

Criminal Justice Committee

6th Meeting, 2023 (Session 6), Wednesday 22 February 2023

Policing and mental health

Note by the clerk

Background

1. In recent months, the Criminal Justice Committee has been [reviewing issues around policing and mental health](#). This has involved reviewing the effectiveness of the advice and support available to police officers and staff who request assistance with their mental health and wellbeing.
2. This included an [evidence session on policing and mental health](#) on Wednesday, 18 May 2022 and informal, private sessions with a number of police officers on their experiences of working for Police Scotland.
3. At the meeting of 7 December 2022, the Committee agreed to write to Police Scotland and the Scottish Police Authority (SPA) to seek fuller responses to the issues raised by officers. The Committee also agreed to ask the Scottish Police Federation (SPF) and the Association of Scottish Police Superintendents (ASPS) for their views on the initial correspondence provided by Police Scotland and the SPA. Responses to these requests have now been received (**see Annex**). A summary is provided below.

Police Scotland

4. In their response, Police Scotland provide details of some of the additional steps they are taking to support the wellbeing of police officers and staff. These include: additional assessors, co-ordinators and training for the Trauma Risk Management (TRiM) process; an evaluation and review of the health and wellbeing programme; the establishment of an external partner's forum; the establishment of a Health and Wellbeing Advisory Group; the continuation of the Lifelines Scotland training until September 2023; pre-retirement courses for officers; and an in person or Microsoft Teams meeting offered to officers beginning the ill health retirement process.
5. The response does not include an explanation as to why the officers who the Committee spoke to did not receive the expected standard of advice and support. For example, some of the officers told the Committee that they were not offered return to work interviews or informed of the support available to them, and some

said they were not offered additional counselling sessions, despite these being recommended by medical professionals.

6. The response does not address some key issues raised by the Committee. For example, whether the onus remains on officers to seek support, whether measures are in place to ensure that supervisors and line managers are able to recognise and provide support for the 'slow burn' trauma that some of the officers described. It is also unclear what mandatory training is in place.
7. The police officers who gave evidence described the inadequacy of the employee assistance line. The Committee asked Police Scotland to consider providing a dedicated line for police officers and staff and/or amending the criteria to ensure that officers in crisis are given the appropriate help when they call. This issue is not addressed in the response.
8. The Committee also requested details of when in 2023 the court scheduling system redesign will be in place. This is to address police officers being asked to attend court proceedings on their rest days. That information has not been provided.

The Scottish Police Authority

9. In their response, the SPA acknowledges that, "The experiences described to the Committee fall short of the standards of support the Authority would expect for any officer or member of staff to access".
10. The SPA indicates that forums are in place to enable "representatives to raise concerns", including the ongoing scrutiny by the SPA's People Committee, which discusses health and wellbeing activity at every meeting, and which staff associations and trades unions regularly attend.
11. In response to the Committee's request, the SPA undertook an urgent review of the number of cases where officers and staff retired due to mental ill health and where the administration of their retirement remains incomplete. The SPA confirms in their response that additional resources have been assigned and are having a positive impact on reducing the number of officers awaiting approval of retirement on ill health grounds and decisions on injury on duty awards. The SPA's People Committee is to consider the outcomes of the review at its meeting of 28 February 2023. The SPA will provide an update on their oversight and activity as it progresses.

The Scottish Police Federation

12. The SPF describes the response from Police Scotland as "defensive, in denial and suggests "nothing to see here"." It is their view that it does not reflect the experiences of the officers who gave informal evidence to the Committee.
13. The SPF states that the TRiM process has a use when there are specific traumatic incidents but that it does not cover 'slow burn' trauma experienced by officers.

14. The Federation identify some specific issues which need to be addressed. These include: the lack of return-to-work interviews being undertaken, they state that in 2022 Police Scotland reported to the SPA that there were 2,257 return-to-work interviews outstanding; the need for resilience assessments to be mandatory appointments; and for the identified barriers to accessing training to be removed.
15. The SPF indicates that whilst there are measures in place to provide advice and support to officers, there is no data collected to determine whether they are effective, stating that:

“Like all the programmes mentioned in the PSoS response we have seen no data on which to evaluate the value, effectiveness or success of these interventions. Just because the service is offering lots of things doesn’t mean that the outcomes are improving or that they are making a demonstrable difference”.
16. The SPF raises a concern that the SPA bases its oversight on evidence provided by Police Scotland and does not challenge or explore more thoroughly the information presented to them. For example, the staff associations are invited as observers only to the SPA’s People Committee.
17. The SPF welcomes the strategic commitment to wellbeing from Police Scotland, which will mainstream wellbeing into policing. However, in their view this commitment has yet to manifest itself in officers feeling that support. They attribute this to either a failure to operationalise the programme or a failure to operationalise the right programme. They state that, “There is a lot, lot more to be done and we are disappointed that these responses don’t seem to acknowledge failures as well as successes and the scale of the problem that policing in Scotland is faced with”.

The Association of Scottish Police Superintendents

18. In their response, the Association indicates that they are generally supportive of the comments provided by the SPA and Police Scotland.
19. They have confidence that TRiM is a successful procedure “to monitor and manage the well-being of our people, particularly those who are more frequently exposed to traumatic experiences of varying degrees”. They recommend that it be made more widely available within Police Scotland, that training for line managers continues, and that it be included in the new leadership training currently in development.
20. They describe the Lifelines Scotland mental health first aid peer support to trauma training as beneficial to their members. They welcome reductions in the length of time ill-health retirements are taking to conclude. They also highlight the importance of “proper rest” for officers
21. The ASPS describes the policy of setting a limit of six counselling sessions as “somewhat arbitrary” and state that it is “self-defeating to lose an officer from the Service for want of some additional sessions”. Prompted by the Committee’s correspondence they received a commitment from Police Scotland that “Where the

clinicians feel additional sessions are required EAP will provide 8. If more are required, the EAP clinical psychologist will review the case and again if clinically appropriate these will also be provided.”

22. The ASPS highlights the stresses that superintendents face, which include “dealing daily with stressful, high-risk, critical, and consequential decision-making”. They also have interrupted sleep and work erratic hours. The Association indicates that senior operational leaders may be reluctant to seek help or take time off. One reason given is the awareness of the burden that will fall to other colleagues. Another is a “cultural stigma” to seeking help for mental health issues which they state, “will result in a career-defining loss of confidence from the executive leadership and peers”. Similarly, superintendents do not feel supported by senior managers in seeking reasonable adjustments to deal with the physical and mental effects of the menopause.
23. The ASPS refers to anecdotal evidence that some superintendents are choosing to retire because ‘they have had enough’. They recommend that probing exit interviews be used to identify how many superintendents are retiring early due to ‘burn-out’, to protect their mental and physical health.

Actions

24. **Members may wish to consider asking the SPA to undertake a piece of work to understand the nature and scale of the concerns police officers and staff have about the advice and support provided to them when they experience mental health and wellbeing issues. This could include taking evidence from officers, staff and union representatives as appropriate, with options given to provide evidence confidentially and/or anonymously.**
25. **Members may also wish to ask the SPA to introduce processes for the collection and analysis of relevant data to determine whether the measures in place are effective and being implemented consistently and, in a trauma-informed way. This could include an analysis of what further measures are required to improve the advice and support provided to officers and staff. The Committee may wish to request that the SPA provides a report of its findings and recommendations by the end of this year.**

**Clerks to the Committee
February 2023**

ANNEX

Response from Police Scotland

Dear Convener

POLICING AND MENTAL HEALTH

I write in relation to correspondence between the Criminal Justice Committee and Police Scotland, most recently your letter dated 19 December, 2022 and further to information provided by Deputy Chief Officer David Page in his letter of 22 November 2022.

On behalf of Chief Constable Sir Iain Livingstone QPM, I thank you and the committee for your interest and work on the important matter of officer and staff wellbeing. Policing is a hugely rewarding but relentless and demanding vocation. The safety and welfare of our officers and staff, and their families, is a responsibility Sir Iain, and the Force Executive, take extremely seriously and is an absolute priority for Police Scotland.

I have read carefully the anonymised summary of the informal meetings committee members held with six serving and former police officers. Should any of the officers, or their staff associations, wish their specific circumstances to be considered to ascertain what further support may be available, please ask them to contact my office. Police Scotland is also contacting the Scottish Police Federation to offer to discuss the experiences of the officers.

Clearly it is difficult to provide a full response to specific cases without knowing all the circumstances behind them. Notwithstanding that, I know DCO Page shared details of the range of mechanisms we have in place to support the wellbeing of our officers and staff with the committee and I will seek to provide you with further specific detail in response to your questions in your letter of 19 December at Appendix 1.

I agree it is vital to understand the experiences of officers and staff and take action to continue to enhance how we respond to their needs.

That is why we commissioned an independent survey of almost 7,400 Police Scotland officers and staff, around a third of our workforce, by Durham University Business School.

They have worked with over 30 police services and their experience and expertise enables credible, meaningful and comparable insights.

The survey, the results of which were published in October 2021, underlined the commitment to public service of our people and the significant demand policing places upon the physical, emotional and mental wellbeing of officers and staff. The results reported that emotional energy, a key indicator of wellbeing, was at a moderate level across Police Scotland, with average scores for police officers higher than that reported in many other forces involved in collaborative research with the business school.

An implementation plan has been established through engagement with policing divisions, the Scottish Police Federation (SPF), Association of Scottish Police Superintendents (ASPS), trade unions and the Scottish Police Authority to respond to the key themes identified within the survey. Additionally, divisions and business areas have been provided with insights to inform and develop local people plans.

Sir Iain has been clear on his determination to drive improvements in working practices, equipment and training to support operational policing and such progress is also important to improve wellbeing. We know, for example from independent research by Robert Gordon University, that equipping officers and staff with mobile devices provided safety, wellbeing, efficiency and service benefits.

Further to our commitment to provide officers and staff with the tools and training they need, we are investing in high quality leadership development for over 5,500 of our people to support police leaders to build and maintain teams which reflect our values, which support the wellbeing of officers and staff and which deliver the effective policing our communities need and deserve.

We also work across the wider justice system, and indeed society, to drive meaningful change which improves the experiences of officers and staff. For example, I agree that being cited for court while on annual leave or rest days causes disruption and frustration for officers and we have been liaising with the Crown Office and Procurator Fiscal Service and the Scottish Courts and Tribunal Service to improve processes in this regard.

When the Scottish Budget was announced in December Sir Iain was clear that, while the allocation for policing in 2023-24 is an improvement on the level indicated in the Scottish Government's Resource Spending Review, hard choices lie ahead to deliver effective policing within the revenue budget available and that our capital funding remains significantly lower than that needed to progress improvements to our technology, buildings and vehicles.

We also recognise the financial pressure upon the public sector in the United Kingdom and Scotland and, indeed, upon individuals and families which can drive vulnerability and displace need upon policing.

Police Scotland continues to work with the Scottish Government and Scottish Police Authority to deliver effective policing for our communities within the resources allocated.

Supporting the safety and wellbeing of our officers and staff will continue to be a key consideration as we develop those plans.

Progress on wellbeing continues to be overseen through our Wellbeing Governance Board which I chair and which meets quarterly. Police Scotland reports to the Scottish Police Authority People Committee on a quarterly basis.

We work closely with the Scottish Police Authority to continually improve how we understand and respond to the experiences of officers and staff. We are fully engaged with the Authority's ongoing discussions about mental health in policing and we will co-

host the next roundtable discussion in Spring with workforce representatives to consider in more detail the impact of exposure to trauma on officers and staff. I trust this, and the further detail provided in Appendix 1, provides the committee with the information it seeks on this vital matter.

Yours sincerely,

Fiona Taylor QPM
Deputy Chief Constable

Appendix 1

Key issues

1. You asked about the TRiM policy and whether Police Scotland were undertaking a review, and what action was being taken to address the matters raised by officers direct to the Committee.

The TRiM programme has been subject to an in-depth evaluation and review, with a number of actions identified for progression, including:

- The recruitment of a further 36 TRiM assessors across the organisation, targeting divisions and departments with lower than expected TRiM referral rates.
- The recruitment and training of a TRiM Co-ordinator for each specialist department.
- Development of a specific Trauma and TRiM training schedule targeting line managers and supervisors across divisions and departments.
- The development of a TRiM handbook specifically for line managers and supervisors, this will emphasise the role of a supervisor.

2. You asked us to confirm if we are reviewing our organisational welfare response.

We are conducting a health and wellbeing programme evaluation and review to develop a health and wellbeing framework and implementation plan.

3. You asked us to confirm how we are exploring opportunities to strengthen collaboration with NHS Boards and/or relevant third sector providers.

An external partner's forum is being introduced which will include partners from staff associations, public health, NHS and third sector colleagues. We also chair a Tri-service Health and Wellbeing Group, which consists of health and wellbeing leads from Police Scotland, Scottish Fire and Rescue Service and Scottish Ambulance Service. The group shares good practice and is a catalyst for collaboration on areas such as mental health and suicide prevention; as well as long term sustainability of health and wellbeing learning, training and the development of pre and post retirement support.

4. You asked about how the organisation will work towards a better understanding of the current attitudes and responses towards mental ill health

As indicated in the covering letter, Police Scotland is investing in our leaders and, as part of the Your Leadership Matters programme, a wellbeing and mental health module will enable line managers to have constructive conversations with their staff, to spot early signs of mental health and support understanding of tools they can employ to engage their people when they ask about their wellness.

To further enhance and extend understating of attitudes and responses to mental health, we convened our first Health and Wellbeing Advisory Group in November 2022, providing a platform for all business areas throughout the organisation and staff associations and Trade Unions.

Each meeting will feature a spotlight topic for discussion, and the first spotlight discussion resulted in our first 'Lived Experience Series'. This series is new and seeks to further understanding of mental health through the experiences of our own people. We will continue this over the next eight months to highlight the importance of safeguarding mental and physical health and to signpost to all available support.

5. You asked about reporting and oversight mechanisms as part of Return to Work Interviews.

Line managers are prompted to cover a range of issues during the Return to Work Interview stage, including mental health. We monitor completion of these inteviews to ensure effective and consistent adherence with policy and process.

Discussions relating to welfare, and signposting to support mechanisms can, and do, take place before and/or during an absence. We also have wellbeing champions in place who can signpost officers and staff to resources available to them.

Support and signposting will be provided to officers and staff reporting absence related to mental health along with the provision of follow up advice to line mangers via our 'People Direct' absence reporting and support line.

6. You asked for detail on procedures between Police Scotland and the Crown Office and Procurator Fiscal Service, and clarification around the protection of officer rest days for court citations.

I agree that being cited for court on annual leave or a rest day causes disruption and frustration for officers. We have been liaising with the Crown Office and Procurator Fiscal Service and the Scottish Courts and Tribunal Service to improve processes related to criminal justice matters.

All our justice partners accept the court excusal request process is an area which isn't working as well as we would like in all areas of the country. There is a working group considering several issues which are directly related to the impact of court citations which are impacting on officer wellbeing.

One of the main tasks for this group is looking at the court excusal system with the view of developing a new process. While this is ongoing, the team continues to highlight the negative impact that delays in the existing process have, most importantly, on the wellbeing of officers, as well as on our ability to deal with operational demands.

7. You asked for details around virtual court appearances for officers

The Remote Provision of Evidence (RPWE) pilot has been running since January 2022 with 43 Evidence Giving Rooms (EGR) within Police Scotland. This pilot relates to the provision of police witness evidence at High Court trials only. When cited to a High Court trial, all officers are automatically aligned to an EGR within their home division. Current figures indicate 30% of officers are providing their evidence remotely, with the remaining 70% being required to attend court. The decision as to the provision of evidence remotely rests with COPFS.

8. You asked about Mental Health Training

To date, 1029 officers and staff have attended Lifelines training. The training consists of three modules - staying well, understanding resilience and self-care; supporting your colleagues; and post trauma support providing psychological first aid. The Lifelines Scotland training is continuing and the Scottish Government have committed additional funding to extend the training provision and support until September 2023. A 'train the trainer' programme delivered by Lifelines Scotland is nearing completion and will further expand our capacity to continue to deliver Lifelines training through a Police Scotland and peer support lens. 80 officers and staff will undertake the 'train the trainer' programme in the coming months and will expand this offering to the entire organisation.

9. Ill health retirement pilot

Progress on the pilot, including an evaluation, will be reported to the Wellbeing Governance Board and, as appropriate, to appropriate governance within Police Scotland. Relevant updates will be reported to the Scottish Police Authority and we will be happy to update the committee on progress as appropriate.

Police Scotland's policies

1. Approving counselling sessions

The contract and service level agreement provides that following a mental health assessment, officers and staff can access six sessions of support where this has been deemed appropriate. Where clinicians feel additional sessions are required, the Employee Assistance Programme (EAP) will provide eight. If more are required, the EAP clinical psychologist will review the case and again if clinically appropriate these will also be provided.

Our EAP support services can also provide specialist trauma focused support for work place trauma. Officers and staff with symptoms of Post Traumatic Stress Disorder for personal trauma will be referred to their GP by EAP for the appropriate support. The

NHS remain our primary health care provider with specialist care for longer term mental health the responsibility of the NHS. Police Scotland recognise the challenges the NHS currently face in the provision of support and it certainly evident that these challenges are seeing individuals return to the employer to seek support, which when clinically appropriate is provided.

2. Ill health pay

Sick pay for police officers is governed by the Police Service of Scotland Regulations 2013 and the relevant determinations and provides for six months of full pay and six months of half pay. Sick pay arrangements for police staff are governed by our terms and conditions. Full to half pay, (depending on service) is up to a maximum of 6 months full pay and six months half pay.

Officers and staff are entitled to ask for a discretion to be applied not to reduce pay, with one of the accepted grounds being where our officer or member of staff's illness or injury is as a result of executing their duties.

I noted in the statements that the feedback you received came from officer/former officers in or through the Ill Health Retrial process. I can also advise that in recognition of some delays experienced due to the pandemic and reduced Selected Medical Practitioner provision, Police Scotland, maintains officers on full pay whilst in the IHR process.

3. Leavers

Officers leaving are offered pre-retirement courses. We have also recently developed a 'Leavers Site' which signposts retiring officers and staff to support organisations and provides case studies and information on life after retiral.

Police Scotland's HR department

1. Bespoke approach, 2. Communication and 3. Point of contact

Our People and Development (P&D) function works hard to treat everyone fairly and as an individual. We constantly seek to improve how we do that and, for officers beginning the ill health retirement process, an in person or Microsoft Teams meeting is offered with the officer, relevant line manager, Federation representative if appropriate and a colleague from P&D. This is to allow officers to meet their support representatives and build supportive and consistent relations through the process and we will seek feedback on whether this approach improves their experience.

Since April 2019, letters are no longer issued to officers or staff who are on sickness absence. Instead, line managers keep officers and staff updated regarding pay status as part of the absence contact process. Officers in the IHR process remain on full pay whilst in the process.

4. Repeating information

I recognise processes, for example for ill health retirement and injury on duty, at times require multiple consultations and this can be frustrating. In some circumstances, such as the IHR process, these steps are required as per the Police Pensions Regulation 2015 (Scotland) and The Police (Injury Benefit) (Scotland) Regulations 2007 and associated guidance, in order to access entitlements.

5. Accuracy of information

As mentioned, although it is difficult at times to provide comment without the benefit of knowing the full circumstances of a specific case, we are grateful for this insight and will consider how it can inform our practices.

By way of assurance, decision makers have the benefit of full medical opinions when reaching conclusions. Further, there is independent assessment and decision making by the SPA.

Support for officers

Pension payments

The Chief Constable has been clear that the commitment and public service of officers and staff should be recognised and rewarded, particularly at a time when officers and staff are concerned about the cost of living crisis and its impact on them and their families.

Pay awards are agreed through the Police Negotiating Board (PNB). The PNB includes the representatives from the Association of Scottish Police Superintendents (ASPS), Scottish Police Federation (SPF) and the Scottish Chief Police Officers Staff Association (SCPOSA), the Scottish Police Authority, Police Scotland and the Scottish Government with the most recent agreement reached in August 2022.

Financial advice for officers and staff is available through our Employee Assistance Programme, including information on budgeting, benefits and coping with financial crisis.

There are three occupational pension schemes for the Police in Scotland: the Police Pension Scheme (Scotland) 1987, New Police Pension Scheme (Scotland) 2006 and Police Pension Scheme (Scotland) 2015. These schemes are statutory and guaranteed by law, providing pensions and life assurance for police officers in Scotland. These schemes are administered by the Scottish Public Pensions Agency on behalf of Scottish Ministers.

Response from the Scottish Police Authority

Dear Ms Nicoll

Policing and mental health in policing

I refer to your correspondence of 19 December 2022 and our ongoing correspondence and dialogue over the last 9 months on this important area of shared interest.

I read in detail the Criminal Justice Committee's summary of its informal discussions with six current or former officers, published on 7 December 2022. The experiences described to the Committee fall short of the standards of support the Authority would expect for any officer or member of staff to access. In response to your correspondence of 24 October 2022, the Authority has made contact with the Scottish Police Federation to discuss the experiences of these officers. We await a response to our requests.

The Authority and Police Scotland are working hard to promote and embed an inclusive approach to wellbeing across the organisation where officers and staff feel informed, valued and supported. In December 2022, the Authority hosted a conference to discuss the impact of mental health and vulnerability on policing and we are grateful for your input to that. The discussion will continue with a further conference in April which will focus on the impact of trauma on the workforce. This will be jointly hosted with Police Scotland and we will work with representatives to ensure their experiences and suggestions inform that discussion.

Authority members consistently seek evidence and insights to understand the effectiveness of the health and wellbeing support provided to officers and staff. The views of workforce representatives inform all of our considerations, in particular at our People Committee where health and wellbeing activity is discussed at every meeting, and which staff associations and trades unions regularly attend. Additional internal forums also exist for representatives to raise concerns, including regular meetings led by myself and attended by Fiona McQueen as Chair of our People Committee and our Chief Executive Lynn Brown. I am satisfied that my correspondence with you has been informed by these ongoing dialogues.

The additional queries raised in your correspondence are answered below:

III-Health Retirement (IHR) & Injury on Duty (IOD) process review

I can confirm that the Authority's People Committee will consider this review work on 28 February 2023. Improvements to date include the introduction of single points of contact for all officers in the process; an increase in the number of Statutory Medical Practitioners (SMP) working on cases referred by Police Scotland, and the creation of a dedicated post to oversee the IHR and IOD process and drive improvement. We do anticipate ongoing review of these complex processes which are underpinned by guidance and regulation requiring separate consideration by relevant bodies such as the Police Negotiating Board (PNB).

In my correspondence of 25 November, I confirmed that there were 39 'live' Ill-Health Retirement cases in the process for more than 12-months; and 30 'live' applications for IOD awards with the SMP for consideration. At the end of December 2022, there were 22 IHR cases having reached more than 12-months. Since my correspondence in November, the Authority has approved the ill health retirement of 15 officers with a further 10 in the final stages to be considered by the Authority in the coming weeks (included in the 22 cases referenced above). All cases are assessed and progressed in date order unless there are exceptional circumstances that would necessitate a higher priority being assigned to a specific case. Some cases are more complex than others and rely on specialist opinion from external medical practitioners who are working on a range of cases. It is therefore difficult to predict when these cases will be concluded. I can confirm that additional resources have been assigned to ensure these are concluded as quickly as possible.

In respect of IOD awards, the Authority has approved three cases since our earlier correspondence. There are currently five SMPs contracted to work on Police Scotland cases with plans in place to increase this further.

You asked whether the Force Medical Adviser (FMA) had been appointed to perform the role of the Statutory Medical Practitioner during a post vacancy. The current PNB guidance allows for the FMA to fulfil this role only in cases of urgency, i.e. where an applicant is terminally ill or where an applicant is totally incapacitated due to a physical condition. I can confirm that the FMA has fulfilled this role where required.

In my response of 25 November, I outlined that the IOD process is administered by Police Scotland on the Authority's behalf. You asked about the Authority's oversight of the administration and sharing of information between medical professionals and the SMP. Medical records are strictly confidential and are requested directly by the SMPs from specialists and GPs. Neither Police Scotland or the Authority have access to this level of personal data. The Authority's role is to determine the outcome of requests for an injury on duty award upon receipt of the SMP's recommendation.

I want to reiterate the Authority's commitment and focus on the health and wellbeing of our workforce. With Police Scotland, we are resolute in our efforts to ensure all officers and staff feel informed, valued and supported.

I hope this information addresses your further queries. I will provide an update on the Authority's oversight and activity in this area as it progresses.

Yours sincerely

MARTYN EVANS
SPA Chair

Response from the Association of Scottish Police Superintendents

Dear Mrs Nicoll

**CRIMINAL JUSTICE COMMITTEE – POLICING AND MENTAL HEALTH –
FURTHER RESPONSE**

Thank you for the invitation to provide comment on the written evidence provided by Police Scotland and Scottish Police Authority, and on the evidence given to the Scottish Parliament's Criminal Justice Sub-Committee on 18th May and 7th December 2022. I have already responded to the initial request made last spring and in preparation for this response have taken the opportunity to re-watch the Committee deliberations.

In general terms, the position of Association of Scottish Police Superintendents (ASPS) has not changed from our original submission on 10th May 2022, but I will take the opportunity to add the following comments firstly, in response to the specific questions raised by the Committee and secondly, to provide commentary from ASPS' perspective which may inform your discussions.

From the correspondence provided, I am generally supportive of the comment provided Mr Martyn Evans (SPA) and DCO David Page (PSoS).

Trauma Risk Management (TRiM) is just one aspect of mental health support provided by the Service to our people. Whilst we don't expect a 100% success rate (which may explain the lived experience of those six officers who have provided anecdotal evidence to the Committee which was somewhat critical), we still have confidence that TRiM is an essential and successful procedure to monitor and manage the well-being of our people, particularly those who are more frequently exposed to traumatic experiences of varying degrees. That the use of TRiM has increased recently is hopefully an indicator of a willingness to address trauma within the Service, rather than a response to a greatly increased number of traumatic incidents. To be effective, and to remove any hint of stigma for staff participating in sessions, it is important that TRiM is socialised widely in the Service, particularly with managers, as a potentially useful tool in compassionate debriefing of traumatic events. As such, I would hope to see principles of TRiM included in the new leadership training currently in development.

Mr Page also mentions the training provided, particularly to first line supervisors and other managers, which allows them to gauge the psychological well-being of staff and officers, and to respond appropriately. ASPS wholeheartedly agrees that this remains key to a culture of supportive management, and I would like to emphasise how important it is that we continue to provide that training, particularly to first line managers, even in the face of growing financial and resourcing challenges.

I welcome Mr Page's reference to Lifelines Scotland, a charity which has provided mental health first aid peer support to trauma training to emergency services since 2016. Since April 2021, Lifelines Scotland have provided training to 970 officers and staff, and we as a staff association, have had Lifelines deliver Continuous Professional Development sessions to our senior leaders. These hugely beneficial sessions have been highly evaluated by ASPS members. Indeed, many of our members have subsequently engaged Lifelines Scotland to deliver inputs to their teams. As President

of ASPS, I hope Police Scotland remains committed to their relationship with Lifelines Scotland for many years to come.

The ability to disconnect from work, and thereby get proper rest and recuperation, is recognised in the Scottish Government's Fair Work Framework. Proper rest is key to officers' self-management of the stress of policing, particularly for those on the front line and in specialist units who are exposed more frequently to traumatic incidents. ASPS supports Police Scotland's continuing efforts to reduce the interruptions to officers' leave and rest days either by court or events. This work requires effective partnership working across the Criminal Justice system.

In terms of Ill-Health Retirals (IHR), ASPS have been recently advised by the Service that there has been a welcome reduction in the length of time for an IHR takes to conclude. As the Committee is aware, IHR has been a very lengthy process, with those awaiting an outcome of various health panels left in a state of limbo, sometimes for several years. ASPS does not have many members in this category of potential retirement due to mental health issues however, we are aware from those members who are in the process of consideration for IHR that the uncertainty and delays can worsen their anxiety, potentially delaying or scuppering prospects for recovery. Consequently, any improvement in the IHR process will be welcomed by ASPS and we will monitor the Service's performance and look for continuous improvements.

ASPS representatives sit as trustees on the boards of Police Care and the Police Treatment Centres, and so we are aware of the excellent programmes they provide, and hope that Police Scotland continues to engage with these charitable agencies where it is appropriate to do so. I would also highlight the excellent principles developed by Police Care in supporting people those undergoing the IHR process thus ensuring a people-centred and ethical approach is adopted.

ASPS is not directly aware of any personal issues experienced by our members with the Employee Assistance Programme although as senior managers they will be expected to support staff through its functions when required.

Setting a limit of six sessions of counselling, which is generally applied by Police Scotland, seemed somewhat arbitrary and, whilst understanding that this is an expensive treatment and with finite capacity, it appeared to ASPS that it would be self-defeating to lose an officer from the Service for want of some additional sessions. Prompted by this consultation, I raised this issue with Police Scotland and have received the following more positive response from the Health and Wellbeing Manager which the Committee may find helpful and reassuring:

“Following a mental health assessment officers and staff can access 6 sessions of support where this has been deemed appropriate. Where the clinicians feel additional sessions are required EAP will provide 8. If more are required the EAP clinical psychologist will review the case and again if clinically appropriate these will also be provided. The NHS remain our primary health care provider with specialist care for longer term mental health the responsibility of the NHS.”

In response to the evidence provided in person to the Committee by the now-retired ACC, Mr John Hawkins on 18th May 2022, I wholeheartedly support further work being

done to understand the pressures and strains on police officers and staff that can contribute to individuals people self-harming or attempting or completing suicide, and what the Service and its leaders can do to prevent and mitigate these grave risks. I also noted from his evidence that Mr Hawkins agreed in general terms with the Committee that reform of how emergency services are accessed by people who need them is required. As an Association, we also believe that work needs to be done to look at how people can get the right service in a timeous manner, as this will focus assistance precisely where it is needed in our communities, as well as take some of the burden from our overstretched frontlines.

Finally, I will make the following comments on behalf of ASPS which I hope will further assist the Committee.

At the superintending levels, individual officers are dealing daily with stressful, high-risk, critical, and consequential decision-making, which is rightly thereafter subject to scrutiny, and for which they are held personally accountable. In addition, most superintendents also have regular periods of out-of-hours 'On Call' responsibilities. Stress, interrupted sleep, and erratic hours take their toll on ASPS members' health and wellbeing. Allied with this, there may be a reluctance for those more senior operational leaders to seek help or to take time off as they know only too well that the burden of their duties will then fall on their colleagues who will have to pick up that share of work.

Unfortunately, there may still persist cultural stigma that to seek help for mental health issues will result in a career-defining loss of confidence from the executive leadership and peers. Put simply, that officer will not be fully trusted again with the difficult and challenging roles that are often, in fact, very rewarding. The fear of losing the confidence of the Force Executive, their peers or their staff may have a chilling effect on those struggling with mental health issues to raise this with the service and to seek help. We know from previous cases that superintendents are very committed and motivated people, who will often work through illness to 'get the job done' but to the detriment of their wellbeing. This was clearly seen during the COVID-19 pandemic when some ASPS members continued working full-time from home whilst very obviously suffering from severe bouts of Covid.

I am also aware of ASPS members dealing with the physical and mental effects of the menopause who have been reluctant to inform the Service or seek reasonable adjustments, fearing perhaps a negative reaction from senior managers and again, loss in confidence of a superintendent's performance. Hopefully, these concerns are lessening with the increased focus from the Service on wellbeing and with the support from ASPS on these issues.

Recent changes in pension provision have made it more financially viable for many officers who are 50 years or older to retire from the Service having attained 25 plus years' service. For most who take advantage of this facility it is a positive step into a new phase of life however, anecdotal evidence is emerging of some superintendents making this personal choice because 'they have had enough'. Probing exit interviews may well reveal those in the superintending ranks who retire early due to 'burn-out' or who feel they have 'nothing left in the tank' and doing so to protect their mental and physical health.

Finally, I reaffirm that ASPS has concerns that the ongoing financial challenges for Police Scotland may undermine the ongoing efforts to address the serious wellbeing and mental health issues already identified in various staff surveys, and which were comprehensively outlined in the evidence submitted to the Criminal Justice Committee in March and December 2022. ASPS made comment on this concern in our submission to the Scottish Government on the proposed Criminal Justice Budget. We also made comment in our submission on the wider impact on police officers' health and wellbeing, the ability of the Service to meet increasing demands for policing services, and on the wider societal challenges to provide joined-up, timely, appropriate services to support those experiencing a mental health crisis.

Once again, thank you for our inclusion in this matter, and on asking our opinion on the responses of our peers and parent organisations.

Yours sincerely,

Suzie Mertes QPM
Chief Superintendent
President of ASPS

Response from the Scottish Police Federation

Dear Ms Barr

POLICING AND MENTAL HEALTH

Thankyou for the Committee’s invitation to submit comment on the (November 2022) submissions by the Police Service of Scotland (PSoS) and the Scottish Police Authority (SPA).

Police Scotland

In many ways this response encapsulates what is wrong with the PSoS wellbeing programme, it reads as defensive, in denial and suggests “nothing to see here”. Indeed if you were to read this response without having heard the evidence from the 6 officers the committee spoke to and from the Scottish Police Federation as a whole, you would be forgiven for thinking that everything was rosy. Rosy it is not.

The PSoS response starts with the TRIM programme. It is important to appreciate that this is simply a diagnostic tool and not a therapy. It certainly has a use in traumatic incidents and we welcome its use to identify those affected by such incidents but it is very much event driven and doesn’t cover ‘slow burn’ trauma not tied to specific events.

Like all the programmes mentioned in the PSoS response we have seen no data on which to evaluate the value, effectiveness or success of these interventions. Just because the service is offering lots of things doesn’t mean that the outcomes are improving or that they are making a demonstrable difference.

The number of officers and staff who make use of the “Your Wellbeing Assessment” (Mental Health MOT) seems very low for an organisation of 23,000 people. Again it is hard to piece together the actual metrics from the PSOS response.

Similarly, there are no figures for Stress Risk Assessments supplied. We are not overly surprised as few supervisors have the skills, training or time to do these and often don’t have the powers to change the stressors.

The Employee Assistance Problem gets mixed reviews. While it certainly has assisted some officers, many also report that because of the contractual limitations with the service provider, and the restrictions on counselling sessions available, officers with more complex conditions are sometimes denied counselling services or are even referred to the NHS or on to 3rd sector charities.

The Scottish Police Federation (SPF) have long argued for Resilience Assessments to be mandatory appointments, where an officer must turn up for a counselling appointment. If they choose to say nothing that is of course their right but what it does do is ensure that officers don’t skip or refuse appointments because of workload pressures or workplace stigma- which is an issue. The current practice is to ‘encourage’ but not mandate attendance.

Under “Culture and Stigma”, Police Scotland has made inroads into improving the welfare of officers at events etc, but we still don’t believe wellbeing is mainstreamed enough into policies.

The Wellbeing Champions project has not particularly impressed us. Champions, who are keen and motivated, describe themselves as simply signposts to other services and we remain sceptical of the worth of this investment.

The Return to Work Interview Process works reasonably well – if it takes place. PSoS reported an enormous number of outstanding incomplete RTW interviews (22571) to the SPA last year.

We don’t consider the Rest Day response a satisfactory commentary to a significant problem. The Police Negotiating Board for Scotland has identified excruciating inefficiencies in the justice system.

If it were as simple as portrayed then there would be no need for senior representatives across Police Scotland and Justice partners to be meeting next month as we are. This PSoS response papers over a systemic problem in the justice sector.

Disappointingly, given the financial outlay, the mental health ELEOS training was poorly attended. We are also concerned that its the same enthusiasts doing these all these courses and those that really could benefit are missing out. The nature of training is also an issue as the Virtual Training model is loathed by staff yet remains the medium of choice for the service. It may be cheaper but its undoubtedly an inferior experience.

The observations on this training by the Health and Wellbeing Team on page 8 of the letter are perhaps the most important element of the response. The team concluded that the very barriers we have documented in this response were also causal factors in the lack of success of the ELEOS training.

- *“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.”*

Scottish Police Authority

The SPF are concerned that the SPA bases its oversight on what PSoS tells it and doesn’t challenge or explore enough on issues itself. The participation on the Authority’s People Committee by Staff Associations (as observers) has improved scrutiny but there is still more to be done. The limited scope of their response just ill health retirements and injury on duty is evidence of that.

The SPA and PSoS responded to the lack of SMP cover with tectonic speed, delays which exacerbated an already bad situation. Reducing the ill health process to 12 months is hardly a success and although it is true that some officers have not had pay cut, some have been needing to cut their ties to Police Scotland for far too long and move on with their lives.

It is disappointing that the Authority is only now considering ways to reduce the delays and despite what was written in November, the SPF have still not been invited to submit representation on Points of Contact and Communications.

Despite the foregoing, it would only be fair to acknowledge that there is at least now a strategic commitment to wellbeing from PSoS. The SPF have persuaded the service into thinking more holistically in its approach to wellbeing and integrating it into mainstream policing.

That however has yet to manifest itself in officers feeling that support, which is either a failure to operationalise the programme or a failure to operationalise the right programme.

There is a lot, lot more to be done and we are disappointed that these responses don't seem to acknowledge failures as well as successes and the scale of the problem that policing in Scotland is faced with.

Yours sincerely

DAVID HAMILTON BEng

Chair