

Work related suicide - brief

- 1 We criticise HSE for excluding suicide from its investigation guidelines and official reporting requirements. How can HSE justify these exclusions, in policy and legal terms?

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) refer throughout to a 'work related accident' as defined in Regulations 1 and 2. HSE's policy position is that for an occurrence to be considered as 'work related' it must arise out of or in connection with work and that an 'accident' is an unforeseen and unintentional consequence of that work. As such, incidents of suicide and/ or self-harm do not meet the reporting requirement under RIDDOR. HSE'S Incident Selection Criteria is based upon the definitions used within RIDDOR.

- 2 Where there is evidence a suicide is directly related to workplace stress or other workplace factors (for example, workplace injury, violence or neurotoxic exposures), why does HSE refuse to use its regulatory powers to secure justice and improvements in the workplace?

Evidence linking suicide to activity in the workplace is generally not clear/without an element of uncertainty. This makes building a case for intervention/investigation/enforcement extremely difficult. Also, causal factors often relate to activity covered by equality and employment law rather than HSWA.

There is also the existing system whereby deaths are investigated by the Coroner. In HSE cases, the Coroner will often direct the jury to consider a limited range of conclusions. The most common returned in these cases are 'Accident' and 'Industrial disease'. The conclusion is reached 'on the balance of probabilities', although you should be aware of the higher, criminal standard of proof (i.e. beyond reasonable doubt) required to find 'Unlawful killing' or 'Suicide'.

- 3 As indicated in the article, HSE's foresight planning gives a great deal of emphasis to work-related stress and psychological harm but appears to have a blind spot when it comes to suicide as a potential deadly consequence. Why?

HSE's foresight work does not aim to be comprehensive. We are currently developing our approach to stress and mental health at work in line with broader Government initiatives such as the Farmer Stevenson review.

- 4 Does HSE have any plans to address work-related suicide, which we estimate to be one of the biggest single workplace killers, through a) reporting requirements; b) HSE inspections and investigations; c) prevention initiatives; or other means (specify)?

We expect employers to assess risks from work related stress and put in place control measures. More generally we are encouraging the creation of

mentally healthy workplaces through supporting Govt initiatives around implementation of the Farmer Stevenson core standards.

- 5 What is the legal basis for HSE's refusal to act on work-related suicide, where workplace negligence and criminal health and safety failings are demonstrably a root cause?

See answer to 1) about 'demonstrability'.

- 6 Does HSE have estimates of the annual toll of work-related suicide?

We are aware of varying estimates but disagree with the term. It is rarely possible to identify a unique link between work activity/action and suicide as most suicides generally arise out of a very complex and often subjective, range of factors.

Acts of deliberate self-harm are not considered 'accidents' and are not RIDDOR reportable.

However, this does not mean the general provisions of the HSW Act do not apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents. This is more likely to arise where serious management failures were a contributory factor.