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By email: Lachean.Humphreys@bsigroup.com

16 July 2025

Dear Lachean

Consultation Response to BS 30480 Suicide and the workplace – Intervention, prevention and support for people affected by suicide.

Thank you for giving the Royal College of Nursing (RCN) an opportunity to comment on the draft BS 30480 on suicide and the workplace.

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nursing cadets, the RCN is the voice of nursing across the UK and the largest professional union of nursing staff across the world. RCN members work in a variety of hospital and community settings in the NHS and independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The issue of suicide and the workplace is a serious concern to us as the risk of suicide in female nurses is 23% higher than the general population. Research carried out by the RCN in 2024 found that workplace pressures accounted for a surge in suicidal thoughts by UK nurses and we have noted unprecedented levels of calls to our helpline.

Our research report[1] aligns with the standard, particularly in promoting stigma reduction, supportive workplace culture and an intervention framework. Our report provides evidence-based data on suicide risk in the UK nursing workforce which can guide targeted implementation of BS30480 in healthcare settings. The four actionable workstreams e.g. promoting compassion and reducing stigma, can inform the practical application of BS30480's recommendations.

Real-world analysis of RCN helpline and counselling service data demonstrates how to monitor risk and tailor support services, enhancing the benchmarking and evaluation tools in BS30480. Our report also advocates for national data tracking and professional accountability, providing a model for integrating BS 30480 into broader sectoral and governmental strategies.

We have identified some gaps in the standard and suggest the following is added:

- Structured guidance for responding after a suicide, covering communication, team support, and long-term recovery (e.g. postvention).
- Require named suicide prevention leads, with clear KPIs and reporting duties.
- Expand strategies to support at-risk and marginalised groups, with culturally sensitive approaches.

General observation of the draft BS 30480

Active reduction of work-related causation

Whilst external factors do impact on individuals in relation to events which may lead to thoughts of self-harm and suicide, we would like to see more reference to employers managing potential work-related stressors which may also have an impact on individuals.

Although *BS EN ISO 45001:2023+A1:2024, Occupational health and safety management systems – Requirements with guidance for use* is referenced in the latter part of the document, its use in 5.2 and Appendix B B.3 linked to emergency preparedness requirements is more related to postvention activities rather than prevention-based activities.

This is further compounded by the absence of any references being made on utilising *BS ISO 45003:2021 Occupational health and safety management — Psychological health and safety at work* to help identify and actively manage psycho-social risk factors.

Whilst there is reference to self-care strategies, more reference needs to be made to how these can be incorporated into work related policies and processes e.g. work life balance, hydration, exercise, rest, regular 1-2-1s etc.

Conciseness

There is a large amount of repetition which could be removed and would also help in terms of readability.

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Phraseology

Throughout the document there are references to gender identifiers. Consideration therefore needs to be given to the effect of the UK Supreme Court judgment in *For Women Scotland v The Scottish Ministers,* when referencing “men” and “women”.

Additionally, within the version of the document seen[2] some of the terminology, dialect and spelling use do not utilise the Oxford English dictionary. Much of the document seems instead be more representative of a style and terminology adopted within the United States of America.

There is a lack of consistency across the document when making references to employee(s), staff and worker(s) this should be standardised as should references to service-users or people.

Scope of training

Much of the training mentioned within the document focuses on managers and specialised roles. Manager focused training should build awareness of the issue, and should cover legal compliance with health and safety, equality and inclusion.

An important consideration may be awareness and prevention training for all staff, similar to Network Rail’s approach where they have worked across the industry with employers to train over 30,000 railway employees to look out for and offer support to people who may be vulnerable or considering taking their own life on the railway.[3] This approach links well with promoting a whole workplace culture of suicide prevention.

As mentioned in Appendix A, it is important that any training on this subject adopts a trauma informed approach, this can be hard to achieve through remote or online learning which seems to be the current trend for workplace training delivery. Currently there is no mention of the training being delivered in person and this should be included.

Myths section

It may be more appropriate for the myth section to form an appendix around awareness raising rather than being incorporated within the main body of the document.

Impact in the workplace from a service user involved suicide

The document references “service users” and for many of our members this can extend to patients they are treating or their family members, but for others it may be a client who uses their services. There may not be an automatic linkage, but staff who have engagement with individuals can equally be impacted. As such, the document should also make reference to employers needing to consider how they support employees who may experience this.

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Specific commentary by section

1. Introduction

0.1 General

"Whilst some of the measures described in this guide are generic good practice for sustainable success within teams and the organization, many relate to improving the mental health of workers and others and are more specific to suicide prevention. Some might be newer for some organizations or seen to be "an additional cost of doing business". However, organizational suicide prevention programmes can have a positive impact on attitudes and beliefs towards suicide as well reducing the risk of suicide [3]. They are an investment, and an insurance against the potentially devastating costs of preventable suicide deaths and the wide and deep ripple effect created by unsupported exposure to suicide."

Comment:

We would recommend removing the last sentence as especially "*insurance against the potentially devastating costs of preventable suicide deaths",* as these are no insurable guarantees.

"A coroner's inquest determines whether a death was by suicide, of undetermined intent or by other causes. However, organizations response to a sudden unexpected death (which is a suspected suicide) of a colleague or a bereavement starts prior to the inquest, hence use of language such as "sudden death" or "suspected suicide". Where this standard refers to suicide, it includes suspected suicide prior to an inquest."

Comment:

As stated, only a coroner's inquest can determine whether a death was by suicide. It may take many months to conclude. This may warrant clearer separation in the text, so it is clearer in terms of organisations responding to a sudden and unexpected death which is considered to be a suspected suicide.

An organisations' response to any sudden, unexpected death or bereavement needs to be unhesitating in order to support colleagues, minimize impact and prevent further harm.

0.2 Myths around suicide, suicide thoughts and behaviours (page 6)

Myth 6: Suicide and self-harm happens in certain groups and subcultures or people of a certain gender or ethnicity, or those who are in contact with mental health services ("it won't affect me").

"Suicide can affect anyone at any time.

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Although suicide is more common in men (particularly middle-aged men), as well as those with mental health conditions, and self-harm is more common in young people, particularly females, it is not exclusive to those groups. It can, and does, occur in all ages, abilities, sexes, genders, cultures, socio-economic groups, and ethnicities. Less than a third of people who die by suicide are known to mental health services [20] and many mental health conditions are unrecognised or not diagnosed.

Suicide can affect any workplace and any worker in that workplace."

Comment:

The use of "*(particularly middle-aged men),"* is subjective, and it may be better to give an age range i.e. particularly those aged between 35-54, (this accounts for the age variations within England and the devolved nations [4]).

(Also refer to comments under Phraseology).

Myth 9: There's a set period within which to grieve a loved one lost to suicide

"Bereavement is very personal to the individual and their journey is unique to them. Bereaved people often do not simply "move on" or "get over" the death of a loved one. Instead, they can learn to grow around grief and rebuild their life around the loss, but a traumatic loss like a suicide can have a lifetime impact."

Comment:

This is an example is both an oversimplification and poor use phraseology, in that the use of the term journey is both an Americanism and typifies a linear trajectory.

While the Kübler-Ross's model outlines five stages of grief (denial, anger, bargaining, depression, and acceptance) individuals may experience these in a non-linear way. Equally Dr Lois Tonkin's "Growing around grief" model considers how grief does not disappear, but that individuals can be supported and encouraged with their feelings normalised rather than stigmatised of avoided. There is also the risk where it is a result of a traumatic loss an individual can develop complicated or prolonged grief.

It may be better to say there is no set timeframe or manner in how an individual may process their grief.

4. Whole workplace culture and meeting worker needs

4.1 Whole workplace culture

"Employers should be aware of when events and factors in the workplace prevent workers and/or service users from meeting their needs. These events and factors can include:"

Comment:

Add an additional bullet point 10) Physical ill health.

“When unmet needs give rise to distress and thoughts of suicide, employers should support workers to remove workplace barriers to meeting emotional needs and enable access to external support, including:”

Comment:

Add an additional bullet point vii) GP appointments.

4.2 Practical actions to promote whole workplace culture

***“c)** foster a culture that avoids humiliating or degrading treatment, challenges stigmatizing language or views about mental health difficulties or suicide and promote the use of appropriate language and empathy for worker and/or service user feelings and concerns”*

Comment:

Add “promote” ... so it reads *foster and promote a*

“d) train line managers, and build their confidence and skill, in holding supportive conversations with people and providing resources and signposting;”

Comment:

Clarity is required around the type of training, which should not just be about suicide awareness but how they can foster and embrace a positive culture. (See note on consistency).

4.3 Creating supportive workplace communities

The following actions promote a supportive workplace culture:

“ a) inclusivity: create an inclusive culture to not only recognize diversity of experience but to openly challenge any mental health and suicide stigma that negatively impacts workers. Shaming, bullying, joking, dismissing or disbelieving suicide experiences should not be tolerated;”

Comment:

Add ‘workplace’ after inclusive and ‘Inappropriate’ before joking.

“ b) cultural curiosity: facilitate and welcome cultural curiosity relating to mental health and suicide behaviours, this is key to building organizations that value diversity, equality and inclusion;”

Comment:

There is a need to explain what cultural curiosity is.

i.e. the genuine interest and desire to learn about, understand, and appreciate the diverse beliefs, practices, and perspectives of people from different cultural backgrounds.

"c) compassion: encourage openness, allowing staff to discuss their thoughts and feelings."

Comment:

Replace with encourage open and supportive conversations, allowing staff to discuss their thoughts and feelings.

" d) confidential check-ins: implement regular, private check-ins for workers seeking support, located in a safe space where concerns can be discussed without stigma;"

Comment:

Who would this check-in be with? Line-manger, trusted colleague?

Perhaps this could be replaced with:

" d) Implement regular private conversations for employees seeking support, located in a safe place, where concerns can be raised without judgement"

" f) proactively address workplace stressors: recognize that different workers face unique stressors based on cultural, personal or social factors (see Annex C). Support and adjust work responsibilities for any workers with suicide thoughts and behaviours so that they can thrive at work;"

Comment:

Insert: ", organisational" after personal

Replace end of paragraph with "so that they feel valued and supported to succeed at work".

"g) manage workload and pressure: alleviate stress forms to promote mental health and well-being and prevent suicide thoughts and behaviours;"

Comment:

Replace with: 'actively manage workloads to ensure stressors are reduced/alleviate to promote mental health and well-being, thereby helping to prevent suicide thoughts and behaviours'.

Guidance should not state that this will prevent suicide thoughts.

" h) training: provide line managers with relevant training, skills and competencies so they can recognize distress, hold supportive conversations and provide resources and help works access professional help where needed (see Annex D);"

Comment:

Should this be "Workers".

" i) advocacy: appoint and train suicide prevention advocates with the necessary knowledge and resources (see Annex A). Advocates should understand the intersection of diversity, inclusion and mental health challenges;"

Comment:

After "resources" insert: "for their role".

This word is again an example of Americanism; within the UK this role falls more within that of a Mental Health First Aider.

Additional guidance is required relating to the selection and appointment of any advocacy type role and should be carefully considered. There is a potential risk from untrained individuals seeking to undertake clinical analysis or interventions for which they a not professionally trained. Therefore, these roles need fully integrated peer support networks and a supervision framework to mitigate against this as well as ensure the wellbeing of those undertaking the role.

Guidance note 55 in HSE's L74[5] may be a good example of setting criterion for selection.

"55 When selecting someone to take up the role of a first aider, a number of

factors need to be taken into account, including an individual's:

- *reliability, disposition and communication skills;*
- *aptitude and ability to absorb new knowledge and learn new skills;*
- *ability to cope with stressful and physically demanding emergency procedures;*
- *normal duties, which should be such that they may be able to respond*
- *immediately and rapidly to an emergency"*

"j) leadership accountability: clearly define senior leadership's role in implementing suicide prevention initiatives. Assign a dedicated advocate to drive awareness and support strategies;"

Comment:

At the end add 'across the workplace'.

" k) prioritize worker welfare: suicide risk is known to be higher during disciplinary, dismissal or redundancy procedures. Support should be provided by an impartial person;"

Comment:

Add the word psychological before support.

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" l) access to resources: provide workers with education and self-help tools to manage stress, anxiety and suicide thoughts. Offer clear access to internal and external support services;"

Comment:

Add the word 'relevant' before education; and add 'appropriate' before self-help.

"Some workers might experience heightened risks due to workplace isolation or lack of representation, e.g. individuals from ethnic minorities or LGBTQIA+ individuals. Difference and cultural traditions should be celebrated within the organization. Workplaces should make efforts to cater to all employees with regards to toilet/changing facilities that are appropriate"

Comment:

Delete make efforts – Under UK legislation they must provide toilet and changing facilities - see Workplace (Health, Safety and Welfare) Regulation 1992.

Suggest 'Workplaces should provide suitable toilet and changing facilities that are appropriate to the sex of the individual.'

As referenced at the beginning following *For Women Scotland v The Scottish Ministers* new guidance is under development.

5.2 Policy

"The content of the suicide prevention policy that an organization implements should be referenced in other organizational policies to be effective"

Comment:

In addition to the suggested policies referenced there need to be an inclusion with cross reference to the organisations Occupational Health and Safety policy in line with *BS EN ISO 45001:2023+A1:2024.*

The policy also needs to be able to demonstrate the proactive steps the employer is undertaking to meet their duty to assess risk and take measures to prevent harm in line with a 'Plan, Do, Check, Act' approach.

Whilst the policy may ideally sit within an overarching organisational health safety and wellbeing policy framework, to ensure it can be embedded within organisational culture it should be a stand-alone policy.

Interactivity with other organisational policies also needs to be considered.

" consider what support would be given to staff undergoing disciplinary, performance, probation or severance proceedings, including redundancies, as financial instability and the potential to impact the individual's sense of identity through the loss, or potential loss, of work is a key risk factor"

Comment:

"Would" needs to be changed to 'should'.

"consider others affected by the individual's expressed suicide thoughts or behaviours. Those affected may include first responders, mental health champions, HR, line management, the individual's team and wider networks;"

Comment:

In addition to a base level awareness training, it is important to provide an additional support mechanism, either an employee support programme or other contracted talking therapies, to enable anyone impacted to receive support. This is a vital and absolute requirement for anyone engaged in a first responder-based role, such as a Mental Health First Aider.

6.2 Support with meeting emotional needs

"Approaches to workplace suicide prevention should recognize that people have emotional needs which, if unmet, might give rise to the distress which fuel thoughts of suicide. Individual safety plans should identify the unmet needs of the person they concern, and actions agreed in collaboration to address them. The individual's safety plan's actions should be known to occupational health, line managers and HR (see Annex D for an example)."

Comment:

Add: insert "and any other individuals whom the employee has identified as being part of their wider support network, including the trade union health and safety representative or workplace steward."

6.3 Risk factors and causes of workplace distress

Comment:

Addition to Table 2 under personal header

- Isolation.
- Feeling like a burden

6.4 Warning signs in the workplace

Comment:

Addition to Table 3 under Physical signs.

Problems with sleep.

6.5.3 Unhealthy coping strategies

“f) self-harm: this is sometimes used as a way of managing challenging emotions and distress and might be replaced by other unhealthy coping strategies.”

Comment:

Addition at end “Risk taking behaviours’ (e.g. reckless driving, getting into physical altercations etc)”.

6.6 Reducing access to means of suicide

“Employers should conduct workplace risk assessments to identify and mitigate suicide risks, and this is influenced by the nature of their premises, such as rail suicide prevention [16] or business [17]. For the latter, some occupations provide ready access to potentially lethal means - such as firearms for police and military personnel, or pharmaceutical drugs for healthcare and veterinary staff. Risk assessments and mitigations might include:”

Comment:

Before workplace insert “suitable and sufficient”.

Addition of a reference to the consideration about access to potentially harmful chemicals.

7 Intervention

7.2 Attitudes and values

“If a colleague approaches a person in an organization and talks about suicide thoughts, suicide behaviours or self-harm, it will often have taken them a considerable amount of courage to do so, and they are putting a great deal of trust in the person they approach. It is important that the person they speak with responds to them appropriately. While they are unlikely to be able to solve all the problems in one conversation, non-judgmental listening can encourage future help-seeking"

Comment:

This sentence suggests that the listener will be able to solve the problem after subsequent conversations with the individual - suggest it is removed.

7.5 Asking about suicide

Comment:

In Table 5 under recommendations this question may not elicit conversation

possibly consider the following

Have been thinking of hurting yourself on purpose?

- Have tried to hurt yourself on purpose?

7.10 Self-care

"Practicing self-care should be encouraged for maintaining emotional resilience and preventing burnout. Taking time for reflection, seeking supervision or peer support and engaging in activities that promote relaxation and mental well-being can help sustain the ability to support others.

*By prioritizing self-care and addressing their own unmet needs (see **6.5**), individuals can protect their mental health and remain effective in their roles. This practice also serves as a preventive measure, safeguarding well-being to allow continued support for others to be provided with empathy and focus. Caring for oneself is not selfish but a necessary aspect of providing effective assistance to others."*

Comment:

The reference to resilience needs to be removed as it promotes and places an individual responsibility and scope for blame in terms of not being resilient.

7.11 Workplace self-care

"The design of work significantly impacts worker engagement, motivation and mental health. Organizations should assess workplace environments to identify and address psychosocial hazards that might contribute to suicide risk. This includes evaluating how work is structured, its social and physical aspects and addressing unmet needs within the organization, while promoting supportive measures as detailed in Clause 4."

Comment:

Cross reference the requirements of *BS ISO 45003:2021.*

8.6 Responsiveness

Comment:

Add new 5) Include reference the RCN report understanding the factors of suicide ideation in the UK Nursing workforce

Additional guidance is required on an initial communication strategy and protocols if a worker dies by a suspected suicide. Communicating the news to all those who might have known the deceased needs to be managed promptly and effectively. Due to social media and messaging apps, news and rumour can travel across a wide community.

So, managers should seek to ensure that any message is communicated in a sensitive and appropriate manner. Where possible any message should be in line with the wishes of any next of kin.

It may be appropriate for managers to contact close colleagues directly avoiding the use of email, teams chats, etc.

8.6 as a whole is very text heavy for anyone reading with neurodiversity.

This could be broken down or set out in a more accessible way maybe with bullet points?

Appendix E

Comments:

Table 1, Questions 1 to 4

This section needs further consideration and a wider review which takes into account the known reluctance for individuals to share information with the employer, which will impact data reliability.

Table 2

Whilst the questions ask about what support is provided, they do not consider whether there is knowledge within the organisation that this support exists and there remains significant issues and stigma around supporting individuals covered by the subject matter of the questions.

Thank you for considering our response. Should you wish to discuss any of these comments with us, please do not hesitate to contact us via this email address headsofhealthsafetyandwellbeing@rcn.org.uk

Yours sincerely

Kim Sunley/Leona Cameron

Heads of Health, Safety and Wellbeing (Job Share)

Royal College of Nursing

References

[1] RCN (2024) Understanding the factors underpinning suicidal ideation amongst the UK nursing workforce from 2022 to 2024

[2] https://pages.bsigroup.com/BS30480_DPC_Standard

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[3] https://www.networkrail.co.uk/communities/safety-in-the-community/suicide-prevention-on-the-railway/

[4] https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/

[5] https://www.hse.gov.uk/pubns/priced/l74.pdf

BS Standards publications

BS EN ISO 45001:2023+A1:2024, *Occupational health and safety management systems – Requirements with guidance for use*

BS ISO 45003:2021 Occupational health and safety management — Psychological health and safety at work to help identify and actively manage psycho-social risk factors.

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