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Psychological Risk Management

Introduction & Guidance

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Introduction

This paper provides an introduction and guidance to forces considering how to assess and manage areas of policing where there is a higher level of exposure to psychological hazards known to be associated with an increased risk of anxiety, depression, primary and secondary trauma.

The Management of Health and Safety at Work (1999) Regulations provides the framework with a specific reference to the need for risk assessment and management.

> *"Every employer shall ensure that his employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety which are identified by the assessment."*

Risk Management falls within the wider Risk Control and Management Cycle in which organisations are required to undertake key five activities:

1. **Identify the risks in the workplace:** What hazards exist and how could these hazards affect the health and wellbeing of employees?
2. **Find out who might be harmed and how this might occur:** Who might be exposed? Which groups are particularly vulnerable? How could they become exposed? Which roles or tasks are particularly hazardous?
3. **Analyse and evaluate the level of risk:** What is the likelihood of an injury occurring? What could be the magnitude of harm caused? How can the risk be measured?
4. **Establish ways to reduce the risks:** What are the control measures? Are they proportionate? How should they be implemented? Who would be responsible?
5. **Record, monitor, review and improve:** How is the surveillance programme working? How do we compare with other organisations (including those outside Policing)? What can we do to improve?

The approach covers all stages of employment; starting with recruitment, induction, deployment and post incident support. To be successful there is also a need for some investment in the training and education of officers and staff in how to recognise symptoms of psychological distress and to provide the early interventions essential to the wellbeing of police officers and staff.

The paper cannot cover all eventualities, roles that involve an exposure to high levels of stress and/or occasional exposure to traumatic events are covered by the Blue Light Workplace Wellbeing Framework and the Early Intervention Post-Trauma procedures adopted by forces. The following guidance relates to the risk assessment and management of high risk roles within policing.

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Guidance

This guidance applies to all areas of policing with high levels of psychological hazard. Police forces are committed to promoting the health, safety and wellbeing of their staff and officers by providing suitable working arrangements and environments.

The College of Policing recognises that some officers and staff are exposed to a higher level of distressing experiences, materials and/or information and acknowledge that this exposure can affect mental and emotional health and wellbeing. t is the duty of each force to assess these psychological hazards and put in place reasonable controls to mitigate and manage the psychological risk to employees.

Whilst the core of this guidance comes from Health and Safety legislation, some of the elements are taken from a military approach adapted for a policing environment.

Common Q's and A's

Q. What Is Psychological Risk Management and Why Do We Need It?

A. Some roles carry additional vulnerability and have the potential to interfere with an individual's emotional and mental wellbeing due to the nature of the content faced as part of their day-to-day activities. Many individuals have an in-built ability to deal with a certain level of psychological stress but this ability varies from person to person, and changes over time or circumstance, largely dependent on stress and resilience levels. Policy and guidance documents have been introduced to raise general awareness and provide guidance for individuals and management alike.

Q. Who Has Responsibility for Monitoring Psychological Risk?

A. We all do. As a line manager or peer, the psychological welfare of those with whom you work is paramount. Psychological Risk Management has been established to oversee the management of psychological risk, particularly officers and staff that carry out vulnerable roles.

Q. What Do I Need to Be Aware of In A Vulnerable Role?

A. Primarily it is about recognising and understanding your own responses to psychological threats and how you manage this. Individuals must raise issues of concern with line management if they feel their work involves an increased risk of psychological hazards. They should seek advice, and if necessary, counselling through their occupational health or welfare support services if they become aware of a problem within themselves.

Q. What Do I Need to Be Aware of As A Line Manager?

A. Line managers must seek to develop an environment that de-stigmatises mental health and encourages reporting of concerns. Line managers must make a judgement if roles are at danger of causing psychological risk. Potential exposure to psychological risks must be clearly stated within a post's Job Specs and TOR's. Within the working environment staff must adhere to clear protocols and limit access to sensitive material. Line managers must provide debriefs, impact monitoring and supervision at regular intervals as appropriate.

Q. What Help Is Available?

A. Firstly, all should familiarise themselves with the concept of Psychological Risk Management. An individual should be able to raise concerns with their line manager, peers, welfare staff, or occupational health at any time, and expect to be supported. A list of mental health trained staff should be made available to all staff on a range of media, such as newsletters, internal comms and intranets. Regardless of rank or position, it is everyone's responsibility to understand, identify and report psychological risks in the work place. All personnel should adhere to and promote a culture where psychological effects are not seen as a sign of weakness or incompetence in any circumstance.

Risk Assessment and Management

1. Identifying the risks

Many policing activities which are known to have a potential for causing psychological harm and therefore can be foreseen. The Health and Safety Executive have developed Management Standards which identified five potential hazards which should be monitored and controlled in organisations (HSE, 2009). These stress related hazards include: the lack of control and support, exposure to conflictual relationships, poorly defined roles and organisational change and can result in the workers suffering psychological injuries including anxiety and depressive disorders.

In addition to workplace stress, several policing roles are exposed to more extreme hazards as part of their work. These officers and staff are exposed directly or indirectly to death, trauma and distress where the possibility of psychological injury is known and is therefore foreseeable. There is a significant body of evidence to show that workers directly or indirectly exposed to traumatic events during their work have an increased risk of developing post-traumatic stress disorder, major depression, anxiety, alcohol or drug dependency (Breslau, 1998). These include: body handling, shootings, rape and other sexual assaults, transportation disasters, physical attacks, verbal threats, harassment and accidents. The latest version of the American Psychiatric Association guide to psychiatric disorders (APA, 2013) provides descriptions of stress related hazards which can lead to post traumatic stress disorder, acute stress disorder and adjustment disorder.

During this phase of the cycle each Force should examine all the roles within their organisation to identify any known hazards to the psychological health of employees. Human resources and occupational health should be alert to research and case law relating to work related psychological injury; this may involve looking at claims for compensation, stress/ trauma research and epidemiology.

2. Find out who might be harmed and how this might occur

After the risk assessment, the next stage of the control cycle is to identify which officers and staff are at greatest risk and how they might be harmed. There is growing evidence to show that certain employees are at more risk than others. The Management of Health and Safety at Work Regulations identify several categories of employees who require attention including new recruits, new and pregnant women.

Research in to anxiety, depression and traumatic stress has shown a wider range of vulnerability. This includes: gender, personality, level of education, pre-existing disorders and early life abuse. These factors have been shown to increase the impact of an exposure to a hazardous event and need to be considered in recruitment, task design and the provision of support, so it is important to identify which individuals may be at more risk, to introduce reasonable adjustments and to take account of these vulnerabilities when planning and undertaking a surveillance programme (Breslau, 2009; Alexander & Klein, 2003; McFarlane, 2004).

This phase of the control cycle requires Forces look at how a particular employee may become exposed to a hazard. Understanding roles and how these roles are undertaken is important. This would generally require an interview with workers to find out how they engage in hazardous tasks to identify what might be involved in increasing or mitigating the risks. For example, child protection officer's role is to identify, assess and investigate risks to children. If a child protection officer has a child of a similar age to a victim of abuse this could increases the risk of secondary trauma. This risk may be increased or mitigated by the levels of training, emotional preparation and support provided.

3. Analyse and evaluate the level of risk

The most effective way to systematically analyse and evaluate the impact of the psychological risk within an organisation is through psychological screening. It is important to check the reliability and validity of the questionnaire and to make sure that the person administering and interpreting the results is trained and competent in psychometric testing. There are several questionnaires and screening tools that have been developed that can be used to help to analyse and evaluate the level of psychological risk faced by workers. Research has been undertaken in clinical and organisational settings to create measures which assess the levels of symptoms and identify vulnerability and protective factors implicated in the development of psychiatric disorders. Wilson & Keane (2004) provide a good review of the assessment tools and their reliability and validity in assessing trauma symptoms.

An effective surveillance programme should also measure other relevant factors including personal vulnerability where gender, introversion/extroversion and neuroticism/emotional stability have been shown to important factors (Tehrani, 2016). Several psychometric tools can be used to measure personality, one of the earliest being the three factor EPI (Eysenck & Eysenck, 1975) and more recently the five factor NEO-PI (Costa & McCrae, 1992). Both personality questionnaires measure the important extraversion/ introversion and neuroticism/stability continuums. Personality tests can only be interpreted by a British Psychology Society registered and qualified test user (BPS, 2014).

The effective use of coping skills and personal resilience factors can also be a helpful in identifying vulnerability to harm. There are several valid and reliable measures that can be used to assess individual resilience including measures such as COPE (Carver et al, 1989) Hardiness (Bartone et al, 2008) and Sense of Coherence (Antonovsky, 1993). Some of these questionnaires can only be used by a registered psychologist (BPS, 2014) others are more widely available (Brewin, 2005). Resilience training sessions can also be an effective means of improving personal resilience (Hesketh et al, 2015) and the use of self-administered online awareness instruments can also be used, such as *i-resilience* (Robertson & Cooper).

Forces may access a provider of electronic psychological screening or employ a suitably qualified psychologist to undertake the screening on their behalf (ACPO, 2009). Screening is normally managed by Occupational Health (OH). Having undertaken surveillance screening, the OH should identify the psychological "hotspots" where employees are experiencing above the expected levels of clinical symptoms.

An OH Advisor should speak to the managers and employees to identify what might have caused the raised prevalence of symptoms, examining organisational factors including, recruitment, training, procedures, workload and control or changes in the nature, incidence or magnitude of the psychological hazard.

As the use of psychological surveillance increases it should become possible to benchmark with organisations facing similar hazards.

4. Establish ways to reduce the risks

The control cycle involves three levels of risk reduction interventions:

a) **primary interventions:** involving changes to working practices or procedures;

b) **secondary interventions:** help employees detect and manage their responses to hazards without attempting to eliminate or modify them. Training aimed at increasing resilience and coping skills are useful in reducing the impact of psychological hazards and;

c) **tertiary interventions:** involving the provision of individual support to people who become ill, facilitating a return to work and learning lessons about causation (Jordan et al. 2003);

Police forces should concentrate on facilitating primary interventions as these reduce risks at source. Primary interventions require management agreement and support as they typically involve changes in ways of working, equipment or procedures. The use of benchmarking with other organisations can identify gaps and opportunities for improvements; this is a good way to highlight what might be done to reduce the primary risks.

Secondary interventions can involve the Force in developing educational presentations to help the employee recognise how to reduce the risk of psychological harm and identify the early signs of distress. One of the more effective ways of reducing the risk of psychological ill-health is the structured interview with employees which combines secondary and tertiary interventions. Employees identified as experiencing difficulties in the screening should be offered a structured interview which will help to identify the most appropriate intervention options. These options may include training to increase resilience or coping, an adjustment to the role, additional management support or re-deployment to an alternative role. Employees suffering from clinical symptoms may require a referral for therapy or psychiatric treatment.

5. Record, monitor, review and improve

Organisations need to maintain records of the way that they are handling physical and psychological risks to employees. Not only is this important to the surveillance process but it also helps to demonstrate that the organisation is meeting its legal duties. Occupational health departments should work with management to ensure that data is collected and that opportunities for improvement are taken.

It is important that a risk register is maintained which covers any significant psychological risk and a record of the results from the programme of psychological surveillance. Occupational Health should provide management with the information on the fitness of employees to undertake their role, where the employee is currently unfit guidance should be provided on any adjustments or need for redeployment in an alternative role. Management information should also be provided on the operation of the surveillance programme, the numbers of people engaging in the programme, number of roles assessed as needing to be part of the surveillance programme, levels of fitness, areas of concern and opportunities for improvement (Everton, 2014)

Psychological Risk Management Procedures

Recruitment

Roles which pose a psychological hazard to the wellbeing of officers and staff should be assessed and regularly reviewed. Applicants should be made aware of the nature of the risks, the requirement that they may need to undergo pre-deployment assessments, monitoring and review identified. Line managers should make sure that high risk roles are assessed and then re-assessed at least every two years or more often where roles change.

Recruitment materials should clearly indicate those roles which have been identified as involving a higher level of psychological risk. Where there is to be pre-employment screening and/or regular mandatory screening this should be clearly described.

Any psychological screening tools including questionnaires need to be reliable and valid and psychological interviews or assessments should only be carried out by qualified practitioners.

During Appointment

Line managers should conduct regular one-to-ones with officers and staff to proactively monitor the volume and nature of their exposure to psychological hazards. This should also take account of any individual vulnerabilities which may affect resilience. This may include any personal issues such as the birth of a child, a bereavement or illness. Where necessary the line manager may make an adjustment to the work or if they need more information or support refer the individual to

Occupational Health. Regular resilience building sessions where teams can share their approaches to dealing with psychological hazards as can individual or group debriefing of particularly distressing or violent incidents. Line managers should promote internal and external support networks that are available to officers and staff. (EG HSE stress management competencies) Where necessary referrals should be made to Occupational Health for a psychological assessment and referral for additional support.

One to one sessions should at least four times a year. They should also take place following any absence or where the team member's circumstances change. Resilience can become depleted with time with the need for consideration being given to introducing job rotation and tenure for particularly demanding roles.

After Care

Line management should offer access to advice, and review the wellbeing of all staff leaving those posts which are assessed as putting staff at risk of psychological hazards. Where an individual has been found to have become sensitised to a particular kind of traumatic hazard care should be taken to ensure that future deployments do not pose a risk of reactivating a trauma response. Where an officer or staff member leaves a high-risk role and a welfare concern remains there should be a referral to Occupational Health so an assessment of the need for continuing support can be undertaken.

The impact of a traumatic exposure can be long term. Trauma responses can be re-triggered by any reminder of the original traumatic event. This can affect the remainder of the officer's working life and in a small number of cases can involve serious psychiatric difficulties which make it impossible for the individual to continue working in policing.

Support and Support Services

Line manager and peer support is important in preventing the development of psychological trauma responses. Team attitudes that recognise the need to share concerns and to provide peer support will help to build resilience. A positive leader who provides recognition, positive engagement, clear direction and openness for the team will provide an atmosphere where there is an enhanced level of resilience (Cunha, Cunha & Rigo, 2009). Individuals should be able to raise concerns and be supported for any psychological issues by their line manager.

There should also be easy access to occupational health, welfare and peer supporters or ambassadors without fear of being stigmatised. Occupational Health's role is to assess fitness for work and to advise line managers on rehabilitation and the need for work related adjustments. When required occupational health practitioner can make appropriate referrals to other health care professionals, including general practitioners, psychologists and psychiatrists.

As part of the Risk Management Process Police Forces should monitor and review the screening results and to encourage regular discussions, monitoring and reflective practice as control measures.

Roles and Responsibilities

As a line manager or peer, the psychological welfare of those with whom you work is paramount. Regardless of rank or position within a force, it is everyone's responsibility to understand, identify and report psychological risks in the work place. All officers and staff should adhere to and promote a culture where psychological effects are not seen as a sign of weakness or incompetence.

Some roles within forces have the potential to interfere with an individual's emotional and mental wellbeing due to the nature of the content faced as part of their day-to-day activities. Although not exhaustive, these psychological stressors may result from viewing one or many disturbing images and reports, reading accounts of violent actions, and dealing with day-to-day exposure to conflicts and crisis.

The roles and responsibilities of individuals involved in Psychological Risk Management should be detailed in a force policy document.

Senior Management Responsibilities

- Developing and introducing policies and procedures for assessing and managing psychological risk
- Providing adequate resource to effectively manage psychological risk
- Role modelling behaviours and values-based promotional assessments
- Document support services in place for individuals, peers and line managers are, or may be affected by psychological hazards which can cause psychiatric conditions.
- Foster an organisational culture where officers and staff can approach appropriately trained individuals and line managers in confidence that this will not be seen as a sign of weakness or incompetence.
- A 'terms of reference' (TOR) for Psychological Risk Management should be agreed and reviewed regularly.

Line Management Responsibilities

- Identifying and assessing high risk roles
- Managing workloads and demands
- Supporting team members
- Monitor the impact of roles posing a psychological hazard
- Referring troubled team members for extra support
- Providing a positive leadership model

The Federation/Union Responsibilities

- Identifying concerns to management
- Supporting resilience building programmes

Human Resources Responsibilities

- Ensuring pre-employment procedures are carried out
- Facilitating moves to lower risk roles when required
- Supporting Line Management
- Facilitate discussion between Line Management and Occupational Health regarding the nature of roles and the potential exposure to any psychological hazards prior to any recruiting
- Ensuring that the level of psychological hazard is clearly stated within role specifications and requirements.
- Alert applicants to the mandatory screening, assessments and debriefing that are required for the duration of the post.

Occupational Health Responsibilities

- Supporting Line manager by assessing an individual's suitability for a high-risk role
- Advise line management on the wellbeing of officers and staff on leaving posts that are assessed having increased risk of psychological hazards.
- Providing assessments for officers and staff who remain a welfare concern after leaving a high-risk role
- Providing management information on the impact of the work on teams and sections
- Organisational health checks and strategic healthcare advice

Welfare/Ambassadors Responsibility

- Support the wellbeing of officers and staff in post and on leaving posts/
- Act as a signpost for other services
- Provide peer support to colleagues

Employees Responsibilities

- Protect their own health and wellbeing and to speak to their team leader when they are experiencing difficulties
- Engage in any wellbeing training or support activities
- Notice when a colleague is not coping and to offer support

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