



# HAZARDS CAMPAIGN

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**HSE: Make Work Suicide Reportable June 2025**

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# **We want HSE to make work related suicide reportable under RIDDOR If work suicides are not counted then they don't count in action against employers and in prevention of future deaths by same work stress causes**

We all know its work related from our own experiences, cases in workplaces and research that work stress is a key factor in worker suicide – it may be main cause or contributory. Ruth Perry HT, died by suicide January 2023, Coroner's Report said her **'death was contributed to by an Ofsted inspection'** Waters, Palmer research 2021 found 8-10 previous teacher suicides due to Ofsted. **HSE not involved in them or Ruth Perry's death and told us they were not interested in her death or in Ofsted's risk of work-related stress and suicide to teachers. Coroner's did not contact HSE nor did they send Preventing Future Deaths Reports to HSE.**

**HSE Specifically bans reporting of suicide under RIDDOR** yet acknowledges it can be related to work-stress and is preventable in guidance on Suicide Prevention to employers <https://www.hse.gov.uk/stress/suicide.htm> updated in 2022

Around 6-7,000 suicides per year in Great Britain. Majority in working age people, 3 x as many men as women

Men accounted for approximately 75% of all suicides in all age groups – increasing in women - with the highest sex-specific age peak occurring in men aged 50 to 54.

Highest suicide rate amongst 45-64 yr olds, then 25-44, lowest rate amongst 10-24 with low rate in over 65s

Because HSE does not collect the data. info on work and suicide comes from other less work informed sources e.g [Office for National Statistics](#) and [Samaritans](#) so is very poor data :

**Highest suicide rates** include construction workers, low-skilled labourers, and certain healthcare professionals. Factors such as high work-related stress, isolation, job insecurity, and access to lethal means or pharmaceuticals heavily influence these elevated risks. *We know work stress also caused by excessive workloads, hours, targets, bullying harassment including sexual , violence, trauma, low pay, insecure hours/contracts and lack of safety, respect, resources and support etc*

## **Men**

**Construction Workers:** Unskilled labourers and skilled tradespeople in construction. Construction worker roughly 3x more likely to die by suicide than the national average, often driven by a culture of stoicism, long working hours, and job insecurity.

**Agricultural and Skilled Trades:** Farmers and agricultural workers face notably higher suicide rates. High isolation, financial pressures, and irregular hours are major contributing factors.

## **Women**

**Healthcare Professionals:** Female nurses, midwives, and care workers have suicide rates significantly higher than the national average. Female physicians, dentists, and veterinarians also show elevated risk, with work-related burnout and easy access to pharmaceuticals often cited as factors.

**Education and Arts:** Primary school teachers and individuals working in culture, media, and sport also feature higher-than-average rates, largely due to occupational stress and emotional precarity.

10+ years of Research and Campaigning by Rory O'Neill Editor of Hazards Magazine, Hazards Campaign, Trade Unions, Professor Sarah Waters on French Telecomms – 19 suicides during restructuring - international collaboration with experts and unions in France, Japan, Australia and New Zealand, USA where some more effective reporting and action now occurs **Postcard campaign to the HSE** many the CEO and now is an ecard campaign: <https://www.hazards.org/hsesuicide/>

**Professor Sarah Waters, Hilda Palmer, Amy Chamberlain: Qualitative study of 12 cases**

<https://ahc.leeds.ac.uk/languages/news/article/1866/work-related-suicides-are-uncounted>

**2 Meetings of Prof Sarah Waters and Hilda Palmer** Hazards Campaign Autumn 2022 with HSE CEO Sarah Albon and Rick Brunt Head of Engagement and Policy. We urged RIDDOR reporting but were faced with intransigence, ignorance, refusal to look at the evidence we presented, to read or consult international sources, and sticking to the weaponisation of the 'complexity of suicide as multifactorial, employers not qualified to investigate, it's up to Coroners and that works well, and basically rejecting the notion that work-related suicide is really an issue at all'.

**Winning support from the Work Health Expert Committee in 2022** that HSE should ensure Coroners are reporting work related suicide issues via the Preventing Future Death Report. **HSE has taken no action**

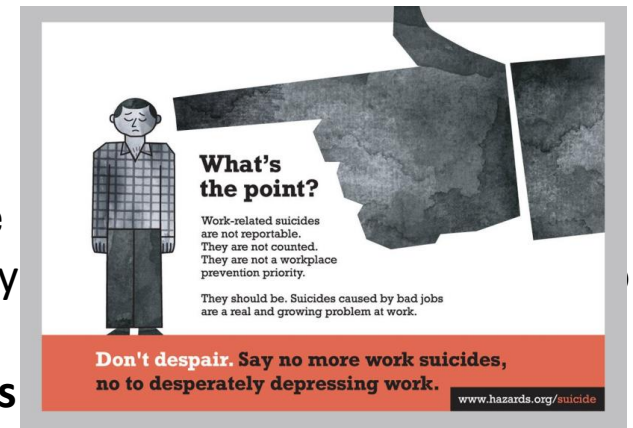
<https://webarchive.nationalarchives.gov.uk/ukgwa/20240605184759/https://www.hse.gov.uk/research/assets/docs/work-related-suicide.pdf>

**Winning support from the All Party Parliamentary Group on Tackling Male suicide 2022** Recommendations: (15)

**Suicides** at work to be disclosed as a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

**Police Federation En + Wales** demands Chief Constable press HSE to make police suicides RIDDOR reportable + keep own records as 100 officer suicides+ 200 attempted 2022-25 [The silent crisis killing police officers: more than 100 suicides since 2022](#)

**Wellcome Trust funded 3 country research into work related suicide led by Prof Sarah Waters has started**



## **(1) HSE's position on Work Related Stress and Work Suicide in the RIDDOR ConDoc:**

See pages 37 and 38

'Work-related stress (WRS) and suicide were considered in the internal review for inclusion however, at this time, is not being proposed. While WRS is a serious workplace issue, its exclusion from RIDDOR is based on wider organisational considerations. It is difficult to define WRS in a way that allows for consistent and reliable reporting across sectors. HSE will continue to monitor and address WRS through other regulatory and policy tools.

'Decisions about the causes of death in GB are made by Coroners in England and Wales, and the Procurator Fiscal (and, where applicable, the Sheriff Court through a Fatal Accident Inquiry) in Scotland. Only these authorities can decide whether the cause of death was suicide. Introducing a legal requirement for an employer to attribute a suicide to work related factors and report it through RIDDOR would pre-empt these established investigative processes and require employers to make determinations about causative factors which would involve multiple strands of inquiry, some of which are unavailable to the employer, for example, access to the deceased's medical records. As such, suicide is not included in the proposals as HSE considers that the existing statutory investigation systems remains the most effective and accurate way of considering such deaths.'

## **(2) HSE's position on Work Related Stress and Work Suicide in the RIDDOR ConDoc:**

**This is illogical, inconsistent and untrue in many ways.**

All deaths at work whether of workers or visitors whether heart attack or in a workplace incident causing a fatality, have to be reported to the HSE at once under RIDDOR. The HSE then assesses the report and decides whether further investigation is necessary and establishes work relatedness or not.

**Only Suicide of workers, is explicitly excluded from RIDDOR reporting whether it occurs in the workplace or not. Consider the illogicality of this: \_**

**Member of public dies of heart attack in workplace – RIDDOR Reportable** – No work related causes or implications that others are at risk yet regarded as work-related.

**Member of staff takes their own life at work**, wearing work clothes, using work equipment or substances, and has a note in their pocket explaining how persistent specific work-related stress factors which they have reported, tried to get resolved without employer action, have pushed them to the edge of despair - **Not RIDDOR Reportable** yet huge work-relatedness and legal liability implications for their employer who may have failed to comply with law and guidance on prevention of work stress factors, and possible foreseeable risks of future harm to workers health and possibility of other deaths. All foreseeable future harm and opportunity to prevent future deaths are missed by HSE's decision to blind itself by making suicide not reportable under RIDDOR.

Coronial system is underfunded, Coroners often unaware of work-related issues + do not in fact investigate them as matter of course and often not even when work colleagues and family urge them too. Families lack free funding for legal representation at Inquests, but where access it via Trade Union or Crowd Funding as in Ruth Perry case, then work related issues can be fully presented to the Coroner. Otherwise they tend to take HSE exclusion by RIDDOR as setting the tone and do not even contact the HSE.

Australis + NZ have similar Coronial system and have enacted new reporting laws on work related suicide.

Letter from Sarah Water late 2025 urging HSE to include suicide in forthcoming RIDDOR Consultation + HSE response rejecting this:

<https://docs.google.com/document/d/1feevqsJEjD1uKR5VLiw9iYQOGxNZeopQ/edit?usp=sharing&oid=114641690907270459727&rtpof=true&sd=true>

**Open Letter to HSE on work-related suicide and RIDDOR consultation – may be published in The Lancet**

<https://drive.google.com/file/d/1Vo6XcexaFPaxKt537wzl088dpsB2OhL9/view?usp=sharing>

*‘Please find attached an Open Letter signed by over thirty prominent MPs, researchers, charity CEOs, employers, bereaved family members and investors urging you to include suicide in the current RIDDOR consultation.*

*We e-mailed you on 9 December 2025, requesting that work-related suicide be included in the current consultation and bringing your attention to developments in Australia and New Zealand where reportable accident rules have been amended to include suicide. In your reply of 15 April 2026, you stated that suicide or psychological harm would not be considered in the current consultation.*

*Despite our long-standing efforts to communicate the urgency of reporting and tackling work-related suicide, despite mounting research evidence, despite comparable models of reporting in Australia and New Zealand, despite WHEC’s 2022 recommendations on collecting data on suicides, HSE has not yet taken action to address or tackle work-related suicide.*

*The attached Open Letter has attracted widespread interest beyond the signatories and is being considered for publication in a leading UK medical journal.*

*We request that you provide a detailed and considered response to the points raised in the letter that we can share with signatories. With thanks and best wishes, **Sarah Waters Professor of French Studies University of Leeds LS2 9JT***

## All this work and research has led to

- an international expert estimate that 10-13% of suicides are work related,
- major changes in the law on reporting work related suicides in Australia and New Zealand,
- some minor changes to HSE guidance <https://www.hse.gov.uk/stress/suicide.htm> ,
- more emphasis on work as contributory cause of suicide that must be tackled directly, and
- a call for urgent action in latest Hazards Magazine **Suicide Crisis Call to action**  
**<https://www.hazards.org/suicide/suicidecrisis.htm>**
- At around 6-7,000 suicides in GB, 10-13% would be 600-800 work-related suicide deaths per year. Compare that to the latest HSE statistics: '124 workers killed in work-related accidents in 2024/25 (RIDDOR)' An estimated 5-6 times as many killed by work-related suicide due to psychosocial risk factors at work compared with 124 killed by physical hazards, uncounted therefore don't count with HSE.

Our argument is evidence based- that work related stress, the iceberg under suicide, is the biggest cause of occupational ill-health, running at estimated 964,000 reports of stress, depression or anxiety caused or made worse by work 2024/5 as reported in HSE latest statistics. Failing to make it and the 10-13% of work-related suicides RIDDOR reportable, means the HSE **is not responding to the 'challenges of the modern day workplace'**, will not understand the causes fully across all workplaces, sectors and categories of workers, or be able to investigate and take preventative action. The Coronial system is not working and other countries are making changes to their reporting e.g. Australia + NZ , and we make proposals for starting this process for those suicides that happen in the workplace - see more detail in **Suicide Crisis Call to action**  
**<https://www.hazards.org/suicide/suicidecrisis.htm>**

**We support the International Association for Suicide Prevention (IASSP) call for governments to act on work suicide which includes examples of action in other countries France, Japan, Spain, Australia and New Zealand.**

**The Australia Code of Practice on Managing psychosocial hazards at work [Model Code of Practice: Managing psychosocial hazards at work | Safe Work Australia](#) explicitly includes suicide and harassment/sexual harassment in the latest revision.**

While their Codes of Practice are different to the UK's in terms of their legislative weight – the federal law, has also to be enacted by states, so some are stronger still and have already led to suicide related prosecutions, and it is a useful model for HSE to examine.

**We also call for HSE to inspect for psychosocial risks, with suicide ideation/attempts/cases included in the Operational Circular/guidance for inspectors.**

**We support the International Association for Suicide Prevention (IASSP) call for governments to act on work suicide including:**

- Defining work-related suicide
- Identify and investigate potential work related suicides
- Record and monitor work related suicide
- Regulate and control risk factors for suicide workplace health and safety issues
- Compensate work related suicide as other work related injuries and fatalities

**[https://pubmed.ncbi.nlm.nih.gov/41527447/action\\_on\\_work\\_related\\_suicide](https://pubmed.ncbi.nlm.nih.gov/41527447/action_on_work_related_suicide)**

***We propose the HSE removes the exclusion of suicide from the RIDDOR regulation and amends RIDDOR to require reporting of a Suicide and attempted suicide with a work-related element recognised where there is reasonable evidence that work-related factors materially contributed using French guidance of:***

- workers carrying out the act in a workplace,***
- during work hours,***
- wearing work clothes,***
- where lethal means is accessed through work or where a material link exists in the form of a suicide note or a testimony etc***

***This is supported by internal investigation, coroner or Fatal |Accident Inquiry findings including Preventing Future Death Reports, or documented evidence (e.g. workplace grievance, exposure to traumatic events, excessive workload)***

***This could initially be implemented via non statutory guidance and voluntary reporting, with a view to future legislative inclusion subject to evidence.*** <https://www.hazards.org/suicide/suicidecrisis.htm>

Research and Campaigning Research on suicide by Prof Rory O'Neill Editor of Hazards Magazine

[Rory O'Neill Hazards articles on suicide Latest for IWMD 2006:](#)

[Suicide Crisis Call to action https://www.hazards.org/suicide/suicidecrisis.htm](https://www.hazards.org/suicide/suicidecrisis.htm)

<https://www.hazards.org/suicide/wedespair.htm>

earlier articles: <https://www.hazards.org/suicide/suicidalwork.htm>

<https://www.hazards.org/suicide/pressuregrows>

<https://www.hazards.org/suicide/researchersstatement.pdf>

<https://www.hazards.org/suicide/suicidebrief.pdf>

<https://www.hazards.org/suicide/onelastact.htm>

<https://www.hazards.org/suicide/failed.htm> on Head Teacher Ruth Perry

<https://www.hazards.org/suicide/waiting.htm>

<https://www.hazards.org/suicide/cryingshame.htm>

Our postcard campaign to the HSE over many years saw many thousands of postcards delivered by mail to the CEO and now is an ecard campaign: <https://www.hazards.org/hsesuicide/>

**Professor Sarah Waters, Hilda Palmer, Amy Chamberlain study of 12 cases of work suicide**

<https://ahc.leeds.ac.uk/languages/news/article/1866/work-related-suicides-are-uncounted>

Ofsted a case of official negligence? Waters and McKee

BMJ <https://www.bmj.com/content/bmj/381/bmj.p1147.full.pdf>

**Journal of Public Health:** Dying at work. Work-related suicide – how does the UK regulatory context measure up?

<https://www.emerald.com/insight/content/doi/10.1108/JPMH-09-2021-0114/full/html>

**Crisis call to action on suicide** <https://econtent.hogrefe.com/doi/10.1027/0227-5910/a001040>

(See 'The Whole Story' for details of the real number of workers killed at and by work every year.

<https://gmhazards.org.uk/wp-content/uploads/2025/08/The-Whole-Story-2025-FINAL-compressed.pdf>)

