



# Review of BS 30480: Suicide and the Workplace: Implications for Health, Safety, and Wellbeing Practice in Aotearoa New Zealand

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## Introduction: Scope and Purpose of Review

The British Standards Institution (BSI) released a new 53-page guide in October 2025: *Suicide and the workplace – Intervention, prevention and support for people affected by suicide (BS 30480:2025)*. It is explicitly designed as a guide, rather than a standard or specification, to provide advice and recommendations to workplaces in Britain. The guide is free to download and reflects a broader international trend toward incorporating suicide prevention, intervention, and postvention within organisational governance, policy, and systems (Hallet et al., 2024). Drawing on an organisational systems and applied psychology lens, this review provides an overview of BS 30480, analysis of the substantive content of the guide, and considers how the guide may support workplace approaches to suicide prevention and response in the organisational and cultural context of Aotearoa New Zealand.

## Overview of BS 30480

The intended audience for the guide is “anyone in the workplace, but particularly managers, HR teams, health and safety teams, and occupational health teams” (Page 5). It begins with an Introduction outlining the importance of this topic for workplaces and addresses some common myths around suicide. After brief sections on Scope, Normative References, and Terms (Sections 1 -3), the guide moves into five substantive areas:

- Organisational culture and meeting worker and service user needs (Section 4)
- Strategy, policy, implementation and monitoring (Section 5)
- Understanding suicide and prevention (Section 6)
- Intervention (Section 7)
- Support for people affected by suicide – family, friends, colleagues, and the wider community (Section 8).

There are five additional annexes giving practical information on:

- Principles for commissioning suicide prevention training (Annex A)
- Toolkit for human resources (Annex B)
- Roles and stressors at work (Annex C)
- Toolkit for line management (Annex D)
- Suicide prevention self-evaluation and benchmarking questions (Annex E).

## Review of the guidance

The publication of the guide is a significant contribution to workplace mental health, providing practical and empowering information for organisations and health and safety practitioners. This applied focus aligns with the growing need for organisations to be able to plan for, respond to, and support people affected by suicide (WorkSafe New Zealand, 2024). The following sections review key aspects of the guidance in greater detail, including considerations that may require further attention when applying the guide in practice within Aotearoa New Zealand.

### **Organisational attitudes towards suicide**

The guide begins with addressing common myths about suicide. Although recent international research suggests that public attitudes towards mental illness are becoming less stigmatising (Pescosolido et al., 2021), people struggling with thoughts of suicide or suicidal behaviours often experience shame and fear judgement from others, partly because of common misconceptions about the topic (Kealy et al., 2021). BS 30480 corrects some of these myths and brings the topic of suicide

into legitimate consideration for organisational governance. In framing suicide as an area that organisations can and should engage with, the guide helps to normalise conversations and workplace responsibility which traditionally has been regarded as outside an employer's remit. The guide demonstrates what "good" looks like in workplace suicide intervention and prevention, showing organisations what they can practically do to achieve this goal.

### ***Individual vs organisational/systems factors***

While BS 30480 acknowledges the role of organisational factors in suicide prevention (e.g., Section 4.1 *Organizational Culture*), much of the practical guidance emphasises individual-level actions, such as recognising warning signs (Section 6.4, Figure 2) and adopting personal coping strategies (Section 6.5.2). This framing reflects midstream (e.g., training and support) and downstream (e.g., postvention) approaches, which are essential components of suicide prevention. However, evidence consistently demonstrates that upstream, systems-level strategies are most effective in reducing suicide risk (Centers for Disease Control, 2022; Cwik et al., 2019; Frey et al., 2025). This is particularly important given that most suicide deaths occur among people of working age (15-64 years; World Health Organisation, 2021). Despite suicide being a multifaceted phenomenon (De Berardis et al., 2018), the BS 30480 does not explicitly address how working conditions or the nature of work may function as precipitating factors in suicide risk. This is notable given global evidence linking adverse psychosocial working conditions with elevated risks of suicidal ideation and death (LaMontagne et al., 2024; Milner et al., 2018). Although Sections 4.0-4.4 of the guide positions organisational factors primarily as protective or mitigating factors, it is critical to also acknowledge the ways in which work-factors may exacerbate suicide risk, as suicide may be wholly or partly work-related (Howard et al., 2022). Understanding how work factors might impact suicidality and an increased focus on upstream approaches would have bolstered the strength of BS 30480 further.

### ***Integration with related standards***

According to Day and Penney (2017), workplace interventions are most effective when integrated into broader organisational strategies or occupational health and safety systems. This approach involves clear alignment and cross-referencing to related documentation, guidance, and frameworks. The BS 30480 is intended to be a standalone guide and only includes passing mention of related standards such as the BS ISO45003:2021 (Occupational health and safety management – Psychological health and safety at work).

Framing organisational factors solely within a suicide-specific context without explicitly linking to existing psychosocial risk guidance or standards, may inadvertently detach the BS 30480 from the wider occupational health and safety context. Practitioners who are less familiar with psychosocial risk management, may overemphasise these factors as suicide-specific concerns rather than addressing them more broadly to protect employees from mental and physical harm in the workplace. Potentially, this may result in organisations failing to address these hazards, particularly if they do not perceive their organisation has a high risk of suicide. This coincides with research which finds that workplaces with perceived lower risk of suicide, results in managers and practitioners feeling ill-equipped to deal with suicide-related events (O'Brien et al., 2022). To avoid treating suicide prevention and support as an isolated initiative, organisations may wish to consider embedding the BS 30480 guidelines within broader organisational policies, strategies, occupational health and safety systems as per LaMontagne et al., (2014) and Leka and Jain (2024).

### ***The role of psychological safety***

The guidance would have benefitted from discussion about the sensitivity of many of the questions included in the various checklists. For example, Section B1 *Conversations with workers*: Question 1 asks: "What mental health condition, self-harm, or substance use, if any, do you or have you experienced?" This information, whilst being highly useful in supporting at-risk individuals, is also highly sensitive and personal. Both our practical experience and international research indicate that workers are often reluctant to disclose this type of information to their employer (Hastuti & Timming, 2021). The concept of psychological safety, namely an environment where workers feel comfortable expressing themselves without fear of getting into trouble and knowing that others will have your back (Edmondson & Lei, 2014), is highly relevant here. Without a culture of psychological safety, a workplace cannot rely on any results collected about staff wellbeing or safety, meaning that their understanding of staff suicide risk and any interventions developed to account for this could be seriously flawed. The guidance of BS 30480 would be further strengthened by discussion of the importance of psychological safety in gathering data around suicide risk and mental wellbeing.

## Practical implications of BS 30480 in Aotearoa New Zealand

The subject of workplace support for suicide is of clear importance to Aotearoa New Zealand. Provisional [data](#) by the Chief Coroner (Office of the Chief Coroner of New Zealand, 2024) indicates that 617 people died by suspected suicide in the 2023/2024 financial year. A key strength of BS 30480 is its distinct focus on operationalising suicide prevention principles into concrete practices. Unlike many high-level standards, it provides detailed, practical guidance on discussing suicide, responding to suicidal ideation, crisis management, and managing immediate risk (e.g., Section 7.4 – 7.8). BS 30480 also includes clear examples of questions to ask when suicide safety concerns arise (Section 7.6 – Table 3), along with comprehensive checklists to guide organisational responses following a worker's death by suicide or an attempted suicide and return to work (Annex B: Tables B1 and B2 respectively). These sections of the guidelines could be readily adopted by organisations in Aotearoa New Zealand.

However, the detailed nature of the guidelines may lead some workplaces in this country to see them as overly burdensome and only relevant to sectors with high rates of suicide, for example the construction industry (Mates in Construction, 2025). Additionally, small to medium-sized enterprises, which make up around 97% of businesses (MBIE, 2025) may see it as difficult to whole-heartedly adopt the guidance as the burden could fall on a single individual (e.g., an owner-operate maintaining familiarity with mental health policies and interventions (Section 4.2(c)) as well as being the named leader responsible for suicide strategy and implementation (Section 4.2(a)). Both these factors could lead to the guidance being ignored. To do so would risk “throwing the baby out with the bathwater” as no workplace can be considered immune to the risk of suicide. For those organisations who are tempted to dismiss the guidelines as being too burdensome, joining professional associations or communities of practice such as NZISM, HASANZ, EMA, and the Business Leaders Health & Safety Forum, to name a few, is recommended as it provides the opportunity to learn from others in similar situations and share resources and expertise.

Our experience working with organisations in Aotearoa New Zealand suggests that Annex D6 – “Development of Suicide Safety plans to be completed with a manager, HR representative, or trusted colleague”, is unlikely to be used by many organisations without the guidance of a mental health professional. Many workplaces would shy away from taking on this task themselves as the plans focus on topics such as noticing warning signs, dismantling suicide plans, and addressing substance use issues which may well be outside the scope of many managers and HR personnel. Adding in the advice and oversight of a mental health clinician to this Annex would remedy this issue.

Understandably, as the guide was written for a British audience it doesn't consider Aotearoa New Zealand's unique cultural context, Te Tiriti o Waitangi, or commonly used culturally informed models (e.g., Te Whare Tapa Whā; Durie, 1985) that are relevant to organisations in Aotearoa New Zealand. This is an obvious gap that readers should be mindful of when considering how to adapt the guidance for Aotearoa New Zealand. Similarly, the guide references a wide range of British support networks, community organisations, and legislation (Section 8) that are not applicable to Aotearoa New Zealand. Developing a similar exhaustive list of resources for Aotearoa New Zealand would be particularly useful for businesses and organisations in this country.

## Conclusion

Overall, the publication of BS 30480 is a significant and encouraging step forward in how workplaces can approach suicide prevention, intervention, and support. Its publication signals a clear expectation that organisations have a role in understanding and responding to suicide risk. Unlike Britain, Aotearoa New Zealand has no recognised standards on suicide prevention in the workplace. Publication of this British guide may serve as a catalyst for the development of similar guidance in Aotearoa New Zealand. Whilst BS 30480 cannot be adopted wholesale in Aotearoa New Zealand, it could provide a useful starting point for those considering how workplaces can address suicide in this country.

## Submission declarations

This review has not been published elsewhere and will not be published elsewhere in the same or any other form in English or another language without the written consent of the New Zealand Journal of Health and Safety Practice.

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