



# THE NATIONAL POLICE SERVICE COMMISSION

*"Together we Transform the Police Service  
for Effective Service Delivery"*

## POLICY ON PSYCHOLOGICAL COUNSELLING SERVICES FOR THE NATIONAL POLICE SERVICE

September 2018





# Vision

Champion of a Dignified Professional Police Service

# Mission

To transform and manage the human resource in the police service for efficiency and effectiveness

# Values

Independence and Integrity

Transparency and Accountability

Respect for Diversity and Equality

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# **POLICY ON PSYCHOLOGICAL COUNSELLING SERVICES FOR THE NATIONAL POLICE SERVICE**

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## FOREWORD



The role of the members of the Service is very demanding, both physically and mentally. In their every day-to-day, normal work life, members of the Service experience traumatic situations and incidences, this may cause a myriad of problems including stress, anxiety and depression. Coupled with demands of the family and society, the need to address this therefore becomes important to ensure members of the Service are in the right mind to serve.

The alarming rise in cases of suicide among members of the Service, and in particular, the uniformed members, has caused a great concern for the need to respond to these circumstances. The expectation and demanding characteristic of the work of the members of the Service requires them to always be prepared in giving service. All officers, of youth and of age, male and female and not forgetting rank, have to deal with issues related to their occupation, their families, addiction, relationships, personal development and other such factors. These factors, coupled with the high hopes and expectations from the members of the public weigh heavily on the members of the Service.

In this day and age, mental health is a key factor towards having a productive and meaningful life and workforce. Indeed in recognizing provision of healthcare as a key component of the Development Agenda “Big Four” of the Government of Kenya, the desire of this Policy is to ensure that the members of the Service are holistically ready to serve the Great Republic of Kenya.

Factors other than the societal expectations, family demands and ever changing realities of life seem to weigh heavily on the Law Enforcement Officers, including having to cope with the unique nature of their job.

It is for this reason that the Commission presents the Psychological Counselling Services Policy to cater to the emotional needs and the mental wellbeing of the members of the Service.

A handwritten signature in black ink, appearing to read 'Johnston Kavuludi'.

JOHNSTON KAVULUDI, EBS, HSC  
*Chairperson*  
*National Police Service Commission*

## EXECUTIVE SUMMARY



This Policy is aimed at enabling members of the Service have an outlet where they can express their grievances and have conflicts mitigated in time, to both resolve and deter unfortunate incidences. This Policy also aims to ensure provision of professional counseling services to all members of the Service.

This Policy outlines the purpose and objectives of the need for counselling services, taking into account the role of members of the Service, especially the uniformed officers who have to face and attend to incidents that are out of the ordinary of the average citizen and member of the public. Emphasis has been given on the recognition of the detrimental effect on the mental well-being of the uniformed members of the Service caused by the aspect of policing and therefore need to deal with the effects before worse damage is done.

This policy sets out a framework that will improve employees' emotional wellness, attitudes and seeks to create a functional Counselling system that is responsive to the needs and expectations of its employees at the workplace. To achieve the same, this Policy will provide for the establishment of necessary structures, programs and Counselling Minimum Internal Requirements (CMIR) for its effective implementation.

Implementation of this policy is two-fold. It establishes the NPS Counselling Unit within the National Police Service under the command of the Inspector General to ensure real time access to counselling services to members of the Service by mainstreaming counselling in the Service. The policy also establishes the Integrated Wellness Center which is a referral counselling and rehabilitation facility for the long term and referral psychological care for members of the Service. Research and evidence based strategies will ensure that the psychological wellness of members of the Service is given priority attention.

**JOSEPH V. ONYANGO**  
*Commission Secretary/Chief Executive*  
*National Police Service Commission*



## LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired Immuno-deficiency Syndrome
<b>APS</b>	Administration Police Service
<b>CMIR</b>	Counselling Minimum Internal Requirements
<b>DIG</b>	Deputy Inspector General
<b>DCI</b>	Directorate of Criminal Investigations
<b>DDCI</b>	Director Directorate of Criminal Investigations
<b>HIV</b>	Human Immunodeficiency Virus
<b>DIAU</b>	Director, Internal Affairs Unit
<b>IAU</b>	Internal Affairs Unit
<b>IEC</b>	Information, Education and Communication
<b>IG</b>	Inspector General of the National Police Service
<b>KPS</b>	Kenya Police Service
<b>M &amp; E</b>	Monitoring and Evaluation
<b>NPS</b>	National Police Service
<b>NPSC</b>	National Police Service Commission
<b>NPSPCP</b>	National Police Service Psychological Counselling Policy
<b>PTSD</b>	Post-traumatic Stress Disorder
<b>PSC</b>	Peer Support Counsellors





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## DEFINITIONS

**CLIENT:**

Any member of the Service and their family member (s) who requires counselling services;

**COMMUNITY:**

The immediate civilian population which interacts with the Police officers;

**CONFIDENTIALITY:**

An assurance that information shared during a counselling session will not be disclosed as per the Counselling Code of Ethics;

**COUNSELLOR:**

A qualified counselling practitioner who assists people to resolve and cope with their situations;

**COUNSELLING:**

A process where a person with difficulties is assisted to think through the problems and find a possible solution;

**CRISIS:**

A prevailing situation/problem whose intensity is so great that it demands an immediate intervention;

**CRITICAL INCIDENT STRESS MANAGEMENT:**

A short term psychological helping process that focuses on an immediate and identifiable problem;

**ETHICAL STANDARDS:**

Rules, procedures, guidelines and standards that regulate counselling practice;

**FAMILY:**

The spouse(s) and children of the member of the Service;

**PEER SUPPORT COUNSELLORS:**

Trained persons who provide care and support to individuals who have undergone psychological trauma;

**POST-TRAUMATIC STRESS DISORDER:**

A mental disorder that can develop after a person is exposed to trauma;



**PSYCHOLOGIST:** A mental health professional specialized in diagnosis and psychological treatment of mental, behavioral and emotional illnesses;

**PSYCHOTHERAPY:**

The process of working with people with deep-rooted emotional and/or behavioral issues with a view of providing relief;

**PSYCHOLOGICAL DEBRIEFING:**

The process of providing emotional and psychological support immediately following a traumatic event to reduce occurrence of post-traumatic stress disorder;

**REFERRAL:**

Recommendation of a client to another mental health practitioner or agency for appropriate care and services;

**STRESS:**

A physical, mental, or emotional factor that causes bodily or mental tension;

**TRAUMA:**

An emotional response to a terrible event;



# CHAPTER ONE

## INTRODUCTION



### Background

The development of the National Police Service Psychological Counselling Policy (NPSPCP) was informed by the ever increasing psychological needs suffered by members of the National Police Service (NPS) consequent to challenging workplace conditions.

Several people within the Service are under immense stress and are constantly facing compounding personal and professional issues with lack of an outlet to vent out their emotions that only aggravates the situation that often leads to murders, suicide, suicide attempts of the members of the Service. High pressure, erratic timings and stressful working conditions often force the members of the Service to experience and imagine scenarios that are the worst in humanity.

Studies conducted on exposure to traumatic experiences by members of the Service in Kenya have highlighted the urgent need for a system that can safeguard the mental health of the Service. These studies have shown that members of the Service exposed to hostile operations and crime scenes should undergo counselling to reduce trauma and to help them cope with stress and anxiety related to their work environment. Hence the need to develop long-term institutional mechanisms to address mental health challenges in the Service.

This policy acknowledges the serious effects that long-term exposure to traumatic events have on members of the Service and to their families, and by extension therefore, the need for both the members of the Service and his/her family to access counselling services to enable them acquire coping skills.

The policy will therefore be to streamline provision of psychological counselling services in the Service and will

“High pressure, erratic timings and stressful working conditions often force the members of the Service to experience and imagine scenarios that are the worst in humanity.”

contribute to the Government agenda to achieve affordable healthcare for all, with a focus on mental healthcare for police officers to improve service delivery.

## Purpose

The purpose of the policy is to effectively address psycho-social challenges, emerging trends and to mitigate the burden of psychological disorders by providing counselling services to the all members of the Service and their families.

## Objectives

The general objective is to provide effective and meaningful psycho-social support services to members of the Service and their families.

The specific objectives of this Policy are to:

- a) Prevent, identify and manage stress and trauma at the workplace;
- b) Align and integrate counselling services within the Service to the national and global health agendas;
- c) Promote, advocate, respect and observe the rights of persons with psychological disorders in accordance with the Constitution of Kenya, and with the national and international laws;
- d) Facilitate formulation of strategies for promotion of mental health, prevention of mental disorders and substance abuse disorders;
- e) Provide a framework for allocation of adequate human, physical and financial resources for effective provision of counselling services at the workplace.

## Legal Framework

This policy inherently takes cognizance of the Constitution of Kenya, the local legislation and several international instruments which advocate for the wellbeing of the employees at the workplace.

The Kenyan Laws guiding this policy include:

- a) Constitution of Kenya, 2010;
- b) National Police Service Commission Act, 2011;
- c) National Police Service Commission Regulations, 2015;
- d) National Police Service Act, 2011;
- e) Kenya Counsellors and Psychologists Act, 2014;
- f) Mental Health Act, 1993;
- g) HIV and AIDS Prevention and Control Act 14 of 2006;
- h) Alcoholic Drinks Control Act, 2010;
- i) Cancer Prevention and Control Act, 2012;
- j) Narcotic Drugs and Psychotropic Substances (Control), 1994;
- k) National Authority for the Campaign against Alcohol and Drug Abuse, 2012;
- l) Methylated Spirits Act, 2007;



- m) Occupational Safety and Health Act, 2007;
- n) Occupational Therapists (Training, Registration and Licensing) Act, 2007;
- o) Public Officer Ethics Act, 2012;
- p) Sexual Offences Act, 2006.

## Scope

This policy applies to all members of the Service, their families.

The policy takes cognizance of the situations which involve disturbance of moods, behavior, thought processes and perceptions, which may then result in personal distress and emotional dysfunction.

Factors that may necessitate counselling services include, but are not limited to:

- a) Occupational, workplace and/or career issues such as transfers, deployment, disciplinary concerns and processes, pre-retirement and retirement matters, mentorship and integration of newly deployed officers/recruits;
- b) Psychological debriefing before, during and after field operations;
- c) Issues associated with relationships such as parenting, separation, divorce, family conflicts, physical, emotional/mental, verbal and sexual abuse;
- d) Personal development and management including feelings, aspirations as well as academic related problems;
- e) Identity and/or behavioural, mental and personality disorders such as repetitive self-harm and self-injurious behaviour, depression, insomnia, anxiety, phobias, suicide and suicidal thoughts;
- f) Loss, grief and other traumatic changes such as Post Traumatic Stress Disorder (PTSD);
- g) Anger management, stress and stress management;
- h) Alcoholism and drug/substance abuse and various addictions;
- i) HIV/AIDS and other terminal illnesses.

## Policy statement

The National Police Service Commission (NPSC) believes and understands that the members of the Service are the most important asset in the delivery of high quality and effective services to policing duties and shall therefore endeavor to provide psychological counselling services to the members of the Service. Workplace stress is a health and safety issue and it is crucial to identify trends and formulate measures to mitigate it. This policy sets out a framework that will improve employees' emotional wellness, attitudes and seeks to create a functional Counselling system that is responsive to the needs and expectations of its employees at the workplace. To achieve the same, this Policy will provide for the establishment of necessary structures, programs and Counselling Minimum Internal Requirements (CMIR) for its effective implementation.



# CHAPTER TWO

## ROLES AND RESPONSIBILITIES



### 2.0 Introduction

The ultimate goal of this policy is to ensure that the members of the Service receive adequate and quality counselling services.

The Commission and the Inspector General shall be responsible and accountable for implementation of this policy.

The following components will form the implementation modalities:

### 2.1 Role of the National Police Service Commission

- a) Develop the Psychological Counselling Policy and Guidelines and oversee the implementation;
- b) Establish and operationalize an Integrated Wellness Centre for referral of members of the Service;
- c) Develop guidelines for the establishment of the Counselling Board;
- d) Appoint members of the Counselling Board;
- e) Determine and implement the qualifications of the psychological counsellors and other specialists to serve in the National Police Service Counselling Unit and the Integrated Wellness Centre;
- f) Recruit psychological counsellors, specialists and other staff for the Integrated Wellness Centre and the National Police Service Counselling Unit;
- g) Develop and implement career progression guidelines for psychological counsellors;
- h) Observing due process, exercise disciplinary control over psychological counsellors and other specialists within the Service and for the Integrated Wellness Centre;
- i) Review the Psychological Counselling policy from time to time;
- j) Mobilize and allocate adequate human, physical

“The Commission and the Inspector General shall be responsible and accountable for implementation of this policy.”

and financial resources for facilitation of psychological counselling services, programmes and activities and establish a sector budget line;

- k) Oversee the mainstreaming of counselling services in the Service;
- l) Monitor and evaluate the implementation of Counselling programs.

## **2.2 Role of the Office of the Inspector General of the National Police Service**

- a) Implement the Psychological Counselling Policy and Guidelines;
- b) From time to time, commission research on the psychological wellness of members of the Service and make recommendations to the Commission;
- c) Designate officer(s) with adequate skills, seniority and support to implement counselling services through the National Police Service Counselling Unit and ensure that the officers so designated are held accountable by means of performance indicators;
- d) Mainstream counselling into the Service through the overall strategic plan and performance targets;
- e) Recommend the review of the NPS psychological Counselling policy;
- f) Monitor and evaluate the implementation of psycho-socio support in response to disasters/crises/bereavement for Service members.

## **2.3 Role of the Deputy Inspectors General (DIGs), the Director of the Directorate of Criminal Investigations (D/DCI) and Director Internal Affairs Unit (D/IAU):**

- a) To integrate and mainstream counselling services, programmes and activities at all levels;
- b) Ensure sufficient funds and resources are available to manage work related stress and psycho-socio issues;
- c) Inform and advise the Inspector General on the stress and trauma management requirements to avoid or control risks and to meet statutory obligations with regard to mental health management;
- d) Maintain an updated database of officers who are victims of trauma to assist in appropriate placement and deployment;
- e) Investigate and address any reported work-related stress issues;
- f) Facilitating psycho-social support in response to disasters/crises/bereavement;
- g) Prepare and submit quarterly Counselling progress reports to the Inspector General;
- h) Ensure implementation of the Psychological Counselling Policy within their area of responsibility to support employees with both work-related and personal stress, and aid their recovery;
- i) To deliver any mandatory health, safety and wellbeing training required by this policy.





## 2.4 The Counselling Board

There will be a Counselling Board appointed by the Commission to oversee the effective management of counselling services in the Service.

### *Composition of the Board*

The Commission shall develop the criteria and procedure for selection of members of the Counselling Board.

The Board will include selected representatives from the Services to address the psychological wellbeing of all members of the Service. The membership will include representatives from the Human Resource, Legal, psychologist(s), mental health practitioners. It may co-opt other professionals for required expertise.

The Counselling Board will be an advisory entity to the Inspector General and the Commission and will comprise of not more than nine members.

The responsibility of the Board will include:

- a) Provide advice to the Commission and the Inspector General on matters of psychological counselling for members of the Service;
- b) Oversee the welfare, registration and supervision of the counsellors and report to the Inspector General and the Commission;
- c) Review and handle disciplinary cases of psychological counsellors and make recommendations to the Inspector General and the Commission;
- d) Perform other duties as directed by the Inspector General and the Commission.

### *Procedures of the Counselling Board*

The Commission, in consultation with the Inspector General, shall design the procedures for the Counselling Board for effective implementation of its responsibilities.

### *Implementation and action of the recommendations of the Counselling Board*

The Commission shall determine the action to be taken on recommendations made by the Counselling Board, in consultation with the Inspector General.

## 2.5 The Counselling Unit

The Inspector General shall establish the Counselling Unit at the Service Headquarters. The Counselling Unit shall be staffed by psychological counsellors and other specialists competitively recruited and appointed by the Commission.

The Inspector General shall distribute the psychological counsellors to counties, sub-counties and police divisions within the Service to provide counselling services to



members of the Service. This distribution shall include undertaking critical incident assessment and management in times of disasters.

The Unit shall be headed by a Director not below the rank of Assistant Inspector General with qualifications set by the Commission.

**Role of the Counselling Unit:**

- a) Operationalize psychological counselling services in the Service;
- b) Develop and implement counselling strategic objectives, performance contract indicators, targets and work plans;
- c) Develop and review psychological treatment and rehabilitation plans with regards to emerging issues;
- d) Promote collaboration, partnership and network with key stakeholders to ensure psychological counselling services have been mainstreamed;
- e) Coordinate the development and distribution of information, education and communication (IEC) materials;
- f) Coordinate response to disasters/crises and bereavement involving members of the Service to provide psycho-socio support;
- g) Ensure that adequate monitoring systems are in place to evaluate the effectiveness of local arrangements to minimize the risks related to work stress;
- h) Ensure delivery of responsibilities under this Policy and report any failings or barriers that may affect compliance to the Office of Inspector General;
- i) Provide counselling services to all members of the Service;
- j) Collate all data submitted by supervisors as a requirement for this Policy and ensure its analysis and interpretation;
- k) Bring to the attention of the Counselling Board, any known serious or uncontrolled work-related stress risks;
- l) Ensure clinical supervision and referrals are undertaken appropriately;
- m) Identify, diagnose mental, behavioral and emotional disorders;
- n) Identify, train and position peer support counsellors;
- o) Conduct research through interviews, surveys and observations;
- p) Develop programmes for screening, early identification and treatment of psychological disorders;
- q) Develop guidelines for functional rehabilitation units/groups such as Alcoholic Anonymous, Trauma Incident Management Units, Trauma Survivor Groups;
- r) Provide information for planning and budgeting for counselling activities;
- s) Develop proposals for enhancing counselling services and programs;
- t) Develop and apply psychological assessment tools;
- u) Maintain an updated database of officers who are victims of trauma to assist in appropriate placement and deployment;
- v) Prepare and submit quarterly counselling progress reports to the Inspector General;
- w) Perform any other duties related to counselling as directed.



## 2.6 Role of the Psychological Counsellors

- a) Identify, diagnose mental, behavioral and emotional disorders;
- b) Adhere to international and national laws and relevant regulations governing the profession;
- c) Conduct individual and group therapy sessions;
- d) Conduct psychological assessment tests on members of the Service;
- e) Identify, diagnose mental, behavioral and emotional disorders and make appropriate referrals;
- f) Collate data on matters related to mental health and monitor suicide rates among members of the Service;
- g) Create functional rehabilitation units/groups such as Alcoholic Anonymous Trauma Incident Management Units, Trauma Survivor Groups;
- h) Respond to disasters/crises and bereavement involving members of the Service to provide psycho-socio support;
- i) Regularly attend clinical supervision;
- j) Reasonably consult with other professionals when they have concerns regarding their ethical obligations or professional practice;
- k) Provide family and life management skills to members of the Service;
- l) Assist clients to cope psychologically with employment separation, deployment and transfer, retirement, disciplinary processes and outcomes and such;
- m) Provide advice to Commanders on matters regarding counselling;
- n) Prepare and submit monthly Counselling progress reports to the office the Inspector General;
- o) Perform any other duties related to counselling as directed.

## 2.7 Role of the Members of the National Police Service (Employees)

- a) Accept and understand their responsibility for reducing the risks of injury and ill-health, including stress, and to cooperate and comply with any instruction given by management which is provided, for the reasons of their health, safety and wellbeing;
- b) Members of the Service will comply with the provisions of the Counselling services;
- c) Where identified through stress risk assessment as a control measure, members of the Service will attend any health, safety and wellbeing training/sessions provided and adopt any preventative working practices;
- d) Bring to their supervisor's attention if they become aware of any work-related stress where there is a risk to themselves or others which has not been adequately addressed;
- e) Consider referral or self-referral to the Counselling Unit and the Integrated Wellness Centre for advice and support;
- f) Seek professional Counselling services after encountering a stressful and/or a traumatic incidence.



## 2.8 Policy Implementation Guidelines

### *Operational Guidelines*

Psychological Counselling shall be provided by counsellors within the Service.

The Inspector General shall distribute psychological counsellors at the National Police Service Headquarters, the Services and DCI headquarters and throughout the County Formations, Sub County Formations, Units/Formations and Police Training Colleges.

The following guidelines will be observed in the implementation of counselling services initiatives:

- a) ***Create awareness, prevention and interventions based on facts and verifiable information:*** Data from early warning signs and continuous monitoring of stressful situations and trends.  
***Action: Analysis of stress and trauma risk assessments, capacity building and training in areas such as suicide awareness and prevention training, stress management, peer support counselling, designing of anti-stigma poster campaigns on mental health, early intervention strategies;***
- b) ***Coordination, collaboration and communication:*** Adequate coordination and communication, at all levels within the Service are critical components of stress and trauma management.  
***Action: Develop a workplace mental health first aid training, increase awareness of existing resources and make available sources of information for mental health assistance through publications, articles, videos, website information to members of the Service and their families;***
- c) ***Multidisciplinary and multi-sectoral approach:*** Stress cuts across a wide range of sectors and involves actors from Government, non-governmental organizations and the international community.  
***Action: Promote a multi-disciplinary and multi-sectoral approach to stress and trauma management by identifying relevant partners in the mental health sector for appropriate mental health programmes and referral systems;***
- d) ***Lessons learning and knowledge management:*** Over the past years, several initiatives related to stress and trauma management have been undertaken in the Service.  
***Action: To build on past experiences and lessons learnt, the Service will promote information and experience sharing among its members to improve best practices for stress and trauma management;***
- e) ***Increase partnerships and the role of members of the Service in stress and trauma management:*** Members of the Service and their family members bear the brunt of stressful and stressful situations and can respond with available



coping mechanisms.

**Action:** *Promote strategies for stress, anxiety, depression and trauma management based on training, consultations, experiences and participation with members of the Service and their families;*

- f) **Mainstream counselling services in the Service:** Vulnerability to stress and traumatic incidences in the Service is rooted in the nature of work related to policing duties. It is critical that counselling services are integrated in the Service to help guide interventions aimed at reducing vulnerability to potentially adverse psychological impacts.

**Action:** *The Commission and Inspector General will ensure that counselling is integrated into all stress and trauma management related activities in accordance with the relevant policies through pre-employment evaluations, training of psychological and peer-support counsellors at all levels, establish guidelines for fitness for duty evaluations, members of the Service involved shooting and critical incidents;*

- g) **Time factor:** The first hours following a traumatic incident are crucial. Critical Incident Stress Management is of paramount importance.

**Action:** *The Inspector General will provide immediate Psychological Debriefing with an aim to establishing and strengthening prompt psycho-social support response mechanisms within seventy two (72) hours or less after a traumatic experience;*

- h) **Mental Health Preparedness focus:** Mental health preparedness involves measures undertaken to reduce psychological disturbances caused by stress and trauma by preparing and organizing prompt and effective response actions when required.

**Action:** *The Commission and the Service will place specific focus on mental health preparedness activities and develop adequate operational documents;*

- i) **Research and dissemination of information:** Research and information dissemination are key components of effective psycho-social support assistance. Therefore, the Commission and the Service have the responsibility to collect, document and disseminate information on studies and experiences on psycho-social support to the organization.

**Action:** *The Counselling Unit will act as a focal point for the coordination and dissemination of research findings on psycho-social support to the Inspector General and the Commission;*

- j) **Regional and international perspectives:** Some stressful and traumatic experiences are not confined within national borders and may have direct impact to members of the Service. Regional and international coordination among countries is important towards benchmarking in dealing with psycho-social issues among members of the Service.



*Action: The Commission and the Service will promote linkages with regional and international institutions, in order to facilitate collaboration and fostering of joint initiatives for psychological support among members of the Service through exchange programmes and trainings;*

**k) Monitoring and Evaluation:** This shall be an integral part of the Psychological Counselling Policy. It will establish whether its intended purpose is being achieved, challenges facing its implementation are solved and corrective measures required to ensure delivery of swift Counselling services adopted.

*Action: The Inspector General shall develop strategies for implementation of the objectives and establish mechanisms for tracking the implementation and progress towards attainment of the objectives of the policy, providing feedback that will enable updating and reviewing the policy as need arises.*

## 2.9 Policy Implementation Pillars

This policy will operate on the cornerstone of three pillars namely: Prevention, Care and Support and Rehabilitation.

### ***Pillar 1: Prevention***

This pillar will dwell on strategies and plans developed to reduce escalation of stressful situations related to the work place.

Periodical stress and trauma risk assessments will be conducted to identify circumstances that are likely to cause harm to members of the Service. Potential circumstances include but are not limited to: encountering a traumatic experience.

Preventive measures will be established accordingly.

### ***Pillar 2: Care and Support***

Care and support will involve the continuous psychological attention provided to members of the Service to enable them to make progress in their psycho-social challenges without extensive interference at the workplace.

Provision of psychological assistance during operational duties will be provided in field operations assignments. Plans will be developed in due course to cater for the requirements of this pillar.

### ***Pillar 3: Rehabilitation***

Rehabilitation will entail measures undertaken to ensure members of the Service are able to progressively recover from stressful and traumatic experiences encountered.

Continuous follow up of the individual's progress will be evaluated and appropriate psychotherapy assistance will be provided. Guidelines on the same will be formulated.



## **2.10 NPS Integrated Wellness Centre**

The Commission shall establish and operationalize an Integrated Wellness Centre for the provision of referral psychological counselling services, trauma assessment, management and treatment for psychological disorders and rehabilitation and boarding facilities for mental and alcoholic drug and substance abuse for members of the Service. The Centre shall also offer training for psychological/peer counsellors, ensure supervision of counsellors and conduct research on psychological issues affecting the Service.

The Commission shall competitively recruit and appoint the staff to serve in the Integrated Wellness Centre.



# CHAPTER THREE

## PROFESSIONAL ISSUES AND STANDARDS



### 3.0 Administrative Procedures for Counsellors

- a) The Inspector General shall distribute counsellor(s) at the Headquarters, Regional/County/Formation/Units, Sub County/Police Stations as may be appropriate;
- b) Counselling programs shall be administered through the Counselling Unit within the Service headed by a professional in the field and work in collaboration with the Directorate of Human Resource and other relevant departments;
- c) Counsellors shall be subject to the disciplinary procedures in the Service in addition to the Professional Code of Ethics for Psychologists and Counsellors;
- d) Counsellors shall undergo promotional procedures prescribed in the Service and wear ranks equivalent to those of police officers in the Service and equivalent for civilians;
- e) Counsellors and will be required to undergo police training and induction, as prescribed by the Inspector General, to familiarize themselves with police procedures before being posted to their station areas;
- f) Counsellors will report to the Regional/Formation/Unit, County, and Divisional/Sub-County Commanders on counselling related issues within their jurisdictions. However, in cases that are of serious nature and/or cases of high sensitivity that need immediate intervention they will report directly to the DIGs, D/DCI, D/IAU and the Counselling Unit in the Office of the Inspector General;
- g) Peer Support Counsellors (PSC) will report to the in-charge psychological counsellor within their areas of jurisdiction;
- h) Psychological Counsellors and Peer Support Counsellors will be expected to conduct themselves with utmost respect to the rule of law and uphold



The Inspector General shall distribute counsellor(s) at the Headquarters, Regional/County/Formation/Units, Sub County/Police Stations as may be appropriate;



their professional ethical standards. They will operate within the jurisdiction of the County/Sub-County Commanders unless otherwise directed by the IG, the DIGs, the D/DCI, the D/IAU or the Service Commanders; or in the implementation of a specific action/decision as recommended by the Counselling Board.

### 3.1 Counselling Procedures

- a) The Counselling Code of Ethics enshrined in the Kenya Counsellors and Psychologists Act 2014 shall apply to this Policy;
- b) Any member of the Service in need of counselling will endeavor to seek for professional counselling services when the need arises;
- c) An individual member of the Service or group members of the Service will be notified, in writing or verbally, of the date, time and venue of a counselling meeting and the nature of issues to be discussed;
- d) A counsellor will meet with the member (s) of the Service to discuss identified areas of concern related to work performance or conduct. Discussions need to identify necessary changes or outcomes required in order to address any concerns raised by a member (s) of the Service, their Commanders or through any other referrals;
- e) During counselling, the counsellor may invite Commanders to be part of the discussions where a member (s) of the Service feel there is need for their audience. In this case, every attendee should listen to, and carefully consider views, reasoning and explanations provided to them by the either party;
- f) The general content of the counselling meeting, and any specific outcomes including the timelines for these to be achieved, will normally be recorded in writing, a copy of which will be kept by the Counsellor and Commanders for their necessary action;
- g) The counsellor will submit reports to their Commanders on areas of concerns noted during counselling sessions for their immediate intervention.

### 3.2 Guiding Principles of Counselling

The Commission shall develop the guidelines to guide the provision of counselling services in the NPS.

The guiding principles shall include matters of:

- a) **Confidentiality:**  
Clients will be accorded privacy during the counselling process;
- b) **Autonomy:**  
Counselling will empower the client to make appropriate decisions in a therapeutic relationship
- c) **Beneficence:**  
Counselling will respect the dignity and promote the welfare of clients
- d) **Non-Maleficence:**  
Counselling will not harm the client



**e) Fidelity:**

The counsellor will honor their commitment to the client(s) to enhance the trust placed in them.

**f) Justice:**

The counsellor will be fair and impartial to all clients in the provision of counselling services

### **3.3 Ethical Standards for Counselling**

Ethical standards are moral values developed to guide the behaviour of professional counsellors. Ethical standards help to educate members about sound ethical conduct, to provide a mechanism of accountability and improve professional practice.

**a) Fees:**

The counselling services provided will be free to all members of the Service and their families.

**b) Informed Consent:**

The client has a right to be informed about the procedures, goals and benefits of Counselling.

**c) Dual/Multiple relationships:**

The counsellor will refrain from engaging in the counselling of clients with whom they have other relationships that may interfere with counsellor objectivity.

**d) Counselling relationship:**

The counsellor and the client will develop a positive working relationship and systems of communication to enhance the provision of effective and efficient guidance and counselling services.

**e) Privileged Communication and Privacy**

The counsellor will respect the clients' right to privacy and seek information from clients only when it is beneficial to the counselling process.

**f) Professional Responsibility and Obligation**

Counsellors have the responsibility and obligation to both the client and the Service in the practice of counseling

**g) Clinical Records:**

Due to the confidential nature and ethical obligations of the counselling profession, appropriate client's records shall be developed, maintained, stored and utilized in a manner that ensures their privacy and safety.

**h) Gender Responsiveness:**

Counselling services will be responsive to the unique needs of both males and females due to their biological, socio-cultural and economic differences.

**i) Multiculturalism:**

Counselling services will be responsive to the cultural diversities of members of the Service and other clients.

**j) Disclosure:**

If any information is to be disclosed to the Service or to any other third party by the counsellor, it must be in line with the Counselling Code of Ethics.

**k) Clinical Supervision:**



For effective service delivery, the Counsellor shall engage in on-going supervision in order to promote personal wellness and competence.

**l) *Counselling Sessions:***

For effective Counselling, a Counsellor shall conduct at least 5 (five) to eight (8) sessions per day and each session shall run for a period of at least forty five minutes and shall not exceed one hour.

**m) *Counselling Setting:***

There shall be a room provided that is suitable, private, comfortable, and located in a quiet place for effective counselling sessions.

**n) *Evaluation, Assessment and Interpretation of client's results:***

Counsellors will use psychological assessment instruments and tools as one component of the Counselling process, taking into account the clients' personal and socio-cultural context.

### **3.4 Referral and Termination**

***When referrals shall be made:***

***Referrals shall be made when:***

- a) The case/issue is beyond the Counsellor's competence;
- b) Client requests for referral;
- c) An emotional entanglement between a client and Counsellor occurs;
- d) A client is no longer benefiting from the therapeutic relationship;
- e) Dual/multiple relationships exist between a Counsellor and a client;
- f) Either a Counsellor or client is transferred or deployed;
- g) Where a family member or supervisor requests for an officer to be taken through Counselling sessions.

***Who may make referrals:***

***Referrals shall be made by:***

- a) The Commanders, Supervisor or colleague (s) of the client;
- b) The family members of the client;
- c) Police Chaplains;
- d) Other professionals.

***Where the client may be referred:***

***A client may be referred to:***

- a) The Integrated Wellness Center;
- b) A rehabilitation center for acute dependency on alcoholism and substance abuse;
- c) A psychiatrist and/or a mental institution when a client suffers from mental incapacitation;
- d) Another counsellor upon the request of the client or when a Counsellor is unable to handle the matter.

***Procedure for referral of a member of the Service:***



- a) An immediate supervisor of a member of the Service shall be trained to identify signs and symptoms of an officer in need of counselling;
- b) He/she shall refer in writing/verbally the member of the Service to a counsellor for further assessment and counselling;
- c) The counsellor will take the member of the Service through counselling sessions and make his/her recommendations concerning the member of the Service;
- d) Such recommendations may be forwarded to the Office of the Inspector General in cases where re-deployment needs to be considered or any other action that may be considered for further direction;
- e) In cases of referrals for further assessment and treatment, the regulations in the organization shall apply;
- f) Referral mechanisms will be established in the Counselling Regulations;
- g) In all referral cases confidentiality shall be upheld.

#### *Termination of the counselling session*

Counsellors shall terminate a counselling relationship when it is realized that the following factors, though not limited to, are evident:

- a) The counsellor is not able to continue practice through death or is away for some reason;
- b) Where a counsellor is threatened by harm by the client, he/she shall terminate the counselling session and such reasons shall be documented;
- c) The case requires referral for further input from a practitioner/agency;
- d) Conflict of interest arises during the counselling process.

#### *What is expected during termination or referrals:*

##### *The counsellor shall:*

- a) Make appropriate arrangements for termination and referrals;
- b) Be sensitive while entering or continuing counselling relationship in instances of multiple-relationships, professional limitations and extreme differing values;
- c) Be culturally sensitive and ensure relevant referral procedures are followed.

### **3.5 Monitoring and Evaluation**

Implementation of this policy will be monitored, evaluated and reported on periodically to assess achievement of the objectives. Data will be obtained from reports submitted by the Service, field visits and surveys.

The monitoring and evaluation will require commitment of the Service as provided for through an established institutional framework developed by the IG and the Commission. The Service will submit reports on quarterly basis or as requested by NPSC which will release an annual evaluation report on the implementation of this policy.



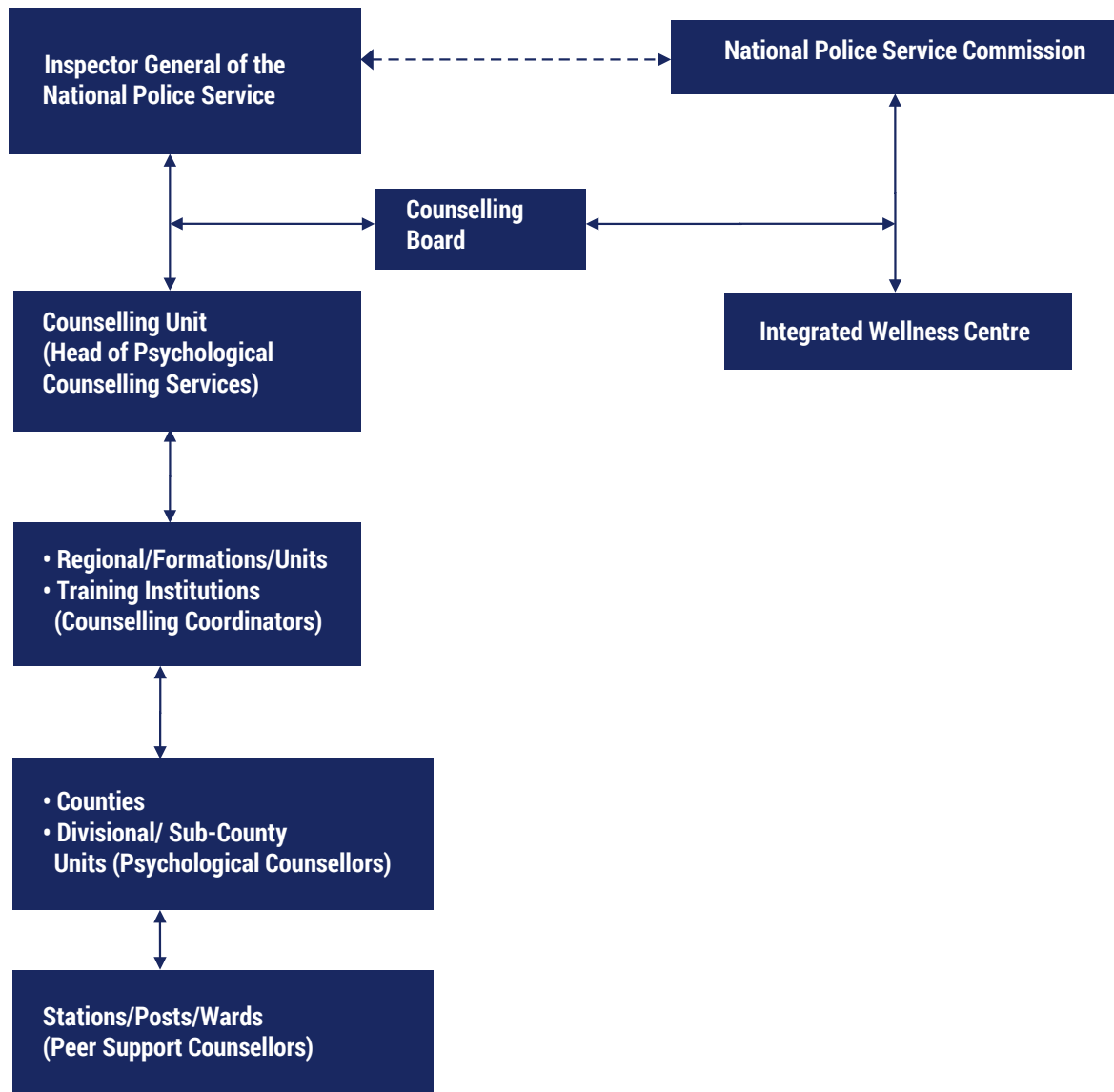
The evaluation report shall inform the review of this policy.

### **3.6 Policy Review**

This policy shall be reviewed after every three (3) years or at such other times as may be directed by the Commission or recommended by the Inspector General to ensure it accommodates the new trends and emerging issues which may, at the time, affect the psychological wellness of the members of the Service.



## APPENDIX I – INSTITUTIONAL FRAMEWORK



*Note:~The Counselling sections shall be established as per the structure above.*



## APPENDIX II: COUNSELLING MINIMUM INTERNAL REQUIREMENTS

The National Police Service Commission and the National Police Service will be required to meet the following Counselling Minimum Internal Requirements (CMIR) for effective implementation of this policy. It will:

- a) Introduce and intensify appropriate education and awareness on counselling programmes and services in the workplace;
- b) Integrate counselling programmes with those that promote the health and well-being of employees;
- c) Create an enabling environment that will encourage employees to seek counselling services;
- d) Designate an officer(s) with adequate skills, seniority and support to implement provisions of this policy and ensure that the officer(s) so designated is/are held accountable by means of performance indicators in the implementation of the policy;
- e) Liaise with other departments, organizations and individuals and other service providers to enhance counselling services;
- f) Mainstream psychological counselling into the Service overall strategic plan and performance targets;
- g) Allocate adequate human and financial resources to implement the policy and establish a sector budget line for counseling programmes and activities; and
- h) Establish mechanisms to monitor and evaluate the effectiveness of workplace Counselling intervention programmes.



### APPENDIX III: REFERRAL FORM (A)

Name of the Client:

Client Code Number:

Tick against reason(s) for referral:

Chronic Absenteeism	
Suicidal tendencies	
Family issues	
Poor performance	
Depression	
Anxiety	
Poor interpersonal relationships	
Drug abuse/Dependency	
Alcoholism	
Loss, grief and bereavement	
Physical health issues	
Relocation	
Any other issues (specify)	

Counsellor's Name:

Designation:

Name of Supervisor/Person referring:

Designation:

Date:

Signature:





## IMPLEMENTATION PLAN

	ACTIVITIES	TIME FRAME				RESPONSIBLE ACTOR
		2018/19	2019/20	2020/21	2021/22	
1.	Appoint Counselling Board, develop guidelines on procedures of the Board					NPSC
2.	Establish Integrated Wellness Centre – recruitment, facilities					NPSC
3.	Appoint Counsellors and other specialists to serve in the Wellness Centre					NPSC
4.	Conduct outreach and sensitization to members of the NPS					NPSC, NPS
5.	Establish the NPS Counselling Unit					NPS
6.	Appoint Counsellors and other specialists to serve in the NPS Counselling Unit					NPSC
7.	Conduct research on NPS wellness					NPSC, NPS
8.	Train NPS officers in leadership and command on identifying officers in need of psycho-social support					NPSC, NPS
9.	Monitoring and evaluation					NPSC





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