into action.

Line managers can work with human resources and occupational health and safety to assess levels of work-related stress and to implement changes that will alleviate pressures. Agree a time frame for checking to see if changes have had the desired effect. If they have not, go back and re-evaluate the problem and try other solutions.

Although the evidence base is still developing there is promising evidence that helping people to practice

mindfulness can reduce stress and help manage anxiety, and in many areas there are specific evidence-based courses on mindfulness-based stress reduction, which have been shown to be effective. Encouraging staff to build healthy behaviours such as regular physical activity, eating a balanced and healthy diet and getting enough sleep are also key ways to help manage and reduce the impact of stress and prevent it becoming overwhelming.

Consider the following questions:



- Can employees modify the order and workload of their activities?
- Are employees regularly faced with emotional situations, like dealing with diseases, death and threatening situations?
- Are there alternating shifts and night-time work?
- Is there a high time pressure?
- Is it possible to easily schedule the working hours?
- Is it possible to have regular breaks?

(Source: Preventing and managing suicidal behaviour: A toolkit for the workplace)

Preventing and taking action against bullying
Bullying, harassment and intimidation in the workplace has a significant impact on stress at work and can increase the risk of suicide. Employers have a legal and moral obligation to provide a safe and positive work environment in which the rights of all employees are respected equally, regardless of age, gender, race, religion, disability or sexual orientation.

Bullying involves behaviour that is offensive, intimidating, malicious or insulting, or an abuse or misuse of power through, often, subtle means that undermine, humiliate, denigrate or injure the individual.

Behaviour that is considered bullying by one person may be considered firm management by another. Most people will agree on extreme cases of bullying and harassment, but it is sometimes the 'grey' areas that cause most problems.

Bullying and harassment can often be hard to recognise – symptoms may not be obvious to others, and may be insidious. It is important to understand how people on the receiving end may feel. For example, they might feel too scared to say or do anything, or feel unable to prove their case. They may also be fearful for their job or how they will be treated by others.

Examples of those 'grey' areas to watch out for include:

- > Spreading malicious rumours, or insulting someone by word or behaviour, especially in front of colleagues
- > Ridiculing or demeaning someone, picking on them or setting them up to fail
- > Exclusion or victimisation
- > Making unfounded threats or comments about job security in order to intimidate others
- > Deliberately undermining a competent worker by overloading them with work and constantly criticising them
- > Preventing individuals progressing by intentionally blocking promotion or training opportunities
- > Unwanted sexual attention, making casual remarks about physical appearance or behaviour

What should employers do about bullying and harassment?

Employers must adopt a zero-tolerance policy towards bullying in any form, and act swiftly and decisively when allegations are made.

All organisations, large and small, should have policies and procedures in place for dealing with grievance and disciplinary matters. Staff should know to whom they can turn if they have a work-related problem, and managers should be trained in all aspects of the organisation's policies on bullying.

Checklist:



- ✓ **Implement a workplace policy**, which is communicated to all employees across the organisation. This need not be over-elaborate, especially for small firms, and might be included in other personnel policies.
- ✓ **Set a good example.** The behaviour of employers and senior managers is as important as any formal policy.
- ✓ **Maintain fair procedures** for dealing promptly with complaints from employees. These procedures should have provision for confidentiality.
- ✓ **Let employees know that complaints of bullying and/or harassment, or information from staff relating to such complaints, will be dealt with fairly and confidentially and sensitively.** Employees will be reluctant to come forward if they feel they may be treated unsympathetically or are likely to be confronted aggressively by the person whose behaviour they are complaining about.

Diversity

Employers should think about how they visibly celebrate and support diversity in the workplace as this can be a significant cause of workplace discrimination. In larger organisations you may be able to support staff diversity networks and diversity mentoring and leadership schemes, but smaller organisations can also support diversity by positive reinforcement using national diversity days/events to promote awareness and linking into the national networks, campaigns and charities like Stonewall Diversity Champions, Disability Confident and Business in the Community's age, gender and race campaigns.

All offer access to support and demonstrate commitment to inclusive and diverse workplaces. Click on the following links below for more information about each:

Restricting access to locations and materials that can be used for suicide
You could help prevent suicide by reducing, removing or eliminating the methods people use to take their own lives.

While some people may contemplate suicide over time, the actual decision to take their life can be impulsive. Means restriction is one of the few empirically-based strategies to substantially reduce the number of suicide deaths.

In the workplace, this means carrying out a risk assessment and implementing measures to restrict access to lethal means, for members of the public as well as employees, wherever it is possible. Lethal means may not always be obvious, but could include high level structures for example on construction sites.

Security measures should be put in place to restrict access as appropriate, including out of hours. Generally, access to rooftops should be restricted and high level windows should be secured with locks. Access to, and knowledge

of how to administer highly lethal drugs – for example in a hospital pharmacy/ dispensary/veterinary practice – may already only be restricted to trusted, trained professionals. In this case, management may wish to consider a two-step verification process to prevent misuse.

Opportunities for employers to control access to lethal means will depend on the nature of their work and the physical layout of premises.

Checklist:



Restrict access to hazardous areas through locks or coded security passes, or by erecting barriers/fences



Conduct frequent audits of hazardous stock or equipment



Carry out unannounced spot checks to ensure compliance with security protocols



Use formal/informal conversations with staff to inform your risk management



Ensure line managers share information that may affect the risk assessment with other departments



Use CCTV and surveillance patrols at high risk areas, which have been shown to be effective as they increase the chance of intervention

“National Grid, as with all organisations, are duty bound under Health and Safety legislation to ensure that their sites and other assets have adequate controls in place to prevent unauthorised access. As an example our electricity towers are mainly found in public spaces and therefore it’s important that we provide adequate protection for members of the public. We use a range of options (fence, barbed wire, non-drying paint, secure access points etc.) that we deploy to protect the tower and restrict access. Where high risk populations are in close proximity, the precautions are enhanced. We also have an inspection process in place that reviews if the precautions are still in place and working, and we are fully committed to continuing to improve our safety procedures.”

Andy Buxton, Health and Wellbeing
Manager, National Grid

Self-employment

More people than ever before are working for themselves. An estimated 4.6 million people in the UK are now self-employed, about 15 per cent of the workforce. Self-employment accounts for about two-thirds of new jobs created in recent years.

Many people relish the challenge of self-employment and enjoy professional and personal success. But working for yourself can also bring heavy demands, which can present a risk to your health and wellbeing. You alone are responsible for all the management and admin and for winning new business, as well as actually doing the work in hand.

Sometimes the pressure of self-employment causes mental ill-health. For others, mental health issues impinge on work and make it difficult to focus on the business. Either way, through working for yourself you are unlikely to be able to count on the support

of colleagues or a line manager, and you won't have access to an occupational health and safety professional. Taking time off work to recuperate is difficult and probably unaffordable, particularly if you have not long been in business.

Simple steps to help you maintain good mental health:



- Be realistic:** have dreams, but set yourself realistic targets about what you might achieve, and how soon.
- You can't do everything:** stick to what you are good at, and bring in other people when you need different expertise.
- Be honest:** Don't lie to yourself, or to those close to you, about how well or poorly your work is going. Enjoy the good days and put the bad days down to experience.
- Include relaxation time in your schedule:** The temptation will be to work 24/7. Don't. Take breaks, stop for lunch, get outdoors. Take regular exercise, even if it is just a long walk. Avoid working late at night.
- Invest in the right equipment:** there is nothing more frustrating (or inefficient) than making do with poor or obsolete kit. Don't compromise on safety. If you work outdoors, make sure you have the right clothing to stay warm and dry.
- Join a trade group or local chamber of commerce:** Meet people who are in the same situation as you and learn from their experience. Share your problems with them and ask for help when you need it. Know your rights, as well as your obligations.
- Be honest with your bank, and with your creditors:** avoid putting off tough conversations. Seek impartial advice before entering into financial commitments.

In focus: farming

Farming is usually a good way of life, but it is a demanding and stressful occupation. People in agriculture deal with a range of complex issues. Farms are often geographically isolated and the place of work for a farmer varies. Physical isolation and lack of respite from work are easy to understand.

But farmers must also contend with poor return on capital exacerbated by low commodity prices, irregular weather patterns and animal diseases, all of which can devastate a business. Many farmers do not own the land on which they work, so their livelihoods can be affected by distant landlords. They cannot turn to a corporate infrastructure for support.

Farming is a high risk occupational group for deaths by suicide though the actual numbers can be difficult to determine. Sudden deaths are often reported as accidents relating to use of farm equipment, working practices, or other causes instead. Access to highly lethal means increases the likelihood of fatal suicide attempts.

Farming communities are tightly-knit, where everybody knows one another. Living with the stigma of mental illness, can be particularly difficult for those farmers who are affected by a sense of worthlessness, despair, stress and depression.

The most important step is to understand that you are not alone. Across farming, there are many people living with the same feelings and anxieties. There also are many sources of help and support who will understand what you are going through, without prejudice.

Farming resources



There are several organisations dedicated to supporting the farming community:

There are rural support groups in Beds and Cambs, Gloucestershire, Lincolnshire, Nottinghamshire and Shropshire; many areas have Agricultural Chaplains.

A booklet called **Fit for Farming** is available covering mental and physical health issues:

Seeking support



Talk to your doctor:

Health professionals are best placed to make the diagnosis of depression.

- ✔ **Visit your GP promptly:** Like any other illness, depression may become worse if left untreated.
- ✔ **Be honest and say exactly how you feel:** Whatever you say will be in total confidence – even if you know the doctor socially. Depression is not unusual and your GP can provide support, referral to counselling, psychotherapy or medication.
- ✔ **Understand your treatment:** Take any medication exactly as prescribed by your doctor. If you are unsure or don't feel that you're getting better, go back again.
- ✔ **Contact a counsellor:** Your doctor will be able to provide details. Talking therapies such as cognitive behaviour therapy or psychotherapy can help you to understand why and how you feel as you do. They can help you develop strategies to change how you think about things and are useful when used on their own or in combination with medication.

Talk to family, friends or colleagues:

Don't feel embarrassed about admitting that you might have depression. It is far more common than you may think.

Expert view

“As a major employer, we understand the importance of supporting mental health and wellbeing at work. Through our charity partnerships in this space – Unilever with Heads Together, and Lynx with CALM – we know all too well the stigma around mental health issues, and the serious need to address mental ill health and provide appropriate support before suicide feels like the only option. We understand that all aspects of life, work included, can contribute to mental health issues, but we also believe that employers can play a really important role in suicide prevention.

“At Unilever, we place the utmost importance upon supporting colleagues and their significant others and through our Wellbeing promise, we have ensured that employees should be no more than “1 click, 1 call or 1 conversation” away from support for a health and wellbeing concern. This includes our Medical & Occupational Health team, our local site Wellbeing champions, Mental Health first aid trained line managers. Our ambition is to continue to promote our support resources and to promote an open and communicative environment in which mental health can be discussed and supported on a par with physical health, making sure that every employee is the best he or she can be.”

Marcus Hunt, Health & Wellbeing Manager: UK, IRE & Europe, Medical & Occupational Health, Unilever

Expert view


“Credit to Business in the Community and Public Health England for addressing one of the taboo areas of health and wellbeing. Suicide and suicidal ideation is more common than generally appreciated and is a multifaceted issue that can be positively influenced by the workplace. Good work, managers trained in spotting the early warning signs of troubled employees, mental health referral pathways and a positive, supportive working environment can make a big difference and help organisations discharge their duty of care. This toolkit is succinct and very practical, written like a hands-on manual for managers.

“It’s time to wake up to the suffering of colleagues in the workplace and the difference a caring, human touch can make; and it is also time to put preventive measures in place that address potential hazards of modern working environments, such as remote working, or the potentially traumatic experiences made by certain professions, e.g. engineers who monitor the web for illegal and disturbing material. Having delivered many successful health and well-being programmes, I’m delighted to recommend this insightful and practical toolkit in aid of suicide prevention.”

Dr Wolfgang Seidl, Partner, Workplace Health Consulting Leader, Mercer

Useful resources





2/ How to identify employees at risk of suicide

How to identify employees at risk of suicide

“Although suicide is the leading cause of death in men under the age of 50, and the rate of female suicide is at its highest in more than a decade, there is still a widespread tendency to brush the subject of suicide under the carpet. So there is a risk of ignoring some of the potential early warning signs of someone experiencing significant mental distress and who is at real risk of taking their own life.

“Our advice when training people on the subject of suicide is that it’s important to take notice of small changes in someone’s behaviour because those signs could actually be very significant. We also teach people that if they are concerned about someone, not to be afraid to ask the question ‘are you having suicidal thoughts or feelings?’ because if they are then they can be supported to access the right

professional help and quickly. The biggest myth we need to bust is that talking about suicide increases the risk of someone taking their own life, when in reality talking is the most powerful first step towards safety, yet the hardest thing to do when we are distressed

“Suicide is preventable and as a society, in our workplaces and our communities, we need to get better at educating people to be able to spot the signs and symptoms of someone who is at risk and supporting them to get the help they need. This suicide prevention toolkit will be a very valuable tool for employers who are committed to improving mental health literacy within the workplace and hopefully reduce the risk of an employee feeling that there is no alternative to end the emotional pain. ”

Poppy Jaman, CEO, Mental Health First Aid

An understanding of factors that may increase risk is critical to suicide prevention strategies.

The causes of suicide are complex, and sometimes cannot be singled out. But we do know that the risk of suicide is higher in some groups, and understanding these risk factors is an important component of a suicide prevention strategy at work.

The Government's National Strategy for Suicide Prevention has stated that reducing the risk of suicide in high-risk groups is a key priority. But be aware that risk factors are not warning signs.

Cumulative negative life events and a 'final straw' can lead to suicidal behaviour if someone is unable to cope, or wants a way to end the pain. Suicide is complex and there is no simple answer for why people take their own lives. Risk factors are not static; they vary through the life course and will be different for each person.

Certain factors increase the risk that someone will die by suicide. These include:

Demographic

Gender: Men remain the most at risk group and are three times more likely to die by suicide than women. Some men are less likely to seek help and there are an increasing range of innovative ways being used to reach men, and to ensure services are accessible and relevant for them. The suicide rate for women, although far lower than for men, has been increasing.

Age: The age group with the highest suicide rate is 45 to 59 years, for men and women.

Bereavement: Men and women are at higher risk of suicide after the death of a family member or friend. A death by suicide is a significant risk factor.

Sexual orientation and gender identity: The risk of suicide is significantly higher among the lesbian, gay, bisexual and transgender community. Whilst some research exists into the increased risk, precise data can be difficult to establish because many LGBT people feel unable to be open about their sexuality or gender identity. We know that members of the LGBT community are more likely to suffer from bullying and discrimination at work and are at an increased risk of drug and alcohol abuse and homelessness – factors which affect mental health.

Mental illness

Around one-third of people who die by suicide have been under specialist mental health services in the year before they die. This includes treatment for illnesses such as depression, bipolar disorder and schizophrenia.

Socio-economic status

There are systematic socio-economic inequalities in suicide risk. Socio-economic position can be defined in many ways – by job, class, education, income, or housing. Whichever indicator is used, the greater the disadvantage, the higher the risk of suicide. Even after accounting for underlying mental health issues, suicides increase among those in lower social classes.

Behavioural

Some patterns of behaviour can indicate a risk of suicide. These include alcohol and substance dependence. Self-harm, which is most common in people under 25, is also an indicator of suicide risk.

Psychological and attitudinal

Psychological and attitudinal risk factors include perfectionism, over-thinking, feeling defeated, hopelessness, and feelings of not-belonging and being a burden to others.

Potential changes to look out for that may be caused by distress or crisis
We all face uncertain and challenging times in life, and we have to deal with loss, grief, sadness.

For some people, it can feel like these negative events build up, and cause pain or suffering that is unbearable. Some people may suffer in silence and will go to great lengths to hide their feelings, even perhaps telling you not to worry about them, though some signs may still be noticeable.

It is always worth starting a conversation with employees who you see might be struggling – in some ways, it may be easier to identify changes in someone who is beginning to struggle to cope, rather than someone who may have been struggling for a while and is trying to mask how they feel. They both need help, though the former offers an earlier window of opportunity for suicide prevention; if you see someone struggling, reach out to them.

“We know that lesbian, gay, bi and trans people are disproportionately affected by mental health issues. We also know that rates of depression, anxiety, self-harm and suicide are far higher among the LGBT population. For this to change we need to see better support in general for LGBT people in the work place and to ensure LGBT people have easier access to health and well-being services when they need them.”

At Stonewall our ambition is for a world where every single LGBT person is accepted without exception. We welcome the Samaritans’ work towards the prevention of suicide. This toolkit will help organisations make suicide prevention a key part of their health and wellbeing policies and guide their approach in supporting those at risk.”

Alex Gwyne, Client Group Manager,
Stonewall

The following signs do not necessarily mean the person is thinking about suicide, but may indicate they are struggling:

> Changes in productivity

1. Deterioration in performance at work
2. Lethargy in a previously energetic person
3. New pattern of unexplained lateness or absences
4. Recent inability to concentrate on work
5. Recent inability to complete work

> Changes in social functioning

1. Deterioration in social functioning
2. Withdrawal from colleagues, isolation

> Changes in personality or behaviour

1. Extreme mood swings
2. Acting anxious or agitated
3. Showing rage, uncontrolled anger
4. Behaving recklessly

> Increased alcohol or drug use

> Changes in eating and sleeping patterns

> Signs of (self-inflicted) physical harm

Not everyone who is thinking about suicide will display these warning signs. Some people will show no outward signs of suicidal thoughts prior to planning suicide, and you will not always be able to see that someone's behaviour has changed. However, it is worth being aware of these possibilities, which might help you to identify people who are showing warning signs.

(Source: Preventing and managing suicidal behaviour: A toolkit for the workplace¹⁹)

A quarter of people who took their own life had been in contact with a health professional, usually their GP, in the last week before they died. Most were in contact within a month before their death.

Source: Five Year Forward View for Mental Health

More than a quarter (28 per cent) of suicides were among people who had been in contact with mental health services within 12 months before their death, amounting to almost 14,000 people in the ten years from 2004-2014.

Source: National Confidential Inquiry into Suicide and Homicide by people with Mental Illness, 2016

Expert View

“The HR profession are increasingly concerned about the health and wellbeing of employees at work. Mental disorders of depression, anxiety and stress are now the leading causes of sickness absence and presenteeism. It is important to create workplace cultures that minimise these consequences. Suicide prevention fits in with this agenda, and HR has a major role to play here.

“There are several things that HR can do within the workplace; first, train line managers to recognise the symptoms of stress and mental ill health before it is too late; second, to provide the social support that people need early enough through EAPS or inhouse counselling; third, to help create organisational cultures that enhance individual self-esteem and resilience through employee engagement, managing people by praise and reward rather than fault-finding, providing reasonable work-life balance and above all making people feel valued and trusted. All of these steps could lead to less stress-related disorders and help prevent suicides at work.”

Professor Sir Cary Cooper, CBE, 50th Anniversary
Professor of Organizational Psychology and Health
at ALLIANCE Manchester Business School, University
of Manchester and President of the CIPD

Useful resources



A grayscale topographic map with contour lines and a dashed path. The map is the background for the slide.

3/ How to respond to warning signs

How to respond to warning signs

“ Some people signpost that they are likely to take their own lives in advance and they may well communicate that to work colleagues. Being aware of what to look out for and then knowing how to respond effectively can literally save lives. If in doubt – act. ”

Paul Litchfield, BT

Talking about a sensitive topic such as suicidal thoughts can be challenging. Not everyone will have the skills and confidence to engage in these conversations and be able to handle them sensitively. It is better to let a trained professional provide ongoing support, but managers and colleagues play a key role in enabling employees to talk about the issue and helping them get access to this support. People who provide support also need support too, so look out for employees who provide this kind of support to their colleagues.

Be prepared by knowing who to contact in your workplace if an employee is in distress or feeling suicidal, such as HR, occupational health or internal counselling services. Your EAP may be the designated first point of contact. GPs can provide guidance and referrals to mental health professionals. There are also crisis support lines, such as Samaritans, which provide emotional support at any time of day or night.

If you have concerns about an employee who you have reason to believe may be thinking about suicide, you can take the following steps, depending on what feels most comfortable to you.

- 1. Talk with your line manager, HR, occupational health and safety department or EAP, or call Samaritans for emotional support.**
- 2. Reach out to the person:**
 - Ask how he or she is doing
 - Listen without judging
 - Mention changes you have noticed in the person's behaviour and say that you are concerned about their wellbeing
 - Suggest that he or she talk with someone in the EAP, HR, occupational health and department, or another health professional, such as their GP. Signpost to helplines like Samaritans and CALM
 - Continue to provide support; make it clear that you will always be willing to listen
 - Always follow up with other people where possible to ensure that action has been taken

In a crisis

Take action if you encounter someone who is at immediate risk. This is very similar to what you would do if you came across a colleague who had had a physical accident or health issue like chest pain.

Take the following steps right away:

1. If the danger for self-harm seems imminent, make sure the person is not left alone and call 999
2. Stay with the person (or make sure the person is in a private, secure place with another caring person) until professional help arrives
3. Encourage the person to talk but do not promise to keep the conversation confidential
4. Ask the person if there is anyone they would like to call such as Samaritans, their GP or mental health professional. If they agree, give them space (and perhaps if they need it, help them call Samaritans) so that they have someone to talk to immediately
5. Contact the HR Department, OHS or EAP, depending on company policy, to let them know what is happening
6. Once the person is under the care of a professional, agree if they would like you to stay with them or not. Follow up with HR, OHS or EAP as appropriate
7. Get support for yourself. Don't underestimate the impact this can have on yourself once the immediate risk has passed

It is better to over-react than to later ask yourself whether you could have done more.

But whatever happens, do not feel guilty. You can play an important role in preventing suicide but you are not responsible for other people's actions.

Useful resources





4/ Suicide postvention

Suicide postvention

A proactive suicide prevention strategy can reduce the risk of suicide. Yet with nearly 5,000 deaths by suicide in England last year alone, we need to be prepared to deal with these tragic situations. The suicide of a colleague can have a profound and lasting impact on employees, families and friends. Employees may also be affected by the suicide of a friend, family member, customer or supplier, the relative of a colleague or somebody else known in the workplace.

Organisations need to be prepared to respond by providing access to appropriate support for their employees to help them come to terms with their loss. It might also save another life. People bereaved by a friend or family member who has died by suicide are more likely to attempt suicide themselves.

“Postvention” is the term used for activities that help people in the aftermath of a suicide. These are critically important to help reduce the risk of another suicide.

There is no single or right way to respond to suicide. This will be determined by a number of factors, such as the nature of the organisation, the size of the workforce, and the circumstances of the death. But effective postvention can ensure that appropriate care and support is provided. An organisation’s senior leadership plays a critical role in setting the tone for how the rest of the workplace will respond to a suicide.

Business in the Community and Public Health England, in partnership with Samaritans, have produced a postvention toolkit to help employers respond to workplace suicide:

Here are some key steps that you must take:



1. Be prepared:

- > Secure board level support for suicide postvention as part of the organisation's crisis management
- > Include suicide postvention in mental health training for line managers
- > List stakeholders (internal/external) who should be alerted in the event of a suicide at work
- > Make sure that key personnel at work accept and understand their role
- > Know your legal obligations
- > Develop a communications strategy for a suicide (internal and external, including social media)

2. When suicide happens

- > Support and promote healthy grieving
- > Avoid assumptions about how colleagues will respond
- > Encourage mutual support
- > If possible provide group support sessions, ideally through your EAP provider
- > Following Group Support make face to face counselling available for individuals that are significantly affected, through trained, professional counsellors
- > Give people time off work if they need it but encourage the resumption of daily routines
- > Where a colleague begins to experience serious long-term problems always seek professional help and support for them, initially through their GP

3. Legacy phase

- > Work with colleagues to find the best way to celebrate the life of the deceased
- > Be prepared for dates/events that may be sensitive to those affected by the suicide
- > Give thought to how to deal with workspaces previously used by the deceased. Be sensitive to those who worked alongside them
- > Review the organisational response to the suicide and be prepared to share learnings with other organisations

Next steps

As this toolkit outlines, an effective strategy for suicide prevention at work begins with a holistic approach to health and wellbeing, which encourages an open and honest conversation about mental health. Within that there are some clear steps that you can take to incorporate a workplace suicide prevention programme.

These might include:

- > A work environment that values its employees and their families, and promotes respect, open communication, a sense of belonging, emotional wellbeing, and encourages people to seek help when they need it and to support each other
- > Education and training on mental health, including suicide awareness, for all employees, especially line managers
- > Internal communications and induction programmes that ensure employees are aware of resources and support available and that these are accessible to everyone
- > Clear policies, procedures and practical guidance to help employees who need support around issues including mental health, long-term health, domestic violence and financial insecurity
- > Specialised suicide awareness and prevention training for the workplace's EAP providers and/or HR staff
- > Helplines with national reach and issue focus are signposted across the workplace, such as Samaritans and national domestic violence helplines
- > A plan for responding to a suicide attempt or death

Resources for employers



Resources for employers

Further information and resources about suicide prevention:

Samaritans

www.samaritans.org

International Association for Suicide Prevention (IASP)

www.iasp.info/suicide_and_the_workplace.php

CALM (Campaign Against Living Miserably)

www.thecalmzone.net

National Suicide Prevention Alliance (NSPA)

www.nspa.org.uk

Euregenas' Preventing and managing suicidal behavior: A toolkit for the workplace (PDF)

www.euregenas.eu/wp-content/uploads/2014/11/EUREGENAS-TOOLKIT-WORKPLACE-Preventing-and-Managing-Suicidal-Behaviour-1.pdf

World Health Organisation's Preventing Suicide: a resource at work (PDF)

http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf

Suicide Prevention Australia's Work and suicide prevention (PDF)

www.suicidepreventionaust.org/sites/default/files/resources/2016/Work-and-Suicide-Prevention-FINAL%5B1%5D.pdf

Resources for good mental health:

Business in the Community's Mental Health Toolkit for Employers

wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf

Mind resources to support workplace mental health

www.mind.org.uk/workplace/mental-health-atwork/taking-care-of-your-staff/useful-resources

HSE Management Standards for work related stress

www.hse.gov.uk/stress/standards/index.htm

Acas guide to bullying and harassment in the workplace (PDF)

www.acas.org.uk/media/pdf/d/i/Bullying-and-harassment-in-the-workplace-a-guide-for-managers-and-employers.pdf

Business in the Community's Crisis management in the event of a suicide: a postvention toolkit for employers

wellbeing.bitc.org.uk/spostv

Resources for employers *continued*

Resources to assist with starting and having difficult conversations:

How to start a difficult conversation

(from Samaritans)

www.samaritans.org/difficultconversations

Having a conversation in person

(from Samaritans)

www.samaritans.org/how-we-can-help-you/supporting-someone-online/having-conversation-person

Active listening (from Samaritans)

www.samaritans.org/active-listening

'It's safe to talk about suicide' leaflet (PDF)

www.exeter.ac.uk/media/universityofexeter/ref2014/documents/UoA2_leaflet.pdf

Supporting someone who feels suicidal

(from Mind)

www.mind.org.uk/information-support/types-of-mental-health-problems/supporting-someone-who-feels-suicidal/about-suicidal-feelings/?o=10307

Supporting a young person who feels suicidal

(from Papyrus)

www.papyrus-uk.org/help-advice/im-worried-about-someone/starting-the-conversation

Other relevant organisations:

(please note this is not an exhaustive list)

City Mental Health Alliance

<http://citymha.org.uk>

Employee Assistance Professionals Association

www.eapa.org.uk

COHPA (association of occupational health and wellbeing providers)

<http://cohpa.co.uk/>

Fit for Work scheme

<http://fitforwork.org>

Other support services:

Gamblers Anonymous

www.gamblersanonymous.org.uk

Step Change (debt charity)

www.stepchange.org

Advice if you are concerned that someone is self-harming (from Harmless)

www.harmless.org.uk/downloads/factSheet2_AdviceForFriendsAndFamily.pdf



Case studies

Anonymous Director (PwC)

I am a high-performing director at PwC. I'm rated as being in the top five per cent of PwC's workforce and I have, until the last two years, always maintained that. My professional face is one of high success, high earnings, and an extremely focused work ethic.

I also care for, and am legally responsible for, a vulnerable adult with extreme mental health problems. As carer, I have experienced severe physical abuse including stabbings, broken limbs, and concussion. I need to continue to succeed at work because the care that we rely on costs £80k a year and I am paying for it alone. It has been unbelievably difficult and my personal life is a complete contrast to work. In the past while I was excelling at PwC I was just getting by at home, dealing with social services, mental health services and the police. I struggled to cope – I felt dirty, like I was rubbish, and had hit rock bottom. My work and home faces couldn't be more different.

My work performance dropped significantly over the course of a year as the problems at home increased and I eventually reached a tipping point. The violence at home had escalated (at this stage I had a fractured ankle and had been stabbed in the neck), while the pressure at work was particularly high and I was working directly with a difficult colleague. I realise now that the support network I'd had at work – of partners who knew my situation – had disappeared as people left or retired. My other colleagues didn't know or didn't notice what was happening in my personal life, even when I was at work with visible signs of assault.

I tried to take my life more than once, never at a peak of despair but when I was physically and mentally exhausted. Following the first attempt I was taken to an NHS mental health unit. I finally rang a colleague, the only person whose number I could remember, and they helped me get in touch with PwC's health providers. They were fantastic, and suddenly I had some practical support from a private clinic.

The clinic was there to help me back to my 'normal' life. However, after a particularly violent 'home visit' I was left unconscious and in need of significant facial reconstruction, and I couldn't cope – I tried to take my life again. This time I was sectioned, which left me as an inpatient in a clinic provided by PwC's healthcare. At this point I met my brilliant psychiatrist and psychologist, and the care I received then was and continues to be second to none. The healthcare provider also arranged access to the best facial and cranial surgery, which was so important to me – I knew that every time I looked in the mirror I would remember what I'd been through so the repairs were vital to me getting my life back together. PwC has never complained about the cost or about me taking time off, which I still do. The care has been amazing.

Continued overleaf

Anonymous (PwC) *continued*

Since coming back to work I've been completely open about what has happened to me. It's not my fault and I'm not ashamed of what I've been through. PwC is trying to make the workplace a more open place to discuss these things, and has been very supportive of me. The occupational health service, an external agency, has felt less supportive, partly because staff seemed to be more familiar with people who have physical problems rather than psychological, and so I was viewed with suspicion. I'd encourage any business to ensure that their OH service treats people like human beings, rather than problems to solve.

Employers must not take their employees' strengths for granted. When things reached breaking point I was in freefall, and prior to that nobody had noticed my gradual decline from a top performer to a mediocre one. I displayed noticeable signs of struggle: lack of money, injuries, tiredness. If something looks and feels wrong it probably is and the person needs help. People need training to understand how to help a colleague who

seems to be in trouble. PwC have great healthcare arrangements and mental health toolkits, but I didn't know how to get help until I needed it and my people management didn't either. If employers do have support then employees and managers need clear signposting to what's available to them.

Today, I feel my experience has added to my value as a person and an employee. I still need support but my 'give back' to PwC has a higher value than my need – I am extremely loyal and focused on working as hard as necessary to get my top performer status back again.

“We're making great strides towards creating a caring culture where people feel able to talk about their mental health and personal difficulties more openly. And we are so proud of this director for sharing their story with such honesty. The truth is that it's hard to hear how opportunities to help were missed... but that's the point. We have to be open to hearing difficult messages and then really listen to what's being said. That's how we learn as an organisation and why this toolkit is so important.”

Laura Hinton, Executive Board Member
– Head of People, PwC

Anonymous Medical Doctor (NHS)

I have lived with depression most of my adult life. Most of the world sees me as a happy, high achieving medical doctor who invests heavily in his friendships and relationships, and for much of the time this is the real me.

But at various points I have had horrible disabling lows, days when the 'black dog' of depression visits. During these periods I have perfected the mask of professionalism and fight hard to keep going with the day job. But behind the fixed smile it feels like the rest of the world sits behind a glass wall, disconnected, disinterested and ignorant to the painfully negative and self-damaging destructive thought cycle that is absorbing me.

Twice in my life I have attempted suicide.

It took me at least ten minutes to write that last sentence; it is not an easy statement to make, even after years of therapy and even though one attempt was when I was a teenager and struggling with my sexuality and the other was over ten years ago, when work and life overwhelmed me.

Suicide is not an easy choice. When, as an adult, I attempted to take my own life, I thought about it for over a week, dwelling on how upset my family would be and the impact on other people. I didn't really think about myself at all. My feelings of worthlessness and being a burden were overwhelming. I had slowly withdrawn from everything except work, so no real counter-arguments appeared.

At the time, I was doing shifts in A&E and I didn't enjoy the conveyor belt medicine style at all. I had inflammatory bowel disease, and the combination of pain and rushing to the toilet a lot was making work really hard. I was juggling work, battling debts, putting on weight, not sleeping and trying to keep up with the social norms of the London gay scene. I felt I was failing at everything. I put work first, which was fundamentally the only thing that I was continuing to do while battling depression. But I started to make mistakes and I was conscious that mistakes in medicine can be dangerous, so I withdrew even further. My medical training had not prepared me for this type of challenge.

I remember sitting at home and taking pills. I wanted to close my eyes and not wake up. I deliberately didn't write a note. I was quite calm. It was a rational decision to let go and leave the world a better place for not being part of it. Fortunately, after a very long sleep, some vomiting and an upset stomach I didn't die.

The physical symptoms of my inflammatory bowel condition led to a referral to occupational health, which is where the journey started. I wish I could say that the NHS picked up the mental health issues but this didn't come until later.

The clinician was experienced and gently led me towards disclosure of the mental health issues and suicide attempt. He put in reasonable adjustments, taking me off night shifts to give me stability and structure. This enabled face-to-face counselling in a supportive unit that was used to working with healthcare professionals.

Although I tried various medications, talking therapy was what helped me most to manage

Continued overleaf

Anonymous (NHS) *continued*

my depression and find coping mechanisms. The Doctors Support Network helped me understand I wasn't alone and that many doctors live with mental health issues.

Over time I stabilised and my mental health improved. I did regular physical activity, tried to eat at least 3 times a day and get a decent amount of sleep. Most importantly I talked more openly about my mental health challenges, and no one ran away. Many friends shared their own challenges and helpful tips on self-care and support.

Preventing suicide is not about trying to find a single solution. It is about finding a clumsy solution to a complex and wicked situation, and about creating an environment and culture where people feel safe to admit that they are struggling and feeling alone. It is about being compassionate and not taking the perfect smile at face value. Suicide can feel like a rationale solution for anyone who feels overwhelmed and alone, fundamentally prevention has to help people find hope and see a future that is worth living for.

Anglian Water

Sonja Schwartz, Occupational Health Manager

Anglian Water takes mental wellbeing very seriously. With more than 4500 employees, we are aware that some employees experience poor mental health, and on occasion feel suicidal.

At Anglian Water we want to support our staff to enable them to either remain in, or return to, work as we feel being at work is generally positive for our mental wellbeing.

We have raised the awareness of mental wellbeing within our organisation through the national campaign, Time to Change. We have launched our own internal mental wellbeing communications, which shared information on the signs and symptoms of poor mental health, offered advice on how our people can support each other, and given information on how an individual can manage their own mental wellbeing both at work and home. We made our own in-house video featuring peoples' personal stories this year for time to talk day we provided Kit Kats to encourage employees to have a break and prompt to talk. We found through surveys that line managers were not always aware of how best to support a team member during a time of poor mental health or suicidal thoughts,

so the Occupational Health team provided training and guidance to managers on what to do and how best to access help.

In a recent mental wellbeing survey conducted by BiTC, we found that line managers were concerned they did not have the right skills and knowledge to best support someone with poor mental health. So we have developed a comprehensive training programme for all managers, which will be rolled out over the next 18 months.

Having an external Employee Assistance Programme and promoting what it can do to help employees on a regular basis is important. It's a great resource for providing psychological support to employees but is often underutilised and forgotten about

At Anglian Water all employees who phone in sick with stress or a psychological condition will receive a call from Occupational Health to ensure they have the right support and are aware of all the things Anglian Water has to help them. We believe this initial contact is important as it is the start of helping the employee to return to work when they are able.

When we have an employee who is suffering with poor mental health they are referred to Occupational Health by their line manager. With the employee's consent, the Occupational Health Department will see the employee and ensure they are getting the correct support and care they need. They can refer the employee for fast track counselling, CBT, Psychological or Psychiatric care as well as other health care charities or organisations where appropriate.

From the employee review/assessment, Occupational Health provide the line manager with guidance on how best to support the employee at work or with their return to work and will advise of any workplace adjustments that can be made.

Armed Forces

Kevin Green, Navy Command HQ, OSM/TRiM SO2

In the Armed Forces our people face unusually challenging situations – from living and working away from home for the first time all the way through to the realities of being on the front line. As such we have a tremendous moral duty of care, as their employer, to ensure that we do all we can to keep people resilient and operationally effective while providing them with 24/7 support systems.

The core approach underpinning everything is that there is always someone who people can talk to, at any time. For us this means having duty personnel available and on call around the clock – particularly important when people are going through initial recruit training, when they might have left their home environment for the first time and are facing new physical and emotional pressures. For other employers, this approach could be reflected through an Employee Assistance Programme (EAP), or through having a nominated champion (or champions) in the workforce who people know they can go to for confidential support. Choosing the right person or people for this is important – they should be people who are respected by their peers, are empathetic, and know your organisation inside out.

We carry out psychological awareness training with all recruits, where they are taught how to recognise signs of stress in themselves and others and are taught to use appropriate physiological and psychological tools to help manage them; they are also made aware of local support measures and how to access them. Within this training there are regular reminders on where people should go to get help if they are having difficulty. This is then reinforced through posters on noticeboards throughout all buildings. The fundamental element is that our people are taught about this in week 2 of their training.

All of our duty personnel go through a coaching and mentoring course, part of which covers how to deal with difficult conversations or circumstances. Mental Health First Aid and Applied Suicide Intervention Skills Training courses are also available, which look at a raft of issues including suicide and self-harm. One of the major elements around that is intervention – how to engage with someone at an early point if they are suspected to be at potential risk. These courses would be valuable for any employer taking a serious stance on

supporting the mental wellbeing of their employees. Even for smaller businesses, this kind of training would be useful, all the more if you couldn't afford to provide an EAP for your employees.

In our line of work we know that, at the coalface, someone who is struggling or feeling suicidal could literally be handed the means of completing suicide. There is no way around that, so our approach is about resilience, education and access to the right support whenever someone needs it.

BT

Bruce Greenhalgh, Global Health and Wellbeing Clinical Lead

BT places wellbeing at the heart of its employee proposition and has a well-developed approach to mental health and suicide risk:

Primary Prevention

General awareness training on mental health is made available to all BT people. The focus is on both individuals and the impact they can have on others as managers or colleagues. Specific guidance has been developed for dealing with difficult situations and vulnerable people.

Secondary Intervention

People managers are offered training to:

- identify and support someone experiencing a mental health problem
- deal with a crisis situation including signs of potential self-harm
- guide people towards appropriate professional help

All employees have access to an on-line assessment tool that quantifies risk to mental health and directs individuals and their manager to supportive internal and external resources.

A passport scheme operates for people with potentially relapsing conditions

The company intranet has a dedicated mental health section which includes guidance on dealing with someone in distress.

Tertiary Support

A tiered structure of support services is provided for people who become unwell:

- A confidential Employee Assistance Programme for all employees.
- An 'on-call' counselling consultancy service to help managers deal with risk situations.
- A psychological treatment service (CBT) for employees with common mental health problems

BT's mental health framework has been in place for more than a decade. In excess of 8,000 managers have been trained; tens of thousands of people have undertaken a risk assessment and almost 5,000 people have received CBT. Absence rates attributed to mental illness have dropped significantly and the number of suicides has fallen against a rising national trend.

Mates in Mind – Health in Construction Leadership Group

Michael Whitmore, Programme Lead, Mates in Mind

Mates in Mind is a new programme launched this year by the Health in Construction Leadership Group with the support of the British Safety Council. It is a sector-wide programme intended to promote positive mental health across the construction industry in the UK.

The aim of the programme is to offer a consistent approach across the industry. It will involve the delivery of an awareness and educational programme that is tailored to the needs of construction.

Mates in Mind evolved from an event hosted by the Health in Construction Leadership Group in 2016, where CEOs and leaders across construction overwhelmingly voted to improve the mental wellbeing of their workforce.

The workforce in the construction sector is predominantly male, and has a particular range of factors recognised as likely stressors, for example heavy workloads, long working hours, travel, family separation, fear of redundancy and job insecurity. Any combination of these factors, and others, can potentially contribute to mental ill health.

Mates in Mind sets about a proactive approach to wellbeing, supporting the workforce rather than waiting for crisis.

“Mates in Mind offer support for employers and a tailored programme of training and mental health promotion materials and campaigns in partnership with mental health charities and construction partners. Mates in Mind supports mental health awareness and training approaches in workplaces across the construction sector.”

Michael Whitmore, Programme Lead,
Mates in Mind

Mates in Mind www.matesinmind.org

Mercer

Dr Wolfgang Seidl, Workplace Health Consulting Leader UK and Europe

Mercer was engaged to undertake a review of mental health management within a financial services company and recommended the implementation of a psychological pathway. The review focussed on the management of mental health by service providers e.g. occupational health (OH), Private Medical Insurance (PMI), employee assistance programme (EAP) and onsite General Practitioner (G.P); as well as utilisation and cost data.

The project was triggered by an increase in private medical claims for mental health conditions over the preceding 12 month period, plus presentation to line/HR Managers of several employees with suicidal ideation and distress. The organisation sought to create rapid access to psychiatry to deal with critical situations and to identify any underlying work-related factors. There were multiple access points for mental health related services, limited integration between providers, and inadequate collection of utilisation data, trends and outcomes.

Mercer designed and implemented a psychological pathway incorporating a 'gatekeeper' assessment and onward referral service; an integrated flow between providers to facilitate smooth transfer of cases to appropriate treatment; a ring fenced group of pre-briefed face to face counsellors; access to onsite cognitive behaviour therapy and counselling via an enhanced EAP; and a named group of psychiatrists for referral purposes.

There was a specific focus on suicide prevention and positive interventions aimed at creating a 'culture of positive mental health', destigmatising stress and mental health issues, and equipping managers to spot the early warning signs of troubled employees. Other initiatives included resilience training, mindfulness exercises, and lessons learnt from Positive Psychology. Pre- and post-deployment support (practical, psychological and family) was also introduced.

In the first two years post implementation, there was a 9% reduction in the number of mental health claims to the healthcare plan; a 13% reduction in the total cost of claims; and a 16% reduction in the average cost of claims.

There was an improvement in 60% of patient outcomes, measured by a validated psychological assessment tool. Priority health risks of the employee population were identified to underpin future health and wellness planning and intervention related to suicidal issues. Data relating to mental health from multiple sources were presented in a more 'like for like' way, which enabled better interpretation and therefore more targeted, preventative interventions.

Santander UK Companies

Dave Moore, Head, Health, Safety & Wellbeing, Human Resources

Recently Santander developed a range of strategic initiatives to protect and promote psychological wellbeing in the bank.

We began by issuing an integrated Health, Safety and Wellbeing Policy Statement, which was signed by Nathan Bostock, our Chief Executive Officer. The policy provides clear commitment to protect and promote the physical health and psychological wellbeing of our people.

The Health, Safety & Wellbeing team delivered a comprehensive support programme for managers covering key psychological risks.

This includes guidelines about:

- Non-work-related stress
- Managing work related stress
- Building personal resilience
- Managing anxiety & depression
- Employee Assistance Programme

Additionally, strategically targeted training, coaching and support was delivered; focussing on the key role line managers play in protecting psychological wellbeing. As a key initiative over 800 branch managers recently attended Positive about Mental Health training. This helps them identify colleagues who may have a developing mental health condition, to have that “difficult conversation” and to sign post them to professional help and support.

Santander has also asked our Regional Branch Managers to become Mental Health Champions, providing an extra level of protection for vulnerable colleagues.

The guidelines and the training, coaching and support the Health, Safety & Wellbeing team provide have been very well received by the Bank, including our union partners.

Working in collaboration with managers Santander is confident we have an integrated suicide risk assessment support programme in place; protecting our most vulnerable colleagues.

Santander UK Companies

Managing suicide risk among staff

Santander recently provided Positive about Mental Health training to managers across its 840 branches. The training helps managers identify colleagues who may have developing mental health conditions, to have that “difficult conversation” and to sign post them to professional help.

Following the initiative Brian, a Branch Manager, noticed Cheryl, a Customer Service Adviser, was not her usual self*. Normally a bright, articulate colleague, confident and outgoing with customers, Cheryl became quiet, introspective and withdrawn.

Brian assessed the situation and, deciding to have that difficult conversation, booked an interview room to ensure they would not be disturbed. During Brian’s supportive meeting Cheryl explained she had recently experienced a number of difficult life events. These included separation from her partner, her mother’s diagnosis with cancer and financial hardship.

As the conversation progressed Cheryl’s mood quickly deteriorated. Becoming tearful Cheryl told Brian that she couldn’t go on. Brian felt her personal safety could be at risk and following Santander guidelines contacted the Health, Safety & Wellbeing team (HS&W) for Emergency Support.

A trained member of HS&W contacted Cheryl that afternoon and completed a structured risk assessment, confirming Brian’s concern. Applying a bio-psycho-social model, a range of factors were identified:

- Separation and impending divorce
- Social isolation
- Financial hardship
- Concern about her mothers’ ill health
- Potentially undiagnosed anxiety and depression
- An underlying physical health condition

The assessment identified Cheryl had previously experienced suicidal thoughts. But, following her recent separation, associated financial hardship and family worries it was apparent Cheryl’s mental health had deteriorated and she was planning to take her life.

HS&W worked with Cheryl to develop a bespoke, comprehensive support plan including:

- An agreement that she would contact her sister that evening
- An emergency GP appointment the following morning
- Face to face counselling through Santander’s EAP
- An appointment with the Bank Workers Charity for financial support
- Planned annual leave
- An agreement that formal action wouldn’t be taken for underperformance
- A documented, graduated return to work plan

* The names used in this case study have been changed to protect the anonymity of the individuals concerned.

Santander UK Companies *continued*

With Cheryl's consent the plan was shared with Brian who was happy to put in place the reasonable adjustments HS&W had agreed and to keep in regular contact throughout her recovery*. Cheryl's GP diagnosed anxiety and depression and provided antidepressants.

Following a short period of sick leave Cheryl stabilised her condition and, through counselling and management support re-evaluated her life, making positive changes. Cheryl has since completed her return to work and remains a valued, productive member of the branch team.

* The names used in this case study have been changed to protect the anonymity of the individuals concerned.

Thank you to the following organisations for contributing to the development of this toolkit:

[Anglian Water](#)

[BBC](#)

[BNY Mellon](#)

[BT](#)

[Bupa](#)

[CIPD](#)

[CLASP](#)

[Empactis](#)

[Farming Community Network](#)

[Gowling WLG](#)

[HSE](#)

[Linklaters](#)

[Mates in Mind](#)

[Mental Health First Aid](#)

[Mercer](#)

[Mind](#)

[Ministry of Defence](#)

[National Grid](#)

[National Suicide Prevention Alliance](#)

[Norman Lamb, MP](#)

[P&G](#)

[PwC](#)

[Royal Mail Group](#)

[Santander](#)

[Society for Occupational Medicine](#)

[Stonewall](#)

[Support after Suicide Partnership](#)

[TUC](#)

[Unilever](#)

[University of Liverpool](#)

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Take care of yourself

This suicide prevention toolkit is designed to help employers reduce the risk of suicide. Its aim is to support senior leadership, line managers, HR and occupational health and safety professionals to identify a member of staff who may have suicidal feelings and give practical advice on how to deal with a crisis situation. But it raises challenging emotional issues that may cause distress. We suggest that responsibility for using this toolkit be shared by more than one person. If you are affected, share your concerns with colleagues and managers and ask for support. Take a break from the toolkit when you feel it is necessary. The first rule of caring is to look after yourself.

Resources for employers

Business in the Community and Public Health England have developed a range of toolkits to support employers with employee health and wellbeing:



**Reducing the risk of suicide:
a preventative toolkit for employers**

This report was written, designed and produced by Forster Communications.

**BUSINESS
IN THE
COMMUNITY**



**THE PRINCE'S
RESPONSIBLE
BUSINESS NETWORK**