Criminal Justice Committee

31st Meeting, 2022 (Session 6), Wednesday 7 December 2022

Policing and Mental Health

Note by the clerk

Introduction

1. The Criminal Justice Committee held a roundtable evidence session on policing and mental health on 18 May 2022.

2. The evidence session focussed on the demands placed on the police service when dealing with people with poor mental health, how Police Scotland deals with people with poor mental health who are taken into custody, and the impact on the mental health of police officers and staff due to the demands being placed upon them in the course of their duties.

3. The Committee heard that the demands on police officers have increased, with the police service unable to refuse to deal with people with mental health issues when the relevant public services are unable to do so due to lack of capacity.

4. The Committee received anonymised written evidence from several police officers, who provided details of the realities of their daily working lives and the impact of their job on their mental health and wellbeing.

5. David Hamilton of the Scottish Police Federation (SPF) told the Committee that the SPF had undertaken a survey which "shows that 45 per cent of officers experience high or moderate levels of burn-out, and one third say that they go to work mentally unwell".

6. The Committee agreed that it wanted to hear directly from police officers about their experiences. On 28 September, Committee Members met privately with six police officers to hear about their experiences of working for Police Scotland.

7. The purpose of the informal meetings was for Members to hear about:

    - The advice and support provided to the officers when they asked for help with mental health issues, and the ways in which this support could be improved.

This could be to deal with a one-off traumatic event and/or the ongoing pressures of their role as a police officer.

- The types of work-related stresses which the officers experience. This could be specific to their role and/or when dealing with members of the public with mental health conditions.

- The challenges that the officers face and how these impact on their health and well-being.

8. Anonymised notes of the informal evidence sessions are contained in **Annex A**.

9. Following the informal evidence sessions, the Committee agreed to write to the Scottish Police Authority (SPA) to request that it undertake an urgent review of the number of cases where officers and staff have retired due to mental ill health and where the administration of their retirement remains incomplete.

10. The Committee also wrote to the Chief Constable of Police Scotland, regarding several issues that were raised in evidence. Responses from the Scottish Police Authority and Police Scotland are contained in **Annex B**.

Action

11. **The Committee will consider the notes of the evidence sessions, and recent correspondence and decide what further steps, if any, to take.**

Clerks to the Committee
December 2022

Annex A - Notes of the informal evidence sessions with six police officers

Members of the Criminal Justice Committee met with police officers to listen to their experiences of the factors that impacted on their wellbeing, the advice and support provided to them when they asked for help with mental health issues, and the ways in which this support could be improved.

We are immensely grateful to each officer who gave their time to speak to the Committee, and to the Scottish Police Federation for their assistance in organising these invaluable evidence sessions.

We pay tribute to the officers for their courage and selflessness in speaking to us in order to improve the support for all officers and staff in Police Scotland, to ensure they receive the right support at the right time to enable them to continue in a role which means so much to them.

This summary note seeks to collate the views expressed to us. Any views have been anonymised to protect the identities of all who took part. The note has been agreed by all who participated.

Note of meeting with Officer A

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

Officer A told Committee Members that officers can suffer from stress and even post-traumatic stress disorder and be unaware.

Signs can include trying to ‘bury’ a traumatic event, which will stay with the officer who visualises the event/s over and over again. It can also include anxiety, being hyper-vigilant and not being able to switch off, even on rest days.

Officer A felt embarrassed at not being able to cope after dealing with traumatic work events. He felt that he had to keep his feelings to himself, as people – other officers and the public – were depending on him.

After being signed off for mental health reasons, he tried to return to work a couple of times, when he was not well enough to do so.

Officer A told the Committee that dealing with trauma can change an officer’s personality and have a negative impact on relationships.

Officer A highlighted that dealing with difficult situations at work, which are not policing work, such as sitting in hospital for many hours with someone who has tried to commit suicide. That is a difficult thing to do, especially for officers who are dealing with their own mental health issues.

Another source of stress is the possibility of being reported to the PIRC and being put under investigation. Officer A indicated that frontline officers being issued with body worn video cameras would give them the reassurance of the availability of video evidence to demonstrate how they dealt with an incident.

AVAILABLE SUPPORT

In response to his request for help, officer A described the support provided locally and from his local Scottish Police Federation (SPF) representative as “fantastic”. He was encouraged to take time off.

However, he indicated that the same level of service from Police Scotland is not provided nationally. This is because the mental health and wellbeing of officers is not seen as a priority. It needs to be. The Executive Team know the dangerous job that police officers do and the ways it can impact on their mental and emotional health. They need to prioritise supporting officers.

Officer A said that the police service does the minimum, which is to ‘signpost’ where officers can find help. Police Scotland used to have wellbeing officers, who were moved to other posts. They need to be reinstated.

Officer A phoned the police helpline – the employee assistance line – when in crisis and was told to “phone back later”, when he called back an hour later, he was told “we can’t help you”, as he did not meet their specific criteria. This is not a line solely for police officers and they were therefore unable to provide any assistance. There needs to be a specific helpline for police officers.

The response from the local hospital was ideal. Officer A had immediate access to speak to a psychiatric nurse for up to two hours and he was able to visit twice a week, the hospital also provides a 24/7 phone number.

The Trauma Risk Management (TriM) assessment is voluntary and should be offered after a traumatic event. It is not always offered. Officer A stated that a frontline officer should not return to duty until they have had a TRiM.

Officers need to turn to their direct manager for support. However, officer A asked what can an officer do it they do not feel safe asking their manager for support? Is there more that the SPF representatives can do to support officers?

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

Officer A told the Committee that police officers of all ranks receive very little mental health training to give them the skills to understand the impact their jobs can have on their emotional and mental wellbeing.

Officer A said it is not acceptable for officers to sit with mental health issues and be expected to deal with those issues themselves, due to their being not enough people in the service able to provide the required help. He recommended that managers would benefit from being educated about mental health issues and should receive training.

A lot of the responsibility falls on the Sergeants. However, officer A explained that as Sergeants have so much to do now, it is difficult for them to leave their desks and have a regular catch up with their officers. They need the necessary support and

time to do that. There should be regular 1-2-1 meetings in place. Officer A also highlighted that new recruits need support from experienced officers, and could benefit from mentoring.

Officer A indicated that there is a huge stigma attached to asking for help with emotional or mental health issues. It can ruin career prospects. Officers are not encouraged to talk to each other about the impacts of their job or to talk to anyone outside of the police force.

He explained that he had started a regular coffee morning with officers who may be suffering work-related mental health issues to enable officers to talk to each other. This was stopped by senior officers who stated that they were “concerned” with that approach. The senior officers had not provided any support to get the sessions off the ground, that, and their instruction to stop the coffee mornings demonstrates the lack of commitment from Police Scotland to support officers.

Officer A told the Committee that frontline officers don’t interact with anyone at the level of Assistant Chief Constable or above. This has led to the Executive Team being out of touch with the realities of frontline policing. Media reports of the Chief Constable looking for another job has given frontline officers the impression he plans to leave, rather than fix the issues in the force. Officer A recommended that the Committee should hear from the Chief Constable before he leaves.

Officer A said that the police service has changed and is run like a business, which it is not.

Lack of resources

Officer A said that officers can feel under pressure to return to work quickly, especially in areas which are under strain, such as frontline policing.

He highlighted a concern amongst officers that there will be about 2,000 experienced officers leaving the force due to the pension changes. It will impact on the available resources, as well as an officer’s career prospects. For example, being moved to another area is not possible.

Officer A stated that there are less people applying to join the police force. He mentioned that a recruitment drive is a good soundbite, with 400 frontline officers being spoken about. However, each officer requires a year of training, so this is not an immediate solution.

A key area of stress is the expectation that police officers pick up the work of other services, such as the NHS, social work and the fire service, if they have no-one available. Officer A indicated that the police service is there to help the public, but it should not be taking the burden off other services.

Officer A indicated that the police service could manage their resources more effectively. It is more cost effective to invest in providing officers with the help they need at the time they need it, as this would reduce the amount of time off that officers take for mental health issues.

Financial pressures

A real drain on finances is having to pay 14% each month towards the police pension. This can be £400 plus, which is similar to a mortgage payment. Officer A indicated that this means some officers cannot afford to go to work and has led to some officers regularly taking on extra shifts to make up their salary and giving up their rest days.

Officers do a dangerous job and should be rewarded with a good pension when they retire. Officer A recommended that a police officer's pension should be based on their final salary, and that the monthly amount taken from an officer's salary should be reduced to alleviate the financial burden on them.

Lack of time off work to recover

Lack of time off to recover can lead to a build-up of stress. Officer A explained that an officer can typically work for six days, followed by four rest days. However, rest days are not protected and are often cancelled. Officer A worked 12 hour shifts for 10 days in a row, before reaching a crisis point.

A key issue which Officer A would like the Committee to address is the scheduling of court cases where officers are to appear, often at short notice, which means that multiple rest days are cancelled. Officer A stated that rest days for police officers are essential for their recovery in between shifts and for a work-life balance. They should be protected and not continually cancelled. He gave the example that over the last five years he had a lot of his rest days cancelled for court cases and had only been called to provide evidence once.

Officers should be given more notice and the police service should 'push back' on dates when the officer is on a rest day. The cancellation of rest days for court cases has been experienced over a number of years and is not linked specifically to the current backlog of cases.

Officer A told the Committee that when senior officers in Police Scotland talk about 15,000 extra officers on the streets, for example, to cover an event, this does not mean there are any extra frontline officers. It means that the officers' rest days have been cancelled.

Officer A recommended that the Committee look at Police Scotland data to understand the number of rest days that are cancelled.

Note of meeting with Officer B

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

Road traffic police officers work in an area where they are more likely to attend serious incidents and fatal accidents and be exposed to multiple traumatic events.

Officer B developed physical symptoms, such as fatigue, an inability to sleep and a persistent cough, which he did not recognise as being signs of stress.

He also had other symptoms, such as repeated visualisation of past traumatic incidents he had witnessed, which kept replaying in his mind, being tearful, and feeling the emotional impacts whilst attending a fatal accident, rather than being able to keep those emotions at bay until he had finished work and returned home. He did not realise he was suffering from trauma.

Officer B began to spend more time at work, as that felt normal, which impacted negatively on his relationship with his family.

He continued to attend traumatic events, without realising that he had reached the limit of what he could take. He was aware he was acting differently but was not able to identify what was wrong.

He checked his symptoms on an NHS online questionnaire, which indicated he had mild depression and/or PTSD. He was reticent to ask his GP for help, as he knew it would "open a can of worms" and he may not be able to continue in his chosen career. When he visited his GP, he was diagnosed with complex PTSD and post-viral fatigue and signed off work for six months.

The officer's wife and children have been impacted by his ill health. They worry about him and suffer from anxiety.

AVAILABLE SUPPORT

Officer B explained that the Executive Team may believe that as they have put a policy in place, there is not any need for change. However, the policy depends very much on the skills of a police officer's line manager. There is also a need to look at how the policy categorises trauma to ensure there is a broader understanding that it can be a one-off event or cumulative. Support is required for both.

The mental health of police officers is not given enough attention. Officers who suffer work-related trauma should be cared for.

Officer B indicated that initially Police Scotland were supportive when he asked for help. He was advised that he was entitled to 12 sessions of cognitive behavioural therapy (CBT). However, this advice changed, and he was then informed he was only entitled to six. This was in spite of medical advice that a person with complex PTSD, where the trauma relates to more than one incident, needs to have more than 12 sessions of counselling. The available support places a monetary value on the wellbeing and recovery of officers.

The CBT sessions were not available locally and involved the officer travelling on roads where he had witnessed traumatic incidents to get to the location. There needs to be support available locally.

Managers need to be aware of the support available for officers, provide timely and consistent advice, and provide the relevant support, that is recommended by medical professions.

The TRiM (Trauma Risk Management) Standard Operating Procedure (SOP) provides details of what can be offered to officers/staff after they have witnessed or

been involved in a potentially traumatic incident at work. Officer B discovered in paperwork that he was provided, that he had “been offered and had declined” TRiM after a traumatic incident. This was untrue. Officer B confirmed that 90% of the time he had not been offered TRiM. Trauma risk management cannot be a tick box exercise, that is a dangerous approach, with possibly devastating consequences for an officer and their family.

There is no in-house police GP or counselling. Officers have to rely on the NHS.

Officer B was signed off work for six months. During that time, he felt pressured to return early. He went back on a phased return.

Officer B submitted a request to his manager to undertake voluntary work. The medical advice was that the voluntary work would be a positive thing to do, as it was unrelated to police work, and would help the officer to regain his confidence, get out of the house and have a purpose. The application was approved. However, the manager changed his mind, telling the officer that, “If you can do that, we can find you something to do”. This response demonstrated a lack of understanding of the nature of PTSD, where a person will be able to function in one area, but not another and was contrary to the medical advice.

Whilst signed off with PTSD the officer received a letter stating that he was to be disciplined for disobeying a direct order. This was for something minor and was the first disciplinary action throughout his long career. It was inappropriate to make the officer aware of this whilst he was on leave for mental health issues. There need be procedures in place to make sure that does not happen.

The letter was a shock. It detailed the possible outcomes of the disciplinary charge being upheld, which included losing his job, his house which was linked to his job, and his pension. These possible consequences overwhelmed the officer and led him to contemplate ending his life. Since then, the officer has been pressurised to agree to the disciplinary charge, which he maintains is spurious. He will not agree to it, and it therefore remains on his record, and unresolved.

Officer B received a further letter outlining the times when he would move to half pay and then zero pay, which caused additional stress.

Police Scotland has a duty of care towards officers who are off work due to mental health issues. Officer B did not receive that duty of care. The Committee should ask Police Scotland for details of what their duty of care obligations are and how they ensure they are met.

Managers of officers require to be educated and to receive training to identify the signs that officers may be experiencing mental health issues, understand and have the skills to respond quickly and appropriately.

Police Scotland should reflect on the support that is provided by the armed forces for those who have experienced work-related mental health issues. The armed forces provide a lot for serving officers and after retirement. There is no equivalent for

police officers. Officer B would like to see police officers provided with similar support.

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

Police officers are expected to seek help from their line manager and from within Police Scotland. However, when their line manager does not have the skills or knowledge to properly assist or if they hold certain beliefs which stop them from helping, they can handle things wrongly and have a negative impact on the officer. That was officer B's experience.

Officer B's manager did not make him aware of the support that Police Scotland could provide, some of which he found out about once he had retired. He did not receive any counselling whilst an officer.

Officer B referred to a 'one glove fits all' approach to providing help to officers with mental health issues. Officers are expected to fit into the process. It is not personalised to meet their needs.

There is a stigma within Police Scotland attached to seeking help with emotional or mental health issues, which deters officers from asking for the help they need. Officer B was aware to the police treatment centres. However, these were openly derogatively referred to as "the pink fluffy stuff" and a place "just to relax". He was told, "You look OK".

Officer B wanted to ask for a TRiM. However, he was faced with the option of asking for help in front of his colleagues or being asked by his manager in front of colleagues if he needed the assessment. This put him off from asking for one.

Officer B stated that he believes he would have received the help he needed if it had been for a physical issue.

The managers expect police officers to ask for help and to be proactive in seeking it. The onus is on them. Officer B gave the example of trying to address the lack of communication from Police Scotland whilst he was signed off with PTSD. In response to him raising this concern, his inspector blamed him for not communicating with Police Scotland more.

The lack of support, a human response, and communication made Officer B feel abandoned and let down by the people who should have been looking after him.

Officer B was medically retired from Police Scotland. He worked as a police officer for many years of dedicated service. It was more than just a job to him. When he retired, he did not receive any thanks from Police Scotland for his years of service, any acknowledgement of his dedication to duty, or anyone from within Police Scotland saying that they were sorry this happened to him.

He should be in receipt of an injury on duty award. Despite it not being disputed, and the SPF chasing it up, it has still not been provided.

The lack of the right support at the right time has meant that Officer B is left with questions about whether he could have gone back to work for Police Scotland in some form, which is what he wanted. If there had been greater awareness and a positive response, he would still be a police officer.

Officer B explained that the police force is no longer seen as an attractive career. New recruits tend to use it as a stop gap and leave after a few years. This means there is a higher turnover of officers, and less experienced officers. There is a big recruitment push, which on the surface looks as though it will address the shortage of officers. However, the working conditions are unattractive, for example there is an "old boys" culture, and the service expects a lot from people whilst not valuing them.

Mental health retirement process

Officer B outlined some of his dealings with Police Scotland's human resources (HR) department throughout the process of being signed off with mental ill health and retiring.

A very important error was made by them in documenting Officer B's diagnosis which led to serious repercussions.

Officer B described the processes as "impersonal, inappropriate, inadequate and inefficient". There is not one contact person, so he is made to explain his circumstances over and over again. He can go for months with no contact from HR. When Officer B contacted HR for an update, they explained the hold up was that they were waiting on information that had been provided to them almost a year before. Some of his correspondence, which contained personal information about his case, was also sent by HR to an old address where another police officer was staying.

Officer B has no faith in the process. He desperately wants the retirement process to conclude, so that he can fully retire and move on with his life.

The HR processes need to be addressed to ensure that officers are contacted in a timely and appropriate way and are regularly kept up to date with developments. There should be oversight of the process to ensure it is implemented accurately and efficiently.

Officer B indicated that the Committee should request data on the number of officers who have retired due to ill health.

Note of meeting with Officer C

Some of the key themes from Officer C's experience are summarised below.

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

- The impacts of dealing with traumatic incidents can be profound and long-lasting. This can include officers' needing to change the way they interact with their job and police colleagues, and the types of work an officer may feel able to undertake.

- The decision to seek retirement on the grounds of ill health is not an easy one for a police officer to make, especially if the officer is still relatively young and would not have expected to retire in the normal course of events for many more years.

- For this reason, the process of retiring on the grounds of ill health should be as supportive and stress-free as possible. Some officers can find the process of retirement on the grounds of ill health to be as stressful as the trauma they have experienced and are dealing with. For those leaving the 'police family' as they may see it, a negative retirement experience can have a prolonged effect on them even after they have left Police Scotland.

AVAILABLE SUPPORT

- Officer C provided some positive examples of police managers working to ensure he could continue to work, while providing the required amount of time off and mental welfare support. For example, assigning Officer C to roles where he could fully contribute to policing duties, whilst not being exposed to operational situations which would lead to additional stress and anxiety, and risk exacerbating his condition.

- Such support and accommodations can help a police officer to develop a new perspective on the different roles carried out by police officers. For example, developing a positive attitude around a change of focus from one of serving the people of Scotland directly in a frontline position, to one of finding value and purpose through supporting the police service and police colleagues to carry out their roles in serving the public.

- Police Scotland has some very good structures in place to support police officers going through mental welfare challenges, especially if an officer is involved in a serious or traumatic event. However, there is a concern that there is an inconsistent level of knowledge throughout the force as to the range of support available. This may mean officers missing out on access to resources which could help them.

- One example cited by officer C is the police treatment centres, such as Castlebrae at Auchterarder in Perthshire. Officer C told the Committee that this is an excellent facility with a great range of services and courses to support officers and their families with their physical, mental, and emotional wellbeing.

Another great benefit of these centres is that officers attending their courses are still considered to be 'assigned on duty', which means they do not require to apply for recorded sick leave to undertake treatment at the centres.

- However, officer C suspects that knowledge of these centres is patchy across the police establishment.

- One issue is the need to ensure that all officers who retire on the grounds of ill health are treated equally and fairly, regardless of the nature of the illness which has led to their retirement.

- However, this is not always the case. For example, officer C stated that under the current rules which pertain to retirement on the grounds of ill health, a police officer whose illness is physical (e.g. a physical injury or disability), is entitled to up to one week's free access to the services provided by the police treatment centres. However, an officer who retires due to mental health or wellbeing issues does not have the same access entitlement. This is unfair and needs to be addressed.

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

- This is one of the most crucial issues for police officers in balancing the demands of their career with the impacts of trauma acquired as a result of their job.

- Officer C indicated that there can be a lack of uniformity in terms of the culture across Police Scotland in asking for help, or in the confidence of managers to respond appropriately when confronted with officers who may be suffering from mental health challenges. Some areas of the police force, such as the areas officer C worked in, had an accepting and positive culture to seeking help and supporting someone experiencing mental health issues. However, officers who work in other parts of Police Scotland may not be so lucky and may encounter stigma, or fear of stigma, which can prevent them from seeking help.

Lack of time off work to recover

- Another crucial issue is to ensure that officers are given adequate time off to recover. Officer C is firmly of the view that there should be a mandatory requirement to take time off immediately after a traumatic event, even where an officer doesn't think they need to take time off. Had this been in place when officer C experienced a traumatic event, this would have been very beneficial for him and may have helped to avoid a deterioration in his mental health.

- Officer C told the Committee that making time off a mandatory requirement in response to circumstances where an officer has been impacted by a traumatic event should be considered. This, as opposed to leaving it up to individual officers or managers to voluntarily seek and approve time off, would relieve any fear of pushback from senior managers to a request for time off, which had not

been proactively requested by a police officer. Where a manager believes time off is warranted and in the interests of the officer's wellbeing, it should be approved, as standard practice.

Lack of resources

- Another key factor raised by officer C which impacts on an officer's wellbeing is the process where an officer who is signed off work for more than six months on ill health grounds may be put on half pay, or reduced pay. Being informed of this while ill, causes great stress for officers and their families and often results in officers returning to work earlier than they should, so they do not incur financial penalties.

- Returning to work before the officer has fully recuperated can result in their ill health being prolonged or exacerbated, which in turn means that Police Scotland incur greater costs.

- Officer C recommended that resources should be made available to enable an officer to remain on sick leave on full pay for up to 12 months, if they require that length of time to fully recover. That would be far more beneficial and effective. It would provide more scope for officers to recover and, ultimately, prove more cost effective for the public purse. This cost is preferrable to the costs of repeated short-term periods of sickness absence by officers trying to cope, due to insufficient time to properly recover.

Additional information

Following the informal evidence session, officer C provided the following additional information to the Committee.

It has been established there will be a one-week course each year at the police treatment centre for retired officers suffering from mental illness. It would be helpful for the Committee to seek clarification about exactly what this involves and what level and type of illnesses it applies to. For example, can officers with PTSD attend?

AVAILABLE SUPPORT

An officer was on restricted duties whilst they were being considered for a post in Fife Constabulary. As part of the process and unknown to the officer a meeting took place between senior management and the force doctor responsible for the officer's care. During this meeting the officer's symptoms and limitations were discussed as well as how to manage the individual. As a result, the officer took up the post and continued in the role for several months. This level of planning and support given to the officer was exceptional and should be commended.

There are many roles that are not front facing in the police service that can be of great benefit to officers returning from mental ill health.

Officer C recommended that where an officer experiences a traumatic event (personal or professional) they should be offered time off immediately after the

incident. When returning to work, a return-to-work plan should be implemented where reasonable adjustments are put in place relevant to the officer's role. This could include light or restricted duties and flexibility around the hours and type of work. Officers returning from ill health should not be overworked.

Another consideration may be to automatically sign an officer off duty in these traumatic circumstances and have them demonstrate their fitness to work before returning.

In Officer C's circumstances, if he had taken time out after experiencing a traumatic event his mental health condition may have been prevented. It is vital that officers are managed appropriately from the outset, as this gives them time to fully recover and return to work in a role where they feel valued. This will also save the police service financially in the long run. It would demonstrate great compassion and understanding by the police service.

When officer C was hospitalised for several months due to an extreme mental illness, his wife's employer encouraged her to take time off to support him, which meant she could see him every day. This level of support and understanding by her employers was exceptional. Police Scotland should take into consideration how to support an officer's loved ones in times of need.

Officer C was struggling mentally at work and couldn't cope. His line manager offered him support and provided him with several options. These included taking time away from work, remaining at work but in a more positive protected environment or remaining at work in his current role with support. His line manager also assisted officer C in planning his work and accompanying him in his role, to provide assistance if required. This level of understanding and support enabled officer C to continue in his role with support. It meant he could remain at work and helped him, in part, to make a quick recovery.

When officer C could no longer continue to undertake his role full time, his line manager put in place appropriate restrictions that provided him with some time out to do other less stressful tasks. Officer C indicated that he always felt valued and cared about by his supervisors who showed great compassion and care.

This is again best practice and should be commended.

At present, officer C receives continued support from his line manager, who contacts him every 2-3 weeks. He receives a message beforehand so that he knows when his line manager intends to call him.

Note of meeting with Officer D

Some of the key themes from Officer D's experience are summarised below.

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

- Police officers can suffer profound mental health injuries throughout their careers, and yet be unaware, if there has not been a major single traumatic

incident they can point to as a cause. Rather, it can be the slow-burn of years of dealing with difficult issues, that eventually come to the surface, which can cause officers to have mental health issues.

- Sometimes an unrelated or inconsequential event can be the trigger point which leads to a realisation that an officer has unknowingly accumulated years of stress and trauma.

- This was the case for officer D. There was not one single identifiable incident or event which led to his mental health issues. It came as a shock to officer D that over the course of a career which involved both frontline uniformed policing and serving in national level units dealing with some of the most serious and distressing aspects of policing, that he had internalised a lot of stress, trauma, and anger. This gave rise to anxiety and a decision by officer D to retire from the police on ill-health grounds.

- Much of Police Scotland's policies and systems for responding to officers experiencing stress, anxiety or mental health issues are predicated on an officer experiencing a given event, or traumatic experience, and then voluntarily requesting support because of that experience.

- The current system does not respond well to someone who needs assistance after the realisation that they have, in fact, been seriously affected by years of unrecognised stress, trauma or anxiety.

AVAILABLE SUPPORT

- Officer D described a terribly negative experience in terms of the lack of support provided to deal with mental health and wellbeing issues. Initially, after becoming unwell and requesting support and time off, this was granted. However, attempts to access additional support or time off after the initial six-month period allowed under the employee assistance programme proved to be very difficult.

- Officer D was off work on certified sick leave for 6 months after becoming unwell. He was then reduced to half pay by HR despite having submitted special circumstances due to being injured on duty. HR had failed to obtain any medical information through the appropriate channels and then at the last minute asked officer D to provide an account of his medical situation. He did this to the best of his ability despite this causing him considerable distress and being aware of how inappropriate it was, in an attempt to assist HR. Despite his efforts, HR disregarded what he had written to them and put officer D on half pay. This situation was only resolved after his wife intervened on his behalf, as by this time he was unable to communicate effectively. Subsequently, HR quoted what he had written in reports relative to his ill health retirement without

his consent. This whole situation was extremely distressing and compounded what officer D was already experiencing.

- The Employee Assistance Program allowed officer D to have 6 counselling sessions which was extremely helpful. The counsellor officer D saw was of the view that he would benefit from further therapy, which he agreed with. At this stage officer D felt he was recovering well, however the additional counselling was refused by Police Scotland. These two factors were instrumental in what became a rapid downward spiral in officer D's mental health. Obviously, he will never know what might have happened had things been dealt with better, but prior to these events officer D felt confident that he would at some stage be able to return to work. However, he was left feeling abandoned and totally disillusioned. He had always believed that the police looked after each other so on some level thought this would apply to him. This wasn't the case. He stated that throughout the three years he was off work prior to being retired no senior officer other than his immediate line manager ever made contact with him. This also contributed to his feeling of abandonment. Officer D explained that several of the senior officers within his department were people he had known and worked with for many years. All of this contributed to a deep-rooted sense of paranoia that officer D still struggles with today. It is extremely difficult for him to write or talk about this as it leads him to question his worth or lack thereof after giving what he thought was many years of dedicated service.

- One of the most difficult problems related to the disjointed and dismissive responses from the police service's human resource/employee departments once an officer seeks help or has taken sick leave. Repeatedly having to go through the same steps, in some cases over a period of years, has a very detrimental impact on an officer's wellbeing and ability to heal and recover.

- Officer D provided examples of his experiences, which include having to proactively chase and contact human resources, rather than being kept regularly informed. Also, having to provide the same medical and other information again and again to a range of different HR staff, because the person liaising with him at any point in time did not have the information already provided. This process was re-traumatising and exhausting.

- A major problem was the lack of an SMP (Selected Medical Practitioner) to deal with cases where an officer is seeking retirement on the grounds of mental ill health and requires an assessment. The role of the SMP is to assess whether ill health retirement is appropriate. With hindsight, officer D believes the issue with HR is that they knew they either had no access to an SMP or that there would be a substantial delay in an SMP considering his case. Instead of telling officer D this, they asked for access to his medical records anyway. By the time an SMP eventually considered the case 18 months later, HR then stated that they needed updated medical records.

- The process for the injury on duty award has the same issue. Officer D was unable to apply for this until Police Scotland made a decision to retire him on ill health grounds, which took 2 full years. He was recently asked for access to his medical records yet again, which he granted, only to be told that there is to be a substantial delay in his case going before an SMP. Officer D feels that there is no doubt he will have to provide consent to access his records again, as it has now been 4 months since he retired and there is still no indication of progress in this regard. This is needlessly distressing. If the SMP must have access to up-to-date medical information (which is understandable) why seek access to these records at a time when HR clearly have no idea when the case will be considered.

- The waiting period for an officer to get an appointment with a practitioner can vary greatly, depending on the length of the waiting lists for the practitioner the officer's case has been referred to. This reality is not explained by HR. So, if an officer is told they are near the top of the list for a GP appointment, they may expect to see the medical practitioner quickly. It can be very traumatic to realise that 'near the top of the list' means being given an appointment after the practitioner has cleared the current backlog of people awaiting appointments. In practice an officer could wait a year or more for an appointment, and therefore to begin the ill-health retirement process.

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

- Officer D joined one of the eight legacy police forces and served in various positions there, and subsequently in Police Scotland. Officer D's career involved frontline policing in urban areas with high levels of socio-economic deprivation and crime. Officer D also served in various national-level units for many years.

- When he joined the police service Officer D said the culture of policing was very much a "macho," "hard man," "nothing bothers me" atmosphere. The general culture was that police officers didn't complain and just got on with the job. Any issues officers may be experiencing were to be dealt with privately and were not part of the job.

- This culture had a major impact in shaping Officer D's outlook about how to act, telling the Committee that "I thought I was like Teflon, it all washed off me." However, that was not the case.

- Officer D explained that whilst things have changed over the years, it is still the case that help is only offered if it is requested by an officer. Even then, the process feels adversarial or inquisitorial, with the presumption that the officer must justify their request for support. Many police officers may not realise until

late in their career that they have been, and still are, suffering from the effects of prolonged stress or anxiety. Officer D told the Committee that if officers have to wait until they recognise they are having "warning signs" about their mental wellbeing, then "it is already too late" to avoid or mitigate them.

- With hindsight, officer D now realises that many former colleagues who retired from the police force with alcohol or other substance abuse problems may have been self-medicating in an attempt to cope with the negative mental wellbeing outcomes they had been left with. They had served in a culture where they would not, or could not, ask for help or admit to having a problem.

- A key element to addressing this problem would be for critical incident debriefings to be made mandatory, so that there are regular opportunities for officers and managers to identify and acknowledge issues around the impacts of the job on the mental health of officers throughout their career.

Lack of resources

- Officer D spoke about the need for various parts of the police service's HR system to be joined up and function more effectively. At present, the burden of pushing the system forward lies with the officer. A key area for improvement is dealing with Police Scotland's HR department after retirement on ill-health has been granted.

- If an officer seeks to gain the various award payments they are entitled to on retirement, for example the Police Injury on Duty Award, they need to liaise with the Scottish Public Pensions Agency (SPPA). However, as officer D discovered, Police Scotland's HR department does not provide the SPPA with any information about an officer's ill-health retirement. This means that the officer must begin the entire administrative process of providing medical reports, background information and paperwork all over again. This is retraumatising, stressful and burdensome. Officer D described the process as "horrendous".

Financial pressures

- The impact of going on half pay after six months of sickness leave is a major contributor to the stress and anxiety felt by police officers suffering from mental wellbeing issues. The fear of letting your family down or finding yourself in financial difficulties is a profound one and can have serious consequences for an officer's mental wellbeing.

- Officer D referred to the recent changes to pension rules, which have resulted in a more inquisitorial system when seeking to retire on ill-health grounds.

- This inquisitorial pension system can lead to even more stress and anxiety, especially for those who are already dealing with mental wellbeing issues from the stresses of the job. There is little recognition of the need to support

retiring/retired officers with such needs through this process. As the outcome of grants or awards under the pension system can be vital to their financial future, it is a system that officers cannot choose to avoid engaging with.

Lack of time off work to recover

- Another key issue raised by officer D is the lack of time off to recover. When seeking time off for mental wellbeing issues not associated to a specific traumatic event, but stress acquired over a long period of time, asking, and receiving time off can be very difficult. Even more so if it becomes apparent that a six-month period is not enough time to allow proper recovery. This can be the case for officers who are dealing with the accumulated effects of many years of stressful work.

- Regular assessment and debriefings are essential because many officers may be unaware at the time, they are acquiring stress, trauma or anxiety. Line managers should understand that they need to give officers time to recuperate and provide adequate time, even in cases where the officer is not aware they need help and has not requested it.

Note of meeting with Officer E

Some of the key themes from Officer E's experience are summarised below.

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

Officer E explained that he began his career in community policing before subsequently moving to covert operations. This was a high pressure and stressful environment, dealing with a high level of threat. He described himself as 'frazzled' during a time when he had been unable to switch off for a period of 6 months.

The stress and nature of this work led officer E to experience a sudden and unexpected breakdown in his mental health; he felt he was in a 'black hole'. He didn't see it coming. It was a sudden onset of feeling that way, and he had not been aware of any warning signs.

His GP signed him off work and diagnosed him as suffering from post-traumatic stress disorder. One of the ways this manifested itself was in flashbacks and nightmares about traumatic events he had experienced during his community policing career.

AVAILABLE SUPPORT

Officer E explained that he did not feel he received the support he needed from Police Scotland. He commented that he was saying 'I need help' but felt that he got nothing in return, despite Police Scotland having a duty of care towards officers. He commented that Police Scotland were denying that it was his job that had made him ill.

He felt that he was treated as just a resource rather than an individual who needed support.

Officer E described an issue where Police Scotland made mistakes with his pay arrangements when he was signed off work.

Officer E also expressed his unhappiness with the number of medical assessments he had to attend (more than 16).

He felt that his superior officers weren't given the necessary assistance to help him deal with the mental health issues he was experiencing.

When asked, he noted that there was no screening / assessment prior to taking on his role in covert operations, even though the guidance recommended that there should be an annual assessment.

Officer E felt that after traumatic or stressful events he should have been assessed rather than being put back on shift. Senior officers should have been more aware of the workload of officers in his position.

The SPF representative who attended with officer E expressed the view that counselling on an annual basis should be mandatory. In addition, he described the Police Scotland ill-health retirement procedure as 'not fit for purpose' and 'unduly protracted'.

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

Officer E noted that there was a 'horrible environment' in the Specialist Crime Division of Police Scotland with (for example) arguments being commonplace. This was the nature of the job. Nevertheless, there was a sense of job satisfaction amongst officers.

He felt that Police Scotland should have done more to let him know that he was valued, and more attention given to ensure work-life balance was factored in, when he was carrying out his role. In his view, Police Scotland should live up to its core values in which officers are valued and an asset. He felt that officers were looked after in the past; but not anymore.

He noted that a sense of duty and loyalty meant that officers felt unable to ask for help when they needed it.

CJ/S6/22/31/2

Note of meeting with Officer F

Some of the key themes from Officer F's experience are summarised below.

IMPACTS OF DEALING WITH TRAUMATIC WORK-RELATED INCIDENTS

Officer F explained that after serving for a period of time in a frontline role, he moved to an administrative role (the details of which are anonymised in this note). This was an important and specialist role in which he developed considerable expertise over time.

Officer F explained that in recent years, the stress levels associated with his job increased to the point at which his mental health was compromised.

The stress associated with his work had a severe impact on his mental health, to the point he was unable to undertake the role anymore. In his words, he "snapped, broke" and felt he "could not make it through another day".

AVAILABLE SUPPORT

Officer F commented that he had tried to get help but his inspector 'didn't want to know'. No one listened to him when he raised concerns about the underlying issues which had led to his ill-health.

The suggestion was made to him that he should return to policing 'on the streets'. However, he felt that this was inappropriate due to the length of time he had spent away from such a role and his lack of up-to-date training. In addition, he had developed a specialist expertise which he wanted to use.

He was moved for a short period to an alternative post. He felt that this new role was not appropriate as it featured many of the same problems associated with his other role, for example, overwork and a great deal of responsibility.

Senior staff were not unkind or unsympathetic, but their focus was to encourage officers to return to work in order to fill an available vacancy ('fill a gap'), rather than addressing the underlying issues which had led to an officer being unable to work in the first place. In Officer F's view, the ethos could be summarised as 'support back to work' rather than 'support as a person'.

Officer F felt that the type of support he needed was one which addressed the underlying problems that had led to him having to stop work. He simply wanted to do the job he was trained for.

Officer F noted that the hierarchical structure of Police Scotland meant that officers with mental health related concerns felt obliged to raise them with their immediate superior officer even if they may not be best placed to address them.

ISSUES IMPACTING ON MENTAL HEALTH AND WELLBEING

Organisational culture

Officer F noted that in his particular area of work there was conflicting and changing advice about how certain rules / regulations should be applied.

There was also a lack of a ‘champion’ in senior management who understood and valued the role he and his colleagues were undertaking. The senior officer responsible for his area of work changed, which had a detrimental impact on how his work was valued.

Officer F felt that increasingly his decisions were being undermined and his credibility challenged.

He felt there was a culture where officers had to ‘change or leave’. He heard one comment from a senior officer that they were no longer looking for the ‘gold standard’ in officers’ work but instead a ‘get by’ standard. Officer F felt that this devalued his work.

He felt that some comments made by senior officers, suggesting that frontline policing was more challenging, denigrated and ignored the value of his role.

He noted that there was a police mentality that an officer can’t say no to a request to take on work.

Lack of resources

Officer F noted that there was a problem with staff retiring and not being replaced, as well as understaffing in his area of work. He felt that there was a ‘revolving door’ of staff coming in and out. In addition, experienced staff were allowed to leave their posts without passing on their expertise.

Another problem was the introduction a new IT system and processes which required considerable additional time and effort, compared to previous arrangements, at a time of staff reductions.

This new IT system was years behind schedule and difficult to work with. There was inadequate training about how to operate it.

Officer F likened it to being asked to use a spoon when previously he had a digger.

Annex B – Correspondence from Police Scotland and the Scottish Police Authority

Letter from Police Scotland

22 November 2022

Dear Convener,

I am writing in response to your letter of 24 October to Chief Constable Sir Iain Livingstone QPM, in which you sought additional information following the Criminal Justice Committee informal evidence sessions. As the information sought relates to a number areas, I have provided a composite response on behalf of the Service.

TRiM

You asked about the TRiM Standard Operating Procedure, the delivery of the TRiM Model and the regulatory of wellbeing checks.

The Police Scotland Trauma Risk Management (TRiM) Standard Operating Procedure (TRiM SOP) is the overarching document to strategically inform the service of the model of post incident support for officers and staff following involvement in potentially traumatic incidents at work. Although a specific SOP it serves as part of the overarching TRiM support that is offered and the significant links that it has to other health and wellbeing activity. The TRiM SOP is subject to review in line with the annual award of the TRiM Licence.

TRiM is a proactive model of support designed to not only support officers and staff following “one off” traumatic events but also to prevent the cumulative effect trauma can have. Whilst it is accepted that supervisors have an important part to play in supporting officers and staff, individuals can also self-care.

In a recent review of TRiM it was found that 95% of users find TRiM easy to access through the current process with 87% accessing TRiM through the support of their line management and 13% through self-referral.

Through the provision of leadership, first line manager and specialist department training and awareness sessions, the health and wellbeing team have focused on raising the awareness and knowledge of trauma. Namely what it is, the impact it can have, signs and symptoms and the support mechanisms in place. Another key feature of the sessions is to emphasise the guidance within the TRiM SOP which states that following a potentially traumatic incident supervisors are required to carry out a health and wellbeing check in with the officer or staff member. Guidance to assist them in doing is readily available and contained within the TRiM referral form.

Despite the known stigma (professional, organisational, self and public) associated with accessing mental health support services there has been a year on year increase in the TRiM referrals and ongoing commitment to TRiM processes. In 2020 there were 302 organisation wide referrals which rose by 52% 2021 to 458, resulting in 3403 supportive interventions being delivered in 2021.

Existing wellbeing response

You asked about proactive health and wellbeing measures in place, clear pathways of support for issues relating to both trauma and non-trauma related experiences and provision of clear plans of action and response.

Police Scotland have placed mental health as a priority for some time which is highlighted both through the People Strategy and the inclusion of 'Psychological' as a key area within 'Your Wellbeing Matters'. Police Scotland have also signed up to the Mental Health at Work (MHAW) Commitment & Standards. The commitment and standards and actions form part of the Blue Light Together package of mental health support, which has seen The Royal Foundation working together with emergency service leaders and partner charities to change workplace culture with regards to mental health and provide specialist support to emergency responders and their families. The commitment and standards, highlighted below, will drive our work in relation to mental health.

1. Prioritise mental health in the workplace by developing and delivering a programme of activity
2. Proactively ensure work design and organisational culture drive positive mental health outcomes
3. Promote an open culture around mental health
4. Increase organisational confidence and capability
5. Provide mental health tools and support.
6. Increase transparency and accountability through internal and external reporting

In terms of pathways of support for those experiencing trauma, TRiM is very much embedded within the organisation. At present the TRiM team consists of 16 co-ordinators and approximately 180 Assessors covering all areas of the service.

TRiM involves a full assessment of risk of further psychological harm, which is followed by support provided through a minimum of two sessions with the option for a third. All TRiM team members are selected for a key set of skills and attributes and receive in-depth training and ongoing evaluation in their role.
Over the 3 month period of the TRiM process individuals have ongoing and immediate support available to them through the TRiM team, supervisors and the HELP Employee Assistance Programme (EAP). Within the TRiM Model there are also options for early education and briefings, group support, 1:1's, educational materials as well as specific and targeted trauma awareness training.

Whilst the primary focus of the TRiM team is trauma and its impact, the team also receive additional training on wider health and wellbeing (HWB) issues including mental health conditions, alcohol and drug use, and suicide prevention. As a result the TRiM assessors are not only able to identify the risks associated with trauma but with all triggers for mental health. If an individual raises other concerns out with the trauma model a key pathway for consent, support and referral and signposting is in place to the HELP EAP, Occupational Health, key partners and other agencies.

Other proactive health and wellbeing measures in place include Your Wellbeing Assessment which offers officers and staff access to a 'Mental Health MOT', delivered through our occupational health and HELP EAP providers Optima Health. The main features of 'Your Wellbeing Assessment' include that it is open to all officers and staff, it is voluntary, secure and confidential, the assessment is reviewed by a member of the Optima Health clinical team, and it can lead to early identification of issues and the provision of tailored support. In August 2022, as a result of some targeted HWB communications there were 350 officer and staff requests for a Your Wellbeing Assessment, something the HWB team will look to build upon.

Resilience assessments are in also place for a number of identified roles (i.e. Cyber Crime Sexual Offences Liaison Officer, Road Traffic Crash Investigator, and Force Negotiators) which it was felt would benefit from some additional support in order to promote resilience and positive coping mechanisms. The appointments provide the individual with an opportunity to meet with a counsellor to discuss their psychological wellbeing, the specifics of the role and how this impacts upon their health and wellbeing. The role of the counsellor is to assess their psychological wellbeing and, where appropriate, discuss additional support which may be beneficial by signposting and referring the individual to the HELP EAP or Occupational Health.

Specifically for workload pressures the main tool is the Stress Risk Assessment which is available for individuals who feel their health is being affected as a result of either work-related or personal issues. Managers and supervisors can support officers and staff by jointly carrying out a risk assessment using the Individual Stress Risk Assessment Questionnaire & Action Plan and the supporting guidance. Supervisors can then take action, if required, to support and monitor individuals who have either been identified or informed them that they are displaying symptoms of stress.

The HELP Employee Assistance Programme is the primary means of support for officers to self-refer to for advice and support with stressors, line Managers can also suggest and encourage their people make contact with them.
The 24/7 programme offers professional support and guidance via a team of trained wellbeing and counselling practitioners who offer confidential, independent and unbiased information and guidance. EAP can offer support and information on a wide variety of areas including health and wellbeing matters, money worries, caring responsibilities, consumer and legal issues, family and home concerns and work/life concerns such as job stress or bullying/harassment.
This year to date, the EAP has received 985 calls from officers and staff, of which 610 took part in a mental health assessment with 387 referred for counselling.

Occupational Health provide advice and guidance on support to facilitate a return to duties or if at work amendment to duties or hours to address issues being experienced. This year alone there have 4756 touch point with officers and staff through the Occupational Health service.

Specialist welfare

You asked us about clear pathways into appropriate specialist care, the scope to develop of an oversight and reporting mechanism to ensure a consistent approach to support and opportunities to collaborate with the NHS.

The pathway for access to health and wellbeing specialist support, namely TRiM and HELP EAP, allow for supervisor, colleague and self-referral at any time. Specialist care for mental health is generally the responsibility of the NHS although Police Scotland through our support services will provide specialist support if deemed appropriate following a full assessment. If more specialised longer term care is needed then the individual will be encouraged and supported to engage with their GP to gain long term access. Police Scotland recognise the challenges the NHS currently face in the provision of support and it is evident that these challenges are seeing individuals return to the employer to seek support, which when appropriate is provided.

Often the prime lead for the co-ordination and progression of support is the supervisor and line manager, as with all issues that may affect our people. There are a number of tools and information sources to support the supervisor and to ensure a consistent approach to support is taken. People Direct and the People Service Advisors are a focal point of support and guidance. Officers and staff are required to report absence or returning to work through the People Direct Absence Line which is used as an opportunity to inform officers and staff of the proactive health and wellbeing measures available to them i.e. HELP EAP, Your Wellbeing Assessments, and Stress Risk Assessments.

In terms of collaboration with the NHS, our HELP EAP provides a very streamlined referral process with assessed support and early intervention. Also since the beginning of 2022, Police Scotland's Mental Health and Suicide Prevention team (PPCW) and Public Health Scotland have been leading work with various partners across public services to develop a Mental Health Action Plan. This collaboration between both public services is essential to achieving an improved, person-centred and trauma informed approach to the population of Scotland. Whilst the focus is primarily the health and wellbeing of our communities, the health and wellbeing of our officers and staff is also a strong theme within the action plan currently under development.

Culture and Stigma

You asked us consider a piece of work to understand attitudes and responses towards mental ill health within the organisation and how these may be addressed, and initiatives to enable officers and staff to share work-related experiences openly and provide support to each other.

The health and wellbeing team have undertaken a significant evaluation and review of all aspects of the Health and Wellbeing programme during 2022. The review, which adopted a 4 stage systematic approach, features evidence in practice from all aspects of the organisation and aims to drive the development of next generation of the health and wellbeing programme. Mental health featured heavily in the evidence collated, particularly around the associated stigma, and as a result has been recognised as a priority.

An overview of the health and wellbeing priorities and the core elements of the framework is provided below;

- Bring the health & wellbeing of our people to the top of the organisations agenda.
- Develop a coordinated national approach to health and wellbeing, which is robust and driven by investment.
- Proactive engagement of our people in an ongoing health and wellbeing conversation through listening and understanding the need.
- Recognising the significant pressures on our people and develop the support of our people enabling them to achieve a better work, life balance.
- Adopt a person centred approach to all support pathways and programmes i.e. EAP, OH, TRiM, Wellbeing Champions.
- Prevention to become a primary focus.
- Reduce the stigma which still exists around health and wellbeing, particularly mental health and the seeking of support.
- Development and training of all officers and staff, with a specific focus on those in line management and senior ranks.
- Recognise the importance and role of peer support amongst our people.

The health and wellbeing framework model is driven by our core aim which is to support our people through a positive working environment enabling them to serve the public. The framework promotes a proactive, preventative and person centred approach intended to understand and consider what our people are experiencing both inside and outside of work. The framework also recognises the impact of significant moments on our people's lives and the importance of providing 'fit for purpose' tools and support which empowers and enables our people to take positive action in relation to their health and wellbeing. The health and wellbeing team are currently in the action planning stage of the review which will bring to life the priorities and framework highlighted above.

Police Scotland are also conducting an intensive deep dive into the perceived link between long term absence and the prevalence of psychological issues.

The deep dive will consider organisational data from the last 9 years and will aim to further understand the correlation between long term absence and psychological issues, identify the primary causes of the psychological issues and trends amongst our workforce, and inform the development of 'fit for purpose' support pathways and services i.e. inform the future direction of our mental health in the workplace activity. This work is underway with findings and recommendations expected during Q4 2023. In relation to the officer and staff support of one another one of the core elements of the health and wellbeing function is the Wellbeing Champions programme. Police Scotland currently have 140 wellbeing champions spread throughout the organisation. The remit of the Champion is very much shaped by local need but at its core is to act as a point of contact for officers and staff providing them with guidance and advice on health and wellbeing issues and concerns. The Champions will also provide a safe environment to discuss wellbeing issues and concerns and will offer Line Managers Advice and Guidance in relation to the most appropriate support mechanisms for their Officers and Staff. The Champions are not trained counsellors but can signpost and support Officers and Staff. The Wellbeing Champions is an area Police Scotland will continue to develop in the coming months.

Good practice

You asked us consider how good practice can be replicated nationally.

The health and wellbeing team welcomes all feedback from officers and staff on their experiences of all areas of support as this can help us to understand the needs of our officers and staff which in turn shapes the future development of the programme.

One of the first actions to emerge from the HWB review, as mentioned above, was the need to develop more platforms for organisation wide discussion on health and wellbeing matters. With this in mind a Health and Wellbeing Advisory group has been stood up with the first meeting taking place on the 25th October 2022. This group acts as a feeder to the strategic level Health and Wellbeing Governance Board and will encourage sharing of good practice and organisation learning as well as a means of raising any issues, concerns or simply providing enhanced feedback on a regular and on-going basis. The group has representation from all organisational and business areas with staff associations and unions also forming part of the group. The advisory group will meet on a bi-monthly basis.

Return to Work

You asked us to provide details of Police Scotland's return to work policy and to clarify how Police Scotland ensures that all officers are made aware of these options.

Line managers within the organisation are responsible for return to work interviews for all absence including absences due to mental health issues. This interviews should provide the officers and staff with awareness of potential options such as phased returns, reduced hours, light and adjusted duties are available to officers for both mental and physical conditions and issues.

These can be put in place in conjunction with the member of staff and can be guided by information from the person's GP and Specialist, our Occupational Health provider or just identified by the line manager and the member of staff in agreement. For example the Stress Risk Assessment and other assessments can be used to inform these discussions.

Rest Days

You asked us to advise if there are agreed procedures between Police Scotland and the Crown Office and Procurator Fiscal Service, and if these include the provision of appropriate notification periods for officers and a procedure for excusal on the grounds of an officer being unavailable.

The current court scheduling system is being redesigned in collaboration with key partners. The new system being developed by Police Scotland in conjunction with the Crown Office and Procurator Fiscal Service (COPFS) and Scottish Court & Tribunal Service (SCTS) will allow users to better schedule their availability. This should reduce wasted officer time and costs. Testing of the new system is due to commence in 2023.

Training

You asked us to provide details of the mental health training that is provided to officers, if any feedback from officers is gathered to determine its effectiveness and to consider the Police Treatment Centre pilot programme.

The health and wellbeing team provide a wide array of awareness and training sessions to department's and teams throughout the organisation. These sessions include leadership and wellbeing, wellbeing support services, trauma and TRiM, bereavement support and suicide prevention. A general theme within all the sessions is to highlight the impact of poor health and wellbeing, recognising signs and symptoms in ourselves as well as others and self-care measures. These sessions have been provided to officers and staff within Divisions, Specialist Divisions (Road Policing, PPU, SCD, FLC, FLO, Crime Scene Attends, Forensics and C3) and line manager forums.

Across 2021/22 Police Scotland and SPA worked with Eleos to deliver a mental wellbeing programme which came to an end earlier this year. Whilst the programme was severely impacted by Operation Urram and Operation Talla a substantial impact was made across the organisation. Over the course of the programme there were 2310 unique attendees, all of whom attended virtually due to Covid-19 restrictions. The programme, which was delivered in 3 phases, consisted of 2 core modules;

- Creating Pioneers – destigmatising psychological challenges, which discussed the stigma relating to psychological wellbeing and helped people to become a confident, person-centred colleague who supports improved individual and organisational psychological resilience. Some of the outcomes of the session included:

    - 36% increase in awareness
    - 36% increase in skills
    - 34% increase in confidence

- It's all about you - Wellbeing Conversations – this was designed to help people to hold effective and meaningful discussions with team members around wellbeing and resilience and to enhance working relationships built on trust and mutual respect. Some of the outcomes of the session included;

    - 35% increase in awareness
    - 37% increase in skills
    - 37% increase in confidence

The health and wellbeing team took some very useful insights from the roll out of the programme which are helping to shape both current and future HWB learning, training and development activity. Some of the insights include;

- Prioritisation over other commitments and ring fencing diary time - Working priorities and pressures compete with the ability to attend sessions and mean staff wellbeing is pushed down the priority order.

- Optional attendance - The optional nature of programmes means that typically, sessions are only attended by enthusiasts. This limits the reach and impact of the programme investment across the organisation.

- Access to technology - Many officers and staff missed out on live training due to not being able to access the sessions through a laptop, desktop or other device.

The Lifelines Scotland project, which is being delivered across the tri-service in Scotland, has now been in place since summer 2021, with enforced breaks for Operation Urram and Operation Talla during this time. The project has adopted a targeted approach in terms of the training delivery with particular areas within Police Scotland and SPA, namely Cybercrime, C3 and Forensics undertaking the training. The sessions have also been offered out to Wellbeing Champions and the SPF due to their crucial roles supporting and assisting our people.

814 officers and staff have participated in the 98 Lifelines training courses delivered to date, with all sessions being virtual to this point. The Lifelines project consists of 3 modules, each of which should be done in order, these include;

- Staying well, Understanding resilience and self-care (half day) - Learn more about what keeps us well. Discussion occurs on the things that threaten our wellbeing in our roles and what protects us, and how to stock our Psychological 1st Aid kits. Understand the impact of trauma and stress so we can recognise when we might need some help and where we can find this).

- Supporting your colleagues (full day) - This workshop looks at what we can do to strengthen supportive relationships. Participants learn how to have helpful conversations with colleagues, how to recognise signs that someone may be struggling and what to do when you are worried about someone.

- Post Trauma Support providing Psychological First Aid (full day) - This workshop helps participants to understand trauma and traumatic stress so they can recognise when themselves or colleagues may be at risk of psychological injury. It will equip them to give Psychological First Aid, the international best practice model for supporting people following trauma exposure.

The Lifelines Scotland project team provide the health and wellbeing team with 6 monthly evaluation reports which are shaped by both pre and post course feedback. Some of the comments received are included below;

- *'I've recommended that my line managers attend, as they can contribute (in often very simple ways) to the resilience of staff'.*

- *'All staff should attend this input. Even those who feel their resilience is high, it's important to understand how that is achieved'.*

The delivery of the Lifelines Scotland Project continues into 2022/23 with the aim of establishing a consistent approach to emergency services response in supporting those exposed to traumatic incidents.

Police Scotland are open to exploring all opportunities to collaborate to meet an identified health and wellbeing need amongst our officers and staff and would certainly like to discuss the outcomes of the pilot programme further with both Police Care UK and the Police Treatment Centre once concluded.

In conclusion, it is well recognised that the significant demands placed on both police officers and staff are ever increasing which in turn increases the stresses and strain they are under in terms of their own health and wellbeing and in particular their mental health. Police Scotland are committed to not only further understanding this growing health and wellbeing need but also to ensuring that a positive working environment is in place enabling officers and staff to serve the public.

Yours sincerely,

David Page
Deputy Chief Officer

CJ/S6/22/31/2

Letter from the Scottish Police Authority

25 November 2022

Dear Ms Nicoll

Ill-Health Retirement/Injury on Duty Award Processes

I refer to your correspondence of 24 October 2022 regarding the above, following your engagement with former police officers.

The mental health and wellbeing of our workforce is a priority for the Authority. We work closely with Police Scotland to ensure that employee wellbeing is effectively tracked and monitored and there are appropriate mechanisms in place to support wellbeing. The Authority also expects all professional HR practices, such as keeping in touch and providing ongoing welfare support to officers and staff, to be in place.

Your correspondence raises a number of concerns about the processes for Ill-Health Retirement (IHR) and Injury on Duty (IOD) awards, both of which apply only to warranted police officers. We are disappointed to learn of the experiences of former officers regarding support and communication.

The Authority, in conjunction with Police Scotland, initiated a piece of work to review both processes in late 2019 and this work remains ongoing. The IHR or IOD processes aim to support police officers to retire when medically unable to continue with their service, and/or where they have been injured on duty. These processes also protect officers from unfair dismissal on the grounds of ill-health and/or injury and ensure public money is well spent.

A summary of each process is given below, along with information on the number of current cases and source of delays.

Ill-Health Retirement (police officers)

The Authority follows guidance from the Police Negotiating Board (PNB) in processing applications by Police Scotland officers for ill-health retirement (IHR). The administration of the IHR process is undertaken by Police Scotland on the Authority's behalf. While the final decision on whether an officer should be retired on ill-health grounds rests with the Authority, under the relevant regulations it is the task of the independent doctor, known as the Selected Medical Practitioner (SMP) to determine whether an officer satisfies the criteria for IHR as laid down in the regulations. The SMP then issues a report setting out their determination. While the officer has a formal right of appeal against the SMP's determination to a panel of three independent doctors, the Authority has no such right of appeal against the SMP determination.

The Authority is aware of a current backlog in the processing of IHR applications by Police Scotland. This backlog is largely attributable to the knock-on effects of the pandemic, exacerbated by a UK-wide shortage of SMPs. The Authority's

People Committee has been closely monitoring the situation and is satisfied that the actions taken by Police Scotland to address this backlog, including the appointment of a number of additional SMPs, are resulting in a steady reduction in the size of the backlog and a corresponding reduction in the overall time taken to process and conclude IHR applications. For example, in 2020 applicants were waiting on average 21 months for an appointment with a SMP. The waiting time has now been reduced to 12 months for recent applications for IHR. In recognition of these delays, steps have been taken to ensure that officers have their pay protected pending a decision on their IHR application. This ensures that officers suffer no financial detriment as a result of delays in the IHR process.

Having reviewed the number of current IHR applications, I can advise that there were 113 'live' cases as at September 2022. 39 of these cases have been in the IHR process for more than 12 months. The Authority is committed to ensuring IHR applications are processed as expeditiously as practicable so that delays are kept to a minimum. In conjunction with Police Scotland, the Authority will consider if anything further can be done to reduce delays and what improvements might be made in respect of single points of contact and general communication with officers while their cases are going through the IHR process. In doing so, the Authority and Police Scotland will take into account any representations by the Scottish Police Federation on behalf of its members.

Injury on Duty Awards (police officers)

As you are aware, former police officers are entitled to receive an injury on duty (IOD) award if they are permanently disabled as a result of an injury received in the execution of their duty. However, an officer who retires from Police Scotland on ill-health grounds is not automatically eligible for an IOD award.

As with the IHR process, the IOD award process is administered by Police Scotland on the Authority's behalf. Where a former police officer applies for an IOD award, the case must be referred to an SMP for an independent assessment of whether the former officer is eligible for an IOD award in terms of the regulations. The SMP considers whether the former officer is permanently disabled as a result of an injury received in the execution of their duty and, if so, the former officer's 'degree of disablement'. This can be a medically complex and time-consuming process, particularly in those cases where the former officer is suffering from a psychological condition(s). Again, the SMP's determination is final, subject to the former officer's right of appeal to a panel of three independent doctors.

The IOD award process has similarly been subject to delays because of the pandemic and the lack of availability of SMPs. There are currently 30 'live' applications for IOD awards, some of which are currently with the SMP for consideration.

As with the IHR process, the Authority is committed to processing applications for IOD awards as expeditiously as practicable so that delays are kept to a minimum. In conjunction with Police Scotland, the Authority will therefore consider if anything further can be done to reduce delays, and what improvements might be made in respect of single points of contact and general communication with applicants while

their cases are going through the process. Any representations by the Scottish Police Federation will be taken into account in this regard.

Ill-health retirement (police staff)

The process for ill-health retirement of police staff is also administered by Police Scotland on behalf of the Authority. This process aligns with the requirements set out in the local government pension scheme. Members with a qualifying service of 2-years can apply for early retirement on ill-health grounds if it is determined that they are permanently unable to perform the duties of their job due to ill-health and are not immediately capable of undertaking other work.

A report from an Independent Registered Medical Practitioner (IRMP) is required before it can be determined whether or not the member of staff qualifies for ill-health retirement. IRMPs from our Occupational Health provider Optima Health undertake this work.

The Authority is aware of delays in receiving reports from GPs and consultants for ill-health retirement of police staff.

I hope this information provides the Committee with some reassurance in respect of the issues raised and the Authority's commitment to processing all applications in a timely and effective manner.

I would emphasise that the Authority and Police Scotland are reviewing these processes. We have made contact with the Scottish Police Federation (who attend and participate at our People Committee) to ensure that they have an opportunity to feed in the experiences of their members and suggest improvements to both processes. We expect this work will be reported to the Authority in February 2023 and we will ensure that the Criminal Justice Committee is updated following this.

The Authority's People Committee, chaired by Professor Fiona McQueen, is attended by representatives from the staff associations and trade unions and provides an appropriate forum for issues such as those raised in your correspondence to be explored and examined in detail and on a regular basis.

Should you have any further queries, please do not hesitate to get in touch.

Yours sincerely

MARTYN EVANS
SPA Chair