



<u>TITLE</u>	STRESS MANAGEMENT GUIDELINES
<u>CCMT Sponsor</u>	Director of Resources
<u>Department/Area</u>	Human Resources
<u>Section/Sector</u>	Corporate Health & Support Services

1.0 Rationale

Thames Valley Police's aim is to "work with our communities to reduce crime, disorder and fear as a leading, caring and professional police service". To achieve this aim it is recognised that every member of staff needs to be supported and equipped to do their jobs by providing a healthy, safe and caring working environment.

2.0 Intention

The Stress Management Guidelines provides one of the key cornerstones upon which we can create, maintain and promote a healthy, safe and caring environment. Other associated and interlinked policies include: The Sickness Management Policy and the Blood Borne Diseases Policy.

3.0 General Principles

This Guidance aims to:

- a) provide an awareness of stress, and its causes;
- b) provide advice on strategies to manage stress; and,
- c) provide advice on response to traumatic incidents.

The spirit, intent and application of this policy is based upon the following principles:

- To raise the level of awareness and knowledge of the effects of stress and trauma, the potential consequences, and the support services available;
- To encourage all managers to participate in identifying and reducing the effects of stress and trauma;

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- To offer individuals and groups appropriate confidential care and treatment as soon as possible after traumatic incidents;
- To ensure that the programme and delivery of Corporate Health & Support Services strategies are regularly monitored, evaluated and updated; and,
- To maintain confidentiality as a key element of both the services provided and the data collated to evaluate service provision.

The advice contained in this Guidance is based on expert opinion supplied by the Thames Valley Police clinical psychologist and reflects current best practice concerning organisational response to stress and traumatic incidents.

4.0 Challenges / Representations

Head of Corporate Health & Support Services,
First Floor,
Eden House,
16 Lyne Road,
Kidlington, Oxon.
OX5 1AD

5.0 Guidance, Procedures & Tactics

To ensure transparency and accountability any decision made as a result of following these guidelines should be clearly documented.

6.0 Communication

6.1 Links to Police National and Legal Database

Human Rights Act 1998

Home Office paper, "Strategy for Healthy Police Service".
(www.policereform.gov.uk/implementation/healthypolice.html)

Home Office Research Paper 143, "In Sickness & In Health".
(www.homeoffice.gov.uk/rds/prgpdfs/prs143.pdf)

HMIC Research Paper, "Lost Time".
(www.homeoffice.gov.uk/hmic/losttime.pdf)

Police (Efficiency) (Amendment) Regulations 2003 (S.I. 2003/528)

Police (Efficiency) Regulations 1999.

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Links to other Force Policies:

Sickness Management Policy.
Blood Borne Diseases Policy.

6.2 Communication Strategy

- Intranet;
- Weekly Orders;
- All Users' message via daily message;
- Thames View;
- Memo to all Personnel Managers.
- Copy to all staff

Target audience; all members of TVP staff.

7.0 Compliance and Certification

7.1 Human Rights Certification

(i) Legal Basis

This guidance does not have a defined legal basis but follows appropriate guidelines.

Home Office paper, "Strategy for Healthy Police Service".

(www.policereform.gov.uk/implementation/healthypolice.html)

Home Office Research Paper 143, "In Sickness & In Health".

(www.homeoffice.gov.uk/rds/prgpdfs/prs143.pdf)

HMIC Research Paper, "Lost Time".

(www.homeoffice.gov.uk/hmic/losttime.pdf)

Police (Efficiency) (Amendment) Regulations 2003 (S.I. 2003/528)

Police (Efficiency) Regulations 1999.

(ii) Human Rights Articles Engaged

Article 8(6).

(iii) Prohibition of Discrimination

This paper outlines guidance only and therefore should not have the potential to discriminate.

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7.2 Race Equality Impact Assessment

This policy has been impact assessed and has been rated as 'LOW' relevance.

7.3 Data Protection

Personal data and information gathered by Welfare and medical professional staff employed or contracted to Thames Valley Police gathered as a result of this guidance will be processed in accordance with the provisions of the Data Protection Act 1998, BMA medical confidentiality rules and Welfare professionals confidentiality rules.

7.4 Freedom of Information

The policy will be published on the Thames Valley Police Freedom Of Information Publication Scheme.

7.5 Protective Markings

This document has been assessed and is Not Protectively Marked

7.6 Health and Safety at Work

This paper outlines guidance only on non-operational matters and therefore has no Health & Safety implications.

8.0 Monitoring and Review

8.1 Links to Best Value/PPAF/Priorities/Performance Indicators

This paper offers guidance only and is not subject to Best Value Reviews. However, the regular review of the Sickness Management Policy may impact upon this guidance.

8.2 Review Process

This guidance will be reviewed annually.

STRESS MANAGEMENT – STANDARD OPERATING PROCEDURE

1.0 INTRODUCTION:

1.1 What is Stress?

Stress can mean the pressure or force placed upon a person or object, as, for example, when a heavy weight bearing down on an iron bar causing it to bend is described as stress. This is stress as the **cause**. Stress can also be used to describe the strain resulting from pressure as when we say we are feeling stressed. Here stress is used to describe the **response**. For clarity, we shall use stress to describe the response to pressure. We shall call the events or people that cause stress, stressors.

STRESSOR = something that causes strain or stress

STRESS = the way we respond to stressful events

Certain situations will cause stress in most people. For example, traumatic events like a kidnapping or threatened shooting will be stressful to everyone involved. But in many potentially stressful situations one person may feel very stressed and another hardly stressed at all. At work some people thrive on pressure and others buckle under the strain. The way we **perceive** events directly affects how stressful we feel. If we feel threatened and doubt our ability to cope with pressures then we are more likely to experience stress. In other words, a situation is stressful when you **feel** under pressure and you **believe you cannot cope** with the demands placed upon you.

1.2 Acute stress reaction

This is the immediate bodily response to a threat. Adrenalin is pumped through the body, heart rate increases, breathing is rapid, muscles tense up, blood pressure rises, blood rushes to periphery, the digestive system closes down, liver produces glucose for fuel, saliva dries up, pupils dilate, the senses alerted. When the threat is past, the body's response returns to normal.

1.3 Chronic state of stress

In some people repeated exposure to stressors leads to a chronic state of stress. They can experience chronic muscular tension, high blood pressure, excess of sugar in the blood, poor sleep, jumpiness and increased susceptibility to minor illnesses. Chronic stress may also result in an increased risk of major illnesses such as heart disease.

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1.4 Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a constellation of symptoms brought on by a traumatic event or events that are life-threatening or severely challenge a person's assumptions about the safety of the world. The major symptom is a persistent re-experiencing of the trauma in the form of nightmares, flashbacks and disturbing memories. The person is usually in a high state of arousal. Concentration, memory and decision-making are impaired. The capacity to work or to socialise is affected. After a major trauma most people experience an immediate acute stress reaction that declines over time. In those who suffer from PTSD the normal recovery process is blocked and the symptoms persist.

1.5 Sources of stress

In an organisation such as Thames Valley Police stress can result from both external and internal factors. External factors include government policies, public expectations, budgetary restraints, low wages, the cost of living, etc. These are not usually possible for any individual to change. Internal factors include management systems, management style, the culture of the organisation, personalities, and relationships with colleagues and other staff. In addition, stress can arise from the nature of the work in particular when difficult or traumatic events occur. Organisational stressors such as poor supervision, shift work and work overload are the most frequently cited as the major source of stress by police officers. For some people exposure to traumatic situations such as assaults, shootings, fatal road traffic collisions, suicides or conveying the news of bereavements can be particularly stressful.

1.6 Signs of stress

People report characteristic feelings of being anxious, tense, jumpy, irritable, on edge. They feel rushed and unable to get work done. Concentration and decision-making are poor. These subjective feelings are accompanied by changes in behaviour such as disturbed sleep, eating too little or too much, missing meals, tending to work long hours or to avoid work, avoiding friends, cutting down on previously enjoyed activities, snapping at family or colleagues. When stressed, people's thinking is affected. There is a tendency to ruminate unproductively, to become blinkered and unable to see the larger picture, to blame oneself or others. Irrational beliefs can be strongly held such as "only I can sort this out" or "I am totally to blame". High levels of stress can also lead to unhelpful "solutions" such as excessive drinking, substance abuse or hiding work that only serve to make matters worse.

1.7 Stress Management

Most people manage stress themselves using common-sense approaches often with the support of family, colleagues and friends. In some instances specialised help is needed either through the Welfare department or from psychologists and other mental health specialists (see below). Many still

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see stress as a weakness and regard seeking help as an indication of lack of moral fibre or a failure. This attitude is gradually changing. The Health & Safety Executive, for example, acknowledges the importance of stress in the workplace. Obtaining help when stressed is increasingly seen as a sensible and acceptable act, important both to the individual and the organisation.

2.0 RESPONSIBILITIES:

2.1 Thames Valley Police recognises the importance of preventing and reducing stress in its staff and is committed to provide a working environment which supports the rights of staff to be treated fairly and with respect.

As an employer we recognise that we have a responsibility to ensure, as far as reasonably practicable, the health, safety and welfare of our staff.

2.2 Line Management

All managers have a duty of care for their staff. Any individual exhibiting signs of stress should be encouraged to talk about how they are feeling and to seek help.

Line managers who are unsure as to how to help one of their colleagues can obtain help and advice (during office hours) from the Welfare Department on 705 6912. Out of office hours a Welfare Officer is always available through the Control Room Duty Inspector (700 6401).

However, whilst line managers cannot formally 'refer' a member of their staff into the Welfare department, they should try and encourage anyone to 'self-refer' if they believe they need the kind of help that the Welfare team can access.

In respect of the Occupational Health Unit line managers can refer individuals into the unit and, if referred, that member of staff has to attend to for the organisation to ascertain the condition of their health. To formally refer someone into the unit without their knowledge or support is a very serious step and no such referral should be undertaken without the advice and guidance of a Personnel Manager, Head of Corporate Health & Support Services or someone of similar standing.

When line managers are preparing operation orders, work schedules etc. They should consider the possible impact of their planning on those individuals who are involved as part of their Health & Safety risk assessments.

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2.3 Individual

Despite the guidance contained in paragraph 2.2 above, it is recognised that there are often circumstances when staff do not wish to discuss their feelings or problems with colleagues or line managers. Consequently, the Welfare Department and the Occupational Health Unit both exist to offer **confidential** support and advice to anyone seeking their help. They are trained and are able to offer a wide range of services including:

- Stress awareness, management and counselling;
- Traumatic incident reviews;
- Financial management including issues of pay, debt etc.;
- Child Support Agency negotiations;
- Relationship issues;
- Health concerns including life-style changes.

Contact is best made during office hours on 705 6912 for the Welfare Department or 705 6931 for the Occupational Health Unit. Out of hours and in cases of extreme urgency a Welfare officer can be contact via the Control Room Inspector on 700 6401.

2.4 Self harm/Suicidal thoughts

In rare cases severe stress can lead to intense hopelessness, feeling trapped and suicidal thoughts or plans. Sometimes self-harm occurs such as taking an overdose. All suicidal behaviour and thoughts should be taken seriously. The individual's concerns should be listened to, the degree of risk assessed and professional help sought if required. While respecting the individual's rights, a concern for the person's safety and well-being should override issues of confidentiality and privacy where there is a significant risk of suicide. Managers should conduct an individual risk assessment in consultation with Occupational Health

2.5 Senior Management

All senior managers should regularly discuss stress within the people and the workplaces they are responsible for. They should consider its causes and its effects and then take appropriate action to deal with issues that arise from those considerations. Should they find that stress-related issues are causing undue pressures within their Area / Department / team then early consultations with the force Welfare Manager or head of the Occupational Health Unit may reveal a range of options which can be made available to reduce the problem.

3.0 TRAUMATIC INCIDENTS:

3.1 Identification of a 'Traumatic Incident'

The definition of a traumatic incident is *"an incident which has serious psychological effects on an individual or a group of individuals"*. For the

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purposes of Thames Valley Polices' internal policy process 'Traumatic Incidents' (as defined in this policy) and 'Critical Incidents' (as defined in the Critical Incidents Policy) are completely different.

Traumatic incidents produce a powerful sense of fear, vulnerability or lack of control in those exposed to the incident including those hearing about the events at a distance, e.g. in the Control Room.

Examples of traumatic incidents could include:

- Serious injury, threat of serious injury or death of a colleague;
- Serious or potentially fatal injury to oneself;
- Sudden or traumatic death e.g. cot deaths, murder, suicide etc.;
- Serious road traffic collision involving fatal or near fatal injuries;
- Body recovery;
- Firearms incidents;
- Large scale disasters.

Any incident could be a traumatic incident even if it appears minor to others. It is not the incident which causes it to be 'traumatic' – it is the effect on those who are affected by it.

It is important to remember that anyone can become traumatised – not just those who attend an incident. So, for example, radio operators receiving messages from others in distress; call-takers who deal with those threatening suicide or who admit major crimes; forensic specialists asked to deal with poignant exhibits; scenes of crime officers asked to recover samples; family liaison officers having to live close to bereaved persons for lengthy periods or typists asked to transcribe tapes containing graphic descriptions. In the attacks on the World Trade Centre in New York on 11 September 2001 people suffered considerable trauma although they were many thousands of miles away just because of the enormity of the images they watched on TV.

3.2 Response to Traumatic Incidents

The Corporate Health and Support Services team have developed a protocol intended to lessen the adverse effects of traumatic incidents, alleviate stress and restore an individual's normal functioning as soon as possible. The basic detail of that protocol is contained in the following paragraphs although greater detail will be made known to the appropriate supervisors at the time of any traumatic incident.

3.3 The responsibilities of the immediate supervisor at a traumatic incident

The immediate supervisor is responsible for recognising an incident as traumatic according to 3.1 above and responding appropriately to it. His or her responsibilities can be summarised as follows:

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- i) Identifying the incident as traumatic;
- ii) Providing immediate support to members of the team (see 3.4 below);
- iii) Discussing with Welfare whether a Welfare Officer should be called in;
- iv) Discussing with Welfare whether a traumatic incident review (see Para 3.6 below) should be conducted

3.4 Immediate support

All supervisors have a responsibility to provide support for all staff under their care. This requirement exists all the time but in the event of a traumatic incident the supervisor should immediately or as soon as possible after the incident take one or more of the following actions:

- i) See each person individually to ask how they were affected by the incident;
- ii) Bring the team together as a group to talk through the incident;
- iii) Check on team members who were peripherally involved;
- iv) Follow up those affected in the days after the incident;
- v) Remember your own feelings and emotions. This guidance is for supervisors benefit as well and help from a Welfare officer is just one short telephone call away.

3.5 Involvement of Welfare

Welfare should always be contacted as soon as the incident is identified as traumatic and their involvement discussed. Their role entails:

- i) Registering the incident;
- ii) Help with providing immediate support if required;
- iii) Arranging a Traumatic Incident Review (if required – see 3.6 below);
- iv) Organising specialist help where necessary.

3.6 Traumatic Incident Review

Specialist help for traumatised individuals or the team involved may be provided by way of a 'Traumatic Incident Review'. The purpose is to anticipate potential problems and to provide early help and treatment where necessary.

The Traumatic Incident Review will be carried out by a welfare officer in consultation with the Force Psychologist or Psychiatrist. The decision to request a Traumatic Incident Review should always be made jointly by the supervisor in consultation with a Welfare officer.

A Traumatic Incident Review is called for in the following cases:

- i. The incident is extremely serious and likely to have major psychological repercussions;

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- ii. The supervisor has concerns about one or more member of his or her team that he or she feels needs specialist help;
- iii. The supervisor is aware of individuals who may be particularly vulnerable and wants to ensure that their welfare is appropriately attended to.

A Traumatic Incident Review can be requested at any time but it is particularly important in the aftermath of the incident.

Following a Traumatic Incident Review, individuals may be offered further psychological help in the form of counselling or specialist psychological therapy. There is no obligation on any individuals to take up such an offer nor does it preclude any individual seeking help through the normal channels (their GP etc.).

One month after the incident Welfare department will contact the immediate supervisor and any staff who were affected to see if further help is needed.

For use by the Policy Management Unit Only

Policy Authorisation

Policy approved at (e.g. meeting or committee):

Date policy signed off:

Policy signed off by:

(Name of relevant ACC)

(Signature)

(Functional area)