



**RCVS**  
**Mind Matters**

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# RCVS suicide prevention toolkit for veterinary workplaces

A practical guide to meeting the PSS suicide prevention standard and related suicide prevention requirements in UK veterinary workplaces



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# Summary and key actions

This toolkit supports veterinary workplaces in meeting the PSS suicide prevention standard (suicide prevention plan) and related requirements coming into effect from 1 April 2026 and is aligned to British Standard (BS) 30480 Suicide and the Workplace (2025). The PSS suicide prevention standard requires every veterinary workplace to implement a practice-specific suicide prevention plan covering all areas of potential risk, including drugs used or stored for animal euthanasia or sedation, access to firearms and captive bolt, and lone or late-night working. This toolkit covers everything a veterinary workplace needs to have in place — from governance and risk assessment through to training, response procedures and continuous improvement.

The guide is structured into nine sections. Each section provides the detail and evidence base behind the relevant requirement. Separate companion documents are available: a PSS Practice Checklist for veterinary workplaces and a PSS Assessor Checklist for assessment purposes. For a shorter, action-focused companion document aimed at workplace managers, see the **RCVS Suicide Prevention Workplace Guide — A guide for all veterinary professionals**, which should be read alongside this document.

## Summary and key actions

### Who this guide is for

- **Practice managers and responsible persons** — as a step-by-step framework to implement and maintain suicide prevention measures and demonstrate compliance during assessment
- **PSS Assessors** — refer to the separate PSS Assessor Checklist for assessment guidance, prompts and questions
- **All staff** — as a reference point for understanding how suicide prevention is approached and supported within their practice

### What you need to do — Six key actions

BS 30480 requires every veterinary practice to address six areas. These are the things your veterinary workplace must have in place. Each action is covered in detail in the relevant section of this guide.

- **Appoint a responsible person** — Designate one named individual who is accountable for suicide prevention in your veterinary workplace. Document this formally and ensure all staff know who it is. See Section 2.
- **Carry out a workplace risk assessment** — Identify the factors in your veterinary workplace that may increase vulnerability to suicide risk, including workload, access to lethal means, psychological safety, and isolation. Document findings and create an action plan. [See Section 3.2.](#)
- **Write and implement a suicide prevention plan** — Create a written plan covering prevention, early identification of distress, intervention, crisis response, and post-incident support. The plan must be accessible to all staff and actively communicated — not filed away. [See Section 3.](#)
- **Restrict access to lethal means** — Review controlled drug storage, firearms and captive bolt access, and disposal protocols with suicide prevention explicitly in mind (PSS suicide prevention standard). This is one of the most evidence-based interventions available and is a specific requirement in veterinary workplaces. [See Section 3.3.](#)
- **Train your team** — All staff need awareness-level training so they can recognise distress and know who to tell. Managers need intermediate training to hold supportive conversations and manage disclosures. The responsible person should consider specialist training. Training records must be maintained. [See Section 7.](#)
- **Monitor, review and improve** — Review your suicide prevention plan at least annually and following any significant incident. Keep a record of each review. Gather staff input. Use the Plan → Implement → Review → Evidence cycle to drive continuous improvement. [See Section 7.](#)

## Summary and key actions

### Implementation model

This guide follows a four-stage implementation model that mirrors the BS 30480 continuous improvement cycle. Veterinary workplaces should work through all four stages and repeat the PIRE cycle annually:

- **PLAN** — Identify what needs to be done based on your risk assessment, gaps in current provision, and the six key actions above
- **IMPLEMENT** — Put systems, training, procedures and documentation in place
- **REVIEW** — Assess whether your approach is working; gather staff feedback; learn from incidents and near-misses
- **EVIDENCE** — Document what you have done, what changed and what you will do next; retain records for assessment



# Purpose and context

## **Purpose of this guide:**

This guide has been developed to support veterinary practices in meeting the new suicide prevention requirements coming into effect from 1 April, in alignment with the [BSI Suicide Prevention Standard](#) (launched November 2025).

It is intended as a practical, accessible, and proportionate guide for veterinary practices of all types and sizes, including small animal, equine, and farm/production animal practices and mixed practices to help them understand what is required, who is responsible, and how suicide prevention can be implemented safely and effectively in practice.

This is not a training manual and does not replace existing suicide awareness or mental health education. Instead, it provides a clear, structured framework that practices can use to:

- Put appropriate systems and controls in place
- Reduce foreseeable risk
- Support staff wellbeing
- Demonstrate compliance during PSS assessment

The guide has been written with the realities of veterinary work in mind, including exposure to trauma, access to lethal means, professional isolation, and the emotional demands of the role and is grounded in evidence-based, compassionate and inclusive practice.

## Purpose and context

### How this guide should be used:

- **Practice managers and responsible persons:** as a step-by-step checklist to implement and maintain suicide prevention measures
- **Assessors:** refer to the separate PSS Assessor Checklist for assessment guidance
- **All staff:** as a reference point for understanding how suicide prevention is approached and supported within their workplace

Implementation Model: PIRE cycle Plan → Implement → Review → Evidence ([refer to section 7](#))

### A note for readers:

We recognise that some readers of this toolkit may have been affected by suicide. We encourage you to seek support if you feel that it would be helpful (routes to support are highlighted in [section 5.3](#)).

This toolkit discusses recognising signs of distress and identifying people who may need support. However, it is important to acknowledge suicide is complex and multifactorial. It is often but not always associated with mental health problems. Although there are often warning signs for suicide, they can be difficult to recognise. If reading this content brings up feelings of guilt or self-blame, we want to be clear – you are not responsible for what you cannot see or prevent. Your wellbeing matters. We encourage you to take care of yourself and treat yourself with the same kindness and care that you may offer others.



# Section 1: Suicide prevention in veterinary practice

Suicide prevention is both a health and safety responsibility and a professional obligation. This section sets out the context for why veterinary practices need robust suicide prevention measures, the risks specific to the profession, and the foundational principles that underpin this guide.

## Section 1: Suicide prevention in veterinary practice

### 1.1 Suicide prevention as a health, safety and professional responsibility

Suicide is a complex public health issue that is preventable. A comprehensive approach to suicide prevention in the workplace requires leadership, clear systems, appropriate training, and an understanding of risk factors and warning signs that are specific to the occupational context.

The RCVS is committed to supporting the health and wellbeing of the veterinary workforce. This guide aligns with the [BSI Suicide Prevention Standard \(BS 30480\)](#) and sets out proportionate, evidence-based expectations for veterinary practices.

### 1.2 Suicide as a public health issue

According to the [World Health Organisation](#) (WHO, 2025) approximately 720,000 people die by suicide globally each year.

- For every suicide, an estimated 135 people are directly affected (such as family, friends, colleagues, and close contacts)
- Approximately 1 in 4 adults experience suicidal thoughts at some point in their lifetime
- Approximately 1 in 13 adults make a suicide attempt

Suicide is not inevitable and can be preventable with appropriate intervention, support, and access to mental health services.

### 1.3 Suicide risk in the veterinary professions

Veterinary surgeons and veterinary nurses face elevated suicide risk compared to the general population.

Occupational factors contributing to this elevated risk include:

- High exposure to trauma, including euthanasia and animal suffering
- Access to lethal means (veterinary medicines and firearms)
- Access to knowledge of means
- Professional isolation and difficulty accessing support
- High workload, long hours, and irregular working patterns
- Client-related stress and challenging interactions
- Economic pressures and business concerns
- Perfectionism and high professional standards
- Lack of psychological safety in veterinary workplaces
- Stigma around mental health

### 1.4 Addressing stigma and building psychological safety

Many people at risk of suicide do not seek help due to stigma, fear of judgment, or concerns about professional consequences. Practices that foster psychological safety—where staff feel comfortable discussing mental health, accessing support, and reporting concerns—are more likely to identify risk early and intervene effectively.

## Section 1: Suicide prevention in veterinary practice

### A psychologically safe workplace is one where:

- Mental health is discussed openly and without judgment
- Staff feel able to disclose struggles or concerns without fear of retaliation or dismissal
- Managers respond with compassion and practical support
- Systemic barriers to accessing support are removed

### 1.5 Prevention and protection, not prediction

This guide focuses on prevention and protection, not prediction. It is not possible to predict who will die by suicide with certainty. Instead, suicide prevention is based on:

- Understanding and addressing modifiable risk factors (for example, access to lethal means, workplace stress, lack of support)
- Recognising early warning signs and responding proportionately
- Creating a culture and environment where help-seeking is normalised and supported
- Ensuring staff have clear pathways to access mental health support

This approach is evidence-based, proportionate, and achievable in all veterinary practice settings.

### 1.6 Initial implementation checklist

Action	Responsibility	Target completion	Evidence	Notes
Appoint a responsible person for suicide prevention	Practice owner/ manager	Week 1	Named individual documented	
Develop or adopt a Suicide Prevention Policy	Responsible person and practice team	Week 2–4	Policy document in place	
Assess current systems and identify gaps	Responsible person	Week 4–6	Gap analysis document	Use this Guide as framework
Create an action plan to address gaps	Responsible person and team	Week 6–8	Prioritised action plan	Include timelines and responsibilities
Communicate plan to all staff	Responsible person	Week 8	Staff meeting notes, signed acknowledgment	Ensure understanding and buy-in



## Section 2: Roles, responsibilities and boundaries

Clear roles and responsibilities are essential for effective suicide prevention. This section defines who is responsible for what, sets realistic expectations, and establishes boundaries around what staff are and are not expected to do.

## Section 2: Roles, responsibilities and boundaries

### **Purpose**

The purpose of this section is to:

- Define the role of the responsible person for suicide prevention
- Set clear expectations for managers and supervisors
- Empower all staff to respond proportionately to concerns
- Establish clear boundaries around what staff are and are not expected to do

This creates clarity, reduces confusion, and ensures that staff feel supported and able to contribute to suicide prevention without overstepping professional or ethical boundaries.

### **2.1 The Responsible Person / Practice Lead**

The Responsible Person is the individual accountable for overseeing suicide prevention in the veterinary workplace. This is typically the Practice Manager or Owner.

Key responsibilities of the Responsible Person include:

- Developing and maintaining a written Suicide Prevention Policy
- Ensuring all required systems and procedures are in place and communicated to staff
- Appointing and supporting managers and supervisors in their responsibilities
- Ensuring access to mental health support resources and external services
- Overseeing staff training and competency
- Managing escalation and intervention processes
- Ensuring confidentiality and data protection protocols
- Reviewing and updating procedures annually, or following incidents

### **2.2 Expectations of managers and supervisors**

Managers and supervisors play a critical role in creating a supportive culture and responding to concerns. They are expected to:

- Model positive mental health and help-seeking behaviour
- Foster psychological safety and open communication in their team
- Be alert to signs of distress and respond proportionately and with compassion
- Facilitate access to support, including signposting to external services
- Listen without judgment and maintain confidentiality
- Document concerns and escalate appropriately
- Participate in suicide prevention training and continuous learning

Note: Managers and supervisors are NOT expected to diagnose mental health conditions or provide therapeutic interventions. Their role is to support, listen, and signpost to appropriate professional help.

## Section 2: Roles, responsibilities and boundaries

### 2.3 Expectations of all staff

All staff, regardless of role, are expected to:

- Treat mental health with the same seriousness as physical health
- Look out for colleagues who may be struggling and approach them with compassion
- Listen without judgment if a colleague discloses concerns
- Signpost colleagues to available support and resources
- Respect confidentiality and not gossip about colleagues' wellbeing
- Participate in training and upskilling on suicide prevention

Note: Staff are empowered to take action and support colleagues. Suicide prevention is everyone's responsibility, but it does not require staff to become mental health experts.

### 2.4 Clear boundaries: what staff are and are not expected to do

Staff ARE expected to:

- Show care, concern, and compassion to a colleague who is struggling
- Listen actively and without judgment
- Encourage the person to seek professional help
- Signpost to appropriate resources (helplines, counselling, occupational health, GP)
- Keep the person's disclosure confidential (unless there is immediate risk)

Staff ARE NOT expected to:

- Diagnose or assess mental health conditions
- Provide therapy or counselling
- Take sole responsibility for managing someone at risk
- Access someone's medical records or personal information without consent
- Continue supporting a person if it is affecting their own wellbeing
- Promise or guarantee confidentiality if there is immediate risk of harm

Clear boundaries protect both the person at risk and the staff member offering support. It is important that staff understand they are not responsible for 'saving' a colleague; rather, they are responsible for listening, signposting, and escalating appropriately.

## Section 2: Roles, responsibilities and boundaries

### 2.5 Roles and responsibilities summary

<b>Role</b>	<b>Key responsibility</b>	<b>Boundaries</b>
Responsible person	Oversee overall suicide prevention strategy, policy, systems, and compliance	Not responsible for one-to-one mental health management; must escalate concerns to appropriate services
Managers/supervisors	Create psychological safety, respond to concerns, facilitate access to support, monitor team wellbeing	Not expected to diagnose, provide therapy, or take sole responsibility for someone at risk
All staff	Recognise distress, respond with compassion, signpost to support, maintain confidentiality, participate in training	Not expected to be mental health experts; must escalate concerns appropriately



## Section 3: Workplace-level suicide prevention planning

## Section 3: Workplace-level suicide prevention planning

### Purpose

The purpose of this section is to provide a structured framework for identifying, preventing, and responding to suicide risk at the veterinary workplace level. It covers workplace risk management, early identification, intervention, crisis response, and post-incident support.

### 3.1 Core requirements

Requirement	Description	Evidence	Responsibility
Risk assessment	Identify occupational factors that may increase suicide risk in your veterinary workplace setting	Risk assessment document; gap analysis; hazard register	Responsible person and team
Prevention strategy	Put systems in place to address identified risks (for example, access to lethal means, workload management, support pathways)	Written procedures; safety protocols; support resources	Responsible person and managers
Early Identification	Train and empower staff to recognise signs of distress and respond proportionately	Training records; escalation protocols; staff feedback	Responsible person and all staff
Intervention and crisis response	Establish clear procedures for responding to concerns and managing acute crises	Response procedures; emergency contact list; escalation pathways	Responsible person and managers

## Section 3: Workplace-level suicide prevention planning

### 3.2 Prevention – workplace risk management

Risk factor	What to do	Evidence	Review frequency
High workload and long hours	Monitor workload; ensure adequate staffing; promote flexible working and breaks; encourage time off	Workload audit; staff feedback; scheduling records	Quarterly
Exposure to trauma (euthanasia, animal suffering)	Provide access to debrief and support; normalise discussion of emotional impact; offer counselling access	Staff wellbeing survey; training records; EAP details	Annually
Professional isolation	Foster team communication; create peer support networks; ensure social opportunities; combat silo working	Team meeting records; social event attendance; peer feedback	Annually
Perfectionism and high standards	Normalise mistakes without blame; celebrate learning; reduce blame-based culture; promote reflection	Staff survey on psychological safety; incident learning records	Annually
Client-related stress	Provide assertiveness training; set boundaries on difficult interactions; support staff after challenging client encounters; client policies	Training records; incident reports; staff feedback	As needed
Economic and business pressures	Ensure financial discussions are transparent; involve staff appropriately; provide support during business challenges	Staff survey on communication; financial update records	Quarterly /As needed

## Section 3: Workplace-level suicide prevention planning

### 3.3 Access to lethal means

The PSS suicide prevention standard requires the suicide prevention plan to cover all areas of potential risk, including drugs used or stored for the purposes of euthanasia or sedation, access to firearms and captive bolt, and lone or late-night working. The measures below address controlled drugs and medicines. Where firearms or captive bolt equipment are stored on the premises or used in the course of business, equivalent controls should be documented in your plan (see also PSS Standard on 'Practice Team').

Control measure	What to do	Evidence	Responsibility
Secure storage of medicines	Store veterinary medicines securely in locked cabinets/safes; restrict access to authorised personnel only; maintain inventory logs	Storage audit; access logs; inventory reconciliation	Practice manager and designated staff
Restricted access to keys	Limit who has keys to medicine cupboards; maintain records of access; review quarterly	Key access list; audit records	Practice manager
Clear escalation if concern about substance access	If there is concern that a staff member is accessing medicines inappropriately, escalate immediately to management and occupational health	Escalation procedure documented; contact details available	All staff/managers
Safe disposal of unused medicines	Dispose of veterinary medicines safely and legally; follow regulatory requirements; maintain records	Disposal certificates; waste management plan	Designated staff member

### 3.4 Early identification of distress

Control measure	What to do	Responsibility
Behavioural changes	Changes in attendance, punctuality, appearance, mood, or social withdrawal	Approach with compassion; listen; signpost to support; escalate if concerned
Work-related changes	Changes in performance, increased mistakes, difficulty concentrating, or avoidance of tasks	Check in privately; listen to what's happening; offer support; consider adjustments
Communication changes	Withdrawal from team interactions, reduced communication, or expressions of hopelessness	Invite conversation; listen; encourage access to support; escalate if concerning

## Section 3: Workplace-level suicide prevention planning

### 3.5 Intervention – responding to concerns

Stage	What to do	Who?	Documentation
Initial response	Approach the person privately; express concern; actively listen without judgment; ask directly about wellbeing or suicidal thoughts if appropriate	Manager or trusted colleague	Brief note of conversation (confidential)
Signposting	Provide information about available support (EAP, occupational health, a GP, crisis helplines); encourage access; offer to help facilitate	Manager	Record what was discussed and resources provided
Follow-up	Check in regularly to see if the person has accessed support; continue to actively listen and validate; adjust workload if needed	Manager	Document conversations and outcomes
Escalation (if concerns persist or worsen)	If the person is not improving or if there is concern about imminent risk, involve occupational health, manager, or external services	Manager and responsible person	Formal escalation record; consent obtained where possible
Ongoing support	Continue to support and monitor; maintain contact; review accommodations; involve external services as needed	Manager and responsible person	Progress notes; review dates

## Section 3: Workplace-level suicide prevention planning

### 3.6 Crisis response

Situation	Immediate action	Who	Follow-up
Staff member discloses suicidal thoughts or plans	Take seriously; listen; do not leave alone; ask about immediate safety and access to means; call emergency services (999) and ask for an ambulance if imminent risk	Any staff member/ manager	Document; escalate to responsible person; contact occupational health; support other staff
Staff member goes missing or appears in acute crisis	Alert management immediately; check on their safety; call emergency services (999) and ask for an ambulance, if appropriate; do not delay seeking help	Any staff member/ manager	Incident report; support for staff; review of early warning systems
Disclosure of previous suicide attempt or self-harm	Actively listen without judgment; take seriously; signpost to mental health support; do not minimise; escalate to management	Any staff member/ manager	Escalation; occupational health involvement; regular check-ins
Client or family member affected by suicide	Provide compassionate support; offer counselling; allow for time off if needed; consider impact on team; debrief	Manager and team	Incident record; team debrief; follow-up support
Staff member unable to work due to mental health crisis	Facilitate sick leave; connect with occupational health; ensure continuity of care; review workplace adjustments; maintain contact	Manager and responsible person	Occupational health referral; regular contact; return-to-work plan

## Section 3: Workplace-level suicide prevention planning

### 3.7 Post-incident support (also known as ‘postvention’\*)

Focus	What to do	Responsibility
Immediate support for affected staff	Provide time off, counselling access, peer support, and regular check-ins for those directly affected	Manager and responsible person
Wider team support	Hold team debrief; normalise discussion of impact; offer counselling to all staff; monitor for secondary trauma	Manager and responsible person
Learning and review	Conduct a structured review of what happened; identify what worked and what could be improved; implement changes	Responsible person and team

\*‘The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation’ (Andriessen, 2006).



## Section 4: Risk assessment and mitigation

Risk assessment is a systematic process for identifying factors that may contribute to suicide risk in your veterinary workplace setting and implementing controls to reduce or mitigate those risks.

## Section 4: Risk assessment and mitigation

### **Purpose**

The purpose of this section is to provide a framework for:

- Identifying occupational and organisational factors that increase suicide risk
- Assessing the level of risk in your veterinary workplace
- Implementing proportionate controls
- Monitoring the effectiveness of controls
- Reviewing and updating risk assessments

### **4.1 Key areas for assessment**

Risk assessment should cover:

- Occupational hazards (exposure to trauma, access to lethal means, professional isolation)
- Organisational factors (workload, workplace culture, access to support)
- Individual vulnerabilities (previous mental health conditions, life stressors, alcohol/substance use)
- Environmental factors (bullying, harassment, discrimination)

### **4.2 Assessment focus**

The assessment should focus on modifiable factors—those aspects of the workplace that can be changed or improved to reduce risk. These include:

- Access to lethal means (medicines and firearms)
- Workplace culture and psychological safety
- Workload and stress management
- Access to mental health support
- Training and awareness



# Section 5: Creating a supportive and safe working environment

This section provides guidance on how veterinary practices can create working environments that actively support staff wellbeing and reduce factors that may contribute to psychological distress. It focuses on practical, proportionate actions that can be embedded within existing practice operations.

## Section 5: Creating a supportive and safe working environment

### **Purpose**

Suicide prevention is not solely about responding to crisis. A significant component of any effective suicide prevention framework is the creation of a working environment in which people feel safe, supported and able to seek help when they need it.

The BSI Suicide Prevention Standard (BS 30480) recognises that organisational culture, working conditions and management practices all influence the psychological wellbeing of staff. Practices that invest in supportive environments are better equipped to prevent distress from escalating and to retain staff during difficult periods.

This section establishes practical expectations for veterinary practices to:

- promote a culture of openness and psychological safety
- implement regular and meaningful staff check-ins
- provide clear and accessible routes to support
- consider reasonable adjustments for mental health needs and neurodivergence
- adopt flexible approaches where possible
- address workplace stressors that may contribute to distress

### **5.1 Psychological safety within teams**

Psychological safety refers to an environment in which staff feel able to speak up, raise concerns, ask for help and acknowledge difficulties without fear of judgement, blame or negative consequences.

Within veterinary practice, psychological safety is particularly important because:

- the professions carry a culture of resilience and self-reliance that can discourage help-seeking
- high-pressure clinical environments may normalise stress and emotional suppression
- hierarchical structures within practices can create barriers to open communication
- fear of professional consequences may prevent disclosure of mental health difficulties

Veterinary workplaces should actively work to create psychological safety by:

- ensuring leadership models openness about wellbeing and normalises conversations about mental health
- making it clear that seeking support is a sign of professional responsibility, not weakness
- addressing bullying, harassment and incivility promptly and consistently
- encouraging peer support and collaborative working relationships
- responding to disclosures with compassion and without judgement
- ensuring that raising concerns does not result in disadvantage or retaliation

## Section 5: Creating a supportive and safe working environment

### 5.2 Regular check-ins

Regular, supportive contact between managers and staff is one of the most effective preventative measures available to any organisation.

Check-ins provide an opportunity to:

- identify early signs of stress, fatigue or disengagement
- offer support before difficulties escalate
- maintain a sense of connection and visibility, particularly for staff who may be at risk of isolation
- demonstrate that the veterinary workplace values staff wellbeing

### Formal and informal check-ins

Veterinary workplaces should implement a combination of formal and informal check-in processes:

Type	Description	Guidance
Formal check-ins	Scheduled, structured conversations between manager and individual. May be monthly, quarterly or as appropriate to the veterinary workplace.	Should cover workload, wellbeing, development and any concerns. Should be private, unhurried and documented where appropriate. Not a performance review.
Informal check-ins	Regular, low-key conversations during the working day. May be brief and conversational.	Should be genuine and attentive, not formulaic. Managers should be trained to listen actively and notice changes in behaviour or mood.
Return-to-work conversations	Structured conversation following a period of absence, particularly where absence is related to mental health or stress.	Should be supportive, not investigatory. Focus on what support is needed to facilitate a safe and sustainable return. Consider phased return or adjustments.
Post-incident check-ins	Conversations following exposure to distressing events such as euthanasia, traumatic clinical cases, client aggression or complaints.	Should be offered proactively and without requiring the individual to request support. Normalise the emotional impact of veterinary work.

Check-ins should be conducted with sensitivity and should not feel like surveillance. The aim is to create a routine of supportive contact that helps identify concerns early.

## Section 5: Creating a supportive and safe working environment

### 5.3 Clear routes to support

Resource	Description	Guidance
Vetlife Helpline	Independent and confidential peer support for anyone in the veterinary community experiencing personal or work-related difficulties. Includes postvention support for any UK veterinary professional who has been affected by suicide or wants support for a veterinary workplace.	Call 0303 040 2551 (24 hours) or register via their website to contact anonymously via email
Vetlife Health Support	Confidential support for veterinary professionals concerned about their own or a colleague's health	
PAPYRUS Hopline247	Support for anyone under 35 years of age who are experiencing thoughts of suicide, or those who are concerned about them, available 24 hours. They also have a debrief service for anyone affected by suicide	Call 0300 102 2470 (24 hours) Text 88247
Samaritans	Confidential emotional support for anyone in distress or at risk of suicide	Call 116 123 (24 hours)
NHS 111 (England, Scotland and Wales/ Cymru)	Urgent mental health support, available 24 hours	Call 111 or local crisis team
Lifeline (Northern Ireland)	Urgent mental health support, available 24 hours	Call 0808 808 8000
Shout (crisis text line)	Free, confidential text-based support, available 24 hours	Text SHOUT to 85258
Employee assistance programme (EAP)	Where provided by the veterinary workplace or employer group, EAPs offer confidential counselling and support	Practice-specific

This list should be reviewed and updated at least annually to ensure accuracy.

## Section 5: Creating a supportive and safe working environment

### 5.4 Adjustments for mental health needs and neurodivergence

Veterinary workplaces should recognise that staff may have mental health conditions, neurodivergent profiles or other needs that affect how they experience the working environment. Reasonable adjustments can play an important role in supporting individuals and reducing the risk of distress.

Adjustments should be:

- discussed collaboratively with the individual
- proportionate to the veterinary workplace environment
- reviewed periodically to ensure they remain effective
- documented confidentially
- supported by management without stigma

Examples of reasonable adjustments may include:

Area	Examples of adjustments
Working patterns	Flexible start and finish times; reduced or modified hours during periods of difficulty; phased return to work following absence; avoidance of excessive overtime or on-call demands
Workload management	Temporary reduction in caseload; redistribution of particularly distressing duties (for example animal euthanasia); protected time for breaks; additional supervision or mentoring support
Environment	Access to a quiet space for breaks or decompression; reduced sensory stimulation where possible; consideration of workspace layout and privacy
Communication	Adjusted communication preferences (for example, written rather than verbal instructions for neurodivergent staff); additional time for processing information; regular structured feedback rather than ad hoc criticism
Support access	Time permitted for counselling or therapy appointments; access to occupational health; buddy or peer support arrangements; regular manager check-ins
Clinical duties	Temporary removal from lone euthanasia duties where clinically appropriate; adjusted on-call rota; paired working for particularly distressing procedures

Adjustments should be seen as a supportive measure, not as a performance concern. The aim is to enable the individual to continue working safely and effectively while managing their needs.

For further information on reasonable adjustments, please see the RCVS Mind Matters Let's talk Adjustments resources: [www.rcvs.org.uk/about-us/diversity-and-inclusion/lets-talk-adjustments](http://www.rcvs.org.uk/about-us/diversity-and-inclusion/lets-talk-adjustments)

## Section 5: Creating a supportive and safe working environment

### 5.5 Flexible approaches

Veterinary practice environments vary significantly in size, structure and operational demands. A one-size-fits-all approach to wellbeing is unlikely to be effective.

Veterinary workplaces should consider flexibility in the following areas:

- working patterns and rota design to support work-life balance
- break times and rest periods, particularly after distressing clinical events
- leave and absence management, with a compassionate approach to mental health-related absence
- workload distribution that recognises the cumulative impact of emotionally demanding work
- access to remote or hybrid working where the role permits
- consideration of career stage, with particular attention to early-career professionals and those approaching retirement

Flexibility does not require a formal policy for every scenario. It requires a culture in which managers are empowered to make proportionate, compassionate decisions and where staff feel able to request support without stigma.

## Section 5: Creating a supportive and safe working environment

### 5.6 Addressing workplace stressors

BS 30480 recognises that workplace stressors can contribute to psychological distress and may increase vulnerability to suicidal thoughts. While not all stressors can be eliminated, veterinary workplaces should take reasonable steps to identify and manage foreseeable risks.

Common workplace stressors within veterinary workplaces include:

Stressor	Impact	Mitigation
Excessive workload and long hours	Fatigue, burnout, reduced capacity to cope	Workload monitoring; rota review; locum cover; protected breaks
Exposure to animal euthanasia and death	Compassion fatigue, moral distress, emotional exhaustion	Debrief opportunities; rotation of duties; post-event check-ins
Client complaints and aggression	Anxiety, reduced confidence, dread of work	Complaints procedures; management support; zero tolerance of abuse
Financial pressures and ethical conflict	Moral injury, frustration, helplessness	Clear practice policies on financial limitations; team discussions; clinical governance support
Professional isolation	Loneliness, reduced access to support, disconnection	Buddy systems; regular contact; inclusion in team activities; technology-enabled connection for remote staff
Bullying, harassment, incivility and workplace conflict	Anxiety, depression, withdrawal, loss of professional identity	Clear policies; prompt investigation; mediation; leadership modelling of respectful behaviour
On-call and out-of-hours demands	Sleep disruption, family strain, chronic fatigue	Fair rota distribution; compensatory rest; review of on-call frequency

Veterinary workplaces should include psychosocial stressors within their broader health and safety risk assessments and review these periodically as part of the continuous improvement cycle described in [Section 7](#).

For further information about stress, please see the RCVS Mind Matters '[Understanding and managing stress in the veterinary workplace guide](#)'.

## Section 5: Creating a supportive and safe working environment

### 5.7 Supporting specific groups

Some groups within the veterinary workforce may face additional challenges that affect their wellbeing. Veterinary workplaces should consider the specific needs of:

- Early-career professionals and new graduates, who may be adjusting to the emotional demands of practice
- Locum and temporary staff, who may lack continuity of support and feel disconnected from the veterinary workplace team
- Part-time staff, who may miss team meetings, communications or support initiatives
- Practice owners and principals, who carry the burden of business pressures alongside clinical responsibilities and may feel unable to show vulnerability
- Support staff (receptionists, animal care assistants), who are exposed to client distress, euthanasia aftercare and emotionally charged situations but may receive less recognition or support than clinical staff
- Staff from minority or underrepresented backgrounds (for example LGBTQ+, and black and ethnic minority), who may experience additional stressors related to inclusion, belonging and discrimination and are more likely to experience a mental health problem (see [Big Mental Health Report \(2025\)](#) for further information).

Inclusive approaches to wellbeing ensure that support is accessible and relevant to all members of the veterinary workplace team, not only those in clinical roles.

- the veterinary workplace actively promotes a supportive culture, not merely the absence of negative factors
- check-in processes are genuine and embedded, not tokenistic
- staff can describe how they would access support if needed
- adjustments and flexible approaches are available and free from stigma
- stressor identification is linked to the broader health and safety risk assessment framework

### Cross-References

- Section 2: Roles, responsibilities and boundaries
- Section 3: Workplace-level suicide prevention planning (subsections 3.2, 3.4)
- Section 6: Responding to concerns, confidentiality and intervention
- Section 7: Training, review and continuous improvement
- BS 30480: Workplace stressors annex; Line manager toolkit



## Section 6: Responding to concerns, confidentiality and intervention

## Section 6: Responding to concerns, confidentiality and intervention

### Purpose

When a manager, supervisor, or colleague becomes aware of a concern about a staff member's mental health or wellbeing, it is important to respond in a way that is:

- Proportionate to the level of concern
- Respectful of confidentiality and privacy
- Compassionate and non-judgmental
- Clear about escalation pathways and when external help is required

This section provides practical guidance on responding to concerns, maintaining confidentiality, escalating appropriately, and supporting all parties involved.

### 6.1 Core principles

#### Listen without judgment:

Approach with curiosity and compassion, not criticism or suspicion

#### Maintain confidentiality (within limits):

Respect privacy, but be clear about limits if there is risk of harm

#### Take concerns seriously:

Treat disclosures of mental health concerns with the same seriousness as physical health concerns

#### Empower and signpost:

Help the person access support, but do not take sole responsibility for their care

### 6.2 What constitutes a 'concern'

A concern may be:

- **Low-level:** Changes in behaviour, mood, or attendance; expressions of stress or dissatisfaction; withdrawal from team activities
- **Moderate:** Disclosure of mental health difficulties; expressions of hopelessness or worthlessness; increased alcohol/substance use
- **Acute:** Direct statements about suicidal thoughts or plans; expressions of intent to harm; signs of imminent risk
- **Post-incident:** Following a suicide attempt, self-harm incident, or disclosure of past attempt

Note: Not all concerns will require escalation or external intervention. The response should be proportionate to the level and nature of the concern.

## Section 6: Responding to concerns, confidentiality and intervention

### 6.3 Responding to concerns: a proportionate approach

#### 1. Initial response

- Approach the person privately and in a calm manner
- Express your concern using specific examples (for example, 'I've noticed you haven't joined us for lunch this week, is everything okay?')
- Listen actively without judgment; do not interrupt or minimise
- Ask clarifying questions if appropriate (for example, 'Are you having thoughts of harming yourself?' if there are indicators)

#### 2. Confidentiality and its limits

- Explain that you will keep the conversation confidential, but there are limits: if there is an immediate risk of harm, you may need to involve others (management, occupational health, emergency services)
- Be honest about what you can and cannot keep confidential; do not make promises you cannot keep
- Explain the escalation process clearly so the person understands what will happen next

### 6.4 Escalation and intervention

If a concern is disclosed, the response should follow this escalation pathway:

**Level 1** (support and signposting):  
Manager listens, validates, signposts to support (EAP, occupational health, GP, helpline), follows up

**Level 2** (occupational health involvement):  
If the person is not accessing support or if concerns persist, involve occupational health for assessment and advice

**Level 3** (external services):  
If there is concern about imminent risk or if occupational health recommends, involve external mental health services or emergency services (999)

### 6.5 Documentation and record-keeping

Document conversations appropriately:

- Keep brief, factual notes of the initial concern and response
- Record what was discussed, who was involved, and what actions were agreed
- Store records securely and confidentially (separate from personnel file unless escalation requires)
- Include a date and time, and sign the record

Note: Documentation should be confidential but accessible to those who need to know (manager, occupational health, external services). Balance confidentiality with the need to share information for the person's safety.

## Section 6: Responding to concerns, confidentiality and intervention

### 6.6 Supporting all parties

Suicide prevention involves supporting:

- The person at risk: through listening, signposting, and ongoing check-ins
- The staff member who raised the concern: through reassurance that they did the right thing and support for their own wellbeing
- The wider team: through debrief and normalisation of discussing mental health

Ensure that staff feel supported and not blamed for raising concerns.

### 6.7 What practices are not expected to do

- Veterinary workplaces are not expected to provide ongoing mental health counselling or therapy
- Veterinary workplaces are not expected to manage risk entirely independently; external services should be involved for significant concerns
- Veterinary workplaces are not expected to maintain supervision of a person at risk 24/7; responsibility is shared with external services
- Veterinary workplaces are not expected to diagnose mental health conditions or prescribe treatment

### 6.8 Review and learning

- After a concern has been raised and resolved (or escalated), the veterinary workplace should review what happened
- Identify what worked well and what could be improved
- Use this learning to update procedures and training
- Share learning with the team (without breaching confidentiality)

### Cross-references

- Section 2: Roles, responsibilities and boundaries
- Section 3: Workplace-level suicide prevention planning
- Section 7: Training, review and continuous improvement

### Further reading

You can find out more about information sharing in mental health emergencies on the [Information Commissioners Office website](#).



# Section 7: Training, review and continuous improvement

Training, periodic review, and continuous improvement are essential to sustaining suicide prevention efforts over time. This section provides guidance on training requirements, how to review and update procedures, learning from incidents, and building a culture of continuous improvement.

## Section 7: Training, review and continuous improvement

### Purpose

The purpose of this section is to:

- Define training requirements for different staff groups
- Establish a schedule for reviewing and updating suicide prevention procedures
- Embed learning from incidents into continuous improvement
- Create feedback loops with assessors to strengthen practice

### 7.1 Training requirements

Training Levels

Training level	Target audience	Content focus	Frequency
Awareness training	All staff	Suicide prevention overview; risk factors in veterinary practice; how to respond to concerns; signposting	Annual (minimum); refresher every 2 years
Intermediate training	Managers, supervisors, designated support staff	Recognition of warning signs; supportive conversations; escalation pathways; confidentiality; intervention techniques	Initial and annual refresher
Specialist training	Responsible person, occupational health leads, mental health champions	Deep dive on risk assessment, intervention, crisis management, post-incident response, safeguarding	Initial and biennial refresher

#### Suggested training providers

- AWARE (Northern Ireland) Mental Health First Aid (MHFA)
- Mental Health First Aid (MHFA) England
- Mental Health First Aid (MHFA) Wales
- National Suicide Prevention Alliance (NSPA)
- Scotland's Mental Health First Aid (MHFA)
- Veterinary Defence Society (VDS)
- Veterinary Medicines Directorate (VMD)
- [RCVS Academy](#) (free CPD on Suicide Awareness Fundamentals)
- RCVS Knowledge (Managing veterinary medicines)

#### Training records

For each staff member, record:

- Training level completed
- Training provider and course title
- Date completed
- Certification or competency assessment
- Next refresh date

## Section 7: Training, review and continuous improvement

### 7.2 Periodic review of plans and procedures

Trigger	Scope of review	Responsibility	Frequency	Evidence
Annual cycle	All procedures, training, risk assessment, systems	Responsible person and team	Annual	Review meeting minutes; updated documentation
Serious incident or death	Comprehensive review; learning investigation; external support if needed	Responsible person and external advisor	Within 4 weeks of incident	Incident review report; action plan
Staff feedback	Targeted review of areas flagged in surveys or feedback	Manager and team	As needed (minimum annually)	Staff survey data; action plan
Regulatory or legislative change	Review procedures against updated guidance	Responsible person	As needed	Updated documentation
Change in practice structure	Review procedures against new staffing, premises, or service changes	Responsible person	Within 4 weeks of change	Updated risk assessment; procedure revision

### 7.3 Learning from incidents

When a serious incident occurs (suicide attempt, self-harm, disclosure of concerning thoughts), the veterinary workplace should:

- Conduct a structured review without blame or judgment
- Identify what, if any, warning signs were present and whether they were recognised
- Identify what systems or procedures worked well
- Identify gaps or breakdowns in procedure
- Develop an action plan to address identified gaps
- Share learning with the team (without breaching confidentiality of the individual involved)

For further information about suicide postvention (post-incident) support, please refer to [Vetflife postvention guidance](#).

### 7.4 PSS assessor feedback loops

The veterinary workplace should:

- Use feedback from RCVS assessors to identify areas for improvement
- Include assessor recommendations in the annual review
- Track actions arising from assessor feedback
- Demonstrate improvements in the next assessment cycle

For more information about postvention

This creates a continuous feedback loop between the veterinary workplace and the assessment process.

## Section 7: Training, review and continuous improvement

### 7.5 Continuous improvement model

The foundation of continuous improvement is the Plan-Implement-Review-Evidence (PIRE) cycle:

- **PLAN:** Identify what needs to be done (based on risk assessment, staff feedback, incident learning, assessor feedback)
- **IMPLEMENT:** Put the plan into action; communicate changes; train staff; allocate resources
- **REVIEW:** Assess whether the changes have been effective; gather staff feedback; monitor incidents and concerns
- **EVIDENCE:** Document what was done, how it was done, and what the outcomes were

This cycle repeats continuously, allowing the veterinary workplace to learn and improve over time.

### Cross-references

- Section 2: Roles, responsibilities and boundaries
- Section 3: Workplace-level suicide prevention planning
- Section 6: Responding to concerns, confidentiality and intervention

### Disclaimer

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### How to feedback and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this toolkit.

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