Gloucestershire Constabulary
Police Headquarters
No.1 Waterwells, Waterwells Drive
Quedgeley, Gloucester. GL2 2AN
www.gloucestershire.police.uk

Your reference:	N/A
Our reference:	FOI_24_0989
E-mail:	FOI @gloucestershire.police.uk
Direct dial:	01452 754304
Postal Address:	As above
Date:	22/11/24

Dear

Gloucestershire Constabulary Freedom of Information request FOI_24_0989

On 2/11/24 you sent an email constituting a request under the Freedom of Information Act asking the following:

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).

Under the Freedom of Information Act 2000 s1, I can confirm that Gloucestershire Constabulary may hold some relevant information.

Following receipt of your request, searches were conducted for the number of officers offered urgent face-to-face appointments with our occupational health unit because of suicidal thoughts and the number of appointments officers had with our occupational health unit because of suicidal thoughts.
I can confirm that the information you have requested may be held by Gloucestershire Constabulary however we do not record such instances statistically, nor are they held in a format that would allow their extraction within the permitted time constraints. To provide a definitive response would require the Occupational health team to search all referrals made to establish if suicidal ideation has been mentioned. The referrals from 2023 to date are in excess of 450, we have estimated that this part of the request would far exceed the permitted time constraints, therefore Section 12 of the Act is applicable

This section does not oblige a public authority to comply with a request for information if the authority estimated that the cost of complying with the request would exceed the appropriate limit of 18 hours, equating to £450.00
You should consider this to be a refusal notice under Section 17 of the Act for this part of your request.

Section 17(5) of the Freedom of Information Act 2000 requires Gloucestershire Constabulary, when refusing to provide information (because the information is exempt) to provide you the applicant with a notice which: (a) states the fact, (b) specifies the exemption in question and (c) states (if not otherwise apparent) why the exemption applies.

In relation to your request Section 12 applies.

Section 12(1) – Fee Regulations states:
Section 1(1) of the 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. (As detailed in the Data Protection and Freedom of Information Fees Regulations of 2004)

The appropriate limit at the moment is £450 calculated at an hourly rate of £25 per hour for all staff time incurred in:

i. Determining whether information is held
ii. Locating it
iii. Retrieving it
iv. Extracting the information to be disclosed from the other information.

In accordance with the Act, this letter represents a Refusal Notice for your request.

Providing Information Outside of the Act

By way of assistance and although excess cost removes the Force's obligations under the Freedom of Information Act, we have supplied the information relevant to your request which has already been retrieved. We trust this is helpful but it does not affect our legal right to rely on the fees regulations for the remainder of your request.

1 See the attached document - FOI 24_0989 Suicide Prevention Toolkit
2 Section 12 explanation as detailed above
3 4.4 FTE – 2.4 Clinical (Medical) 2.0 (Staff)

Section 16 – unable to assist

Unfortunately, I'm unable to assist in suggesting ways of refining your request to come within the confines of Section 12 of the Act. Even reducing the timescale would not reduce the number of records enough that a manual review could be conducted within the timescale but still provide meaningful information.

If you are not satisfied with this response or any actions taken in dealing with your request, you have the right to ask that we review your case under our internal procedure. Please note that a request for an internal review must be made within 20 working days of the response to your original request.

If you decide to request that such a review is undertaken and following this process you are still unsatisfied, you then have the right to direct your complaint to the Information Commissioner for consideration.

The Information Commissioner can be contacted via the following means:

Website - https://ico.org.uk/

Call their helpline - 0303 123 1113

Email - casework@ico.org.uk

Post –

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Yours sincerely,

Disclosure Officer
Gloucestershire Constabulary

Suicide Prevention Toolkit
A Guide for All

Purpose

The ultimate purpose of this document is to reduce the likelihood of suicide in the workforce.

This document aims to raise awareness of the often taboo subject of suicide, provide a framework from which to have a conversation, give step by step guidance if you are concerned about someone, and signpost to further sources of support and information.

Gloucestershire Constabulary is committed to the Working Together to Prevent Suicide Consensus Statement. This consensus statement sets out our joint commitment and intent to work together to develop joint strategies for a continual reduction in the number of deaths by suicide across the police service in England and Wales.

Using our collective capabilities, we seek to:

- advance the knowledge and understanding of suicide in policing
- promote good mental health and wellbeing
- provide appropriate care and support
- signpost to specialist support in a timely manner where required

Who is this guide for?

We all have a part to play in preventing suicide. This guide is therefore aimed at anyone working our volunteering in Gloucestershire Constabulary. This guide may be of particular use to:

- Line managers
- Supervisors
- Welfare Support Officers
- Peer Supporters
- TRiM Practitioners
- HR professionals
- Occupational Health and Wellbeing professionals

What do we know about suicide in policing?

Suicide remains amongst the leading causes of preventable death in the United Kingdom. Data and information about suicide changes regularly, but the latest facts and statistics can be found here.

Experts state that there is a heightened risk of suicide in certain occupations. Whilst there is a lack of research to reliably compare suicide rates in the police service versus the general population, we do know that policing involves a range of psychological hazards which can contribute to poor mental health. Data provided by the Office of National Statistics 2018 indicated that on average a police officer takes their own life once every 2 weeks in the United Kingdom. Further information on the prevalence of suicide in policing can be found in Suicide Prevention in Policing – The Current Landscape.

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Common Myths about Suicide

Myth 1: *Talking about suicide is bad as it may give someone the idea to try it*
Fact: People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Talking about suicidal feelings in an honest and non-judgmental way can help break down the stigma associated with it, meaning people are more likely to seek help and open up about how they feel. Talking about suicide will not put the idea in someone head, but it will make the topic less taboo.

Myth 2: *If a person is seriously thinking about taking their own life, then there is nothing you can do*
Fact: Suicide is not inevitable – it is preventable. Most people who experience suicidal thoughts don't go on to take their own life

Myth 3: *People who threaten suicide are just seeking attention*
Fact: People who say they want to die should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and giving them this attention may save their life.

Myth 4: *People who are suicidal want to die.*
Fact: The majority of people who feel suicidal do not actually want to die; they just want the situation they are in or the way they're feeling to stop. The distinction may seem small, but it is very important.

Myth 5: *You can't tell when someone is feeling suicidal*
Fact: Suicide is complex and how people act when they're struggling to cope is different for everyone. Sometimes there are signs someone might be going through a difficult time or having difficult thoughts. For some people, several signs might apply - for others just one or two, or none.

Spotting the signs that someone might not be ok

Many people struggle to cope at one point or another of their lives. Reaching out to someone could help them know that someone cares, that they are valued, and help them access the support they need.

Everyone copes and reacts in their own way, but here are some general signs to look out for. For some people, several of these signs might apply - for others just one or two, or none. They are:

- Feeling restless and agitated
- Feeling angry and aggressive
- Feeling tearful
- Being tired or lacking in energy
- Not wanting to talk to or be with people
- Not wanting to do things they usually enjoy
- Using alcohol or drugs to cope with feelings
- Finding it hard to cope with everyday things
- Not replying to messages or being distant
- Talking about feeling hopeless, helpless or worthless

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- Talking about feeling trapped by life circumstances they can't see a way out of, or feeling unable to escape their thoughts
- A change in routine, such as sleeping or eating more or less than normal
- Engaging in risk-taking behaviour, like gambling or violence

It can also be useful to identify circumstances that can trigger suicidal thoughts or make it hard for someone to cope.

Situations to look out for

- loss, including loss of a friend or a family member through bereavement
- suicide or attempted suicide of family member, friend or public figure
- relationship and family problems
- housing problems
- financial worries
- job-related stress
- college or study-related pressures
- bullying, abuse or neglect
- loneliness and isolation
- challenging current events
- depression
- painful and/or disabling physical illness
- heavy use of or dependency on alcohol or other drugs

Again, these may not apply to everyone who is struggling, but they can be useful to look out for.

Tips for ending Suicide Stigma

1. **Language matters** – Avoid using the term "commit/committed suicide". This language implies suicide is a sin or crime, reinforcing the stigma that it's a selfish act and personal choice. Instead, try language such as "died by suicide" or "survived a suicide attempt"
2. **Avoid labels** – Try to avoid using suicide or mental illness as a descriptor. People aren't their illness, they have an illness. For example, instead of "He is suicidal", say "He is experiencing suicidal thoughts". Instead of "She is bipolar", say "she lives with bipolar".
3. **Talk about suicide non-judgementally** - The sense of stigma and shame associated with suicide can intensify the distress people already feel.
4. **Talk about mental health openly** – Having regular and open dialogue about mental health creates an environment where people are more likely to come forward for help earlier.
5. **Educate and raise awareness** – To increase your confidence and knowledge about suicide, complete Free online training from Zero Suicide Alliance

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Talking about Suicide

It is natural to feel uneasy when talking about suicide. It is a very challenging topic, and many people worry about saying the wrong this. But remember; saying something will always be better than saying nothing, and talking or asking about suicide will NOT put the idea in someone's head.

- **Direct questions around suicide – "do you have a plan to end your life".**
  - A clear and direct approach can work well for people. Taking a strong lead with direct questions can help make the person feel in safe company and able to talk more openly.
  - Stay calm if the answer is yes. Panicking will not help you or them. You could be the first person they are opening up to about this and will need someone to be strong when they feel hopeless.

- **Explore protective factors (partner, children, animals etc.).**
  - The aim is to remind of good things in their life when in a place they're unable to see this. Helps to refocus attention onto more positive things and remind of wider perspective.
  - If they are unable to do this – it is really telling of how consuming their suicidal thoughts are.

- **Are they making future orientated statements?**
  - This can be plans for next week, or even a plan for the next hour. This doesn't always need to be directly asked as will often be present in their own narrative.

- **1-10 scale – 1 being not wanting to act on thoughts to 10 having a plan in place.**
  - Helps give clarity over an individual's own perception to their own thoughts. Leads to follow up questions, e.g. "so if at a 7, what can we do to bring that to a 5."
  - It is more achievable to reduce the number by 1 or 2 than 7 or 8 – small wins can give someone the encouragement to keep going, rather than a big fail.

- **Be transparent from the off-set.**
  - Make sure the person knows that if they tell you they are at <u>imminent</u> risk to themselves you will be telling someone. This builds on trust and outlines expectation from the get go.

- **Express your concerns/observations and desire to help**.
  - Sharing you are worried about someone and you have noticed a change in them can make a person feel valued and not alone in this.

- **Empathy and a non-judgemental view.**
  - What may seem trivial to you could be catastrophic to someone else. We are all different and carry different stressors at times.

- **Ask them if there is someone you could call for them – a friend, a relative, a helpline.**
  - Sometimes someone is too consumed in suicidal thoughts to be able to make the first move in keeping themselves safe or reaching out for help.

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7 Step Suicide Intervention Plan – What to do if someone is suicidal

If you are concerned that someone you are supporting or working with may be at risk of suicide, the following action should be taken:

1. **If there is an immediate danger to life, please dial 999 or advise that they attend their nearest Accident and Emergency Department.**
   Stay with the person until professional support arrive. Encourage them to talk, but do not promise confidentiality. If there is no immediate risk to life, or once the immediate risk has been removed, proceed to step two.

2. Advise to contact GP and make an emergency appointment. You could make the call for them if they want you to. If outside of surgery hours, call NHS 111.

3. Provide the individual with crisis service information:

- Call the **Gloucestershire Mental Health Crisis Team** on 0800 169 0398
- Contact **The Samaritans** for 24/7 support for anyone in emotional distress. Call 116123
- Contact **SHOUT** for 24/7 mental health support by text. Text SHOUT to 85258
- **Stay Alive App** - A pocket suicide prevention resource you can use if you are having thoughts of suicide. The app can be accessed through the Apple Store, Google Play and downloaded as a pdf.

4. Give signposting information about our internal support offering

- **Self-referral to Occupational Health**
- Speak to our **Wellbeing Advisor** by emailing [redacted]**@gloucestershire.police.uk**
- **Health Assured** - contact our 24/7 employee assistance programme for mental health and counselling support on **0800 030 5182**
- **Talking Therapies Gloucestershire -** evidence-based treatment for common mental health problems. The service was previously known as Let's Talk. To contact the service telephone **0800 073 2200** or refer yourself online.

5. Contact Occupational Health to advise that you are concerned someone may be suicidal

6. If you are concerned outside of Occupational Health opening hours, then send an email to [redacted]@gloucestershire.police.uk In the meantime, don't keep it to yourself. Seek support and advice from your supervisor and ensure the above steps have been followed to mitigate immediate risk.

7. Occupational Health will make contact with the individual to ascertain risk and arrange appropriate intervention.

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Wherever possible, Occupational Health will endeavour to arrange support with the consent of the individual. If there is a significant risk, and consent is either not given or contact cannot be established, Occupational Health will make contact with the individuals GP. Confidentiality can be broken to prevent the exposure of the individual or others to a risk of death or serious harm.

Look after yourself

Get support for yourself. Don't under estimate the impact this can have on yourself once the immediate risk has passed. There are arrange of avenues of support available on our Wellbeing Portal, or in our Wellbeing Handbook. There is a list of further support services and information sources at the end of this document.

It is better to over-react than to later ask yourself whether you could have done more.
But whatever happens, do not feel guilty. **You can play an important role in preventing suicide but you are not responsible for other people's actions.**

Responding to suicide

In the event that Gloucestershire Constabulary were to lose an officer or staff to suicide, the Suicide Postvention Toolkit would be implemented. This toolkit aims to help senior leadership in police forces to support staff after the loss of a colleague to suicide. It may also be adapted to support staff who lose a family member or close friend outside the force to suicide.

Where a member of the Constabulary is bereaved by suicide the Suicide Bereavement Protocol should be followed. This is a joint agreement between the Constabulary and Gloucestershire Support After Suicide Service (GSASS). The protocol recognises that losing someone in this way can intensify feelings of grief, sadness, anxiety and mental ill-health. This led to the commissioning of a new dedicated suicide bereavement support service which can offer tailored support to meet individual needs.

Further Sources of Support and Information on suicide

Campaign Against Living Miserably (CALM)
0800 58 58 58
thecalmzone.net
Provides listening services, information and support for anyone who needs to talk, including a web chat.

Gloucestershire Support After Suicide Service
07483 375516
gloucestershiresupportaftersuicide@rethink.org
Ran by rethink mental illness

Maytree Suicide Respite Centre
020 7263 7070

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maytree.org.uk
Offers free respite stays for people in suicidal crisis.

MindOut
mindout.org.uk
Mental health service run by and for LGBTQ+ people.

National Suicide Prevention Alliance (NSPA)
www.nspa.org.uk

Papyrus HOPELINEUK
0800 068 41 41
07860039967 (text)
papyrus-uk.org
Confidential support for under-35s at risk of suicide and others who are concerned about them. Open 24 hours, 7 days a week.

Samaritans
116 123 (freephone)
samaritans.org
Samaritans are open 24/7 for anyone who needs to talk. You can visit some Samaritans branches in person. Samaritans also have a Welsh Language Line on 0808 164 0123 (7pm–11pm every day).

Shout
85258 (text SHOUT)
giveusashout.org
Confidential 24/7 text service offering support if you're in crisis and need immediate help.

Stay Alive
prevent-suicide.org.uk
App with help and resources for people who feel suicidal or are supporting someone else. Download via app store

Survivors of Bereavement by Suicide (SOBS)
uk-sobs.org.uk
Emotional and practical support and local groups for anyone bereaved or affected by suicide.

Zero Suicide Alliance
Free online suicide prevention training for all
Free online training from Zero Suicide Alliance