



Suicide prevention in the workplace

A guide for employers



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All of a sudden I found myself at work and I couldn't sit still, I just couldn't concentrate on anything, I felt like I couldn't be in my own skin.

Like the last thing you want to do is be crying at work or feeling like you know you have not got it together and you know I think in terms of actually having to say to work like **whoa, like I am really not ok.**

It was taking that first of step of you know I am not ok... I was then thinking like I am never I am never going to be able to go back to work because **I was building up in my mind what everyone was going to be thinking**, it's that self-stigma thing again.

I think in terms of that return to work it was really positive because everyone was really supportive and then it actually broke down a barrier of actually being **able to be a lot more authentic** and take that pressure off myself that I was putting on myself that I had to be perfect all the time and I actually developed stronger relationships.

People actually caring and knowing and actually wanting to know that you are ok and you know they care about you being ok and yeah **feeling really supported that way** – from Brodie.



Watch Brodie's full story here where she details how a supportive work environment supported her return to work and her personal journey to recovery.



Introduction

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Half of adults in Ireland have known someone who has died by suicide and 13% have experienced the loss of someone close to them.¹ Over 500 people die by suicide in Ireland each year. The impacts of suicide are wide ranging and complex – for each person who dies, six close family members and up to 135 individuals may be affected by the death.² This equates to approximately 60,000 individuals who may be affected by suicide each year in Ireland. Therefore, there are few families, communities or workplaces that have not been touched by suicide in some way.

Work in the area of suicide prevention happens in our everyday environments – we all have a role to play in reducing suicide in Ireland. People spend a significant part of their lives in the workplace, for many the work environment and relationships with colleagues can be an important part of their lives.

This guide provides practical information to support, enhance and build the capacity of workplaces to respond to people experiencing suicidal thoughts and behaviours by:

a. Creating a workplace culture that encourages help-seeking and safety to talk about suicide

b. Implementing a workplace suicide prevention policy

c. Building the competence and confidence of staff to identify and respond to someone experiencing suicidal thoughts

d. Implementing referral pathways to professional services for people experiencing thoughts of suicide

e. Restricting access to means of suicide, where appropriate.

1.1 Responding to Suicide in the Workplace

When a death by suicide occurs in the workplace the impact can be significant, especially for team members and smaller organisations. It is important to draw on the experiences and resources offered by others in order to respond compassionately and effectively when an employee or a workplace is impacted by suicide. Grief in the Workplace – Responding to Suicide, A Guide for Employers has been developed by the Irish Hospice Foundation to support workplaces following a death by suicide. The guide provides practical steps and guidance and is divided into three sections:

Section 1 – Supporting employees bereaved by suicide

Section 2 – When an employee or contractor dies by suicide on site/off site

Section 3 – Developing a bereavement policy for dealing with suicide in the workplace



The document can be found here:

[Grief in the Workplace. Responding to Suicide: A Guide for Employers.](#)

1.2 Mental Health and Wellbeing in the Workplace

The workplace is an important setting to strengthen protective factors for positive mental health and wellbeing. In line with Healthy Ireland, A National Framework for Healthy Workplaces in Ireland, this document recognises that *“workplaces directly influence the physical, mental, economic and social wellbeing of workers and in turn, the health of their families’ communities and society. With more than two million people employed in Ireland, the workplace offers an ideal setting and infrastructure to support the promotion of health to a large audience..... Changes in the culture, policies and practices in workplaces lead to improvements in physical and mental health and wellbeing and work-life balance. Healthy workers are more efficient, energetic, alert and better able to manage stress. When employee health is managed well, staff engagement increases and sick leave decreases.”*



More information on these topics is provided in the documents below.

[Stronger Together HSE Mental Health Promotion Plan](#)
[Healthy Workplace Framework](#)

1.3 Scope

This practical guide provides:

- information on what workplaces can do to support those who may be at risk of suicide
- a sample protocol for how to identify and respond to someone thinking about suicide
- information on available training to enhance suicide prevention knowledge and skills
- a list of available support services and a template for a workplace suicide prevention policy.

1.4 Terminology

Suicide/die by suicide:

Suicide is death resulting from an intentional, self-inflicted act (Scottish Government. (2013) [Suicide Prevention Strategy 2013 – 2016](#)).

Suicide attempt/attempted suicide:

A suicide attempt means any non-fatal suicidal behaviour, when someone has the intent to take their own life.

Suicidal behaviour:

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself (WHO (2014) [Preventing suicide: A global imperative](#)).

Suicidal thoughts:

Suicidal thoughts refers to thoughts and contemplations about engaging in behaviour intended to end one's life (Nock et al., 2008).

Self-harm:

Self-harm is defined as intentional self-poisoning or self-injury, irrespective of the apparent purpose (NICE, 2022).

Access to means of suicide:

Access to means of suicide refers to any instrument, object or location that could be used to cause death by suicide.

Always remember: if you, or someone you know is at immediate risk of harm, go to or call the emergency department of your [local general hospital](#). You can also contact emergency services on **112** or **999** anytime, day or night.

Visit www.yourmentalhealth.ie for information on how to mind your mental health, support others, or to find a support service in your area. You can also call the HSE Your Mental Health Information Line on tel: **1800 111 888**, anytime day or night, for information on mental health services in your area.



Context and Guiding Principles

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2.1 The policy context for suicide prevention

Connecting for Life, Ireland's National Strategy to Reduce Suicide, is the key policy that underpins suicide prevention efforts in Ireland. Connecting for Life focuses on the primary and secondary prevention of suicide, and addresses a broad range of risk and protective factors. At the time of writing the work of the strategy is supported by 22 government departments/agencies and 23 non-governmental organisation (NGO) partners funded (by the HSE).

This guide aligns with Goal 1 and Goal 2 of Connecting for Life and more specifically with the following objectives:

Objective 1.1. Improve population-wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors.

Objective 1.2. Increase awareness of available suicide prevention and mental health services.

Objective 1.3. Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.

Objective 2.3. Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations.

More information on these topics



[Connecting for Life](#)

2.2 Guiding Principles

This guide is underpinned by the following principles:

Collaborative – suicide prevention is the responsibility of everyone.

Accountable – implementation structures to support suicide prevention education, training and policies should be built on accountability, competence and openness to ensure quality and delivery of education in the most efficient and cost-effective way.

Responsive – suicide prevention education, training and policies should be responsive to the level of need, accessible and appropriate.

Evidence-informed and outcome-focused – education and training materials are evidence informed, quality assured, evaluated and outcome focused.

Adaptive to change – suicide prevention education, training and policies will be continually reviewed. Providers must adapt to emerging evidence and changing circumstances and be open to implementing new and successful evidence-based programmes, which can best contribute to the outcomes of Connecting for Life.



Suicide Prevention in the Workplace

3

Suicide prevention refers to any effort aimed at reducing the risk or frequency of death by suicide. This can involve a range of strategies such as:

- a. Raising public awareness about suicide and the risk factors that contribute to deaths by suicide**
.....
- b. Educating individuals on how to recognise the early warning signs of suicide**
.....
- c. Providing individuals with the skills to intervene and offer help to those in distress**
.....
- d. Improving access to appropriate professional support**
.....
- e. Reducing access to means of suicide**
.....
- f. Promoting healthy coping mechanisms to deal with stress and mental ill-health.**
.....

Suicide prevention efforts are most effective when they are implemented at all levels of society, and so workplace suicide prevention strategies are vital.

3.1 Why should workplaces focus on suicide prevention?

Many people spend a large proportion of their day in the workplace; therefore, the workplace represents an important setting through which to reach a large proportion of the population with key information on how to prevent suicide.

Work colleagues may spend a significant amount of time working together and so are in a good position to identify changes in behaviour or early warning signs that could indicate a risk of suicide. Many workplaces have existing structures such as an Employee Assistance Programme (EAP) or HR Departments that can support employees to find appropriate professional services if they are experiencing suicidal thoughts or self-harm.

Furthermore, promoting a supportive workplace culture and providing resources and support for employees in crisis can greatly enhance the mental health of employees, create a safe and healthy work environment and reduce suicide stigma. By prioritising suicide prevention within the workplace, organisations can positively impact the wellbeing of employees, their families and their communities, while also promoting overall productivity and job satisfaction. Therefore, suicide prevention in the workplace is both the right thing to do and good for business.

3.2 What workplaces can do?

Five key action areas for workplaces:

Action area 1 – Reduce stigma and encourage help-seeking

Action area 2 – Identify and respond to suicide

Action area 3 – Restrict the access to means of suicide where appropriate

Action area 4 – Increase awareness of available supports

Action area 5 – Implement a Workplace Suicide Prevention Policy

Action area 1

Reduce stigma and encourage help-seeking

The importance of sensitive language

The topic of suicide should always be approached with care and compassion. It is important to use sensitive and non-stigmatising language when engaging in a conversation, talking or writing about suicide. Using language and words that are helpful and respectful will encourage open and safe conversations about suicide – nurturing environments that are free of stigma, judgment or prejudice. These principles can also be applied when talking about self-harm.

Avoid using labels when referring to people. Do not identify a person solely by their mental health difficulty and never use ‘a suicide’ as a noun to describe a person. This can dehumanise the person and minimise their experiences.

<i>Do not say...</i>	Committed Suicide
<i>Why?</i>	Implies that suicide is a sin, criminal offence or act, and therefore can be stigmatising
<i>Instead say...</i>	Died by suicide, death by suicide, ended his/her/their own life
<i>Do not say...</i>	Completed/Successful Suicide Failed/Unsuccessful Suicide
<i>Why?</i>	Refers to suicide as a positive outcome or a failed act
<i>Instead say...</i>	Suicide attempt, died by suicide
<i>Do not say...</i>	“John” is suicidal
<i>Why?</i>	Defines a person by their experience of suicide, a person is more than their thoughts
<i>Instead say...</i>	“John” is experiencing suicidal thoughts
<i>Do not say...</i>	High-risk population
<i>Why?</i>	Increases stigma among a population of people
<i>Instead say...</i>	Populations with higher risk of suicide

Visit [HSE](#) for information on how to use sensitive and non-stigmatising language when engaging in a conversation, talking or writing about suicide.

Host or participate in awareness-raising activities

Hosting awareness-raising activities or participating in national/international activities relating to suicide is a useful way to increase suicide prevention-related knowledge, reduce stigma and encourage help-seeking.

Awareness raising activities could take the form of workshops, webinars, social-media campaigns, sending useful resources via email, informative posters, and/or signs of support through the wearing of badges or email banners. Workplaces could also support recognised days of action:

- World Day for Health and Safety at Work (28th April)
- Suicide Prevention Day (10th September)
- See Change Green Ribbon Campaign (month of September)
- World Mental Health Day (10th October).

Workplaces could also host activities in collaboration with trusted agencies that raise awareness about:

- The prevalence and impact of suicide
- The preventability of suicide and the role of the workplace
- The negative impact of suicide stigma
- Common misconceptions about suicide
- The importance of peer-support and timely help-seeking
- Signs of suicide
- Training available to further suicide-related knowledge and suicide intervention skills
- Mental health supports available in the organisation, locality and also nationally.

Normalise help-seeking

Seeking timely support is vital to preventing suicide. Education, training, awareness-raising activities and appropriate policies and referral pathways are useful ways to normalise mental health and encourage help-seeking in your workplace.

Dispel myths about suicide

Misinformation about suicide can reinforce stigma and make it more difficult for some people to seek help. It is important to correct some common misconceptions often associated with suicide. The following table outlines some myths and subsequent facts relating to suicide.

MYTH:

If a person has suicidal thoughts, there is nothing you can do. They are determined to die.

FACT:

Deaths by suicide are preventable – they are not inevitable. Suicidal thoughts are often short-term and situation specific. People with thoughts of suicide are often ambivalent about living or dying, they want to stop the pain they are experiencing. Appropriate intervention and professional support can save a person's life. Many people with previous thoughts of suicide can go on to live long healthy lives.

MYTH:

Suicide always happens without warning.

FACT:

Many deaths by suicide have been preceded by warning signs, whether verbal or behavioural. You may not be aware of the signs of suicide so it is important to understand what they are and how to look out for them.

MYTH:

People who indicate that they are experiencing thoughts of suicide are looking for attention.

FACT:

All statements about wanting to die should be taken seriously. It is likely that they are talking about their suicidal thoughts because they want help. Many people who die by suicide have talked to someone about their thoughts of suicide in the weeks prior to their death.

MYTH:

Talking about suicide will encourage someone to make a suicide attempt.

FACT:

Talking about suicide provides an opportunity to encourage others to share how they feel, to seek help and to break down stigma. Asking clearly and directly "*are you thinking of suicide?*" gives the person permission to say how they are feeling.

MYTH:

Only people with mental illness experience thoughts of suicide.

FACT:

Suicidal thoughts can indicate deep unhappiness but not necessarily mental illness. Many people with mental illness do not experience suicidal thoughts, while some people without mental illness can experience suicidal thoughts.

Action area 2

Identify and respond to suicide

Building the knowledge, skills and confidence of a workplace to identify and respond to people in suicidal distress, is one of the most important strategies to reduce suicide.

Signs of suicide

Work colleagues and managers spend a significant amount of time together and so are in a good position to notice changes in the way people talk, their feelings and their behaviour.

The table below details some of the signs that someone may be thinking about suicide. This is not an exhaustive list and sometimes it may be a gut feeling that indicates that something is not right.

Person may talk about:

- Wanting to die (immediate risk, seek support)
- Life is meaningless or that they have no reason to live (immediate risk, seek support)
- Great guilt or shame
- Being a burden to others
- Lack of interest in the future

Changes in a person's physical appearance such as:

- Neglecting appearance or apathy about hygiene
- Weight loss or weight gain
- Looking very tired due to lack of sleep
- Visibly tense or agitated

Person may express feelings of:

- Persistent negative thoughts, be overly self-critical
- Emptiness, hopelessness or feeling trapped
- Restlessness, irritability, recklessness or aggressiveness
- Sudden changes in mood
- Depressed or low mood
- Unworthiness or failure

Changes in person's behaviours such as:

- Making a plan or researching ways to die (immediate risk, seek support)
- Arranging end-of-life personal affairs such as making a will
- Unexplained crying
- Increased sensitivity to others' comments
- Withdrawing from social interactions
- Giving away possessions
- Increasing lapses in memory
- Decreased work performance
- Increased use of alcohol or smoking

Responding

It is important to be able to approach the topic of suicide with an individual and respond appropriately if they indicate that they are experiencing suicidal thoughts. It is useful to follow the acronym C.A.L.M. (Connect, Ask, Listen, Make a Plan) in order to keep them safe and connect them to appropriate professional support. If there is an immediate risk of suicide, get help by calling 112 or 999. Inform the next of kin and do not leave the person alone. Keep them safe until the appropriate supports arrive. Employers can reference the Safety Health and Welfare at Work Act 2005.



Connect with the person and let them know you are concerned about them:

“You haven’t seemed yourself lately and I’m concerned about you. Are you feeling okay?” People often say they are fine when they are not, so do not be afraid to ask twice. It is also worth mentioning any changes that you have noticed. *“Are you sure? It’s just that I have noticed that you are much more withdrawn and you seem very down in yourself”.*

.....

If they insist they are okay, respect their response but **reiterate that you are always available to talk.**

.....

If the person discloses suicidal thoughts, bring the person **somewhere quiet and safe**, if possible.

.....

Alert a colleague and ask them to remain close.

.....

It is important to remain calm in order to provide the assurance necessary to support the individual.

.....

Allow the person to speak and **let them know that you hear their distress:**

“It sounds like you are going through a really difficult time. I’m glad that you have told me, I’m here to help”.

A s k

If any of what you see or hear from the person suggest that they are thinking about suicide, **ask them clearly and directly**: *“Are you thinking about suicide?”*

Asking a person if they are thinking about suicide will not act as a trigger for them to begin doing so. If you ask the question, you are **acknowledging their distress**, letting them know that it is okay to talk about suicide and giving them the **opportunity to talk about what is happening in their life**. To learn more about the importance of asking directly about suicide take our online training programme - Let's Talk About Suicide <https://traininghub.nosp.ie/>

L i s t e n

Give the person your **full attention, maintain good eye contact** and body language.

Avoid interrupting them. Give them space to explain what is going on for them and how they feel.

Try to **remain comfortable with silences** and encourage them to take their time.

Do not try to dismiss the persons concerns, do not try to change how they are feeling about the situation or offer solutions. Do not say things like *“It's not that bad....things will get better....don't be so selfish”*.

Avoid making assumptions about why they are feeling a particular way.

Acknowledge what they have told you and the feelings they have shared.

This is important to show that you are listening. *“I'm very sorry to hear that you are feeling like this right now... This must be very difficult for you, it sounds like you are really having a tough time....If you want to tell me more, I'm here to listen”*.

M a k e a p l a n

It is important to **accept that the person needs help to stay alive**. However, it is not your role to provide professional support. It is your role to **support them to find the help they need**.

When they are ready **ask for permission to make contact with a family member/friend**: *“It is important that you get the support you need right now. Is there anybody that you would feel comfortable talking to about this that I could contact?”*

If permission is not granted, **explain that you can make contact with their doctor or other medical professionals**: *“Thank you for sharing. I understand that you do not want me to contact your family/friends. However, it is really important that I contact someone to keep you safe. With your permission, I can contact your doctor. If you are not comfortable with that, it is my responsibility to call the emergency services”.*

Follow-up with the appropriate support that the person has identified they are comfortable with you contacting. If they are not comfortable with you contacting anyone, contact the emergency services but explain that you are doing this for the purpose of keeping them safe.

Wait with the person until support has arrived.

Debrief with an appropriate person immediately afterwards and ensure that you take the time you require to process the situation.

Undertake Suicide Prevention Training

Training to identify and assist people with suicidal thoughts is a key component of a comprehensive approach to suicide prevention. There are three primary levels of suicide prevention training available:

1. Suicide Alertness Training

People are trained to recognise a person experiencing suicidal thoughts and connect them with appropriate support. It is recommended that a significant proportion of staff in a workplace undertakes suicide alertness training. Nominate employees within your organisation to be trained in suicide alertness or encourage those with interest in the topic to participate. No prior experience is needed.

[Let's Talk About Suicide](#)
[safeTALK](#)

2. Suicide Intervention Training

People are trained to recognise a person with suicidal thoughts, provide a skilled intervention to someone in suicidal distress, create a plan to keep them safe, and connect them to appropriate support. This training is recommended for people in a workplace that have face to face contact with a large number of staff, customers, clients or patients; HR staff, managers and occupational health staff.

[ASIST \(Applied Suicide Prevention Skills Training\)](#)

3. Other Suicide Prevention Training

Other training in related areas, is also available.

[Understanding Self-Harm](#)
[Suicide Bereavement Training](#)



More information on the key learning objectives and format for these trainings are provided in The NOSP Education and Training Plan, <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/education-and-training-plan-v5.pdf>.

Specific training for healthcare staff or those with a specific remit for suicide prevention as part of their role is not included in this guide.



For more information on training, contact the HSE National Office for Suicide Prevention (NOSP), www.nosp.ie/training or email training@nosp.ie.

Training Level	Suicide Awareness	
Standardised Training	Let's Talk About Suicide	safeTALK
Description	Interactive training that gives people the skills and knowledge to keep others safe from suicide.	Internationally recognised training that helps people to identify and engage individuals with suicidal thoughts and refer them to appropriate supports.
Format	<ul style="list-style-type: none"> • 60 minutes • Online • No prior training needed 	<ul style="list-style-type: none"> • ½ day • Face to face • No prior training needed
Learning Outcomes	<ul style="list-style-type: none"> • Explore attitudes & knowledge in relation to suicide • Increased understanding of suicide & risk factors • Increased confidence to respond to a person experiencing suicidal thoughts 	<ul style="list-style-type: none"> • Explore attitudes & knowledge towards suicide • Increased understanding of suicide stigma • Increased understanding of suicide & risk factors • Increased confidence to respond to a person experiencing suicidal thoughts
How to Access	<p><u>Upcoming Training</u></p> <p>Online training can be accessed via the link below</p> <p>https://traininghub.nosp.ie/</p>	<p><u>Upcoming Training</u></p> <p>Scheduled training can be searched by county using the link below.</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/</p>

Training Level	Suicide Intervention
Standardised Training	ASIST (Applied Suicide Intervention Skills Training)
Description	Internationally recognised training that equips people with the skills to engage individuals at imminent risk of suicide, keep them safe and refer them for further help.
Format	<ul style="list-style-type: none"> • 2 days • Face to face
Learning Outcomes	<ul style="list-style-type: none"> • Explore attitudes & knowledge towards suicide • Increased understanding of suicide stigma • Increased understanding of suicide & risk factors • Increased confidence to respond to a person experiencing suicidal thoughts • Increased knowledge of intervention strategies in relation to suicide
How to Access	<p><u>Upcoming Training</u></p> <p>Scheduled training can be searched by county using the link below.</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/</p>

	Related Training		
Standardised Training	Understanding Self-harm	Suicide Bereavement Training	Suicide Bereavement Presentation
Description	A one-day training programme which helps to develop a participants knowledge and understanding of self-harm and the reasons underlying such behaviour.	A one day workshop exploring bereavement and grieving particularly in the context of suicide. The training is designed for people who in the course of their work come in contact with people bereaved by suicide.	A two hour interactive presentation which provides' guidance for communities on supporting people bereaved by suicide
Format	<ul style="list-style-type: none"> • 1 day • Face to face • No prior training needed 	<ul style="list-style-type: none"> • 1 day • Face to face or online • No prior training needed 	<ul style="list-style-type: none"> • 2hr presentation • Face to face • No prior training needed
Learning Outcomes	<ul style="list-style-type: none"> • Increased knowledge of self-harm & associated risk factors • Explore attitudes towards self-harm • Increased understanding of self-harm stigma • Increased confidence to respond to people who self-harm • Increased knowledge of suicide & risk factors 	<ul style="list-style-type: none"> • Increased understanding of the grieving process & context of suicide • Increased understanding of suicide risk factors • Increased knowledge of how to support people bereaved by suicide 	<ul style="list-style-type: none"> • Increased understanding of the grieving process • Increased knowledge of supports available
How to Access	<p>Scheduled training can be searched by county using the link below.</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/</p>	<p>Scheduled training can be searched by county using the link below.</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/upcoming-training/</p>	<p>For information please contact your local Resource Officer for Suicide Prevention in the link below:</p> <p>https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/</p>

Action area 3

Restrict access to means of suicide where appropriate

An important element of any suicide prevention strategy is to limit or restrict access to any instrument, object, or location that can cause death by suicide. While this may not always be possible or even relevant for some workplaces, it is an important item to consider due to its effectiveness in reducing suicide. You may wish to carry out a risk assessment on potential means for suicide and implement a plan to limit or restrict access where possible.

Some examples might include:

- Restrict access to the workplace out of regular hours
- Consider carrying out a risk assessment and action plan for when reduced staff are on site
- Consider additional verification processes for accessing hazardous materials or objects
- Carry out a risk assessment of access to higher floor windows or other locations that could be used to cause death by suicide
- Consider physical barriers at potential jump sites, guard rails on windows, and safety nets
- Signpost available supports and crisis telephone numbers at locations that are considered high-risk
- Install CCTV and surveillance at locations considered high-risk
- Consider lone worker policies and/or other support mechanisms to support those working in isolation.

Action area 4

Increase awareness of available supports

It is important that people in your workplace are aware of mental health, and suicide prevention supports and services that are available.

Detailed below are some of these. It is encouraged to add to this list with appropriate supports and services in your own organisation or local area.

Where to get urgent help

A GP – A GP can offer support for anyone in crisis. If possible, ask someone to come along with you. Find a service near you:

- [GP or health centre](#)
 - [Out of hours GP service](#)
-

HSE Mental Health Services – If you are being supported by a mental health team, or have been in the past, contact the service for support in a crisis.

Samaritans – Samaritans services are available 24 hours a day, for confidential, non-judgmental support.

- Freephone **116 123**
 - Email jo@samaritans.ie
 - Visit www.samaritans.ie for more information
-

Pieta – Pieta provide a range of suicide and self-harm prevention services.

- Freephone **1800 247 247** anytime day or night
 - Text HELP to **51444** (standard message rates apply)
 - Visit www.pieta.ie for more information
-

Text About It 50808 – A free 24/7 text service, providing everything from a calming chat to immediate support for people going through a mental health or emotional crisis.

- Text HELLO to **50808**, anytime day or night
- Visit www.textaboutit.ie for more information

Childline – A free 24/7 support service for children and young people up to and including those age 18 years of age.

- Freephone **1800 66 66 66**
- Live chat at www.childline.ie

Hospital and emergency services

If you, or someone you know is at immediate risk of harm, go to or call the emergency department of your local general hospital. You can also contact emergency services on **112** or **999** anytime, day or night.

More mental health services and information

Visit www.yourmentalhealth.ie for information on how to mind your mental health, support others, or to find a support service in your area. You can also call the HSE Your Mental Health Information Line on **1800 111 888**, anytime day or night, for information on mental health services in your area.



[HSE Resource Officers for Suicide Prevention](#) are available nationwide – for more information on what supports and services are available locally, or for information on suicide prevention training available in your area.

Other sources of support and information for workplaces

- [IBEC](#)
- [Irish Management Institute \(IMI\)](#)
- [Irish Small & Medium Enterprises Association \(ISME\)](#)
- [Chartered Institute of Personnel & Development \(CIPD\)](#)
- [Irish Congress of Trade Unions \(ICTU\)](#)
- [Critical Incidents Network Ireland \(CISM Network Ireland\)](#)
- [Health & Safety Authority \(HSA\)](#)
- Healthpromotion.ie
- [Aware Workplace Programmes](#)
- [MHIreland](#)
- [Pieta](#)

Action area 5

Implement a Workplace Suicide Prevention Policy

A workplace suicide prevention policy will provide you with a plan as to how you might better identify and respond to people experiencing thoughts of suicide in your workplace. It also helps to clarify and reinforce your organisation's commitment to suicide prevention. Your organisation may already have a mental health and wellbeing policy in place. Extending existing policies to include suicide prevention embeds a clear approach that can translate into reducing the risk of suicide in the workplace.

A sample Workplace Suicide Prevention Policy template is provided in this document. This template is intended to provide suggestions and examples of good practice that can be implemented in your workplace and covers practical guidance as outlined in this document.

This template is intended to be personalised to the needs and resources of your organisation, and the existing policies that may already be in place to support health and wellbeing in the workplace.

Sample Workplace Suicide Prevention Policy template

1. Introduction

1.1. Background

Suicide is a critical public health issue that is preventable. Approximately, 400–500 people die by suicide each year in Ireland. For every one suicide, it is estimated that a further 20 people make a suicide attempt. Furthermore, one in five people experience suicidal thoughts in their lifetime. Therefore, there are few families, communities or workplaces that have not been touched by suicide in some way. The workplace represents a crucial setting to prevent suicide.

1.2. Position Statement

[Insert organisation name] believes that suicide is preventable. We recognise that the workplace is a crucial setting to respond to and prevent suicide. Our vision is a world where suicide is no longer a leading cause of death and where people who are experiencing thoughts of suicide feel comfortable to seek professional help. We are committed to good practice to reduce the risk of suicide.

1.3. Purpose and Scope

The purpose of this policy is to provide guidance for **[insert organisation name]** to prevent and respond to suicide in our workplace. This policy sits alongside our existing health and wellbeing policies **[link to existing policies]** and supports our commitment to the Safety Health and Welfare at Work Act 2005 and Safety Health and Welfare at Work (General Applications) Regulations 2007.

2. Responsibilities

2.1. Suicide Prevention Principles

- **Collaborative** – suicide prevention is the responsibility of all. Suicide prevention strategies should be planned and delivered with key strategic partners in all relevant sectors and departments.
- **Accountable** – implementation structures to support suicide prevention strategies should be built on accountability, competence and openness to ensure quality and delivery of education in the most efficient and cost-effective way.
- **Responsive** – suicide prevention strategies should be responsive to the level of need, be accessible and appropriate, prioritised among those most likely to come in contact with individuals experiencing thoughts of suicide, and prioritised in settings which can have the greatest impact on suicide and self-harm rates.
- **Evidence-informed and outcome-focused** – all suicide prevention strategies should be evidence-informed, quality assured, evaluated, outcome focused and contribute to the strategic goals of Connecting for Life.
- **Adaptive to change** – suicide prevention strategies will be continually reviewed. Providers must adapt to emerging evidence and changing circumstances and be open to implementing new and successful evidence-based programmes, which can best contribute to the outcomes of Connecting for Life.

2.2. Confidentiality and Duty of Care

- All indications of suicidal thoughts, self-harm and suicide attempts will be taken seriously and acted upon in a timely and professional manner.
- When responding to suicidal thoughts, self-harm and/or suicide attempt, the physical and emotional safety of the relevant individual will be considered at all times.
- **[Insert organisation name]** will not marginalise people most in need of support, including those who are in crisis, undergoing difficult life changes, or experiencing mental health difficulties.
- **[Insert organisation name]** has a duty of care to do everything that is reasonably practical to promote positive mental health and wellbeing, encourage help-seeking and respond appropriately to suicidal thoughts, self-harm and/or a suicide attempt.
- **[Insert organisation name]** has a legal and professional responsibility to disclose information to relevant parties if a person is likely to cause harm to themselves or another person. Therefore, confidentiality cannot be guaranteed for those who disclose thoughts of suicide, self-harm or make a suicide attempt.
- Disclosure of information will only be shared with relevant parties assisting the employee in distress and the employee is informed of any disclosure of confidential information.

3. Workplace suicide prevention plan

3.1. Reduce Suicide Stigma and Encourage Help-Seeking

We are committed to encouraging employees to seek timely support for their mental health and that it is safe to talk about suicide in the workplace. This will be achieved through the following actions:

- 3.1.1. We will educate and encourage employees on the appropriate use of language relating to suicide <https://www.samaritans.org/ireland/samaritans-ireland/about-samaritans-ireland/media-guidelines-in-ireland/>
- 3.1.2. We are committed to dispelling common misconceptions around suicide **<insert cross reference>**.
- 3.1.3. We will deliver suicide prevention awareness-raising days and/or activities that align with the following recommended topics: the prevalence and impact of suicide; the preventability of suicide and the role of the workplace; the negative impact of suicide stigma; common misconceptions about suicide; the importance of peer-support and timely help-seeking; the early signs of suicide; available suicide prevention training; and available mental health supports.
- 3.1.4. We will support local and national events relating to suicide and/or mental health such as World Day for Health and Safety at Work, World Suicide Prevention Day, World Mental Health Day and the See Change Green Ribbon Campaign.
- 3.1.5. We will create and maintain a workplace environment that fosters open communication, respect, emotional wellbeing, encourages employees to seek help and offer help when it is needed. We will explore opportunities to incorporate these principles as tangible processes in the workplace (e.g., mandatory wellbeing check-ins as part of one-to-one meetings, monthly meetings etc).

3.2. Build Competence and Confidence of Workplace to Identify and Respond to Suicide

We will build the competence and confidence of our workplace to identify and respond to suicide by meeting the following objectives:

- 3.2.1. We will educate our staff on the signs of suicide <insert cross reference>.
- 3.2.2. We will implement the protocol for responding to suicidal distress in the workplace and educate our staff on how to follow this approach <insert cross reference>.
- 3.2.3. We will encourage all of our staff to participate in suicide awareness training <insert cross reference>. We will explore the option of incorporating this training as part of our health and safety induction. We aim to have [insert %] of employees trained at all times in our workplace. This training will be particularly encouraged among Line Managers and those interested in suicide prevention.
- 3.2.4. We will identify relevant staff to participate in suicide intervention training <insert cross reference>. This training will be particularly encouraged among HR staff, occupational health staff and any other employee that has contact with a large number of people as part of their daily routine. We aim to have [insert %] of employees trained at all times in our workplace.
- 3.2.5. We will identify a relevant individual or team who will be responsible for emergency situations relating to suicidal distress who will be known as crisis management team or crisis management officer. Individuals in this role will be trained in suicide intervention training. This support team will provide support for individuals in suicidal distress, contact family members and/or emergency services, and ensure other employees affected by incidents relating to suicidal thoughts, self-harm or suicide attempts in the workplace seek appropriate support.
- 3.2.6. It is recognised that making a suicide intervention with an employee experiencing suicidal distress is extremely challenging and emotionally draining. Following an emergency incident, employees who have made a suicide intervention will be offered access to immediate debriefing support.

3.3. Raise Awareness of Available Mental Health Supports

We will raise awareness about the available mental health supports.

- 3.3.1. We will regularly promote our Employee and Family Assistance Programme **(reference link, and relevant information contained within EAP)** among staff which provides support and counselling services to employees.
- 3.3.2. We will continually circulate and advertise relevant information about other mental health supports available at the local and national level **<insert cross reference>** that are available to our staff via internal communication processes (e.g. email, posters, leaflets etc.).

3.4. Limiting and Restricting Access to Means of Suicide

We will limit and/or restrict access to means of suicide.

- 3.4.1. Our existing risk assessment policies **(insert link to organisational risk assessment policies)** will be amended to include measures to limit and/or restrict access to locations, objects or materials that could be used as a means for suicide, where possible.
- 3.4.2. Actions may include but not be limited to: restricting access to the workplace out of regular hours; action plan for when reduced staff are on site; additional verification processes for accessing hazardous materials or objects; considering access to higher floor windows or other locations that could be used to cause death by suicide; considering physical barriers at potential jump sites, guard rails on windows, and safety nets; signposting available supports and crisis telephone numbers at locations that are considered high-risk; installing CCTV and surveillance at locations considered high-risk; and considering lone worker policies and/or other support mechanisms to support those working in isolation.

4. Procedure to support a person in the event of a person disclosing suicidal thoughts in the workplace

- If you suspect that someone is experiencing suicidal thoughts follow the protocol to identify and respond to suicidal thoughts in the workplace <insert cross reference>.
- If the individual indicates that they are experiencing suicidal thoughts, ask for permission to alert the support team/support officer.
- The support team/support officer should ask for permission to make contact with a family member/friend. The team should be aware of the benefits of involving the person's family and carers and sharing information. If permission is not granted, the crisis management team should explain that alternatively, contact can be made with their doctor/other medical professionals.
- If they are not comfortable with you contacting anyone, contact the emergency services but explain that you are doing this for the purpose of keeping them safe.
- Wait with the person until support has arrived.
- Immediately seek personal support from line manager, colleague and/or EAP and ensure that time is taken to process the situation.
- Do not underestimate the impact of making a suicide intervention. Obtain help and support for appropriate mental health supports.

5. Procedure to support a person in suicidal crisis in the workplace

- If the danger for self-harm and/or a suicide attempt appears imminent, do not leave the individual alone and ensure that you call the emergency services.
- Alert crisis management team/crisis management officer.
- Bring the individual to a private and secure place with another person (ideally somebody known to them) until professional help arrives.
- Crisis management team/officer should ask the person if there is anyone they would like to call and make contact with the relevant people.
- The employee that is supporting the individual in distress should apply their suicide intervention training to help keep the person safe.
- Once professional help arrives, ask the person if they would like you to remain with them or not.
- Be available to emergency services to provide prompt and accurate information.
- Immediately seek personal support from line manager, colleague and/or EAP and ensure that time is taken to process the situation.
- Do not underestimate the impact of making a suicide intervention. Obtain help and support as required.

6. Procedure in the event of death by suicide on or off-site

- If an employee, contractor, or customer dies by suicide on, or off-site we will refer to our **[insert suicide bereavement policy and procedures]**. This suicide bereavement policy and procedures have been developed in accordance with the guidance document “[Grief in the Workplace. Responding to Suicide: A Guide for Employers](#)”.
- If a death by suicide happens in the workplace:
 1. Respond calmly with compassion and competence.
 2. Form an incident team to coordinate the response.
 3. Contact and support the family.
 4. Communicate clearly and sensitively with employees about what has happened.
 5. Provide support to employees, team members, and anyone affected.
 6. Reach out for help to statutory and support organisations
 7. Be aware of the impact on you and your team and take care of each other.
- The procedure if this happens on-site includes:
 - Contacting the emergency services as soon as possible.
 - Acknowledge the shock and trauma of what has happened and seeking advice from those who experience of dealing with these situations and how to proceed.
 - Establishing the facts – what has happened, who was involved, when it happened, how it happened, and where it happened.
 - Securing the immediate safety of the area where the death occurred.
 - Communicating with staff about what has happened.
 - Requesting colleagues and friends in the workplace to limit their social media communication until official death notifications have been made to the extended family and community.
 - Handling enquires and reporting the death to the wider community.
 - Identifying employees who may require medical or mental health interventions.
 - The authorities or Gardaí will usually advise on how best to handle the scene of death. The use of outside facilities services will reduce the potential for further traumatising of colleagues. Also, the timing should be thought through so as to avoid a sense that the organisation wishes to “cover-up” quickly or return to work as if nothing has happened.

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