HEDDLU
GOGLEDD CYMRU
NORTH WALES
POLICE

Response Date:05/11/2024

2024/1021 - Suicidal thoughts

In response to your recent request for information regarding;

1. **Please provide a copy of your policy for dealing with officers who say they have suicidal thoughts.**

Please find attached the SOP Suicide Prevention Policy.

2. **For the year 2023/24, please provide (i) the number of officers offered urgent face-to-face appointments with your occupational health unit because of suicidal thoughts**

The Occupational Health Unit (OHU) does not currently record this and it is on the agenda to look at how it does.

The welfare team have seen seven police officers who have been offered an urgent appointment via their request to OHU.

(ii) the number of appointments officers had with your occupational health unit because of suicidal thoughts.

Seven via welfare teams request to be seen and advised line managers to request a urgent appointment.

3. **Please provide the number of staff in your occupational health unit (FTE).**

6 Full-time Clinicans and Admin
3 Welfare (1 Vacancy)
1 Part-time Agency
1 Part-Time Admin

THIS INFORMATION HAS BEEN PROVIDED IN RESPONSE TO A REQUEST
UNDER THE FREEDOM OF INFORMATION ACT 2000, AND IS CORRECT AS AT 04/11/2024

HEDDLU GOGLEDD CYMRU
NORTH WALES POLICE

NORTH WALES POLICE SUICIDE PREVENTION STANDARD OPERATING PROCEDURE

STANDARD OPERATING PROCEDURE

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Department:	**Health and Wellness Centre**
SOP Writer:	**Welfare Lead & Mental Health Practitioner**
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Version No	Date	Author	Changes
1.1	17.10.2022	…	
Review	17.10.2023	…	

CONTENTS

1. INTRODUCTION

1.1 This procedure is intended for the support and management of potential suicide risks within North Wales Police individuals. It is not intended as a procedure or guidance for assessing and managing risk within the general public during operational duties.

1.2 It is important as an organisation to address the culture and stigma around suicide ideation and to provide a comprehensive document to allow those affected (employees/managers) to be aware of the steps to take around supporting those at risk and themselves. This procedure aims to address this. Associated relevant principal legal and policy requires include:

- NWP Grievance Resolution Policy and Procedure
- NWP Stress Risk Assessment Document
- Mental Health Act 1983 – Section 136
- Management of Health and Safety at Work Regulations 1999
- College of Policing Oscar kilo Suicide Postvention Toolkit
- Data Protection Act 2018

2. PURPOSE

2.1 The aims of this procedure are:

- To provide an understanding of the potential suicide risks within NWP individuals.
- To provide guidance on good management of suicide risk within NWP individuals.
- To provide guidance on post-suicide protocol.
- To educate and inform to work towards reducing stigma against psychological illnesses and increase understanding.

3. TARGET AUDIENCE

3.1.1 The Suicide Prevention Procedure is applicable to all Police Officers, the Special Constabulary, volunteers, Cadets, and Police Staff, including temporary, seconded, agency and fixed term employees, (and those in their probationary period). Hereafter these groups will be referred to as the individual unless a distinction needs to be made between police officers and staff.

Definitions

3.2 **Healthcare Provider** – the organisation/service responsible for providing healthcare for an individual – in the UK this would typically be the NHS.

3.3 **In crisis** – used within this procedure to refer to an episode where an individual is experiencing active suicidal intent. In the workplace, and to respond to a disclosure of feelings or thoughts of suicide, and these will be highlighted through this procedure.

In the tragic event that an individual does die by suicide, it is important that the organisation provides appropriate care and support to their colleagues and a unified organisational response. This can be undertaken by using The Oscar Kilo Samaritans and Police Postvention Suicide Toolkit, see below:

Samaritans_Police postvention toolkit 20

3.4 **Contingency Plan –** This operation is a contingency plan to deal with an event involving a police officer / member of police staff for whom there are significant concerns for safety. These concerns do not relate to any threat from a third party. This is held at Control room. The Force Incident Manager, (**FIM**), reviews the call of concern for safety event that comes in and the decision lies with the on-duty FIM. The FIM decides if the data meets the criteria for cloaking and restricting the event. This allows the event information to be hidden from general users and only visible to a chosen few based on a operational need. The FIM will ensure the correct Senior Management Team (**SMT's**), are made aware by sending an email or contacting them during office hours for follow up welfare checks. The FIM makes the decision based on the National Decision Model (**NDM**), as to who needs to know for staff members welfare.

3.5 **Suicidal thoughts –** thoughts that the individual has relating to dying by suicide or feeling suicidal, this can include generalised thoughts such as 'being better off not here'.

3.6 **Suicidal feelings** – sometimes rather than a specific thought, an individual may have a sense or feeling of wanting to be dead or that they would be better off dead.

3.7 **Suicidal plans** – when an individual has considered suicidal methods and/or considered or set a time, place, date, etc for their suicide.

3.8 **Suicidal preparation** – when an individual has begun to take steps to act on their suicidal plan (such as getting their affairs in order, increasing their access to the materials they would need to complete suicide, etc).

3.9 **Critical Incident Debrief, (CID), Trauma Management** – An inhouse peer support programme available across North Wales Police (NWP), where individuals can be referred to or self-refer for a confidential discussion after they have been involved in a potentially traumatic incident to discuss how they are feeling and if they need signposting for further support.

4. DETAILED PROCEDURE STEPS

Psychological health and suicide

4.1.1 Nationally the Office of National Statistics in September 2021 noted that in 2020 there were 5,224 recorded suicides in England and Wales. This number of deaths equates to an age-standardised suicide rate of 10.0 deaths per 100,000 population. In 2019 (last recorded data) 16 police officers ending their life by suicide, this data was sought from the Office of National Statistics website.

4.1.2 In general, at risk groups statistically include men, those in contact with the criminal justice system (especially those involved in indecent imagery of children), people suffering from acute stress, anxiety, depression, personality disorders, and those bereaved by suicide.

4.1.3 The psychological health and physical wellbeing of our individuals is very important to the organisation and there are steps that can be taken to support an individual's psychological wellbeing within the workplace, and to respond to a disclosure of feelings or thoughts of suicide, and these will be highlighted through this procedure.

4.2 Supporting Psychological Health in the workplace

4.2.1 There are actions the organisation can take to support an individual's general psychological health.

4.2.2 These actions include:

- Safeguarding the health, safety, and welfare of all individuals, so far as is reasonably practicable, and work in partnership with them and their representatives to identify workplace stressors.
- Training individuals and managers to spotting changes in psychological ill health and suicidal risk, how to deal with disclosure and where to signpost or refer to ongoing support if relevant.
- Responding as an organisation to reported work-related stressors which cannot be managed at a local management level.
- Responding as an organisation to disclosures of alleged bullying or harassment within the workplace.
- Responding to negative or concerning changes in psychological health in an appropriate fashion (if noticed by a manager then they should sensitively discuss with the individual, if noticed by a colleague they might sensitively discuss with the individual and then notify their manager if appropriate and support is required).
- Supporting the use of appropriate internal Peer Support programmes (such as Informal/formal Critical Incident Debrief, The Welfare Support Team and Occupational Health Unit (OHU), for a review with the FMA or OHU Nurse) were reasonably practicable.
- Supporting the use of external support services (such as GP/NHS services, MIND, Samaritans, and other policing charities) were reasonably practicable.
- Utilising appropriate support processes such as the Stress Risk Assessment online form, and Personal Wellbeing Plan.
- Signposting to appropriate services such as the individual's healthcare provider, or appropriate charitable organisation, for psychological support.

4.2.3 If an individual has trouble with their psychological health, it may be helpful for them to complete a Personal Wellbeing Plan (locatable on the intranet under the wellbeing icon) with their manager identifying early warning signs and useful actions to support them.

4.2.4 This can be helpful both for a one-off episode, and for repeated occurrences of changes in psychological health. If an individual has a psychological health presentation which periodically results in crisis episodes with suicidal thoughts or feelings, using the Suicide Safety Plan may help the individual and their manager negotiate how to manage these episodes in a supportive way.

4.3 Disclosure of Suicidal thoughts, feelings, or intent

4.3.1 There may be times when an individual experiences suicidal thoughts, feelings, or behaviours and the organisation will become aware through a number of ways: the individual may choose to disclose these feelings to their manager or another manager, or to a colleague, peer supporter or staff association member such as Federation or UNISON, the organisation may have been asked to undertake a welfare check for the individual in their professional capacity (e.g. the friend/family member called 999 with concerns for the individual's welfare), or they may post on social media expressing suicidal feelings or thoughts.

4.3.2 There are many reasons why people may experience suicidal thoughts, feelings, and behaviours, including these occurring as a response to a situation or a feeling of distress, or as a symptom of a psychological health difficulty they are experiencing.

4.3.3 Suicidal thoughts and feelings can vary in frequency and intensity, so it may be a fleeting thought or feeling, or may be an intensive experience that the individual is intending to or contemplating acting on. This may fluctuate for an individual dependent on many factors such as their environment, mood state, and current situation.

4.3.4 Therefore, the response to becoming aware that an individual is experiencing suicidal thoughts or feelings should be appropriate and proportionate to the situation.

Recommended actions - safeguarding

4.3.5 If an individual discloses suicidal ideation, plans, or intent to a colleague whilst the colleague is on duty (if the colleague is not on duty, they should take the appropriate safeguarding actions they would normally take as a member of the public, and should encourage the individual to notify their manager so they can be appropriately supported within work).Then the colleague has a responsibility to inform the individual's manager so that organisational support can be provided (or if the individual has a difficult relationship with their manager which may exacerbate the situation, then another appropriate manager should be informed).

4.3.6 If an individual discloses suicidal ideation, plans, or intent to a manager, or a manager is informed that the individual is experiencing this, then they should undertake the following:

- If the individual is within the workplace, then they should arrange to speak privately with that individual if they are not already doing so. If the individual is not at work when the manager becomes aware then they should make reasonable attempts to contact the individual, (such as via telephone). If they cannot reach the individual, then they should use the limited information they have to assess whether a welfare check is required. This can be done by having a confidential discussion with the **on-duty Fim in the Control room** and or the **Duty Criminal Justice liaison Nurse** based in the control room, (Contact Number **01745 538 487, 11:30am-midnight**), or via control room officers can link **by mobile or point 2 point**. For **non-crisis** situations contact can be made to **NWP Mental Health Lead Caroline Currie**, (**Contact number 07974241069**).

- They should establish whether the individual is currently 'actively suicidal', i.e., they have immediate or imminent suicidal intent, or are 'non-actively suicidal', i.e., they have thoughts or feelings but no intent to act on them. **A manager's risk to self-triage suicidal ideation form** can be completed with the individual, (**see below**):

Managers%20Risk%
20To%20Self%20Tria

- Further guidance can be found in the flowchart called **'Guidance for Managers'** if an employee is experiencing suicidal ideation **(see below)**

Guidance%20for%20
Managers%20if%20a

- Information around discussing supporting an individual with suicidal ideation

- And feeling suicidal can be found in the document called **'Managers welfare support summary (see below)**

Managers%20Welfar
e%20Support%20Sun

- If the individual has imminent suicidal intent, then it should be arranged for them to attend the nearest A & E for psychiatric assessment – they should do so accompanied by either the manager or a colleague, or a next of kin or other appropriate individual – this would depend on suitability and availability of the person to accompany them. Or if the individual has taken suicidal action and requires urgent medical care, an ambulance should be immediately arranged. If the disclosure is made to a serving police officer further consideration can be given for them to use the powers of Section 136 if appropriate. For further guidance refer to **NWP PVPU department** intranet site under **Mental Health icon dealing with a mental health incident** or contact Criminal Justice Liaison Nurses in FFC and Caroline Currie.
- If an individual does not have imminent suicidal intent, then the manager should support the individual in facilitating an urgent appointment with their GP.
- If there will be a period between booking the appointment and attending, then the manager should establish with the individual whether they feel they will be safe until the appointment – if they will not, then the manager should revert to the above protocol of arranging for them to attend A & E.
- If the individual does feel safe to wait until the appointment, the manager should establish some details with them to help make them feel secure, i.e., if they are going home in the interim will anyone be at home with them, what are the travel arrangements to get them there, what simple activities can they engage in to distract themselves safely until the appointment time, etc.
- The manager should document that the conversation has taken place and what actions were taken or agreed and add this to the individual's OHU file, using the managers risk to self-triage suicidal ideation assessment form, or the management referral form.

4.4 PSD and IOPC investigations – suicidality during investigation

4.4.1 A Welfare Officer will be appointed for individuals that are facing investigations subject to the Post Incident Procedures (PIP). The Welfare Officer should be mindful of potential risk to the individual due to the prolonged strain of investigations and should follow the above advice is suicidality is disclosed. Further guidance is available in the PSD Welfare Pack.

4.4.2 It is important to note that there is a likely increased vulnerability around suicidal risk and ideation for individuals under investigation.

4.4.3 Should an individual come under investigation a risk triage assessment should be done at management level or in conjunction with the Welfare Officer and consideration given to the creation of a welfare supporters in Discipline Cases Risk to Self-Triage suicidal ideation Form being completed. See below:

Suicidal%20Ideation
%20Triage%20Form.c

4.4.4 The impact of supporting those under investigation who may also have elevated risk of suicidality is not to be underestimated. It is important that the Welfare Officers themselves

are aware of support that they can access via Management support, Management Referral Form, Welfare Team and OHU across the organisation.

4.5 Sharing information – appropriate disclosure and consent

4.5.1 If there is immediate risk and the individual has been referred to A & E, then chain of command at Gold and Senior Officers should be informed.

4.5.2 If there is not active risk, and the individual does not consent to share the information, then managers should consider whether senior managers should be informed of the information that has been shared with them regarding suicidal ideation. The questions they should consider are: what are you expecting the senior manager to do? If there is nothing further, they can do, why would you consider sharing this information?

4.5.3 If an individual has disclosed suicidal ideation to a manager but then denies consent to share this information, then if the manager has concerns for the safety of the individual (i.e., their assessment is that there is a significant risk to the life of the individual) then they should still act upon this information as a duty of care and safeguarding the individual over-rides confidentiality at this time.

4.5.4 If a disclosure is made the individual should be given a copy of any information shared. The Data Protection policy correctly identifies that personal data can be shared to protect the vital interest of the individual Article 6 (d).

4.5.5 This sharing should be recorded detailing the reason and what information was shared which should be proportionate for the purpose. Any sharing of data for the management and welfare of the member of staff is not processed under consent but under a contract, Article 6 (b). Again, this sharing should be limited to persons for the purpose of welfare and support and proportionate.

4.5.6 The member of staff should be told what and who the information is shared with. The policy details wider sharing for example a GP the policy is correct this is only by consent Article 6(a). Again, this sharing needs to be recorded. All sharing should be appropriately marked under Government Security Classification (GSC) OFFICIAL SENSITIVE – PERSONAL CONDIDENTIAL or NAMED PERSONEL ONLY.

4.5.7 If the individual does not appear to be an active risk to themselves and denies consent to share the information with others such as their GP, then the manager should document this, the individual's reason as to why they denied consent to share the information, and the manager's assessment as to why (to the best of their ability) they assessed that the individual is not at risk.

4.5.8 If an individual has disclosed suicidal ideation to a colleague but denies consent to share this information then then if the colleague has any concerns for their safety, they should still follow the guidance documented in the above section of this procedure and disclose to a relevant manager and should not feel that they are required to manage the risk in isolation without any other support or guidance. The manager who they disclose the information to should document in the same way that they would record all other conversations 1:1's etc, that it was disclosed to them against the consent of the individual, and also document the reasons why this information was still shared with them (both to accurately log the details of the situation and to support the colleague who has had the information disclosed to them).

4.5.9 Managers should consider the appropriateness of who they disclose this information to within the organisation as part of the organisational management strategy for the individual – the information should however be shared with the individual's second line manager so that in the case of absence of the primary line manager, another associated manager is aware and can effectively manage the situation.

4.5.10 If it is common practice that another supervisor, who is not the individual's direct line manager, may perform the day-to-day management of the individual and it is within the best interests of the individual for this other supervisor to be aware of their suicidal ideation so that it can be effectively accommodate, discussion should be had with the individual before disclosing this sensitive information to the other supervisor. If consent is not given, the manager should ensure other appropriate managers are aware of what accommodations the individual requires, without sharing the background information as to why this is required.

4.6 Suicidality and Occupational Health

4.6.1 If an individual has disclosed suicidal ideation, then the manager can contact the Occupational Health Unit (OHU) or Welfare lead for advice after they have taken the above steps, to identify whether there are any other recommended actions they should take for that specific case.

4.6.2 **Occupational Health Unit (OHU) and The Welfare Team do not provide crisis care**, and OHU or the welfare team will not contact the individual to undertake a suicide risk assessment – this needs to be undertaken by the appropriate psychiatric care services such as **A & E psychiatric care team** (or by **their GP** if not an immediate suicide risk). However, they can advise the manager as to whether there are any other actions, they can

Undertake to support the individual, such as contacting the Local Area **Community Mental**

Health Team duty officer see below for contact details:

Mental Health
Services Contacts Aid

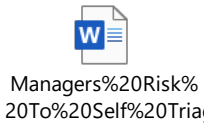
4.6.3 The manager should consider making a referral to OHU to assess fitness for role/duties – they should be aware that this assessment can only be done once the individual's presentation has stabilised (i.e., they are no longer suicidal), and therefore it is not an avenue to secure crisis care or assess fitness to be in work during a crisis episode. Therefore, it is recommended that after the manager has undertaken the appropriate safeguarding actions, they can then consider a management referral form to OHU, with the individual's consent.

4.6.4 OHU will not assess for fitness for work whilst the individual is actively in crisis - if the individual is actively suicidal then it should be presumed that they are not fit for work at that time. Or if they are having suicidal thoughts but are not actively suicidal and feel that they are able to function effectively within the role on that day, the manager should consider whether they should continue in work on full or limited duties if they feel able to do so. If this is the case this should be updated to reflect any restrictions for RMU to consider.

4.6.5 It is recognised that not all managers will feel capable in assessing whether an individual appears to be at immediate suicide risk (such as if they do not have operational experience seeing an individual in crisis with suicide ideation). Further guidance can be gained by contacting the **Welfare Lead &Mental Health Practitioner Zoe Budge**. If this is unable to be accessed or further guidance is required, they can contact the **Criminal Justice Liaison Triage Nurses** based in the **Force Control Room** for guidance on risk assessment and management of the situation.

4.7 Suicidality during formal procedures

4.7.1 If an individual is suicidal whilst going through a formal procedure, such as misconduct, then a manager's risk to self-triage suicidal ideation form should be completed by their line manager. See below:



4.8 Dealing with future risk

4.8.1 There may be occasions where an individual expresses the possibility of likely future risk, i.e., that they are not currently actively suicidal but anticipate that they may become so under certain circumstances.

4.8.2 This may occur in relation to organisational decisions (such as flexi-time application or business interests being denied, or the individual being unable to move to a different role, an IOPC/PSD investigation having a negative outcome for them, etc.).

4.8.3 **Under these circumstances the individual's manager should:**

- Acknowledge the distress of the individual
- Provide risk management advice as to what support they should access if they become suicidal (contacting Samaritans, seeking an emergency appointment with their GP, attending A & E)
- Consider activating a manager's Risk to Self-triage assessment form for the individual
- Encourage the individual to notify their GP and discuss with the individual whether it would be appropriate for the manager themselves to notify their GP of this future potential risk on their behalf
- If a serving police officer, consider a referral to Police Federation or if police Staff Unison and the Welfare Support Team.
- Refer to Occupational Health for an assessment of fitness for role (OHU will not be responsible for the management of the risk, as this management will need to come from the individual's healthcare provider, but can assess whether this is impacting on their fitness for role)

4.9 Dealing with ambiguity around suicidal intent

4.9.1 There may be times when it is unclear whether an individual is experiencing personal suicidal ideation or feelings, for example when they post on social media in such a way where it is unclear whether they have any personal suicidal intent. Where this is the case clarification should be sought and the direct question as to a person's intentions should be asked.

4.9.2 However, the organisation has a duty to take concerns about welfare seriously and therefore when the organisation becomes aware that an individual appears to be expressing suicidal concepts appropriate action should be taken:

- If it is a colleague who becomes aware of this, they should notify an appropriate manager so a managers risk to self-triage suicidal ideation assessment can be considered.
- The manager, when in receipt of the information should review the information provided to determine to their own reasonable satisfaction that there is a potential indicator of risk to the individual. If this is the case, they should then:
    - Try to contact the individual if they are not at work (such as being on a rest day) and if they reach them, they should undertake a risk to self-triage assessment as detailed in the procedure above (if they are at work then the risk to self-triage assessment and management process as above should be actioned).
    - If they are unable to reach the individual and feel that the information, they have is sufficient for grounds for concern, they will arrange for a welfare check to take

place on the individual and where possible should leave a message for the individual that this will be occurring.

- It can be disconcerting or upsetting for an individual to receive an apparent 'out of the blue' welfare check, however the purpose is to try and safeguard the individual due to what appeared to be genuine concerns for their safety, and this should be communicated to the individual.

4.10 Maintaining appropriate boundaries

4.10.1 Whilst as an organisation we have a duty of care to our individuals, there also needs to be a consideration of the boundaries that should be in place to ensure the individual receives the appropriate care from the appropriate source, and the organisation does not attempt to take on responsibility for providing care that they are not equipped or resourced to provide.

4.10.2 If an individual is experiencing a psychological health crisis with associated suicidality, then they require an assessment and treatment plan through a clinician or multi-disciplinary team who specialise in crisis assessment and management, typically a psychiatrist and or/ psychiatric Nurse and their associated team. This would usually be accessed through A & E in a crisis, or through GP referral to the Community Mental Health Team.

4.10.3 As the individual's employer we do not replace their healthcare provider and do not have a multi-disciplinary mental health team who can appropriately provide this package of care, and any significant assessment and treatment for an individual with a crisis presentation or underlying psychological health condition which manifests in periods of crisis should come from their healthcare provider.

4.10.4 The role of the NWP organisations during an individual's mental health crisis is to provide **immediate safeguarding during that time of crisis** (by arranging for the individual to go to a place of safety where they can access a psychiatric assessment, such as A & E) and to then provide support by (where appropriate) facilitating their access to appointments during work-time or effectively managing their absence from work as appropriate, and managing their duties whilst in the workplace to provide stability where possible.

4.10.5 If the individual requires treatment of an underlying psychological health condition which is generating episodes of mental health crisis, then this treatment should come from their healthcare provider as this is beyond the scope of the limited psychological interventions provided by NWP Occupational Health and Wellness Centre.

4.10.6 If an individual requires adjustments within the workplace to support their psychological health, then these should be in-line with what it is reasonably practicable for the organisation to provide and in consultation with OHU and HR.

4.11 Organisational response following a suicide

4.11.1 In the event that an individual does die by suicide, then the organisation should be aware that this is likely to be a highly impactful event with a profound effect on colleagues and the organisation.

4.11.2 Should the circumstances involve a death within the police then a PIP should be considered.

4.11.3 It is likely a gold group will be called at this stage where a plan is formed as to the appropriate response to the event which may be very dependent on the circumstances.

4.11.4 The scope of this procedure is the psychological support strategy to be implemented following the suicide of an individual – **The Oscar Kilo Suicide Postvention Toolkit** should be followed for the operational actions required.

4.11.5 Managers should be aware of the likely reaction of colleagues - The first reaction is usually disbelief, followed by shock. Depending on how the knowledge was communicated there may be a stage of "rumouring" as to the cause. Consideration needs to be given on a case-

by-case basis including taking the families wishes into account around if the circumstances around the death should be disclosed.

4.11.6 Some individuals may feel a sense of guilt, or anger. Managers should be mindful of what each individual needs to support them and respond accordingly – for bereavement support they should consider signposting to NWP in house counselling services or Cruse.

4.11.7 If you are a manager or a supervisor you might observe the following work-related issues with your reporters following a suicide in service:

- Difficulties with productivity
- Issues with attendance
- Shock, anxiety, and confusion

4.11.8 As a manager or supervisor, it is your responsibility to use sensitivity and tact when overseeing the following necessary tasks following the death of an individual:

- Reassignment of the workspace
- Delegation of job responsibilities

4.11.9 And, as a manager or supervisor, you should know that:

- There may be feelings of guilt, resentment or uneasiness for individuals who assume roles previously handled by the deceased individual
- Certain work situations may serve as reminders of the loss, and may trigger grief reactions unexpectedly
- The emotional environment at work will be changed for a period, and everyone will have their own unique reaction to the loss
- Your role in acknowledging and discussing the impact of the death can help with the grieving process
- You can offer guidance and support by pointing individuals in the direction of The forces welfare team and OHU for a review

4.11.10 No assumption should be made about the length of time it 'should' take for everyone to come to terms with the death of their colleague, as everyone grieves and processes at their own pace.

4.11.11 Managers should continue to encourage individuals to access support (such as CRUSE, NHS services and inhouse counselling services for post-traumatic stress depending on how they have been affected) for as long as is needed.

Use of a Debrief following the suicide of a colleague

4.11.12 If an individual had to attend their colleague's suicide as part of their duties (i.e., they were attending as part of a concern for welfare check, or as an officer attending a sudden death) then their manager should consider whether they are experiencing a post-trauma reaction and refer for an informal/formal Critical Incident Debrief.

4.11.13 Formal Critical Incident Debrief is only suitable if the individual was involved in the situation in a professional capacity and is not suitable for general bereavement support for individuals who are grieving the loss of their colleague but were not professionally involved in the situation. This is because:

- Formal Critical Incident Debrief is intended to assess for potential reactions to traumatic events and then signpost to appropriate support.
- It is not counselling or therapy, or therapeutic support
- NWP does provide in-house therapy through OHU via in house counselling offering specialist trauma services for personal traumas.
- As it is to be expected that someone would have a reaction following a personal bereavement (such as the loss of a colleague) and would require support, they

therefore do not need to access a Formal Critical Incident Debrief to confirm that they are having a reaction but may instead benefit from an informal team debrief.

4.12 Impact on others

4.12.1 It is important to note the impact that the disclosure of suicidal risk may have on the person it has been disclosed to, or on those who are managing or supporting the individual. Further support for those can be accessed via the Welfare Support Team.

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