Chief Constable
Chief Constable Robert Carden
Police Headquarters
Carleton Hall Penrith,
Cumbria
CA10 2AU

20th November 2024

Dear

FREEDOM OF INFORMATION REQUEST – FOI 981/24 Officers with Suicidal thoughts

I refer to your request for information received by Cumbria Constabulary on the 31st of October 2024. I note you seek access to the following information:

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

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

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

Your request for information has now been considered and I can confirm Cumbria Constabulary does not hold the information you have requested in an easily retrievable format.

To locate and retrieve all the information you seek it in question 2 it would be necessary to manually review all appointments recorded within the period requested. The system used to record appointments does not have a mechanism to search for urgent appointments, therefore each record would need to be manually reviewed to establish the triage status. The total number of appointments recorded during the period requested is 872, therefore I have estimated that the time required to manually review these records would significantly exceed the "appropriate limit", as stated in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004. The current limit for police forces is set at £450, which equates to 18 hours of work.

Section 12(1) of the Freedom of Information Act does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit. In view of this, and in accordance with Section 17(5) of the Act, this letter serves as a Refusal Notice for your request, by virtue of Section 12(1).

However, as a gesture of goodwill and in keeping with the duty to provide advice and assistance under Section 16 of the Act, I can provide you with some information which has been retrieved within the 18hour limit.

The information below has been provided by the Constabulary's Occupational Health department.

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

Cumbria Constabulary do not have a specific policy however, the Constabulary does have guidance which is available to all managers on what they should do in these circumstances. I have attached a copy of this guidance with the response.

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

Occupational Health (OH) Nurse Practitioners – 3.4 FTE
OH Technician – 1FTE
OH Admin – 2FTE
Contracted Force Medical Advisor – 4 days a month
Contracted CBT Psychotherapist – 6 days a month
Contracted physiotherapist – 4days a month.

Whilst every care has been taken in the retrieval of the information provided, please do not hesitate to contact us for clarification, if you do have any issues or queries relating to this data.

Complaint Rights

Your attention is drawn to the attached sheet, which details your right of complaint.

I would like to take this opportunity to thank you for your interest in Cumbria Constabulary.

Occupational Health Guidance:

Management of someone who expresses suicidal thoughts or intent.

Purpose:

The issues of declared suicidal thoughts or intent and self-harm are often very complex and emotionally charged. When encountered, these issues will leave managers and colleagues with some potentially very difficult choices to make, for which they may not feel suitably qualified or placed to deal with. It is with this in mind, that this guidance document has been compiled.

Although you are not a trained mental health professional you do have a duty of care towards your staff. To discharge this duty you do not have to provide any type of therapy. Your duty is to make sure that your member of staff is put into contact with those people who can provide the right kind of professional care in a timely manner.

Limitations:

This guidance is designed to be used when dealing with someone who is with you within the work environment. If someone phones in, or has already stormed off **and** you have concerns for their safety contact your local duty inspector or FIM, tell them your concerns and request that the individual be treated as 'a concern for welfare'. They will then manage the situation as per any other member of the public.

Guidance:

1. Thank the member of staff for telling you they are having suicidal thoughts and let them talk for perhaps five to ten minutes to ventilate their feelings. Just listen but the individual needs to know that if you consider them to be at risk you will breach confidentiality to maintain their safety.
2. Explain to the member of staff you want to help and that there is a specific procedure for doing this. Explain you need to make sure they are assessed by a medical professional qualified to help them. This will be their GP or a Doctor working at A&E. Do not refer the suicidal member of staff to Occupational Health as the first step; the Occupational Health Department does not have access to the necessary resources, which are available to the NHS, to deal with this situation. However, an early referral to Occupational health for ongoing advice and support is important. Remember your primary duty is to put the member of staff in contact with appropriate medical services at the earliest opportunity.
3. If the staff member is agreeable to this course of action plan with them how to go about achieving this.
4. Allow them to phone their GP practice to arrange an emergency appointment or perhaps you might make the call with the staff members' agreement. If you are outside GP hours then contact the local A&E department to explain your staff member will be attending.

It is essential that you include the individual in this process and consider the following:

- How are they going to get to the GP/Hospital and home afterwards?
- Could someone go with them?
- If no one is going with them, how will you know if they have gone?

5. In some cases a member of staff will not want to attend medical services and resist your efforts to help. At this point you need to explain that you have a legal duty of care towards them and will have to make contact with medical services on their behalf. Try to talk this through with the member of staff and in most situations an agreement to proceed can be reached

6. If a member of staff remains resistant to you contacting medical services or tries to end the conversation and you have immediate concerns for their safety you should seek advice from a police officer supervisor; ensure someone stays with the staff member whilst you seek advice. If they refuse to stay and leave the premises, notify the police officer supervisor of this and request the individual be treated as 'a concern for welfare'.

7. In most cases staff will be willing to meet with their Doctor and you need to plan with them how you will know what has resulted from the meeting. Before the individual leaves ensure that you have both agreed a plan and know when the next contact is going to be; ideally this should be as soon after the appointment has taken place but always within 24hrs. Agreed contact should be given priority and be maintained throughout the crisis and for some time afterwards.

   Ensure that the individual has the relevant contact numbers to access support and explain carefully to the individual if you are going to make any calls or referrals on their behalf. Make sure that you do whatever has been agreed.

8. Give consideration to the rest of the team and how they are feeling. What is already known by others? Consider how to manage confidentiality, but also provide reassurances to the team that the situation is being managed. Do not under estimate the impact this may have on you personally, seek support from Occupational Health if you are struggling.

9. Document the encounter and any plans or actions agreed.

Please remember that the responsibility and power of the persons' continued living is always theirs and can never be yours. Ultimately you cannot prevent a person determined to commit suicide from doing so. Know and accept your limitations.

Points to consider whilst having the conversation:

- AVOID THE GUILT TRIP. Suicidal people feel they have little or no control in their lives and that they have run out of options (apart from the ultimate one). The guilt trip (what about your family etc.) only serves to push them harder up against the wall.
- Don't Panic! Be aware of your tone, pitch and volume. Speak calmly and a little slower than you might ordinarily.
- Try to use real language. Instead of 'Have you thought about how you would do 'IT'?'; try 'How would you kill yourself?' Now is not the time for collusion.
- Do NOT dismiss suicide as a valid option. This can be highly counter-productive.
- Talk about the future (their future). If you can, set (SMART and simple) short-term goals for them; give their mind something to think about.
- Be honest and open, don't promise what you cannot guarantee, as this is likely to come back and bite you and make them feel even more without hope.
- Ask questions, don't' just 'transmit and seek to control'.

Supplementary Information:

Definition of related terms:

Self-Harm. This is NOT an attempt to end life or sustain life-threatening injuries. It is a deliberate injury inflicted by a person upon his or her own body, without suicidal intent. Many people have a long history of self-harm but have never held any intent of suicide. Such acts may be aimed at relieving otherwise unbearable emotions, sensations of unreality and numbness. Self-harm is largely accepted as a symptom of borderline personality disorder and is sometimes associated with mental illness, a history of trauma and abuse, eating disorders or mental traits such as low self-esteem or perfectionism. The most common form of self-harm is cutting. Cutters tend to use a sharp implement such as a blade or sharp point to scratch and break the surface of their skin. The arms are the most common area cut, but any part of the skin ordinarily covered by clothing can be used. Self-harm is NOT 'attention seeking'. Indeed it is usually an intensely personal practice with every attempt made to conceal scarring and offer other reasons if it is seen.

Suicidal Ideation (or Thoughts). This should be seen as a stage towards a greater likelihood of suicidal attempt, but not necessarily an indication of any such attempt in the immediate future. It is a stage beyond early verbal or written declarations of 'what's the point?' or similar worded statements. Ideation is when an individual has pictured how they might make an attempt on their life, where and when. They will usually be aware of the method they would use ***if*** they were to decide to go ahead with it.

Suicidal Preparation. This is a further stage on from Suicidal Ideation.

Suicidal attempts are very rarely a 'spur of the moment' act. They are usually well planned and thought out. Considerations are made as to ensuring nobody will be around to stop them, the degree of lethality and materials needed. For example, if someone chose to kill themselves by carbon monoxide poisoning in their car, this would be planned in advance in terms of location, opportunity and even checking the hosing is long enough and provides a reasonable seal on the exhaust.

Suicide. The act of killing oneself intentionally. Only a Coroners Court can determine that a death can be classified as a 'suicide.' The definition of suicide is voluntarily doing an act for the purposes of destroying one's own life while one is conscious of what one is doing.

It is better to think of suicide attempts as a 'cry of pain' rather than 'a cry for help'. If the attempt is genuine, the individual is past wanting help; they have given up on that option.

Why do people attempt suicide?

People usually commit suicide to block unbearable emotional pain which can be caused by a wide variety of problems. A person considering or attempting suicide is often so distressed that they are

unable to see that they have other options. Suicidal people often feel very isolated because of their distress and may think they have no one to turn to for help.

The majority of individuals who commit suicide do not have a diagnosable mental illness. They are ordinary people who at a particular time feel desperately unhappy and alone. Suicidal thoughts and actions may be the result of life's stresses and losses that the individual feels they just can't cope with.

What are the signs I should look for?

- Living alone / socially isolated / desire for isolation at work
- Decrease in self esteem
- Increased or decrease in emotionality (anger, tearful, agitated, hopeless, sadness etc.)
- Uncharacteristic carelessness concerning personal safety
- Financial / debt problems
- Recently widowed/separated/divorced or other significant losses
- Drug or alcohol abuse
- Past medical history of serious stress related or psychiatric illness
- Stated desire to 'end it all' or talking about giving up on life and that others would be better off without you
- Concerns raised by others
- Significant drop in work performance and ability to problem solve.
- History of childhood neglect, sexual/physical/emotional abuse (this may be not known)
- Previous attempts to commit suicide
- Putting personal affairs in order

The presence of the above does not necessarily imply that a person will become or is suicidal and is intended to be informative rather than authoritative.