West Mercia POLICE		**POLICY / PROCEDURE**
Security Classification	**OFFICIAL**	
Disclosable under Freedom of Information Act 2000	Yes	

POLICY TITLE	**Welfare Services**
REFERENCE NUMBER	**WMP020**
Version	**2.0**

POLICY OWNERSHIP	
DIRECTORATE	PEOPLE & ORGANISATIONAL DEVELOPMENT
BUSINESS AREA	OCCUPATIONAL HEALTH

INITIAL IMPLEMENTATION DATE	**January 2021**
NEXT REVIEW DATE:	**February 2023**
RISK RATING	**HIGH**
EQUALITY ANALYSIS	**LOW**

West Mercia Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy.
Please e-mail contactus@westmercia.police.uk

1.0 POLICY OUTLINE

This policy has been developed to define West Mercia Police Welfare Service that will provide specialist support and expertise to the West Mercia Police force and OPCC. The service aims to assist in maintaining the emotional well-being and resilience of the workforce and to protect, as far as possible, all personnel from psychological harm.

The policy should be read in conjunction with the Stress Management Policy and guidance.

2.0 PURPOSE OF POLICY

The work of police officers and staff routinely exposes them to the sorts of traumatic events that the general population would rarely encounter – violent assaults, sudden fatalities, road accidents, murder, body recovery etc. as well as the regular tensions and pressures inherent in any workplace setting. The organisation relies on the resilience of the personnel who continue to attend the workplace regularly and perform effectively *despite* the sometimes traumatic nature of their work activity.

The policy applies to police officers; special constables; PCSOs; police support volunteers; Cadets and police and OPCC staff, but does not cover contractors; casual workers; or workers employed by an agency.

3.0 PRINCIPLES OF THE POLICY

The work of the Welfare Service can be divided in to four main activities:-

1. The provision of a confidential counselling service.
2. Specialist trauma support following involvement in potentially disturbing incidents.
3. Pro-active psychological support for specialist roles.
4. Education and awareness on stress and mental health issues.

The facilities provided by the Welfare Service are designed to:

- Support individuals and West Mercia Police by providing confidential counselling interventions that will facilitate effectiveness at work
- To protect, as far as possible, all West Mercia Police personnel from psychological harm from traumatic incidents
- To provide pro-active routine debriefing and support to individuals assigned to “high risk” roles

Appendix 1 provides an overview of the level and type of support available depending upon individual and organisational need. Appendix 2 provides contact details of support available.

4.0 IMPLICATIONS OF THE POLICY

The Health and Safety at Work Act 1974 places a duty on employers, so far as is reasonably practicable, to safeguard the health, safety and welfare of their employees whilst they are at work.

This policy complies with best practice as defined by the National Association of Police Welfare Advisors and has been drafted in accordance with the principles of human rights legislation.

Public disclosure is approved unless otherwise indicated and justified.

5.0 SUPPORTING SUICIDAL OFFICERS/STAFF

West Mercia Police has a duty of care to its officers and staff. In addition, all officers and staff have a personal duty of care to take steps to look after their own health and wellbeing as well as that of others. This may include careful risk assessment, regular monitoring, reviews of risk levels and referral to specialist services when appropriate and necessary.

When supporting high risk vulnerable Officers/Staff thought to be at immediate risk (within 24 hours) of attempting suicide, contact the OCC Duty Inspector by calling 777 2008 internal or 01905 332008 external number, explaining there's a mental health concern for welfare. The Duty Inspector will be able to make a decision in a discreet manner as to the level of assistance required and who to send out in support. The Duty Inspector will also record this on Saab as a non-disclosable log, this is to ensure restricted access and preserve confidentiality. Where necessary, Police Officers should consider their emergency powers under s136 of the Mental Health Act 1983 but less restrictive alternatives to detention should be considered in the first instance. Where possible, individuals should be encouraged/persuaded to attend the Mental Health suite with their/line manager/police officers for immediate assessment and support (after a full risk assessment and with agreement of OCCI Duty Inspector).

When supporting Officers/Staff expressing thoughts of suicidal ideation or who are thought to be at risk of such but, who appear to remain safe for the next 24 hours, either call their GP if inside practice hours and inform their line manager who will complete a Welfare Plan to be shared with restricted points of contact or, if outside GP practice hours, call 111 explaining there's a mental health concern for welfare, following which they will contact the appropriate Command Team. They should also be provided with contact details for other sources of support, including the Employee Assistance Programme and Mental Health First Aiders.

The Stay Alive app can be very useful, it is an award winning suicide prevention resource pre-loaded with key support numbers to include the NHS and Samaritans. The app is endorsed by the NHS to help individuals stay safe in crisis and can be downloaded by visiting https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/

In all instances, there needs to be a case conference ideally comprising of HR, line manager, Federation representative/Unison Representative, OH and Welfare with or without the individual depending upon their capacity. In order to safeguard both the Officer/Staff and help identify support required as appropriate it is imperative that a referral be made into the Occupational Health Department prior to them returning to work.

6.0 WORKPLACE SUPPORT

6.1 Employee Assistance Programme

The Employee Assistance Programme **(**EAP) will provide initial confidential telephone support for individuals seeking assistance on both work related and non work related issues. Anyone who works for the West Mercia Police is able to access the EAP service by contacting the telephone number featured on the intranet and keyfobs. **The number is 0800 882 4102**

Confidentiality

All counsellors are bound by their governing body's Code of Ethics to contain all the information that is disclosed in absolute confidence, subject to these two exceptions:-

1. An individual discloses criminal activity.

2. In exceptional circumstances involving severe psychological disturbance, disclosure may be made where an individual is considered to be a serious threat to his/her own safety or the safety of others.

Apart from these two highly unusual exceptions, EAP provide **completely confidential** telephone advice, assessment and signposting.

6.2 Psychological Support

Some events are less easy to predict and harder to handle than others and sometimes there may be a need for an Officer or member of Staff to access support through counselling accessed via the Welfare Officer or Occupational Health Advisor.

Counselling is provided with the aim of either:-

- Enabling an individual to continue working effectively despite whatever difficulties they are encountering thus preventing a sickness absence or
- Assisting in the recovery from illness and facilitating an earlier return to work than would otherwise have been possible.

The purpose of counselling is to provide initial support and therefore provides a limited number of counselling sessions (typically no more than 6 short term focused therapy sessions) with signposting provided to individuals who require longer term therapy or support that can best be provided by the NHS. In

instances where counselling is required as a result of historical non-work related matters, the Force will support referral onto the primary care team or signpost if appropriate. Depending upon the nature of the issues raised, some Officers / Staff may need to be excluded from certain roles in order to mitigate risk of further exposure.

6.3 Trauma support - Post Critical Incident Welfare Process

West Mercia Police Force has a legal obligation under Health and Safety (H&S) legislation to safeguard the health, safety and welfare of the workforce. This includes protection against adverse psychological reactions to traumatic incidents. A well organised Post Critical Incident Welfare Process not only enables the organisation to fulfil its legal obligation but also ensures that its valued staff are able to continue their careers and lives without suffering any ongoing adverse impact on their wellbeing.

Post Critical Incident Welfare Defusing and Debriefing (CIDB) is designed to reduce stress in emergency service and military personnel after exposure to traumatic incidents; however its principles are now applied in industry, commercial operations and community groups .

The focus of a CIDB is the relief of stress in normal, emotionally, healthy people who have experienced traumatic events, and the prevention of post trauma disorders. CIDB in itself is not a form of counselling.

The programme is delivered as a group process by a team of fully trained and committed Critical Incident Debriefers (CI Debriefers), representing all staff groups. Their rank or position in service is of no consequence thereby avoiding the stigma, sometimes associated with accessing support from specialist counselling advisors.

The CIDB process will involve two key stages (see Appendix 3 for a diagram of the process):-

a. Psychological defusing (see Appendix 4)

Senior officers at the scene should ensure provision of psychological defusing for staff after a traumatic event before the end of shift.

b. Critical Incident Debriefing

It is the responsibility of every sergeant / first line supervisor to review incidents and to put a CIDB in place. To arrange this, please refer to Appendix 5 following the links for further details. Please refer to the Post Incident Management Procedure.

All West Mercia Police officers and staff need to be aware of the availability of the service, and that any member of staff can request a CIDB.

There does need to be some operational oversight at local command team level to ensure that CIDBs are arranged in appropriate cases, and that the

arrangements are effective. This means the local command team will need to understand when CIDB would the appropriate response to an operational incident on their area, and that they should enquire whether the arrangements are in hand when such an incident happens. The local command team does not have to do the arranging however they do need to ensure that it happens.

c. Specialist therapeutic interventions

Written notes are not taken at CIDB, however all attendees are issued with information on how to contact Welfare Officers or the EAP should further intervention be required.

CIDB is a confidential process. Line managers who provide psychological diffusing and/or critical incident debriefing for officers/staff will create a safe and confidential environment in which to undertake the CIDB process. However, confidentiality may be breached in exceptional circumstances where it is considered that individuals are at serious risk of harm to themselves or others].

6.4 Pro-active psychological support for 'high risk' roles (mandatory support)

Mandatory support is a mechanism to monitor teams who may be at risk of psychological harm or distress, **it is not counselling**. It follows the guidance and format of the Management Standards as recommended by the Health and Safety Executive. These standards cover six key areas of work that can be associated with poor health and well-being, lower productivity and increased sickness absence. (http://www.hse.gov.uk/stress/standards). Certain roles within the police service have been identified at national and/or local levels as involving a potentially high risk, for example the roles identified within the areas listed below. That said, each department should proactively undertake their own annual Business Area Health and Wellbeing assessment to help them monitor and identify on-going and emerging risks in response to evolving roles and changing demands.
https://intranet.westmerpolice01.local/smii/s04article.asp?id=707&wn=true
Those deemed to be at an elevated risk should be offered mandatory support.

- High Tech Crime
- Family Liaison
- Scene of Crime
- Collision Investigators
- Coroners Officers
- Child sex exploitation
- Disaster Victim Identification

This list is not exhaustive. In each case the staff member will typically be subjected to distressing material or circumstances on a frequent basis, accompanied by significant levels of demand and time pressures.

Within West Mercia Police Force, officers and staff in such roles will be offered customised support from the Welfare Service, either in groups or individually, to help them to maintain psychological resilience. It is the responsibility of

supervisors to ensure that teams that fit the criteria receive the mandatory support and keep the appropriate records.

Appropriately trained practitioners will meet with individual members on an annual basis to discuss any issues that concern the team or individuals. The practitioners will provide an assessment report on the wellbeing of the team benchmarked against the six key 'Management Standards'; demand, support, control, role, relationships and change against which, the effectiveness of the stress management arrangements within the team can be assessed, thus enabling management to take any remedial action required. The format of this report will be aligned to the HSE stress management standards.

Should the practitioner identify that an individual requires more intensive one to one support, they will be referred to Welfare to arrange confidential counselling for that individual or be given details of the EAP.

Individuals
When an individual in such a role is impacted by carrying out their role they should be encouraged to meet with the Welfare Officer. The Welfare Officer would typically encourage reflection on the role and responsibilities plus consideration of aspects of the work that may be particularly challenging as well as those that are satisfying and fulfilling. Time would also be spent on encouraging self-care through exercise, nutrition, maintaining boundaries between work and domestic life, managing expectations and potentially, exit strategies.

Where a report highlights a specific issue within the department, the Welfare Officer will raise their concerns with the Health and Safety Manager. The overall aim being to help identify causal factors, put in place appropriate intervention and mitigate the impact on health and safety.

Managers
Any managers who feel that they have responsibility for personnel who may be at unusually high risk of psychological harm from their work environment should undertake a departmental annual Business Area Health and Wellbeing assessment in order to identify workplace issues and, where appropriate contact a Welfare Officer to discuss their concerns.

https://intranet.westmerpolice01.local/smii/s04article.asp?id=707&wn=true

6.5 Individual psychological risk assessments

These annual assessments have been developed by the National Police Wellbeing Service (NPWS) and are targeted at individuals undertaking roles known to expose them to high levels of psychological risk. The assessments are an effective way of identifying early and reducing the risk of psychological ill health for police officers and police staff in high risk roles focussing on anxiety, depression, functioning, burnout, somatization and lifestyle.

This screening tool is still evolving with the current groups included for screening being:-

Hostage and Crisis Negotiators;
Paedophile Online Investigation (POLIT) and Internet Child Abuse (ICAT)
Serious Collision Investigation (SCIU) and Force Collision Investigation (FCIU);
Family Liaison Officers – Traffic;
Family Liaison Officers – Crime.
Violent and Sex Offender Register (VISOR) Teams
Offender Management Teams
Digital Forensics Teams (DFT)
Counter Terrorism Units
Firearms Officers
Disaster Victim Identification Teams

NPWS have also now added:
Covid-19 related duties
Crime Scene Investigators

Officers and Staff identified via Origin as working in/having skill sets aligned with the above roles will be offered annual surveillance via the Occupational Health Department in accordance with the NPWS programme.

6.6 Education and awareness on stress and mental health issues

Welfare Officers fulfil the roles of 'subject matter experts' on mental health issues and stress; they can provide input into the material for a wide variety of training courses including induction courses for all newly appointed officers and PCSO's. They can also provide customised input on specialist roles training including FLO, SOC, DVRI, etc training and management courses.

Welfare Officers are also available to all staff within West Mercia Police Force that may require information or advice about mental health issues or the effects of the illnesses being suffered by their staff.

Please also see the Stress Management policy and guidance for further information.

6.7 Mental Health First Aiders

Mental Health First Aiders are Staff/Officers of West Mercia Police who have attended a two day mental health first aid course delivered by accredited trainers. The training provides the Mental Health First Aiders with mental health awareness skills and abilities to understand those who may be struggling with their mental health. They are trained to provide a non-judgemental listening ear and their remit is also to guide them to further support as appropriate. Their role is not to absorb individual cases or provide any advice however, they will follow-up during and after an individual's recovery. A valuable part of this role within West Mercia is for Mental Health First Aiders to understand how to support positive wellbeing and tackle stigma around this.

6.8 Maintenance and disposal of records

Welfare services will create records which will form part of the Officer/Staffs occupational health record and will be retained in line with the Force Retention Schedule.

The Occupational Health file is only accessible to appropriate members of the clinical team and will not be released unless:-

1. Consent is provided
2. Provision of a court order
3. Imminent risk to safeguarding

Counselling

Welfare services will create records which will form part of the Officer/Staffs occupational health record and will be retained in line with the Force Retention Schedule. The information held will include; reason for referral, type of therapy requested, therapist details, number of sessions and outcome.

When individuals are referred to external counsellors via the Welfare Service, Occupational Health or the EAP provider the client enters into a separate confidentially contact with the therapist. The arrangements entered into by the West Mercia Police and the external counsellors specify that the organisation does not require detailed feedback or copies of any case notes. In some cases the counsellor may advise on adjustments or support that the organisation can provide the individual to assist in them remaining at or returning to work in which case consent would be sought from the individual to provide this information to the individual's line manager.

Trauma support

A record of each CIDB intervention is maintained within HR Services containing names of attendees, incident numbers and dates.

Pro-active psychological support for 'high risk' roles

It is recognised that certain roles have a particularly high level of psychological risk, and require expert pro-active monitoring to ensure the well being of the staff involved.

As described above, the external counsellor will provide an assessment report on the wellbeing of the team to enable the management to take any remedial action required. The format of this report will be aligned to the HSE stress management standards.

Should the counsellor identify that an individual requires more intensive one to one support, they will be referred to Welfare to arrange confidential counselling for that individual.

Welfare services will create records which will form part of the Officer/Staffs occupational health record and will be retained in line with the Force Retention Schedule.

6.9 Roles and Responsibilities

Individuals

Individuals have a responsibility to raise concerns and tell their Line Manager about possible problems and sources of stress and trauma. If the organisation is not aware of a problem it can be difficult for action to be taken. Individual's roles and responsibilities include:

- To learn how to recognise when they or their colleagues are beginning to experience excessive pressure and raise this with their Line Manager or HR as early as possible in order that underlying issues can identified and dealt with.
- To be aware of the organisation's policies and procedures on this issue.

Line Managers / Supervisors

Line managers are responsible for protecting the well-being of personnel and need to monitor the wellbeing of their staff. They can make referrals to Welfare Services on behalf of a member of their staff after consultation with the individual.

Line Managers are required to encourage, support and facilitate personnel in accessing Welfare Services.

Following a traumatic incident, line managers are responsible for 'defusing' personnel before they complete their shift. (See Appendix 3).

Senior Managers Responsibilities

Chief Constables, Chief Officers, Chief Superintendents, Superintendents and Senior Police Staff are accountable to the Police and Crime Commissioner for the forces' Health and Safety policy in areas under their control. They are responsible for the health and safety of their staff whilst on duty and for others who may be affected by their work activities. They should ensure that local managers are aware of the support available to them from Welfare Services.

Occupational Health

The Occupational Health Manager will be responsible for ensuring access to Welfare Services is available and monitoring service delivery.

When an employee seeks support from the Welfare Officer or EAP their information is treated in the strictest of confidence. In some instances the Welfare Officer or EAP may advise that a referral to Occupational Health would

be appropriate given they are a multi-disciplinary team responsible for ensuring police officers and police staff are supported to undertake their duties in the most appropriate and timely manner. This would be subject to the individuals consent following which a referral would need to be initiated by the line manager (refer to the Attendance Management guidance).

As part of the sickness absence case management process Occupational Health may recommend counselling support. Should this be the case, Occupational Health will provide the employee with the appropriate contact details enabling them to access suitable counselling.

Welfare Officers

Welfare Officers will be responsible for:

- Recruiting sufficient numbers of Critical Incident Debriefers and organising their initial training – subject to the availability of funding.
- Ensuring volunteers remain skilled, informed and engaged in the Debriefer role via refresher training, networking meetings, publicity material and other relevant methods.
- Raising awareness amongst operational managers to initiate the CIDB response appropriately.
- Encouraging Divisional Commanders and Heads of Department to support CIDB by allowing debriefers time off both for responding to incident and for initial and refresher training. Local managers are also asked to cover the cost of the facilitators' incidental travel expenses.
- Providing assistance with education and awareness on stress and mental health issues.

Mental Health Advisor

The Mental Health Advisor (MHA) provides the Force with specialist support and advice aimed to destigmatise, improve and promote the management of mental health and psychological wellbeing within the workforce through; proactive Force wide psychoeducational activities, specialist input for the clinicians within OH&WS, hold a small case load for those with the most complex clinical psychological needs (within their competency) to include CBT and develop/provide specialist training in liaison with L&D. The MHA will create records which will form part of the Officer/Staffs occupational health record and will be retained in line with the Force Retention Schedule.

7.0 CONSULTATION

Chief Officer/ Business Lead Consulted	***Date Consulted***
Rachel Hartland-Lane/ Bal Jacob	January 2022/ December 2021

Health and Wellbeing Board and Critical Friends Group

8.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:

Date	Author / Reviewer	Amendment(s) & Rationale	Approval / Adoption
		Previously approved at JNCC meeting	JNCC 27/01/2016
Dec 2019	Amanda Teague	Reviewed – No changes revert to West Mercia Force only v1.0	Jan 2020
July 2020	Amanda Teague, Clive Griffiths, Amber Threapleton, Allan Hand	Reviewed – Section 7 specifically related to supporting suicidal officers/staff. Section 8 8.4 Stress risk assessments to inform mandatory support requests. 8.6 Inclusion of Mental Health First Aiders. Appendix 1 provides overview of support available & Appendix 2 provides contact details v1.1	Jan 2021
Dec 2021	Amanda Teague	The proposed changes will require the Welfare Officers to record in an individual's (Officers/Staff) Occupational Health (OH) file v2.0	JNCC Exec Board 08/02/2022

9.0 ASSESSMENT AND ANALYSIS

The Equality Analysis (EA), Health & Safety Assessment (HAS) and Risk Assessment (RA) associated with this document are available on request.

10.0 DATA PROTECTION IMPACT ASSESSMENT

- Is a DPIA required – No, agreed by Audit, Risk and Compliance on 2nd December 2021

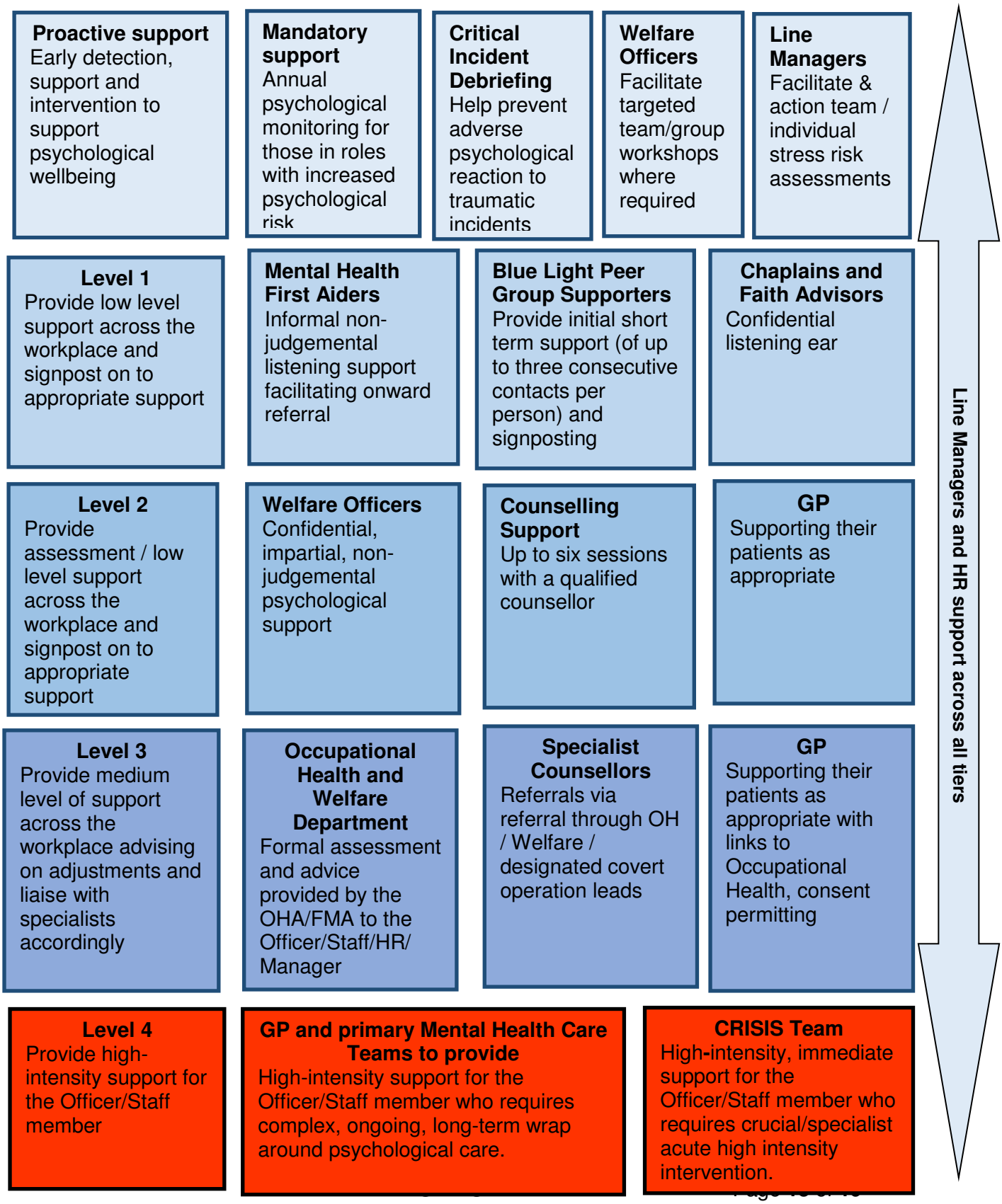
11.0 MONITORING / EVALUATION

The monitoring and review of this policy is the responsibility of the policy owner.

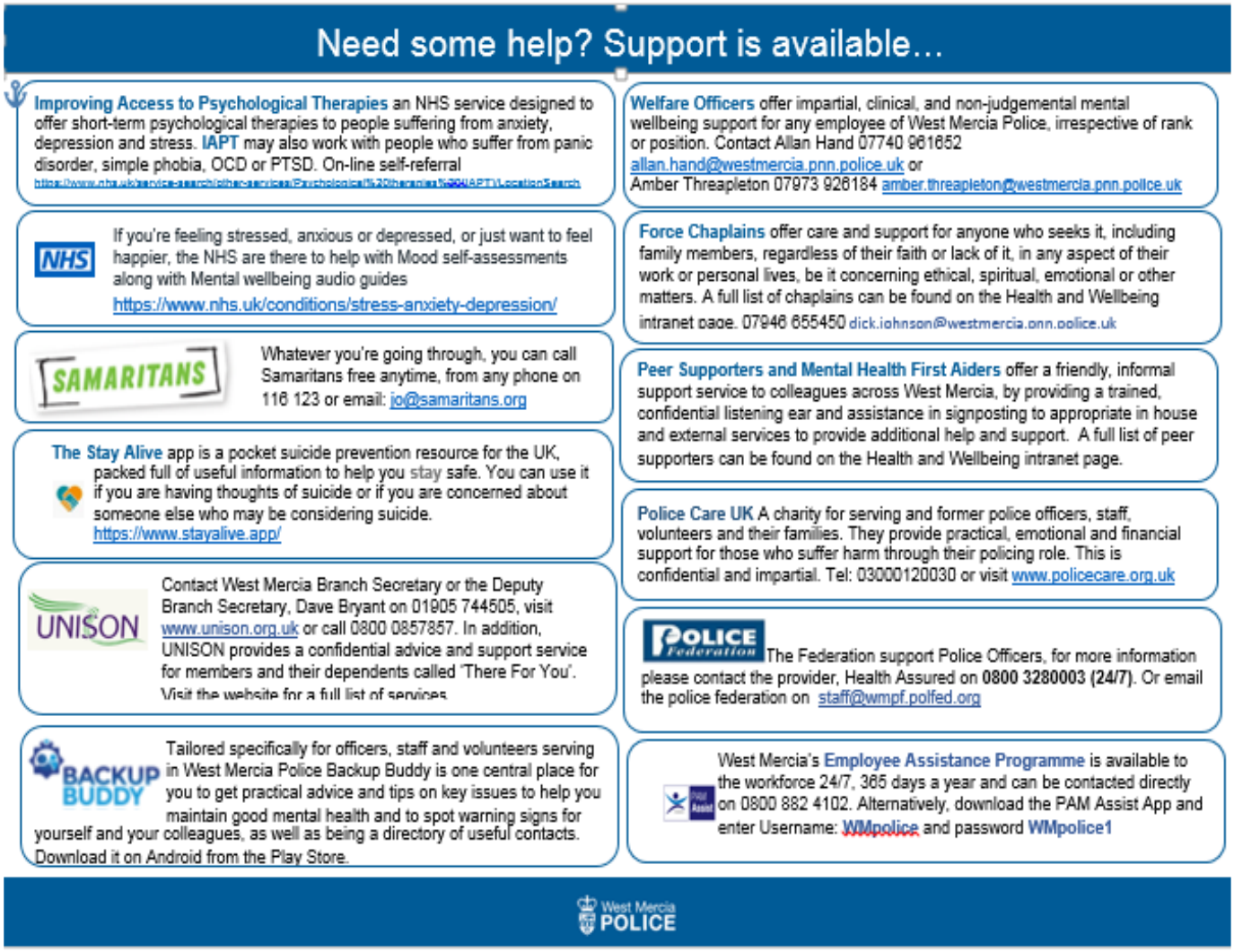
APPENDICES

Appendix 1

Mental Health Support Model



Appendix 2


Need some help? Support is available…
Improving Access to Psychological Therapies an NHS service designed to offer short-term psychological therapies to people suffering from anxiety, depression and stress. IAPT may also work with people who suffer from panic disorder, simple phobia, OCD or PTSD. On-line self-referral
NHS
If you're feeling stressed, anxious or depressed, or just want to feel happier, the NHS are there to help with Mood self-assessments along with Mental wellbeing audio guides
https://www.nhs.uk/conditions/stress-anxiety-depression/
SAMARITANS
Whatever you're going through, you can call Samaritans free anytime, from any phone on 116 123 or email: jo@samaritans.org
The Stay Alive app is a pocket suicide prevention resource for the UK, packed full of useful information to help you stay safe. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide.
https://www.stayalive.app/
UNISON
Contact West Mercia Branch Secretary or the Deputy Branch Secretary, Dave Bryant on 01905 744505, visit www.unison.org.uk or call 0800 0857857. In addition, UNISON provides a confidential advice and support service for members and their dependents called 'There For You'. Visit the website for a full list of services
BACKUP BUDDY
Tailored specifically for officers, staff and volunteers serving in West Mercia Police Backup Buddy is one central place for you to get practical advice and tips on key issues to help you maintain good mental health and to spot warning signs for yourself and your colleagues, as well as being a directory of useful contacts. Download it on Android from the Play Store.
Welfare Officers offer impartial, clinical, and non-judgemental mental wellbeing support for any employee of West Mercia Police, irrespective of rank or position. Contact Allan Hand 07740 961652
allan.hand@westmercia.pnn.police.uk or
Amber Threapleton 07973 926184 amber.threapleton@westmercia.pnn.police.uk
Force Chaplains offer care and support for anyone who seeks it, including family members, regardless of their faith or lack of it, in any aspect of their work or personal lives, be it concerning ethical, spiritual, emotional or other matters. A full list of chaplains can be found on the Health and Wellbeing intranet page. 07946 655450 dick.johnson@westmercia.pnn.police.uk
Peer Supporters and Mental Health First Aiders offer a friendly, informal support service to colleagues across West Mercia, by providing a trained, confidential listening ear and assistance in signposting to appropriate in house and external services to provide additional help and support. A full list of peer supporters can be found on the Health and Wellbeing intranet page.
Police Care UK A charity for serving and former police officers, staff, volunteers and their families. They provide practical, emotional and financial support for those who suffer harm through their policing role. This is confidential and impartial. Tel: 03000120030 or visit www.policecare.org.uk
POLICE Federation
The Federation support Police Officers, for more information please contact the provider, Health Assured on 0800 3280003 (24/7). Or email the police federation on staff@wmpf.polfed.org
West Mercia's Employee Assistance Programme is available to the workforce 24/7, 365 days a year and can be contacted directly on 0800 882 4102. Alternatively, download the PAM Assist App and enter Username: WMpolice and password WMpolice1
West Mercia POLICE

Appendix 3

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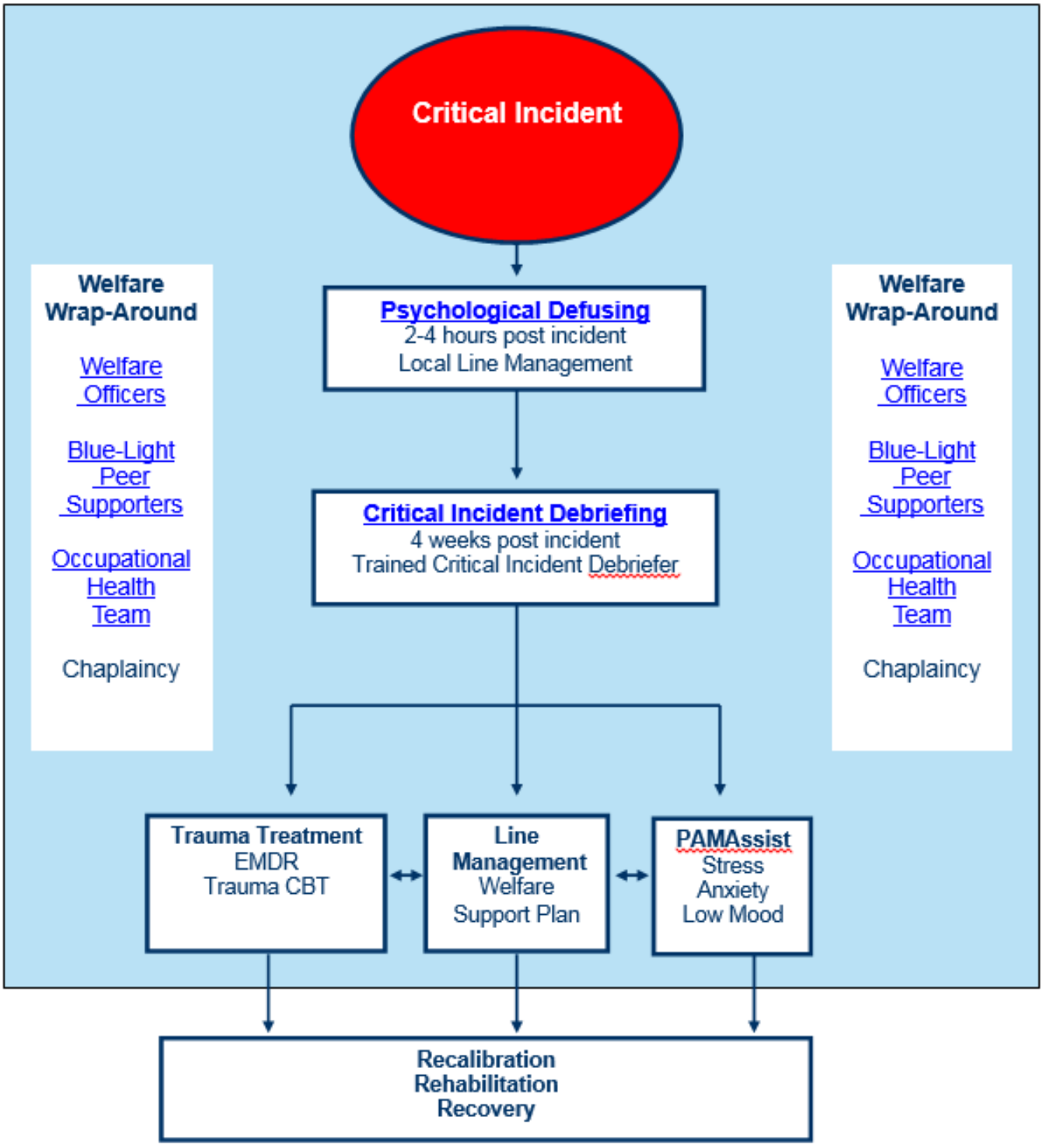
Post Critical Incident Welfare Process



Appendix 4

Post Critical Incident Psychological Defusing

What is Critical Incident Psychological Defusing?

Critical incident defusing is a specific form of immediate support given by line managers to their officers and staff after they have been involved in or attended an incident that is described as critical i.e. where there has been an occurrence of or the threat of: loss of life, catastrophic injury and or harm to the public or to colleagues.

It is a way of assisting the brain in effectively processing the normal thought and feeling reactions to an abnormal event. In addition it increases camaraderie, acceptance and support which are all proven to reduce the likelihood of the development of trauma, stress, depression and anxiety.

Critical Incident psychological defusing is well researched and documented across many sectors including the armed forces as being an effective first line of trauma prevention and key to helping individuals regain their mental equilibrium.

It forms part of the West Mercia Police's post Critical Incident Welfare Debriefing Process.

How to set up & conduct a defusing session?

To be conducted within 2-4 hours post incident

Prior to the session:

1. Line managers to liaise with one another where multiple teams are involved to decide if separate or joint defusing sessions are the most appropriate.

2. Line managers inform all team members that they intend to hold a welfare defusing session so that no one goes home without being seen or spoken to post incident.

3. Decide if your defusing session needs to be conducted face to face or via telephone conferencing.

4. Set the time for the session & organise a room including refreshments and or telephone conferencing services.

5. Communicate all the details to those affected and ensure that they and you will not be interrupted during this session.

6. Also be mindful that there may be disclosure implications under the Criminal Procedure and Investigations Act 1996 arising from your debrief. Make sure you tell those at the session this.

During the Session:

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1. **Exploring initial reaction - Concentrate on here and now**

Ask open questions about how people have been involved, their thoughts around this and how they are feeling right now.

When someone shares ask who else has some of those thoughts and feelings as this encourages sharing and a 'we've all been in this together' acceptance.

Just acknowledge and register the feelings – you don't need to overly explore these or try to make the person feel better or solve anything – it's enough to listen and let their own minds take it in.

Be aware of those who seem to have no reactions or thoughts or feelings but don't try to force sharing – they may just be feeling shocked or numb. They will get a lot out of just being there and hearing others' experience.

2. **Supporting - Respond and allow others to respond**

Reassure – give reassurance that the feelings and reactions are normal, that support is available and that all of them will be okay.

Praise and recognition: Give praise and recognition for actions that have been done, for the way individuals have carried out their role and for the way they are supporting each other and sharing in the session.

3. **Educate – Tell them what they can expect**

Advise them about how they might be affected in the next few days – repetitive thoughts, sleep pattern interruption, alteration of appetite and alteration in mood and tolerance.

Give them the details of who is available to support them – You, other line managers, and Welfare officers, PAM Assist, Chaplaincy and Occupational Health.

Give them the details of where on the intranet they can find assistance (Go to Mental Health Assistance)

Give them the Critical Incident Debrief Leaflet or the link so they can download it to their SMART phones.

End of the Session

Checking & Closing – Making sure they are Okay to go home

Make a point of checking the level of support available at home that day and in the next few days – pay special attention to those who live alone or who have recently gone through bereavement, divorce or who you know are in an additional caring role of someone else e.g. a family member with dementia. Ask them what they feel they would do if they needed support over the next few days.

Make yourself available for follow up.

Tell them the next step in the process – A Critical Incident Debrief. Go to the intranet page for Critical Incident Debrief under Mental Health Assistance and download the Flow chart.

Look after yourself – be aware of the impact on you as a line manager. Welfare Officers are available to you for advice about running a defusing session, practical assistance in supporting the welfare of your team and providing a confidential defusing and off loading point for line managers.

This now brings to a close your psychological defusing session. The next stage is to request a Critical Incident Debrief if this has not already been arranged

Appendix 5

West Mercia POLICE

How to arrange Critical Incident Debrief (4 weeks post incident)