

## **Statement to HSE on work-related suicides**

### **1. Summary**

As researchers specialising in suicide and suicide prevention, we urge the HSE to implement measures to record, inspect and prevent work-related suicides and thereby bring the UK in line with other countries where work-related suicides are monitored, reported and inspected. We call on the HSE to rectify a grievous blind spot that excludes suicide from the list of work-related accidents that are subject to reporting and inspection requirements. This exemption exposes UK workers to risks to their health and safety that could be rectified by improved regulatory procedures. Existing international studies have established the causal connections between work, working conditions, work-related stress and suicide ideation.<sup>1</sup>

### **2. Work-related suicides are on the rise**

Studies carried out in the United States (Tiesman et al. 2015) Japan (Kawanishi 2008, Yamauchi et al. 2017), Australia (Hazel Routley & Ozanne-Smith 2012, Milner, Morrell & LaMontagne 2014), China (Chan & Pun 2010) and India (Merriott 2017) point to a rise in suicides that have been linked to working conditions and in particular, the impact of precariousness, work intensification, declining social protection, digital surveillance, indebtedness and management bullying.

In the United States, workplace suicides decreased between 2003 and 2007, but then rose sharply in the following years. In Japan, *karo-jisatsu* or suicide by overwork, is treated as an urgent public health issue and, under a 2014 law the government is obliged take measures to prevent it from taking place<sup>2</sup> (North & Morioka 2016). As many as 8000 of Japan's roughly 30,000 annual suicides are considered to be work-related.<sup>3</sup> In Australia, research shows that over half of the men who lose their lives to suicide are employed at the time of their death (Milner, Morrell & LaMontagne 2014). In the UK, the 2017 national survey of suicides by occupation found that suicides in England were disproportionately high for men in the construction sector, and for women working in the health professions (ONS 2017, Windsor-Shellard & Gunnell 2019).

### **3. Intervention by public authorities on work-related suicides**

Work-related suicide is recognised internationally as an urgent public health phenomenon on which government ministries, public authorities and health agencies directly intervene. In Japan, the 2014 *karoshi* law has helped lower the rates of work-related suicide in Japan since their peak in 2011.<sup>4</sup> In France, when a suicide takes place in the workplace, it is immediately investigated by safety inspectors as a work-related accident and the burden of proof is on the employer to prove that it is not work-related. This presumption of causality is meant to protect the employee (in an attempted suicide) or his or her family and circumvent the need for them to engage in legal action in order to prove the employer is liable.<sup>5</sup> Hence, one in every five employee suicides reported to the social security authorities (Sécurité sociale) is officially recognised as being work-related (Lerouge, 2014). Incidents of work-related suicide are generally followed by an in-depth investigation of working conditions at a company (by independent occupational health experts) to ensure that other employees are not at risk.

Work-related suicide rates are monitored and recorded as a means to ensure safe workplaces and to protect employees. In the United States, the Bureau of Labor Statistics has recorded

workplace suicide rates since 1992 and this data is collected in the Census of Fatal Occupational Injuries (CFOI). Suicide is recognised by American occupational health experts as the focus of a workplace safety crisis.<sup>6</sup> Suicide statistics (alongside other workplace fatality counts) are registered according to characteristics including gender, race, occupation, event and state of incident. Such data is a critical source of public health information, providing data on the economic sectors, age groups and ethnicity of employees who take their own lives.

In Japan, official statistics on fatalities at work, including suicides have been collected since 1994. In France, public health authorities have recently put in place a pilot study examining how recording of work-related suicides could be improved by combining data from multiple sources (death certificates, labour inspectorate, social insurance and autopsy reports) (Bossard *et al.*, 2016).

#### **4. Defining work-related suicide**

Criteria for identifying work-related suicides have been established in a number of countries. In France, a suicide is presumed to be work-related and subject to further investigation in the following circumstances: (i) where a suicide takes place in work, or on the journey to or from work; (ii) where a suicide takes place in work uniform or using work implement (firearm, medicine, pesticides); (iii) where an individual leaves a letter blaming work. These are circumstances in which a suicide is treated as potentially work-related and requiring further investigation by occupational health experts to establish the cause of the suicide.

In the United States, for a workplace suicide to be included in the CFOI, at least one of the criteria must be met: (i) the death arose from an injury at the deceased work premises which the deceased was there for work; (ii) the death occurred away from the work premises, but the deceased was engaged in work activity (e.g. performing work at a client's premises); or (iii) the death was related to the deceased's work status (e.g. a suicide at home that can be definitively linked back to work).

Public health studies have established clear connections between working conditions (insecure work, long hours, weak social protection) and suicidal risk. Researchers have highlighted the deleterious effects of precarious employment on the mental health of workers with rising cases of acute stress, anxiety, sleep disorders, burnout and in some cases, suicide (Ferrie *et al.* 2002, Clarke *et al.*, 2007; Lau *et al.*, 2012; Benach *et al.*, 2013, Milner, Smith & LaMontagne 2015, Waters, Karanikolos & McKee 2016, Milner *et al.* 2018).

Suicide at work is defined by psychologists and occupational health experts as the 'tip of the iceberg' that signals a more widespread mental health crisis in the workplace which requires urgent preventative action (Dejours & Bègue 2009, Clot & Gollac 2017). Recent suicide cases have been characterised by clusters in particular sectors (farming, construction, health service, police force) and companies (e.g. Amazon, Orange, Renault, La Poste, EDF-GDF). In Australia, researchers have examined the causes of high suicide rates amongst female health professionals (Milner *et al.* 2016) and construction workers (Milner *et al.* 2017) and the police force.<sup>7</sup> Recent studies show that preventative regulations in the workplace that restrict access to the means of suicide, including pesticides or firearms could help to reduce suicide risk.<sup>8</sup>

#### **5. Work-related suicide in civil and criminal law**

In some countries, employers are held accountable in civil or criminal law for working conditions or management practices that may be responsible for pushing an employee to suicide. In France, hundreds of cases have passed through the courts whereby families of suicidal individuals secured financial compensation from employers, following a ruling that a suicide was either 'work-related' or an outcome of 'gross negligence' (faute inexcusable) on the part of the employer. In July 2019, the criminal trial concluded in the case of the chief executive of France Télécom /Orange and six other executives who were accused of implementing abusive management policies which led to 19 suicides and 12 attempted suicides at the company.

In Japan, companies have been forced to pay compensation to relatives for labour practice violations in the case of employees who have taken their own lives. Rulings in Japanese courts, including the Supreme Court, affirmed employers' legal responsibility for worker well-being to include care for accumulated fatigue and mental health. Today more than 2000 applications for workers' compensation or survivors' benefits are filed annually by workers or families seeking state recognition for death, disability or depression caused by overwork.

### **Recommendations:**

1. The HSE's failure to record and investigate work-related suicides means that the UK falls lamentably short of best practice and that this poses risks to the health and safety of UK workers. We call on the HSE to include suicide in the official reporting requirements set out in RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The criteria for identifying potential work-related suicides have been established in countries including the US and France and could provide a model for recording work-related suicides in the UK context.
2. We call on the 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.
3. We call on the 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.
4. More widely, we request 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.
5. We call on the 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.

---

<sup>1</sup> See Milner, Witt, LaMontagne, Niedhammer (2017): Psychosocial job stressors and suicidality: A meta-analysis and systematic review. *Occupational & Environmental Medicine*, 75(4):245-253

<https://oem.bmj.com/content/75/4/245.long>

<sup>2</sup> 2014 Karoshi Prevention Countermeasures Promotion Law (Karōshi tō bōshi taisaku suishin-hō)

<https://www.tandfonline.com/doi/pdf/10.1515/cj-2016-0004>

<sup>3</sup> <https://www.redpepper.org.uk/japanese-workers-fight-against-karoshi-death-from-overwork/>

---

<sup>4</sup> <https://www.statista.com/statistics/622325/japan-work-related-suicides/>

<sup>5</sup> <http://www.inrs.fr/risques/suicide-travail/ce-qu-il-faut-retenir.html>

<sup>6</sup> <https://www.workforce.com/2019/07/24/employee-suicide-is-the-next-big-workplace-safety-crisis/>

<sup>7</sup> <https://theconversation.com/police-officer-suicide-its-not-just-about-workplace-stress-but-culture-too-76710>

<sup>8</sup> See Gunnell et al. 2017 [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30299-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30299-1/fulltext) and Applebaum et al. 2019 <https://onlinelibrary.wiley.com/doi/10.1002/ajim.23021>

### **Read and signed by:**

**Steven Bittle**, Assistant professor, Department of Criminology, University of Ottawa

**Noëlle Burgi**, Senior researcher French CNRS, Paris

**Jenny Chan**, Assistant professor of sociology, Hong Kong Polytechnic University

**David Gunnell**, Professor of Epidemiology, University of Bristol

**Marina Karanikolos**, Research Fellow, European Observatory on Health Systems and Policies, London

**Dimitri Kessler**, Founder and director, Economic Rights Institute, Hong Kong

**Judi Kidger**, Lecturer in Public Health, University of Bristol

**Anthony LaMontagne**, Professor of Work, Health and Wellbeing, Deakin University, Australia

**Paul Leigh**, Professor emeritus, Department of Public Health Sciences, University of California

**Martin McKee**, Professor of European Public Health, LSHTM

**Celeste Monforton**, Professorial lecturer, Department of Occupational and Environmental Health, George Washington University

**Nick Pahl**, Chief executive, Society of Occupational Medicine

**Matthew Spittal**, Assistant Professor of public health, University of Melbourne

**Steven Tombs**, Professor of Criminology, The Open University

**Laurent Vogel**, Senior researcher in Occupational Health and Safety, ETUI, Brussels

**Sarah Waters**, Professor of French Studies, University of Leeds