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By email

Date: 10 December 2019

Dear Ms Waters,

Thank you for your letter of 22 October, and 08 November, and the attached statement. My apologies for the delay in this response. In the statement you make five recommendations, which I will address in turn;

1. *Calling on HSE to include suicide in the official reporting requirements set out in RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).*

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.

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.

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'.

2. *Asking HSE to make explicit mention of suicide ideation and work-related suicide in its Stress Management Standards and guidance on work-related stress and work-related mental ill-health.*

We are committed to tackling workplace ill health through our Health and Work strategy. Work-related stress, anxiety and depression, are a key priority within our Health and Work Strategy. We are working collaboratively with industry, professional bodies and other Government departments to ensure a cohesive approach to preventing workplace ill health.

3. *Asking HSE to put in place a suicide prevention foresight initiative and prevention plan that elucidates work-related risk factors for suicide, and the expected good practice from employers to deal with this.*

HSE 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 by supporting and promoting broader Government initiatives that support the implementation of the Stevenson-Farmer mental health core standards, as outlined in "Thriving at Work – a Review of Mental Health and Employers" <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>

4. *requesting that work-related suicide be recognised as a prescribed injury or disease under the Industrial Injuries Disablement Benefit scheme (DWP), which will both record and provide state compensation for cases.*

The decision issues that lead to someone deciding to take their own life are generally very complicated and multifaceted. Whilst it may be possible to demonstrate that it was a contributory factor, directly linking a suicide to issues solely in the workplace is not usually possible.

Decisions on what constitutes a prescribed injury or disease under the IIDB is a matter for the DWP rather than the HSE

5. *You call on HSE to provide to the courts, personal injury lawyers and their professional bodies, an expert briefing on the wide scope of prima facie evidence on causation that might indicate the culpability of the employer or other parties in a potential work-related suicide.*

Since it is not usually possible to clearly demonstrate causation it would not be possible to describe any prima facie evidence that would be relevant to a specific case and deciding on any prima facie evidence will be decided by the courts. Without understanding the mental state or thought processes of the person contemplating taking their own life we cannot understand, clearly, the cause. It is difficult for example to expect an employer to reasonably foresee such a decision where often, it comes as a shock to the person's loved ones.

Establishing the causation is generally the basis of the subsequent Coroner's hearing. Where a Coroner thinks there is some significant finding, they can request HSE takes some action where a risk to others exists (Regulation 28 Notice under para 7 schedule 5 of the (Coroner and Justice Act 2019)

HSE does provide advice, guidance and tools to help employers assess the level of risk to their staff from work place hazards, including work-related stress that can lead to mental health conditions such as depression and anxiety. Employers have a legal duty to assess the level of risk of any hazard and to eliminate identified risks or reduce them so far as reasonably practicable. However, work-related stress is subjective, what affects one individual would have no negative affect on another individual. In addition, people can have an increased susceptibility to stress due to pre-existing mental or other health factors. It is not reasonable to expect an employer to be able to diagnose such conditions.

I trust that this clarifies HSE's position.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Peter Kelly', followed by the initials 'PP.' in blue ink.

Peter Kelly

Senior Psychologist