LETTER TO BRANCHES

The communications union

The Communications Union @CWUNews #TheCWU CWU.ORG

No. 195/25 –9th September 2025

To: All Branches

World Suicide Prevention Day 2025 – Wednesday 10th September

Dear Colleagues,

Suicide is a major public health challenge with more than 720,000 deaths each year globally.

Suicide

A death by suicide occurs globally once every 43 seconds. Suicide is the biggest killer of people aged 35 and under in the UK. Latest statistics | Papyrus

The CWU is continually striving to be a 'suicide safer' organisation. Each suicide has far-reaching social, emotional and economic consequences and deeply affects individuals and communities worldwide. The theme through 2024 to 2026 remains 'Changing the Narrative on Suicide' with an associated call to action of **'Start the Conversation'.**

In recognising the above triennial theme, the CWU is in its second year of **'30 for 30'** training, whereby at least 30 Mental Health First Aiders (MHFAiders) will be trained in 30 days for World Suicide prevention month.

As Part of our Mental Health Strategy Programme, continued training of accredited Mental Health First Aiders (MHFAiders) remains a priority, to ensure that conversations can take place at any given time in workplaces where we have representation. Since 2020 a cohort of CWU mental health first aid instructors have been frequently training CWU members/representatives in Mental Health First Aid on the 2-day MHFA England training course. At the time of this LTB Publication, 641 people have been trained in the 2-day MHFA England course by the CWU.

CWU newly trained MHFAiders are also now encouraged to pursue the Royal Society Of Public Health Qualification RSPH Level 3 Award in Mental Health First Aid · MHFA England,

Discussions between branches and regions are now encouraged to explore if the 2026 programme of CWU MHFA training is something you may wish to consider. The current CWU MHFA England training includes a session on crisis training for suicide first aid, exploring suicide language and warning signs for suicide.

For this year, the life-saving importance of helplines like HOPELINE247 have been shared in a new CWU Young Workers Health and Safety Pocket Guide under the heading 'Let's talk Mental Health' with other signposting services also available via the following link:

Young people - Shining a Light on Suicide

It remains hugely important that as an active Trade Union we understand the important factors affecting mental ill health by being ready to:

- Identify the signs and symptoms for a range of mental health conditions.
- Provide immediate Mental Health First Aid to someone experiencing a mental health issue or crisis.
- Listen non-judgmentally and hold supportive conversations.
- Signpost people to professional help.

One of the organisations that the CWU has worked with in partnership recently is Storm Skills Training, Storm being an acronym for Suicide Training on Risk Management. They are a not-for-profit social enterprise, and they have produced a resource pack for World Suicide Prevention Day which can be accessed via the link below. This resource offers practical, person-centred language tips to support safer conversations around suicide and self-harm - using words that are respectful, sensitive, and stigma-reducing, along with further resource links to the International Association for Suicide Prevention (IASP) who have taken responsibility for setting the continued triennial theme for World Suicide Prevention Day for 2024, 2025 and 2026.

World Suicide Prevention Day 2025 Resources - Changing the Narrative on Suicide

We are also aware that talking can also be impactful. One of the key messages during CWU MHFA training is the importance of self-care for anyone supporting a vulnerable individual.

The CWU has taken part in the consultation on British Standard BS 30480 Suicide and the workplace – Intervention, prevention and support for people affected by suicide. The aim of our participation is to hopefully help shape a robust, inclusive framework that works for all.

British Standards Institution - Project

Please remember talking about feelings doesn't have to be scary. Please remember there is always hope, clicking on the following link can take you to your nearest support service.

Mental Health Support Network provided by Chasing the Stigma | Hub of hope

This LTB is shared on behalf of CWU Central Services.

If you have any questions or need any further information, please contact-

Jamie McGovern FRSPH MIIAI
CWU Health & Safety Policy Assistant at jmcgovern@cwu.org.

Lived Experience of Suicide
CHANGING THE NARRATIVE ON SUICIDE

The lived experience of suicide

From prehistoric through contemporary times, we have depended on story to convey our shared humanity. Our capacity for language has progressed far beyond charcoal depictions on cave walls illuminated by life-preserving fires. Yet, we continue to depend on narratives to convey knowledge and emotion. There is tremendous power in story, and thus, in our storytellers. In the not too distant past, conversations about suicide were relegated to the whispers and shadows. Fear and misunderstanding dominated the discussion, whether at family gatherings or academic conferences. The voices of people who had the most intimate and personal experiences related to suicide (ie. lived experience) were excluded, shamed, or ostracized. The narrative centered around what we might do wrong. We can change that. We need to change that if we want to drive down the rates of suicidal behaviour.

In recent times, as some countries have embraced the lived experience voice, their narratives have contributed insights and wisdom that have indeed provided immense opportunities to rethink suicide prevention. Their voices are central to suicide prevention policy, research and service design.

It is important to acknowledge however there are significant political, cultural and legal barriers in many countries in the world that need to be overcome before people with a lived experience can bring their lived expertise to suicide prevention in a truly integrated way. Too often, people have been unable to speak of their experience due to fear of retribution, discrimination, prejudice — in essence, stigma. Countering those painful and harmful messages has to be part of the new narratives around suicide.

The sharing of story through language and imagery is a fundamental part of being human. In a multitude of other forms, it is also witnessed throughout the animal kingdom. It is a powerful vehicle to share information, emotion, warn of danger, celebrate, learn and bond communities.

Whilst people with lived experience of suicide have been seeking ways to share their experiences for centuries, the nature of the story has often resulted in people feeling silenced —As a result, the support offered, the design of services, the focus of research and the basis for policy was ill-informed because the people who truly know what they need and have the insight to drive the change needed have not been empowered nor felt safe to do so. Changing the narrative around suicide is critical to driving down suicide rates.

'Lived experience' embraces an endless array of perspectives. The concept may be simple, but the diversity of experience is complex – from childhood to older adults of all genders, across all cultures, and endless intersectional experiences.

- **Each of us has our own story.**
- **Everyone can listen and learn from all of them.**
- **All perspectives must be incorporated into our efforts to change the narrative of suicide.**
- **Starting the conversation gives us the opportunity to understand and respond to the experience.**

International Association for Suicide Prevention

Written in collaboration with the IASP Lived Experience Special Interest Group.
www.iasp.info/wspd

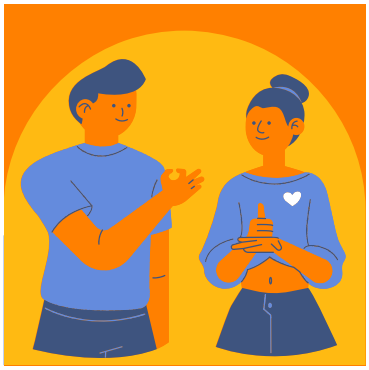
Lived Experience of Suicide
CHANGING THE NARRATIVE ON SUICIDE

How can I get involved as a person with lived experience?

- Publicly advocate for including lived experience in suicide prevention.
- Actively contribute to creating the safety and trust required for people to share their story.
- Collaborate with other people with lived experience to host a WSPD event, or join in a local event near you.
- Seek opportunities for your invaluable lived experience story to be heard.
- Proactively encourage and support the missing narratives to be heard.
- Make time to listen deeply to and learn from other people with lived experience.

How can my organisation help change the narrative on suicide?

- Invest in your organisational culture such that everyone values the importance of lived experience.
- Create an environment where it is safe to identify as a person with lived experience and bring that unique lens to work.
- Empower and enable people in designated lived experience roles with decision making powers to lead change.
- Create time, space and budget to genuinely and meaningfully co-design policy, research projects, services.
- Open up conversation about suicide in your workplace.
- Review internal culture, policy, processes through a lens of how they may impact your staff and people you serve.



Lived experience is defined as having experienced suicidal thoughts, made a suicide attempt, supported a loved one through suicidal crisis or been bereaved through suicide.

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www.iasp.info/wspd

Suicide and The Workplace
CHANGING THE NARRATIVE ON SUICIDE

Background

According to the International Labour Organization, 57% of global citizens 15 years and older are employed, meaning we often spend more waking time working each week than we do with our families. Workplaces both hold a huge potential to provide supportive structures for mental health, but research is also showing that some workplace hazards can negatively impact mental health and safety. Co-workers are often in a position to notice changes in behaviour or mood of someone who may be experiencing suicidal thoughts; they are often trusted peers who can intervene and support. Workers may also help businesses to inform and change practices where workplace hazards negatively impact mental health and safety.

A co-worker's suicide death leaves a lasting impact that few managers are prepared to respond to. As our data regarding workplace suicide emerges, we see global trends emerging. That is, male-dominated industries, such as construction and extraction, farming and agriculture, public safety and first responders, manufacturing, and transportation often have suicide rates well-above their country's national averages. In addition, medical-related occupations such as physicians, veterinarians, nursing and midwifery, and paramedics also have an elevated risk. Finally, people who work in media, sport, and creative occupations also seem to have an elevated risk for suicide and suicidal intensity.

Increasingly, companies, labour unions and professional associations are taking action to make suicide prevention a health and safety priority for their workforces. Some countries such as the United States of America, Australia, Canada, and UK even have standards or guides for workplace suicide prevention. Most of these strategies centre on a responsive, comprehensive, and sustained approach that is integrated into the organization's health and safety culture.

The IASP Suicide and The Workplace Special Interest Group suggests we change the narrative around workplace suicide to both see the workplace as a very suitable venue for suicide prevention and intervention but also acknowledge that the workplace at times can be a risk and/or cause of suicide.

Statistics

58%

More than half (58%) of global suicides occurred before the age of 50.

There is growing recognition of the links between work or working conditions and suicide. Unmanaged psychosocial hazards and exposures in the workplace has been linked to work-related suicides.

Research have shown that work-related suicides account for 10-13% of all suicides.

International Association for Suicide Prevention

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www.iasp.info/wspd

Suicide and The Workplace

CHANGING THE NARRATIVE ON SUICIDE

How Can We Do More

Workplace leaders can begin to build a workplace suicide prevention strategy by seeking first to understand their workforce. Leaders should assess their workplace for potential hazards that could increase risks of suicide. A growing body of research provides evidence of associations between working conditions and suicide, with conditions such as unmanageable workloads, bullying, insecure work, exposure to trauma, chronic stress, workplace sexual harassment and work intensification related to elevated rates of suicide.

By listening to workers and their experiences around despair, distress, help-seeking, help-giving, and suicide bereavement, leaders and stakeholders can develop more robust and culturally responsive initiatives.

Leaders need to be bold and champion the effort by declaring, “this is why suicide prevention matters to our mission, and this is why it matters to me.” By modeling confidence and openness with the topic, they demonstrate that suicide prevention matters, and that the topic is safe to talk about.

Some approaches can include training programs, a workplace communication strategy that validates people’s lived experience with suicide, peer support, mental health services, self-care empowerment, and crisis response plans. If your workplace has a training programme or communicates about mental health challenges, consider taking part.

Take Action

Pledge to make suicide prevention a health and safety priority at work.

Build your knowledge around workplace suicide prevention and access resources.

Raise awareness about mental health and suicide prevention.

Consider providing suicide prevention trainings at your workplace.

Encourage early intervention and help-seeking behaviours at your workplace.

Resources

Additional workplace suicide prevention and postvention resources include:

- Preventing suicide at work: information for employers, managers, and employees (WHO)
- Suicide Prevention at Work
- Work-related Suicide: A Discussion Paper
- Workplace Suicide Prevention
- International Crisis Resources
- A Manager’s Guide to Suicide Postvention in the Workplace
- Supporting someone in the workplace at risk of suicide
- Work-related suicide: Evolving understandings of etiology & intervention

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Suicide and Bereavement
CHANGING THE NARRATIVE ON SUICIDE

Background

Grief is a natural reaction to a loss of a loved person. Although there are some similarities in grief reactions across modes of death, the quality of the grief process after suicide is often specific.

People bereaved by suicide are referred to as suicide survivors, as they are the ones overcoming the impact of such loss. They are often struggling with questions, such as “why” the person has died by suicide and they are ruminating about potentially missed possibilities of recognising signs and preventing the suicide. They are often faced with a complex mix of feelings of pain, sadness, guilt, anger, regret, and other intensive negative emotions. They have also increased risks of mental health problems, such as anxiety and depression, and increased risk of suicidal behaviour.

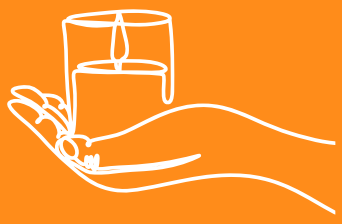
Unfortunately, suicide survivors often feel misunderstood and lonely, and they find it hard to find support in their grief, which is, at least in part, related to the stigma and shame around the topic of suicide.

How to support people bereaved by suicide

- Listen and try to understand the bereaved person's reactions from their point of view.
- Offer support in everyday activities, even regarding the basic needs.
- Accept their grief reactions, even if these may change from one day to another.
- Acknowledge that they are dealing with a complex process, rather than providing simplistic advice on how to change their feelings.
- Here and there, gently initiate the conversation about the deceased person, if the bereaved person is having difficulties in doing that.
- Be persistent and active in how you show your support even if the bereaved person withraws a bit.
- Try to do something pleasant for yourself and with the bereaved person.

Key Points

International Survivors of Suicide Loss Day is a time when we reach out to each other around the world creating a warm and supportive global embrace. We are not alone, we are together and we will always remember and mourn our loved ones lost to suicide.



On 10 September each year, IASP invites everyone around the world to light a candle to show support for suicide prevention efforts, to reflect, to remember those lost to suicide and acknowledge survivors of suicide loss.

International Association for Suicide Prevention

Written in collaboration with the IASP Suicide Bereavement and Postvention Special Interest Group.
www.iasp.info/wspd

Suicide and Bereavement
CHANGING THE NARRATIVE ON SUICIDE

Take action if you are bereaved by suicide

- Make small gestures of taking care of yourself everyday.
- Engage in meaningful rituals (such as lightning a candle) to remember your loved one.
- Share your feelings with people you trust. If you feel there is no one, try writing your thoughts down.
- Find local (suicide related) bereavement support groups. There are online groups too that operate on a global level.
- Do meaningful things that temporarily distract you from your ruminations.
- Try to engage in something pleasant or start a new activity to change habits.

Resources

An online search for 'suicide bereavement', or 'postvention services' will provide further resources

Australia – StandBy Support After Suicide
Belgium – Working Group Further after Suicide
Canada – Canadian Association for Suicide Prevention
Denmark – Landsforeningen for efterladte efter selvmord
Finland – Surunauha
Germany – AGUS — Angehörige um Suizid
Hong Kong – Samaritans
Italy – De Leo Fund
Norway – Leve
UK – SOBS
Singapore – Samaritans of Singapore
Sweden – SPES
USA – Alliance of Hope

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CWU YOUNG WORKERS

SAFETY POCKET GUIDE

What is a younger worker?

When people think of a younger worker they will often imagine somebody fresh out of school. While this can certainly be true, many organisations have found it useful to classify a younger worker as someone:

1. entering employment for the first time, or

2. entering their chosen profession/career for the first time after longer education studies

Typically, this means a younger worker may be categorised as anyone up to the age of 24 years old, However, some employers might find it advantageous to extend the age range beyond this when identifying who might benefit from a 'new to work' induction. So as a CWU member we recognise you as a young worker up to the age of 30.

We believe No-one should be made ill, injured, bullied, sexually harassed, assaulted or killed by work!

There are many laws which employers and others have a duty to comply with in the workplace. These ensure that workers are not treated unfairly or subjected to conditions which will detrimentally affect our health. Laws like The Equality Act, The Health and Safety at Work Act, and various health and safety regulations.

Workers who are 18 yrs. and over:

Employee, worker or self-employed:
Most employment rights depend on your employment status: whether you are an employee, a worker or self-employed.

Employees: Employees have more employment rights, are entitled to a written statement of employment within 8 weeks of starting employment and it must include specific information. There is always a contract of employment between an employee and an employer and it includes expressed and implied terms. Things like pay, hours of work, holiday pay, sick pay, redundancy pay etc.

Young Workers (16-17 years):

There are many employment rights all workers have when they start a job, but young workers – those under 18 years old – usually have a few additional or different rights to protect them at work.

Workers under 18 years of age:

Young workers, under 18 years old cannot usually be made to work more than eight hours a day or 40 hours a week and are commonly entitled to 30-minute rest break if they work more than 4.5 hours. 12 hours of daily rest. 48 hours of weekly rest.

WORKPLACE STRESS

Under the Health and Safety at Work Act the employer has a legal duty to ensure the health, safety and welfare of employees. This is the same for mental and physical health.

Many Young workers often experience stress in work which can lead to poor mental health. If you are experiencing occupational stress ask your safety rep or Mental Health First Aider to carry out or get the employer to carry out a stress RA or agreed 'guided conversation' or 'toolbox talk' The HSE have developed a set of Management Standards to support employers with conducting a stress RA.

www.hse.gov.uk/stress/standards

WORKING TIME REGULATIONS

A worker should not work more than 48 hours a week over a period of time calculated at a normal reference period of 17 weeks. This means you can work more than 48 hours one week, as long as the average over 17 weeks is less than 48 hours a week. If anyone opts out of this, it MUST be entirely voluntary and in writing and workers can opt back in at any time.

Workers are entitled to an uninterrupted rest break away from their work station of at least 20 minutes after 6 hours.

Workers are entitled to a daily rest period of at least 11 consecutive hours between shifts/periods of work

Workers should have a weekly rest of not less than 24 hours. (only modified by collective agreement)

All workers are entitled to a minimum of 5.6 weeks paid holiday a year (28 days for someone who works 5 days a week) this includes public holidays

NIGHT WORK LIMITS

In general workers should not work more than 8 hours a night averaged over 4 months and employers must provide free health assessments.

Workers under 18 are not usually allowed to work at night, however, exceptions can apply in some circumstances.

HEALTH & SAFETY IT'S IN OUR DNA!

IT'S PART OF OUR HISTORY – IT'S PART OF OUR FUTURE

HEALTH AND SAFETY

Employers have a duty to ensure the safety, health and welfare of their employees. Many young workers will be unfamiliar with risks and the behaviours expected of them. They may need additional help and training to allow them to carry out their work without putting themselves and others at risk. Therefore, age limits are in place on using some equipment and machinery.

Employers have a duty to control the health and safety risks in their workplace by assessing risks and then eliminating or controlling them. They do this by deciding who and how people could be harmed by their activities and where possible the risks should be removed at source. If this is not possible then workers need to be isolated from dangerous work, work should be adapted to people, dangerous practices should be replaced by something less dangerous and collective protective measures prioritised.

Personal Protective Equipment (PPE) should only be used as a last resort to control any residual risk.

Workers should know what is in the risk assessments (RA) and be **trained in the safe system of work**. RA must be carried out for work involving: working at height, electricity, gas, fire safety, manual handling and lifting operations and equipment, noise, asbestos and hazardous substances, confined spaces, vibrations, working in compressed air, display screens, etc.

There is also a duty on employees to take reasonable care to ensure they don't endanger themselves or others.

Employers must provide the right **workplace facilities** for everyone: including toilets, hand-basins and washing products, drinking water, clothes storage and if necessary somewhere to rest and eat meals.

DIGNITY & RESPECT AT WORK

During the start of a younger worker's employment, your line manager should be clear to you and your colleagues how team workloads and performance may be affected. They should also remind the team that behaviours, such as banter, should never discriminate against younger workers, even where this is unintentional.

This will often allay unwarranted concerns, reduce the potential for conflict and encourage colleagues to be more supportive. As a young worker we believe that you and every employee has the right to be treated with dignity and respect in the workplace. You can always ask your CWU Rep to share your employers Dignity at Work Policies and Charters if you believe you have been subjected to unwanted & unfair behaviour.

PROVIDING AN EFFECTIVE INDUCTION

Training a younger worker will usually require more planning and flexibility than older workers. When newly starting in a workplace, or being assigned to a new workplace, many younger workers have a limited understanding of what their working day will require and what their employer's expectations of them are. It is important your employer does not assume what tasks you know and never assume you know how to perform them.

An employer should plan a younger worker's induction that includes what, when and who will be involved in the younger worker's induction, and in what order this will be done. How long an induction should be will vary on the work of the organisation and the younger worker's role. Some inductions may only be for a day or a week, while others may last several months to ensure that the younger worker is fully supported as they learn the role.

WORKING WITH YOUR UNION

Your employer should discuss plans to manage and develop younger workers with recognised trade unions in the workplace. This offers a mutual benefit as it allows trade unions to support current or potential members and helps employers to draw upon a considerable amount of extra experience in learning and development.

Trade union representatives themselves are often trained in skills that make them particularly valuable as mentors. These include awareness of the wider organisation, how issues arising have been successfully dealt with in the past and a wide variety of communication skills.

Remember Trade union representatives can also offer an alternative and confidential source of support and advice for a younger worker when problems or concerns arise in the workplace.

THE 2010 EQUALITY ACT

All workers including job applicants and former employees have the right not to be discriminated against on the grounds of: age, disability, gender reassignment, marriage and civil partnership, race, religion and belief, sex, sexual orientation and pregnancy and maternity.

Unlawful acts include direct and indirect discrimination, victimisation and harassment. If you believe you may have a protected characteristic talk to us, you may be entitled to reasonable adjustments at work or a person specific risk assessment.

LET'S TALK MENTAL HEALTH...

Your Mental Health is just as important as your physical health. If you are a young worker in need of support, **CONTACT** your local Safety Rep, Mental Health first Aider or advocate. The CWU has 600 plus trained people, we **CAN** and **WILL** support you. Peer to Peer support is available.

Signs that you or someone you know someone may need support:

• Feeling restless and agitated • Feeling tearful • Not wanting to talk to or be with people • Not wanting to do things you usually enjoy • Using alcohol or drugs to cope with feelings • Finding it hard to cope with everyday things • Not replying to messages or being distant • New patterns of unexplained lateness or absences • Recent inability to concentrate on work or in meetings • Recent inability to cope with workloads

You might not always be able to spot these signs, and these emotions show up differently in everyone.

If you yourself as a young worker are supporting someone in the workplace you can suggest they talk with their CWU representative or Mental Health First Aider, Employee Assistance Programme, HR representative, occupational health department, or another health professional, such as their GP. You can also signpost the person to confidential helplines if they are not comfortable talking to someone they know.

Samaritans: 116 123 The Samaritans offer a safe place for you to talk any time you like, in your own way – about whatever's getting to you. 24/7 support for people who are in despair or suicidal

Prevention of Young Suicide (Papyrus): 0800 068 41 41 Papyrus provide confidential help and advice to young people, and anyone worried about a young person. Their **HOPE Line** UK service is staffed by trained professionals who give non-judgemental support, practical advice and information to; children, teenagers and people up to the age of 35. They can be contacted on **0800 068 41 41**, by email: **pat@papyrus-uk.org** or **SMS 07786 209697**

HOPELINE247
0800 068 41 41

PAPYRUS-UK.ORG

CWU YOUNG WORKERS

THE YOUNG WORKERS COMMITTEE

@CWUYoungWorkers ***CWUYoungWorkersNews*** ***yw.cwu.org*** ***cwuyoungworkers@cwu.org***

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How are you?

Sad? Stressed? Anxious? Worried? Hopeless? Angry? Tearful? Overwhelmed? Want help?

Mental Health First Aider
MHFA England

Your Mental Health First Aiders are

There are plenty of different types of support out there, and an MHFAider® can help you access them.

MHFAiders are a point of contact if you, or someone you are concerned about, are experiencing poor mental health or emotional distress. They are not therapists or psychiatrists but they can give you initial support and signpost you to appropriate help if required.

If you have any questions about Mental Health First Aid at
please contact

Association of Mental Health First Aiders

Hub of Hope

Service provided by Chasing the Stigma

There is always hope...

find support that's right for you

Need Help Now?

SAMARITANS

The Samaritans 24-hour service to talk to right now call 116 123 or jo@samaritans.org .

Call Someone Now

shout 85258

24/7 crisis support across the UK. Text SHOUT to 85258 if you are experiencing a mental health crisis and need support.

Text Someone Now

SCAN ME

SCAN ME

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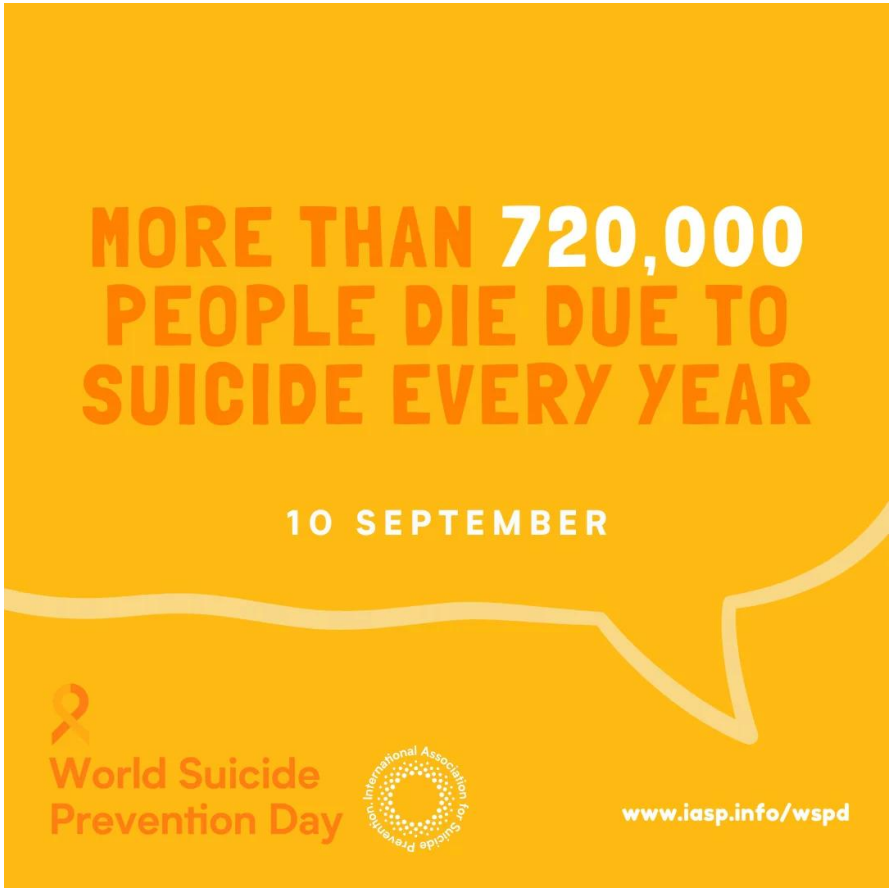
Download on the App Store



How are you?

Sad? Stressed? Anxious? Worried? Hopeless?
Angry? Tearful? Overwhelmed? Want help?