Psychosocial Risk and Suicide Prevention for HR Leaders: Policy, Response and Aftercare Course

29 August – 2 September 2027
Muscat

Psychosocial Risk and Suicide Prevention for HR Leaders: Policy, Response and Aftercare Course

Ref: 757_36231 **Date:** 29 August – 2 September 2027 **Location:** Muscat **Fees:** 4300 GBP

Programme Summary

Psychosocial risk and suicide prevention is the subject of this one-week training course for HR, occupational health and welfare leaders at managerial level, ending in an organisational suicide prevention and aftercare plan. Many employers hold a wellbeing policy but no tested route for a manager who meets a colleague in acute distress, or for the days after a death. The programme moves from psychosocial risk diagnosis to policy design, response protocols, aftercare and a finished plan. Mars Training Centre UK delivers this programme on psychosocial risk and suicide prevention to mixed-organisation cohorts.

The Business Case

Work pressure, isolation and organisational change can raise the risk of self-harm among staff, yet managers are rarely told what to say, whom to call or what to record. Clear duties and rehearsed responses protect employees and also protect the managers who act, the teams around them and the organisation's standing with its own people.

- Early Recognition: Improves as managers learn the warning signs and a safe way to open a conversation.
- Absence and Turnover: Fall as distress is met with support and phased return rather than silence.
- Duty of Care Exposure: Narrows as policy, escalation and records are agreed before an incident.

Principles and Evidence Base

- ISO 45003 Psychological Health and Safety at Work: Frames psychosocial hazards and their controls, applied to the risk review in Sessions 1 and 2.
- WHO LIVE LIFE Suicide Prevention Approach: Supplies the pillars of limiting access to means, responsible communication, life skills and early identification with follow-up, used in Sessions 2 to 4.
- Postvention Practice: Structures support for colleagues, managers and families after a suicide, applied in Session 4.

Intended Participants

- HR leaders who own wellbeing, absence and employee relations policy.
- Occupational health and welfare leads who receive referrals from managers.
- Heads of function who must act when a team member is in crisis.
- Safety and risk managers who add psychosocial hazards to the risk register.

Typical settings include construction, banking, healthcare, energy and public administration.

Learning Outcomes

1. Participants will be able to diagnose psychosocial hazards that raise suicide risk in a workforce.
2. Participants will be able to construct a suicide prevention policy with clear roles and limits.
3. Participants will be able to evaluate a manager's response to a distressed employee against a defined protocol.
4. Participants will be able to prioritise escalation and referral routes for different levels of risk.
5. Participants will be able to design an aftercare and postvention plan for a team after a death.
6. Participants will be able to justify the plan to an executive sponsor and a staff representative group.

Programme Structure

Day 1: Psychosocial Risk and Suicide Prevention Foundations

Which workplace conditions raise the risk of suicide, and who carries which duty?

- ISO 45003 Hazard Map
- Risk and Protective Factor Grid
- Duty of Care Role Chart
- Myths and Language Guide
- Workforce Exposure Profile

Day 2: Policy Design and Prevention Controls

What must a suicide prevention policy state, and which controls reduce risk before a crisis?

- WHO LIVE LIFE Pillar Review
- Policy Clause Template
- Means Restriction Check
- Responsible Communication Rules
- Wellbeing Programme Gap Audit

Day 3: Recognising Distress and Responding

What should a manager see, say and do when a colleague seems at risk?

- Warning Sign Checklist
- Safe Conversation Script
- Immediate Safety Steps
- Escalation Decision Tree
- Case Note and Confidentiality Rules

Day 4: Referral, Return and Postvention

How is support continued after the first response, and how is a team supported after a death?

- Referral Pathway Map
- Phased Return Agreement
- Postvention Response Timeline
- Colleague and Family Contact Guide
- Manager Support and Debrief Plan

Day 5: Organisational Prevention and Aftercare Plan

Do the earlier tools join into one plan that a sponsor can approve?

- Applying the Session 1 Hazard Map
- Testing the Session 2 Policy Clause Template
- Rehearsing the Session 3 Escalation Decision Tree
- Checking the Session 4 Postvention Timeline
- Completing the Prevention and Aftercare Plan

Methodology

The programme uses structured exercises built on prepared case files drawn from two sectors, each with a short staff scenario, a draft policy and a manager note. Participants work in small groups, rehearse conversations in pairs, review each other's protocols and defend their choices to peers. The programme develops organisational leadership, not clinical treatment.

- Suggested activity: Rewriting a weak policy clause so that roles and limits are clear.
- Suggested activity: Rehearsing a first conversation with a distressed colleague in pairs.
- Suggested activity: Building a postvention timeline for the first two weeks after a death.

Capstone Output

Each participant completes an organisational prevention and aftercare plan. It holds a psychosocial hazard summary, policy clauses, a manager response protocol, an escalation map, a postvention timeline and a communication note. The plan is used at work to brief an executive sponsor, train line managers and agree responsibilities with occupational health.

Frequently Asked Questions

Is a suicide prevention course suitable for HR leaders without clinical training?

Yes. Suicide prevention is taught here from an organisational viewpoint, using protocols, scripts and case files. It assumes experience in HR, welfare or line management, but no clinical background.

Which standards does psychosocial risk and suicide prevention rest on?

Psychosocial risk and suicide prevention rest on ISO 45003 for psychological health and safety at work and the WHO LIVE LIFE approach, together with established postvention practice.

How is the plan from suicide prevention training used at work?

You use the prevention and aftercare plan to brief your sponsor, train line managers in the response protocol and agree referral routes with occupational health.

How does suicide prevention training differ from a general wellbeing course?

Suicide prevention concentrates on recognising acute risk, responding safely and supporting a team afterwards, while a general wellbeing course concentrates on healthy habits and resilience across the workforce.