

Criminal Justice Committee
Wednesday 11 September 2024
28th Meeting, 2024 (Session 6)

Policing and mental health

Note by the clerk

Background

1. As part of its priorities for session 6, the Committee has been scrutinising the efforts being made by Police Scotland and the Scottish Police Authority (SPA) to improve the support provided to police officers and staff in relation to their mental health and wellbeing.
2. This has included the response to deaths by suicide of those who work in policing and also the stresses placed on officers and staff from their workload, including the policing of those in the community with mental health conditions.
3. The Committee has been advocating for improvements in these areas since the start of this parliamentary session. A [variety of initiatives](#) have been taken forward by the Committee, including one-off evidence sessions (see list below), informal meetings with serving and former police officers and correspondence with key bodies.
 - [18 May 2022](#) – evidence session with key bodies and academic experts
 - [28 June 2023](#) - responses to police officer and staff suicides
 - [15 November 2023](#) – review of the report on policing and mental health from HMICS¹

Today's evidence

4. At today's meeting, the Committee will take evidence from the following:
 - Panel 1 – **Superintendent Suzanne Smith**, Vice President, Association of Scottish Police Superintendents; **David Threadgold**, Chair, Scottish Police Federation; and **David Malcolm**, Branch Secretary, UNISON
 - Panel 2 – **Jo Farrell**, Chief Constable, **Katy Miller**, Director of People and Development, and **Alan Speirs**, Deputy Chief Constable, People & Professionalism, Police Scotland
 - Panel 3 – **Fiona McQueen**, Vice Chair, and **Lynn Brown**, Chief Executive, **Alasdair Hay**, Board Member, Scottish Police Authority,

¹ [HMICS, Thematic review of policing Mental Health in Scotland, October 2023.](#)

5. Written submissions from the above organisations are set out in the Annex to this paper.
6. The purpose of today's session is to receive an update on the work done to improve the wellbeing support provided to police officers and staff, so that the Committee can make an assessment of whether things are improving and if there remain issues where further progress is necessary.

**Clerks to the Committee
September 2024**

Annex

Association of Scottish Police Superintendents (ASPS)

Thank you for the invitation to join the panel providing evidence to the committee on the above date. I am happy to confirm ASPS Vice-President, Superintendent Suzanne Smith will attend. Superintendent Smith is a highly experienced officer and currently works as part of the Senior Management Team in Tayside Division. As such, she will be well-placed to provide an informed view on behalf of the association.

Additionally, I note the previous submission by my predecessor, Chief Superintendent Suzie Mertes QPM, on the 31st January 2023. Having reviewed that submission, I can confirm that the position of ASPS remains consistent with the content of that letter.

In that letter, reference is made to concern regarding Police Scotland's financial position and the onward impact on efforts to improve staff and officer wellbeing. Since that submission, those concerns have substantially manifested, over the short term. Officer numbers have dropped to the lowest level in 16 years. The impact of this on wellbeing is highlighted in HMICS's Frontline Review of Wellbeing. Further exacerbating these pressures is the growing number of police officers unable to carry out full operational duties and placed on 'modified' duties. This can be for a range of medical reasons, including mental health. There currently does not appear to be a coherent strategy to reduce this ever-increasing number, nor an understanding of the minimum amount of fully-operational officers Police Scotland requires to provide current and future levels of service.

Over the medium to long term this is a significant strategic risk, particularly as police officers joining the service today require to work until 60 years old to obtain a full pension. There is some evidence to suggest retention rates, historically very low in Scotland, have begun to increase, with more officers leaving the service early in their career. Without significant changes the cumulative effect of these conditions will be to increase pressure on those providing frontline service delivery, those described by HMICS as already experiencing a "detrimental impact on wellbeing".

While this deficit has been most keenly felt on the front line, the impact on the senior leaders that ASPS represents has also been significant. The Superintending ranks have touched their lowest levels in modern history in the past year. There has been no let up in demand, while increased retirement rates have left those colleagues remaining in service to shoulder an ever-increasing burden. A survey of Superintendent and Chief Superintendent earlier this year reveal 97% were regularly working more than their allotted 40hrs per week, 79% had experienced an increase in workload, 70% reported a decreased work/life balance, and 82% regularly take work-related calls or respond to work emails when off-duty.

In addition, we have evidence to demonstrate the Superintendent's Workforce Agreement (the agreement with the Chief Constable providing the most significant

protections to our members) is being routinely breached to support Police Scotland's requirement for on-call duties. The burden of these entirely voluntary duties is significant and, despite having raised this with Police Scotland in 2023, progress to implement alternative systems of work has been slow.

In conclusion, we recognise that both investment in policing and significant change elsewhere in the criminal justice system and wider public sector landscape is required to alleviate inappropriate demand on policing, reduce pressures on those parts of the workforce most at risk and safeguard the wellbeing of serving officers and staff.

My thanks once again for seeking the views on these matters and the invitation to take part in the evidence panel.

Yours sincerely

Rob Hay

Chief Superintendent
President

Scottish Police Federation

May I, on behalf of the Scottish Police Federation thank you for the opportunity to provide written evidence to the Criminal Justice Committee.

The areas under discussion are some of the most significant we need to address in Policing in Scotland, and the opportunity to provide follow up evidence from the last session in June 2023 is most welcome.

I shall report in two distinct parts with specific work having been done to address each aspect of the request.

The improvements made to the Injury on Duty (IoD) and Ill Health Retirement (IHR) processes, including the number of officers awaiting a decision, and the length of time taken for decisions to be made. The outcome of the review into the impact of the fast-tracking of IHR cases to Police Scotland's Director of People and Development for approval.

The experience of the SPF in dealing with officers who are involved in the IHR and IOD shows that there has been some improvement overall in the timescales for officers. We welcome this, the impacts of these processes on officers and their families are significant and should never be underestimated.

That said, in our representation of officers going through the IHR process there does seem to have been a slowdown in the initial progress we observed, with in some cases officers waiting more than a year for a final decision.

There is an overall concern regarding the training, awareness and the practical application of these processes which has been alluded to by supervisors within Police Scotland. This can manifest itself in increased anxiety for officers and delays to processes at a time of increased stress.

A further consequence of increased timescales, both in human as well as financial terms in respect of appeals for Particular Case Status (pay extension) should also be considered.

We have reported our concerns as well as highlighting where we think the process is working well. We have a degree of confidence that our feedback is being acted upon, but look to see evidence of organisational learning from within Police Scotland and partners to mitigate the negative impacts of these processes on Police officers.

There was very mixed feedback regarding the introduction of the Duty Modifications Posting Panel within the service including the perception of a lack of training for senior officers who were engaged in that area of business.

The second element of this request said:

The CJ Committee held an evidence session on Responses to Police Officer and Staff Suicides on 28 June 2023. During that session ACC Gary Ritchie indicated that work was underway to find a way to record the number of officers and staff who commit suicide. An update on that work would be appreciated. Also, Fiona McQueen indicated that the SPA had not received “adequate assurance that the wellbeing activities that are currently in place are having the impact that we would expect”. It would be helpful to have an update on whether the SPA now has that assurance.

As the chair of the SPF, I gave evidence at the criminal justice committee in June 2023. I was struck by the lack of accurate recording of serving officers who had completed suicide, but also what appeared to be a lack of knowledge as to the numbers of officers who had attempted suicide whilst serving and an apparent lack of consideration as to whether the officers job had in any way been a contributing factor to their decision.

In mid-August 2023, a joint meeting between the SPF and Katy Miller, Police Scotland’s People Director was arranged. The meeting was attended by a number of serving officers who were content to share their personal experiences of poor mental health, the support, or lack thereof from Police Scotland and ultimately their lived experience leading to their attempts to or consideration of ending their own lives. I cannot give enough credit to those officers for providing their testimony and, without exception, it was noted that each of them stated their motivation for sharing their experience was to prevent others from having to go through the same experiences they had suffered.

A number of key points were taken from that engagement including:

- The culture within the organisation.
- Training; are we providing our staff with the ability to identify in themselves, and others triggers that may identify issues with their mental health.
- Addressing the feedback that TRiM was not universally working for all as a means to deal with significant workplace trauma
- How do we bring together wellbeing champions, wellbeing officers, lifelines mental health first aiders, mental health coaches into a cohesive means of dealing with workplace trauma
- The support provided to officers who are suspended or restricted in their duties.

I was assisted in my preparation for this work by an officer seconded from A division into a suicide prevention role. He described it as ‘*it includes everything related to suicide prevention, from data analysis and research, to developing training and information packages for colleagues and partners, to supporting and leading local suicide prevention groups, and helping other areas establish suicide prevention strategies and influencing national policy.*’

He advised me that *'we are fortunate in A Division that, through analysis of the data we hold on suicides, we have a very good understanding of what leads up to a person feeling suicidal and what influences, or motivates, a person to shift from thinking about suicide to physically trying to end their own life. This information is universally applicable to both colleagues and members of the public alike'*.

At the time, this individual approach in A division was received well and appeared to concentrate on all of the correct areas of work/research to adopt a more preventative approach of officer suicide.

I have to report that this officer is no longer undertaking this role and question of a national approach to this area of business would be beneficial.

Interestingly, our research suggests that approximately 42% of police officers who responded to our question do think that Police Scotland has an issue with officer suicide.

We have studied the HMICS Frontline wellbeing review as well as the SPA letter dated 26/1/24 and use the contents of both as our frame of reference for the following remarks.

Our research suggests that a significant number of officers, including supervisors, do not feel like they have the appropriate skills, training or strategies to identify challenges in their or their colleagues mental health and wellbeing, or that they could make any kind of positive intervention in this area.

We acknowledge that Police Scotland has delivered Eleos training to around 5000 officers and staff and that the 87% app was made available during covid, but our research suggests the impact of these options is now limited with evidence of 'skill fade' and a general lack of awareness of the existence of these options.

We are aware of the delivery of Lifelines training to a significant number of officers, including those to the level of 'train the trainer' The feedback for this programme has been excellent from those who undertook it, but again evidence of a lack in officer confidence in being able to deliver that training to Police Scotland as their skills have not been utilised was evident.

Following on from our session in August 2023, our research tells us that TRiM, as a mechanism for dealing with officers who have experienced significant trauma continues to have a limited impact. Evidence of being delivered by people not known to the subject officer, the process of asking the question over the phone and a culture of not being seen to ask for help still prevail and require continued work to be addressed. It is our view that there are clearly areas of development in terms of the process of delivery and those conducting the work.

Our evidence regarding the impact and effectiveness of wellbeing champions is largely negative. Views from a general lack of awareness of the programme to no

knowledge of its existence prevail, and our view is that if Police Scotland are going to continue to highlight this programme as a means of dealing with officer wellbeing, much more needs to be done to see any impact.

There is a significant amount of work that is ongoing in this area of business. In the most general of terms there appears to be a lack of a corporate approach to this work, this is reflected in the HMICS report and is consistent with our view that operational officers are less likely to benefit from ongoing training. Our view is that a much more cohesive 'offer' that is accessible and benefits all officers has to be the aim.

The SPF note positive engagement and dialogue with Police Scotland's wellbeing team and consider this relationship to be a positive one. That said, this work is ongoing and the focus must remain if we are to create a 'corporate offer' to all staff across the organisation.

The SPF are absolutely resolute that the commitment from the Chief Constable to address this area of business is a real one. What we now need to see is a development of the work and the delivery of a universally accessible corporate approach to training and the upskilling of officers across Scotland.

David Threadgold
Chair

Police Scotland

Criminal Justice Committee

Wellbeing and mental health support for Police Scotland officers and staff

11 September 2024

1. Police officers and police staff provide a valuable and demanding service to the public. From answering a call for help in an emergency, to being the first responder on scene, to providing a liaison for victims and families during investigations, it is a vocation which places our people at moments of crisis and trauma daily.
2. We demand high standards of our police officers and staff. We ask them to act with compassion and respect and respond professionally to ensure communities and individuals get the help they need and deserve.
3. On appointment in October 2023, Chief Constable Jo Farrell set officer and staff wellbeing as a priority and made commitments to improve their working experience and to also improve how Police Scotland provides support when need arises. Feedback from officers and staff was integral in agreeing a £17million investment in enhanced welfare provisions for our people. These include a new 24/7 Employee Assistance Programme, direct access to enhanced occupational health services and a greater focus on mental health support.
4. Police Scotland values the interest, support and scrutiny of the Criminal Justice Committee on the vital issue of officer and staff welfare. The Service benefits from the oversight and challenge of the Scottish Police Authority and inspection and recommendations from His Majesty's Chief Inspector of Constabulary in Scotland.
5. The insights and findings that have been gathered have informed a combined [health and wellbeing action plan](#) which has been presented to the Scottish Police Authority which outlines health and wellbeing actions, objectives and goals linked to the strategic objectives of our [People Strategy for 2024-27](#).
6. This Autumn, Police Scotland will publish a long term vision for the service and a three year plan to deliver the next wave of policing reform. A thriving workforce is a central ambition in that work. The Chief Constable has been clear that Police Scotland's people are our greatest asset and that policing can only succeed if they are physically and emotionally healthy and motivated to serve the people of Scotland. We are wholly committed to building and maintaining the welfare of our workforce and to ensuring that we support them effectively to do their best work each day.
7. Our Chief Constable has made clear that we will listen, engage and act regularly and meaningfully to shape the support we offer our people. In 2021 [a survey](#) of over 7,000 officers and staff was conducted by Durham University Business School and found high levels of public service motivation and job satisfaction but also moderate levels of

energy, with low energy levels meaning officers and staff experience physical fatigue and a sense of feeling 'drained' at work. The findings were used to develop a Service-wide plan as well as local Divisional plans and we regularly reported on progress to the Scottish Police Authority.

8. More recently, our latest workforce survey closed in late August this year, with over 11,000 submissions and a response rate of over 50% - this is a very positive sign that our people are prepared to share their views and experience and they will of course expect us to take action on the back of their responses. We will publish findings from that survey later this Autumn and we will commit to action and investment to support improvement. Going forward, we will conduct this survey annually and are committed to establishing an online colleague engagement platform in the coming months to enable us to regularly hear the views of our people and to conduct 'pulse surveys' to better understand experience and perspectives across a range of issues. This approach will help to build on the insights and challenge we take from statutory staff associations, diversity staff associations and trade unions.
9. Police Scotland has developed and delivered programmes of activity and training to improve officer and staff safety and enhance wellbeing. These include:

9.1 Your Safety Matters

Your Safety Matters (YSM) was established in August 2020 to reduce the impact of violence and improve the safety and wellbeing of officers and staff and represents a programme of work including:

- Operational support projects, including the uplift of taser.
- Your Safety Matters Champion network across all divisions consisting of senior leaders who drive local implementation of YSM initiatives and take account of staff perceptions around violence and abusive behaviour.
- Reporting and data – The introduction of Power-Bi Dashboards to track Police assault and Health and Safety data which enables colleagues to access the most accurate and up-to-date data around assaults. This has led to more in-depth analysis and the ability to identify emerging trends locally and nationally, allowing divisions to recognise common methods and circumstances of assault, injuries sustained and reporting rates in an effort to tackle these prior to escalation.
- Research - academic research, bespoke focus groups, and staff surveys have been undertaken to understand the culture and lived experiences around assaults, reporting mechanisms, officer and staff wellbeing and the Criminal Justice system. These insights have allowed us to explore and understand gaps and challenges within our processes, identify causal factors influencing assaults and the impact that this has on our people. Through the identification of these gaps and challenges, support mechanisms have been developed and implemented with enhanced training for supervisors to manage officer and staff wellbeing, create a supportive environment and ask the right questions.

- Partnership working with the Crown Office and Procurator Fiscal Service to introduce impact statements
- Partnership working via the YSM External Partners Group which is co-chaired with Scottish Government. The members of the Group include numerous partners from SFRS, SAS, NHS, Prison Service and retailers who together, have been investigating the issues of violence against staff and determining any preventative measures that can be undertaken collectively by all agencies represented.
- Training - Police Scotland has altered the Officer Safety Training (OST) course to a mandatory two-day course, which includes a First Aid Recertification element. The training is now designed to refresh theoretical knowledge and practical skills relative to operational policing and the use of force. The course is delivered to promote readiness to act in confidence and professionalism in an operational environment. To further enhance officer and staff confidence following an assault, OST instructors offer and conduct a Tactical review on incidents which have resulted in serious injury or unusual circumstances to enhance learning for officers and staff involved, without judgement. They identify elements of training that could be adapted to mitigate injury in similar circumstances and cascade any learning through future courses. A Conflict Management course was also introduced for any member of Police Staff not required to complete OST, however, has the potential to deal with conflict as part of their role. It should be noted that the course was opened to all officers and staff who would benefit from this course in the line of their duties.

Importantly, the reporting rate from our people has increased consistently and we are working to build a culture where people are confident enough to report. This allows us to build a more accurate picture of what officers and staff are experiencing and to identify trends and target areas to improve safety and training.

9.2 Trauma Risk Management (TRiM)

TRiM is the model used to provide support for officers and staff who are directly involved in potentially traumatic incidents. The TRiM process starts with a wellbeing check by managers to provide information and identify colleagues who may require a TRiM intervention.

A TRiM intervention could mean the officer or staff member being invited to discuss their thoughts and reaction to the incident at a briefing meeting. This enables the completion of a TRiM Risk Assessment to ensure that appropriate support and risk management measures are taken and that relevant guidance documents and support are offered to affected colleagues.

For 2023/24 we had assessments delivered to over 1,500 colleagues with 377 TRiM referrals.

9.3 Post Incident Procedures (PIP)

Post Incident Procedures (PIP) are designed to balance the state's legal obligation to independently investigate the Death or Serious Injury (DSI) of a person who has had contact with police with the rights of the officers and staff involved. It is intended to facilitate a supportive, efficient enquiry that is in the interest of all. PIP is a voluntary process, first used within armed policing and extended in 2017 by Police Scotland to include incidents involving death or serious injury following police contact during non-armed policing incidents.

The underlying principle of PIP is to balance the welfare and wellbeing needs of the officers and staff involved with the needs of the investigation. During a recent lived experience presentation by a key police witness who was involved in a traumatic incident that resulted in an independent investigation, the officer stated that, had it not been for PIP and the support provided, they would have left the service.

Where officers/staff are being investigated for criminal or disciplinary offences, this can include suspension or duty restrictions. Our investigative wellbeing strategy enables guidance to be issued to officers/staff to ensure welfare is a primary consideration. A welfare single point of contact is always appointed.

9.4 Employee Assistance Programme

In April 2024, a new Employee Assistance Programme contract commenced with supplier Vivup. Officers and staff were instrumental in shaping the new service and improvements include –

- Qualified health professionals available via a 24/7/365 helpline where staff and officers can phone at any time for advice, support, and signposting on a wide range of topics.
- Specialist advice and counselling on a range of topics including trauma/crisis support, PTSD, bereavement, relationship difficulties, mental health, including low mood, depression, and anxiety, work-related issues, achieving a positive work/life balance, addiction, financial (citizen advice level). Also a specific focus on menopause.
- The implementation of a 'Stepped Care Model' system of delivering and monitoring mental health interventions, and treatments, so that the most effective less intensive treatment is delivered to our staff and officers when they need it and intensive/specialist services are available when clinically required.
- Line management support and advice. The 24/7 helpline is available for line managers to phone at a convenient time to receive advice, support, and signposting for difficult or complex people cases they are managing.
- Lifestyle management telephone support & advice line including debt and legal advice support services. Experienced advisors assist on a broad range of issues.

9.5 Occupational Health

A new Occupational Health contract also commenced in April 2024 which delivers:

- A new online portal accessible 24/7, 365 days a year. The portal provides an interactive solution for recording, assigning, and tracking all occupational health activities in real-time. It aids in the return-to-work process, enable instant online appointment scheduling, and ensure the delivery of high-quality outcome reports.
- A personalised workplace wellbeing platform will be provided, offering guidance and assistance through various formats like videos, podcasts, and infographics. The platform will also feature a Live Chat function.
- An interactive digital assessment routing tool will be introduced as an alternative to Physiotherapist-led triage, allowing individuals to access a safe and efficient clinical assessment that guides them to the most suitable care pathway.

9.6 Lifelines

Over 1,000 officers and staff have attended Lifelines training. The training consists of three modules – (i) staying well, understanding resilience and self-care; (ii) supporting your colleagues; and (iii) post trauma support providing psychological first aid.

As at May 2024, 1280 of our workforce have attended the first module and 947 had completed the second module.

- 91.83% of respondents recalled the training either well or very well.
- Over 70% of respondents think about the messages from the session(s) on a daily or weekly basis.
- Over 89% of respondents have spoken to at least one person to ask if they are ok or to offer support since the Lifelines session(s).
- 88.4% of respondents feel confident asking for help in relation to their own mental health or suicidal thoughts and over 21% have actually asked for help when needed.

Additionally, we are now moving towards having 110 officers and staff within the organisation who can facilitate Lifelines Scotland sessions within their own areas.

9.7 Wellbeing champions

We now have 246 wellbeing champions across the organisation, with a mission to support colleagues health and wellbeing, with each champion having 4 hours protected time per month to undertake their duties. This network continues to grow in maturity and evaluation of impact is underway.

9.8 Training and awareness

Probationer training has been reviewed and revised, leading to the development of a values based, human informed curriculum. The revised training has a strong emphasis on building resilient, operationally competent policing professionals with the right skills to be effective police officers, serving communities across Scotland.

The training includes lifelines training which equips officers to know and understand the effects of trauma and how to minimise stress levels. It provides techniques to self-regulate and reset meaning that officers and staff can find useful approaches towards maintaining good mental health. Lifelines provides early personal resilience tools and an understanding of how to support themselves and their colleagues.

Probationer training will be enhanced further with the incorporation of Trauma Impact Prevention Training (TIPT). This training gives colleagues quick, simple and effective methods to apply following an incident to improve trauma resilience and help minimise complex disorders which can result from working in policing. This training was developed by Police Care UK and is being piloted within Police Scotland by N Division. TIPT is officer welfare focussed, designed to build trauma resilience, and help to prevent trauma-related disorders occurring in the future.

'Act Don't React' (ADR) was delivered to probationers for two years within J Division and extensively evaluated following which support has been given to secure funds to create and deliver a 'Train the Trainers' (T3) Course which will develop trainers within every Division supporting roll out to staff across the organisation.

ADR is a Research to Practice Course. It is a tailored program of training underpinned by research from behavioural science, neuroscience and psychology, combined with practitioner crisis negotiation experience which was designed to equip our staff more fully for the day-to-day interactions they have with each other and those they seek to serve, including crisis communications.

This course is focused on understanding human behaviour, and importantly what drives and triggers it. The ADR Training has been developed to translate into practical application.

It focusses on questions around how we challenge behaviours, attitudes and actions in a way that promotes equality and inclusion, demonstrates understanding and irrespective of the behaviour still maintains trust and confidence in seeking positive resolutions which are tangibly rooted in our values. Questions such as 'When distressed how can we regulate our behaviour recognising that this is the best way to regulate the behaviour of others?'

This training specifically incorporates crisis communication and deals directly with the issue of Mental Health and Suicide, exploring attitudes to both and providing practical

skills training to students to support their ability to engage more effectively, while supporting their own well-being.

The evaluation of this training shows a reduction across 4 key areas linked to wellbeing with more positive and cooperative interaction –

- Use of Force by ADR trained officers is 17% lower
- Injuries to ADR trained officers is 29% lower.
- ADR officers have recorded an assault against them 6% less. This is following an increase in recording (Chief Constables Assault Pledge) and a slightly higher arrest rate.
- Recorded Complaints against Police for ADR trained officers is 49% lower

9.9 Your Leadership Matters

Police Scotland is investing in leadership development for over 5,500 colleagues (Senior, Mid-level and first level leaders) as part of the Your Leadership Matters (YLM) programme. The programme develops enhanced values-based leadership across 3 behaviours – ‘leading & learning inclusively’, ‘having the courage to do the right thing’, and ‘collaborating for growth’.

There is a strong focus on psychological safety, guiding leaders on the tools and techniques to ensure that they are creating a team environment where:

- Everyone feels valued and listened to without judgment.
- People feel comfortable testing ideas and challenging decisions.
- Leaders show vulnerability and humility and encourage their people to learn from mistakes.
- People feel empowered and engaged and consequently more motivated.
- Trust is built through positive collaborative relationships at all levels.

To date, just under 3,000 colleagues have participated and evaluation is ongoing with key evaluation at this point showing:

- 84% of participants report increased understanding of what is required to role-model the behaviours in the workplace (first level leaders)
- 73% saying they can apply what they have learnt (first level leaders)
- 89% reporting they understand what is expected of them (mid-level leaders)
- 72% of participants feel that YLM will improve leadership skills within the organisation in the future.

Next steps ensure continued roll out to all colleagues, coupled with focusing on how learning is embedded and the investment in leader’s development amplified.

9.10 Ill Health Retiral (IHR) and Injury on Duty processes (IoD)

Police Scotland has improved our response where ill health or injury on duty means an officer or member of staff may require to retire.

In the last 12 months, the review of the IHR and IoD award processes saw the implementation of a number of improvements which have seen a significant reduction in timelines:

- Ill Health Retiral: Cases finalised by SPA in the last 12 months had an average time to conclude of 10 months (compared with 16 months for prior 12 months)
- Injury on Duty: Cases finalised by SPA in the last 12 months had an average time to conclude of 9 months (compared with 28 months for prior 12 months)

Additionally, a new 'fast track' approach commenced in March 2024, which was fully supported by the Scottish Police Federation, and effectively enables a simultaneous assessment of Ill Health Retiral and Injury on Duty determinations, in certain circumstances. Not only has this reduced timescales (from an average of 61 days to 27 days) but it also minimises the need for individuals to revisit traumatic situations during separate medical appointments, an experience which was described by some as 're-traumatising' in their evidence to the Criminal Justice Committee.

10. Police Scotland recognises the communication and correspondence the Committee has raised on the subject of officer and staff suicide. The death of any officer or staff member by suicide is deeply felt by family, friends and colleagues. The potential risk factors for suicide are extremely complex and there is often no single influence or event. Issues can arise at home or at work. Where risk factors arise at work, such as during misconduct investigations, Police Scotland recognises the potential impact on affected staff and officers. If it is deemed appropriate for a colleague to be suspended from work then we take steps to ensure that welfare provisions are in place and investigations are concluded as quickly as possible.
11. Investigation Wellbeing Guidance is available and this provides those affected and their supervisors with advice and guidance around wellbeing support. Additionally, we will take steps to ensure a named contact is given as welfare support.
12. Any death from suicide is subject to thorough investigation. This extends to exploring the circumstances, both to provide a comprehensive report to the Crown Office and Procurator Fiscal Service (COPFS) and to detect any indicators, situations or environments which led to the event and identify any acts, policies or omission in provisions which contributed to or may have prevented the death of one of our people. In each case, the allocation of a Family Liaison Officer (FLO) is considered to support the deceased's family throughout the investigation and, if necessary, beyond. A welfare strategy is always put in place to support all immediately affected colleagues.

- 13.** Since Police Scotland was established in 2013, 20 police officers and staff have taken their own lives. Twelve worked in our local policing divisions and eight in national departments. We will not disclose any further breakdown of this data to ensure that we respect and protect the confidentiality of families and others who still feel the impact of these losses.
- 14.** Police Scotland is committed to listening to officers and staff to address what matters to them. We are taking steps to reduce violence and trauma and we are ensuring appropriate support to our people who may face issues around their wellbeing and mental health. We are also committed to undertaking the next wave of policing reform and ensuring that our organisation is both sustainable and affordable for the long term – with a thriving workforce that is supported to do their best work each day.

Scottish Police Authority (SPA)

Dear Convenor

Wellbeing and mental health in policing

Ahead of an evidence session scheduled for 11 September 2024, I am writing to provide an update to the Criminal Justice Committee on efforts to strengthen the wellbeing and support available to officers and staff working within policing.

In January 2024, the Authority updated the Criminal Justice Committee that significant engagement, discussion and action had taken place across the policing system to shine a light on mental health, wellbeing, and support available to our workforce.

Since then, there have been further developments including an independent review of Police Scotland's Health and Wellbeing Framework by Thrivewise, organisational health and wellbeing specialists and a Frontline Focus Wellbeing Review by HMICS.

The findings of these reviews have been considered in detail by Police Scotland, and the Authority's People Committee. Along with the range of insights gathered over the last two years, the recommendations in both reports have informed a single [Wellbeing Action Plan](#) developed by Police Scotland to focus and strengthen the wellbeing support available to our entire workforce.

The Authority's People Committee is satisfied that the Plan captures the range of wellbeing activities needed and expected of a large modern police workforce. These activities, along with agreed reporting mechanisms, will support ongoing monitoring and provide evidence of progress to future People Committee meetings.

Police Scotland is a large organisation, both in terms of budget and workforce – comparable to some of the Scotland's largest private companies. As a Board of non-executive members, the Authority's oversight of workforce wellbeing centres on three specific areas:

1. **Leadership:** Ensuring there is a clear, public commitment from the Leadership Team and senior staff that the wellbeing of the people working within policing is a priority.
2. **Strategy:** Assessing whether clear organisational plans are in place to address wellbeing.

3. **Delivery:** Measuring progress, overseeing, and reviewing how staff wellbeing is measured, reported, and acted on.

The Authority is in no doubt of the leadership commitment to prioritise the wellbeing of the policing workforce. Police Scotland's Chief Constable Jo Farrell has made an unequivocal commitment to workforce wellbeing which is shared by her Deputy Chief Constables, Assistant Chief Constables, and Divisional Commanders.

The Authority is confident that there are a range of wellbeing activities and initiatives currently available to support our workforce. National initiatives such as, Lifelines Scotland or Trauma Risk Management (TRiM), are balanced alongside local initiatives such Trauma Impact Preventative Initiatives (TIPT) or Paddlewell used in the Highlands and Islands, which support officers and staff to decompress and process traumatic incidents.

The development of a Wellbeing Action Plan will set out how the leadership commitment will be realised with specific, actionable, and measurable steps. The Authority expects Police Scotland's reporting to our People Committee to evidence progress in delivering planned actions and demonstrating resulting impact. This will take further sustained effort over time, however the Authority has assessed that Police Scotland now has the foundations and commitment to improve wellbeing across the service.

The results of the current Employee Engagement Survey will be key in providing a current baseline against which future improvement can be measured. An update on the results and follow up actions will be reported to a future People Committee.

You requested an update on the following which I have summarised below:

Ill Health Retiral (IHR) and Injury on Duty (IOD) process review

In January 2024, the Authority's update to the Criminal Justice Committee reported improvements made during 2023 to strengthen and improve the IHR and IOD processes so that applications are dealt with as swiftly as practicable.

2023 saw a reduction in the average wait times for an appointment with a Selected Medical Practitioner (SMP); from 13 months in Financial Year (FY) 2021-22 to 5 months in FY 2022-23. The number of live IHRs reduced during 2023 from 101 to 57. Similarly, the number of IoD cases reduced during 2023 from 48 to 39.

At the end of FY 2023-24, the average wait time for a SMP appointment increased slightly to 6 months. However, the average time for officers going through the IHR and IOD processes from application to decision was 8 months compared to 15 months for IHR in December 2022.

In May 2023, a trial commenced to test the effectiveness of 'fast tracking' IHR cases to Police Scotland's Director of People and Development for approval. The trial aimed to speed up the process where the SMP had determined that an officer was permanently unfit for duty or regular employment. Previously, these cases were considered by a panel for redeployment opportunities.

During the trial (May to November 2023) 7 officers were fast tracked. Approval by the Director of People and Development took on average 27 days compared to an average of 61 days. While the number of eligible officers was small, no issues were reported during the trial and all stakeholders supported continuation of the approach which has now become standard practice.

The number of live IHR and IOD cases on 31 March 2024 was 57 and 39 respectively. On average the numbers that join each process are in line with the number approved by the Authority.

The Authority has assessed that the previous backlogs have reduced, and any current delays are a result of external factors that impact on the process e.g. waiting for specialist reports from medical professionals or the officers' own choice to progress an appeal.

Officer or staff suicide statistics

The Scottish Police Authority and Police Scotland are committed and working to ensure focused and preventative support is in place, coupled with proportionate oversight and scrutiny, to support the health and wellbeing of our workforce and suicide prevention activity.

Comparative and reliable official data on the number and details of officers who die by suicide is critical. The only official data on probable suicides in Scotland is collected and published by the National Records of Scotland. This data draws from information recorded on death certificates and is analysed by a range of demographic metrics and standard occupation codes across a very wide range of jobs.

While Police Scotland senior managers will have knowledge of a death by suicide involving a serving officer or member of staff, their focus will be on

any lessons to be learned and supporting those left behind. There are also complexities around capturing and retaining such data, and incidences where officers or staff have left the organisation, and the service has not been alerted to a death. For these reasons, the Authority views the National Records of Scotland as the official source for reliable data on deaths by probable suicide. A single source collecting data on a standard method creates reliable information and allows policy comparisons of frequency across public and private services. The Authority does not expect Police Scotland to duplicate the publication.

Notwithstanding the above, the COPFS reported to the Criminal Justice Committee last year that every unexplained death in Scotland, including a death by suicide, is investigated and this includes an examination of the individuals employment, or duties played a part on their decision to take their own life. The outcome of those investigations is shared with the individuals family.

The Samaritans caution against suicide being oversimplified and regularly highlight that most deaths by suicide are extremely complex, where no single event or factor has led someone to take their own life. The Authority's focus is therefore on ensuring there are effective proactive and preventative support available to our workforce to help them manage their wellbeing, and manage the impact of trauma, stress, and burnout throughout their policing journey.

Supporting officers and staff to improve their personal resilience, as a preventative measure, aims to protect against occupational stressors. The Authority is also seeking measurement of progress against organisational stressors such as time taken to deal with complaints, leave lost through court appearances and attendance at mental health incidents prior to handover to more appropriate professionals.

I trust this update is helpful. The Authority looks forward to providing further evidence and answering members questions on 11 September 2024.

Yours sincerely

MARTYN EVANS
Chair

Scottish Government

Dear Convener,

Thank you for the opportunity to provide an update on the various strands of work outlined in my letter dated 5 January this year, on the issue of policing and mental health.

As we have previously set out, work has been underway at a national and local level across a range of sectors and partners for a number of years to promote positive mental wellbeing, prevent poor mental health, and provide support, care, and treatment where needed. This includes improvements to the mental health unscheduled care pathway and response, ensuring that people seeking urgent or unplanned mental health support receive the right care, in the right place, at the right time, regardless of where or what time of day they present – there should be no wrong door.

We know that individuals experiencing distress or crisis, and who may need unplanned care, tend to first present at a service that is not best placed to meet their needs; this might be via the police, at a clinical healthcare service, social care, or wider community-based supports and services. Supporting individuals to get the right care they need in a person-centred and trauma-informed way is critical and of high importance for all partners involved.

A key part of the Scottish Government's 2023/24 Programme for Government (PfG) was a commitment to act on the findings of His Majesty's Inspectorate of Constabulary in Scotland (HMICS) Thematic Review of the servicing of mental health demand on policing, published on 18 October 2023.

Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a Partnership Delivery Group (PDG) to develop and take forward activity relating to the recommendations made. This cross sector group meets monthly and grounds itself in partnership working across organisational boundaries to identify and deliver interventions that can deliver in a person centred and trauma informed way. There will be two main initial outputs from this work; a Framework for Collaboration and a cross sector owned Action Plan.

Framework for Collaboration

The Scottish Government, along with PDG members have developed a draft Framework for Collaboration (FfC) aimed at health, social care, social work, police, SAS, and third sector services setting out principles for a multi-agency collaborative approach to supporting individuals experiencing distress or crisis. The aim for this framework is to promote a whole-system and person-centred approach through multi-agency working, with an ambition that partners work in a way that minimises service-level boundaries, builds relationships and trust between services to ensure that the individual receives the support they need from the most appropriate agency or provider as soon as is practicable. We also envision that the principles and

recommendations set out in the framework will provide a solid foundation for the recommendations resulting from the national review of the Psychiatric Emergency Plans. This framework is intended to support all people in distress by putting them at the centre of practice and decision making, with a particular focus on groups that are currently at risk of being triaged out of the system after presenting in an unscheduled way. Work is currently underway with wider stakeholders to refine the draft framework, with the aim of publishing it by the end of the year.

To help inform the FfC and our work more generally we have engaged organisations who lead change at an operational level and who represent individuals with lived-experience. The third sector organisation Voice of Lived Experience (VOX), is a member of PDG. The Scottish Government, along with SPA and Police Scotland held engagement events, hosted by health boards in Highland, Lanarkshire and Forth Valley, to learn from local practice to inform the development of transfer of care pathways and best practice models. The learning from these workshops has been reflected as good practice within the Framework for Collaboration.

In addition, Police Scotland hosted workshops from November 2023 to March 2024, which focused on the changes services across the sector seek to improve the delivery of person centred care. Attendance included third sector organisations who represent the voice of lived experience, which gave the opportunity for PDG members to hear first-hand accounts from people who have had experience of the policing and mental health system.

Action Plan

As set out in my letter in January, the PDG are developing an action plan, due for publication by the end of the year, which encompasses the range of activity across partner organisations. This will set out short, medium and longer-term ambitions on mental health and policing and detail how these will be achieved through a series of thematically based actions. In addition, the action plan will include a mechanism to monitor delivery on progress. We have already started to deliver on a number of the ambitions in our action plan :

- A national review of **Psychiatric Emergency Plans (PEPs)** is being taken forward by the Mental Health Unscheduled Care Network. The review, expected to be completed by November 2024, will be followed by the publication of a template and national guidance by Spring 2025 for use by Health Boards and relevant partners. The aim of this work is again to improve consistency, remove barriers to multi agency working and to clearly articulate roles and responsibilities of partners when responding to a person experiencing a mental health crises who may require a detention.
- Building on the work the Mental Health Unscheduled Care Network has undertaken to develop a **Community Triage Guide** for Police Scotland and the Scottish Ambulance Service setting out 24/7 access arrangements to mental health unscheduled care clinicians in every locality across Scotland, we will be supporting Police Scotland with the roll-out of the document to their frontline officers. Once it has been approved by Police Scotland's internal governance, the document will provide officers with consistent access to

clinical advice and support for determining the most appropriate onwards care option for individuals and improve the transfer of care from police officer to clinicians. . It will also build on the support being provided via the Scottish Government's Enhanced Mental Health Pathway funding and the ongoing work taking place between Police Scotland and NHS 24 on increasing the referrals from Police Scotland's Command and Control Centre (C3) Division to the NHS 24 Mental Health Hub.

- As noted above, Police Scotland have been key partners in the development of the **Enhanced Mental Health Pathway**, which provides routes to care for those in distress or in need of mental health support who contact the Scottish Ambulance Service (SAS) or Police Scotland's call centres. We continue to work with partners through the Mental Health Unscheduled Care Network, including Police Scotland and the NHS 24 Mental Health Hub, on improving the call transfer, with the aim of achieving a warm handover between the two services.
- The Scottish Government is continuing to scope what would be needed to provide alternative safe spaces, including good practice examples currently operating, or those that have historically worked well. Safe places could be where people in emotional distress could access or be taken for their own safety. This could avoid people being taken to ED unless there was an acute medical reason to do so. A draft report is currently being discussed with our Diverse Experiences Advisory Panel as well as with other relevant stakeholders. We are aiming to publish the report by the end of the year.
- The Framework for Collaboration sets out the recommendation that, through the Multi-Agency Forum, local partners implement an information and data sharing agreement which also includes provisions for responding to psychiatric emergencies. More guidance on information sharing is being developed through the PEP Review, and the Framework will be updated to include this once the national PEP guidance is published in 2025.

Efficiency and Effectiveness Deliverables

The development of robust data will underpin this plan and will be a primary driver for evidencing progress and demonstrating impact across the system. Police Scotland has developed a data dashboard to better understand mental health demand on police officer time. This work will provide more robust evidence to unscheduled care demand and will be a vital tool in measuring the progress and impact of current workstreams. The dashboard is now live internally within Police Scotland. The organisation is in the process of ensuring the framework for methodology used to quote data is accurate, sustainable and quality assured. Police Scotland expect to be able to share the dashboard more widely with partners by the end of the year.

In addition, We are working with Health Boards and Public Health Scotland (PHS) to deliver action 4.5.6 in the [Mental Health and Wellbeing Delivery Plan](#) regarding taking an evidenced based approach to understanding how people are accessing and receiving unplanned mental health care. The data will measure the impact of the

changes to the mental health unscheduled care pathway to date and identify opportunities for further improvements. The lead-in work is currently underway and this data project will ensure that further improvements to unplanned and urgent mental health care are underpinned by robust data.

Strategic Oversight

The Scottish Government maintain strategic oversight of this work through a senior governance group representing health, Police Scotland and the SPA, who are ensuring that the work being undertaken through PDG is able to deliver the systemic change required. I also continue to receive updates on progress from officials and through my regular meetings with the Chief Constable and the Chair of the SPA where mental health and policing is regularly discussed.

Update on Mental Health and Capacity Law Reform

In my previous letter, I advised of the work being led forward by the Minister for Social Care, Mental Wellbeing and Sport on the establishment of the Mental Health and Capacity Reform Programme. This Programme is looking at how we can update and modernise our mental health and capacity legislation. We published the Mental Health and Capacity Reform Programme Delivery Plan in June 2024 - [Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](https://www.gov.scot/publications/mental-health-and-wellbeing-strategy-2024/pages/introduction.aspx). The Delivery Plan focuses on the work that will be led by Scottish Government between October 2023 to April 2025.

The Delivery Plan sets out our three strategic aims, the first being Law Reform which aims to strengthen human rights protections in mental health law. We have also sought to prioritise areas of potential change that can be achieved as quickly as possible, within existing resources and recognising the pressure on budgets and services, as well as starting new work to scope and develop options for future reform. One key objective is considering issues around Emergency Detention Certificates (EDCs) under the Mental Health Act. Further detail in the Delivery Plan includes:

Priority 1.12: Ensure there is clarification around the powers of force and detention.

Priority 2.6: We will work to better understand practice around the granting of EDCs as part of our work to review PEPs confirms that we are working to better understand practice around the granting of EDCs as part of our work to review PEPs and the review will be completed later this year.

In addition, I advised of an initial focus on scoping options for reform of the Adults with Incapacity (Scotland) Act 2000. To do this we recently published a consultation on proposals for legislative change to this Act, which will close in October.

Police Officer Mental Health

The Committee has highlighted that officer's stress levels can be exacerbated by the requirement placed on them to respond to incidents involving members of the community with mental health conditions. The Scottish Government welcomes the priority placed on the wellbeing of the policing workforce by the Chief Constable and the SPA. Every day, Scotland's police officers and staff are dedicated to serving our communities; keeping them safe and supported. Officers and staff run towards those in danger, placing themselves in front of them so it is important that there are ongoing avenues of trauma and wellbeing support for all officers and staff.

HMICS published its Frontline Focus – Wellbeing report on 11 April 2024. The review engaged directly with frontline officers and staff to identify the issues they consider support or impact on their wellbeing, and to assess the work undertaken by Police Scotland to improve wellbeing. HMICS recognised that Police Scotland is good at supporting officers at points of crisis, and I welcome the post traumatic support offered to all police officers and staff who are directly involved in potentially traumatic incidents through the Trauma Risk Management programme (TRiM). The HMICS report also highlighted a number of challenging findings for Police Scotland, with a strong emphasis on the organisational stressors relating to resourcing, workloads, estates and disparities faced by police staff and those working in remote locations.

In a letter to the Criminal Justice Committee earlier this year, the SPA confirmed the HMICS Wellbeing Report and its own Health & Wellbeing Review would be used to inform a single Wellbeing Action Plan that Police Scotland intends to present to the SPA in August.

All the recommendations made by HMICS in the Wellbeing Report are operational matters for Police Scotland to address with scrutiny from the Scottish Police Authority (SPA) and an action plan is currently being developed and will be shared with HMICS in the coming weeks. The Government stands ready to support Police Scotland with taking forward work to implement the recommendations.

Police Officer suicides

Every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long lasting impacts on families, friends and communities. Our thoughts and sympathies go out to the friends and family of any officer who dies in service.

Police Scotland seeks to understand the circumstances of every case and provide support to those affected. It is for Police Scotland to determine how it records data around deaths of officers while in service.

The Lord Advocate is responsible for the investigation of deaths in Scotland and decisions about investigations are entirely a matter for the Crown. Every death by

suicide of a police officer or staff member will be fully investigated by the Procurator Fiscal to examine whether the person's employment may have played any part in their decision to end their life. Consideration will be then given as to whether it would be appropriate to hold a Fatal Accident Inquiry to explore the circumstances surrounding that death.

In Scotland there have been increases in the number of suicides over 2022 and 2023, which is consistent with international trends and most likely caused by the after effects of the pandemic and the cost of living crisis. We remain determined to take robust action to reduce suicide deaths in Scotland, whilst also tackling the inequalities which contribute to suicide – an approach which is considered progressive internationally. We published an ambitious 10 year Suicide Prevention Strategy and Action Plan with COSLA in September 2022, which is supported by record funding to double the annual budget to £2.8 million by 2025-2026, which we are well on track to achieve.

I trust the Committee finds my response both helpful and informative. I will continue to keep the Committee apprised of progress as key milestones are delivered.

Yours sincerely

ANGELA CONSTANCE

ANNEX – PARTNERSHIP DELIVERY GROUP MEMBERSHIP

PDG Membership List		
Name	Organisation	Role
Alasdair Quinney	NHS24	Associate Director of Operations
Hannah Axon	COSLA	Policy Manager
Tejesh Mistry	Voluntary Health Scotland	Chief Executive
Paula Fraser	VOX Scotland	Development Officer
Matt Paden	Police Scotland (Policing Together)	Chief Superintendent – Policing Together
Jacque Smith	Police Scotland (Service Design)	Head of Service Design
Phil Davison	Police Scotland (Local Policing)	Chief Superintendent – Local Policing
Graham Thomson	Scottish Government	
Lynsey McKean	Scottish Government	Police Policy Team Leader
Victoria Beattie	Scottish Government	
Maryah Itani	Scottish Government	MHUC and Policing Team Leader
Alastair Cook	Scottish Government	Principal Medical Officer – Mental Health
Arlene Wilson	British Transport Police	Detective Chief Inspector
Catherine Totten	Scottish Ambulance Service	
Amanda Coulthard	Scottish Police Authority	Head of Strategy & Performance
Alex Cumming	SAMH	Executive Director of Operations