

# **Criminal Justice Committee**

**20th Meeting, 2023 (Session 6), Wednesday 28 June 2023**

## **Responses to police officer and staff suicides**

### **Note by the clerk**

#### **Introduction**

1. The Committee is to hold an evidence session on 28 June 2023 on the responses to police officer and staff suicides.
2. The evidence session will focus on the actions, both legislative and non-legislative, that are taken by relevant criminal justice organisations following the suicide of a police officer or member of staff. Members will also consider the preventative measures in place, and required, to provide appropriate support to police officers or staff.

#### **Participants**

3. The Committee will hear from:
  - Stewart Carle, General Secretary, Association of Scottish Police Superintendents
  - Andy Shanks, Deputy Procurator Fiscal, Specialist Casework and Head of Scottish Fatalities Investigation Unit, Crown Office and Procurator Fiscal Service
  - Gary Ritchie, Assistant Chief Constable, Partnerships, Prevention & Community Wellbeing, Police Scotland
  - Katy Miller, Director of People and Development, Police Scotland
  - Fiona McQueen, Chair, People Committee, Scottish Police Authority
  - David Threadgold, Chair, Scottish Police Federation

#### **Format**

4. Members of the Committee and witnesses will be attending the meeting in person for this evidence session.

## **CJ/S6/23/20/1**

5. The Committee received written evidence in advance of the session, which can be accessed at **Annex A**.

**Clerks to the Committee**  
**June 2023**

## Annex A – written submissions

### Association of Scottish Police Superintendents

#### POLICE OFFICER MENTAL HEALTH WELLBEING: SUICIDE PREVENTION

The Association of Scottish Police Superintendents (ASPS) welcomes the opportunity to contribute to the Criminal Justice Committee's latest session on the mental health wellbeing of police officers focusing on death by suicide.

Suicide devastates families, social and work groups and local communities. Its effects are far-ranging and for some survivors, life will never be the same again.

Undoubtedly, most deaths by suicide occur due to intense personal pressures faced by the deceased including strife in relationships, home-life, challenging and sometimes conflicting family and work circumstances, physical and mental ill-health and often a sense of complete hopelessness to positively influence the personal situation the individual faces.

Policing is widely acknowledged to be a stressful and demanding occupation that places extraordinary demands upon an officer's individual resilience and well-being, both mental and physical. However, if avoidable, unnecessarily stressful, or unmitigated work issues are also contributing, then it is worth exploring what can be done to reduce those stressors, to increase the resilience of those working in policing (officers and staff), and/or identify and provide support to those officers/staff who may be feeling those pressures and/or contemplating suicide.

#### 1. Reducing Organisational Stressors

There is a limit to how the trauma from dealing with difficult, challenging and traumatic incidents, and situations of personal physical peril can be reduced, particularly for 'frontline' officers/staff. It is in the nature of the role as it is for other emergency services. Such traumatic incidents are often unpredictable, and so planning for a specific set of circumstances can be challenging. However, effective officer safety training, personal protective equipment and first aid training and equipment is key to giving police officers and for staff such as custody officers, confidence in physically demanding and dangerous encounters. Technology can assist, and ASPS welcomes the Service's re-stated intention to equip officers/staff with Body Worn Video Cameras.

When a traumatic incident has occurred, it is self-evident that the TRiM process should be considered by supervisors/managers, albeit TRiM is a 'single-shot' intervention and should not be considered a fix-all solution to repeated exposure to traumatic incidents. For more complex Post Traumatic Stress Disorder (CPTSD), counselling services such as those signposted by Police Care or by the Service's contracted Employee Assistance Programme, may assist and at the very least, be the start of an ultimately life-saving conversation with a professional.

Whilst the Service endorses and promotes such supportive interventions, it is not clear how widely socialised they are with supervisors/managers who are responsible

for their implementation following crisis. Police Scotland should do more to ensure that staff are aware of these support mechanisms and to reduce any stigma in seeking the help of EAP or 3<sup>rd</sup> sector providers.

Culturally, the recent and very public recognition by the Chief Constable of institutional discrimination and racism has been welcomed by ASPS. Actions to address discrimination are vital in reducing organisational stressors, and the comprehensive plan in response to the Staff Survey and, separately, the plan to address the findings of the recent survey on sexism and misogyny, need to be given additional emphasis. ASPS are concerned that actions to deliver these plans are not being delivered expeditiously. The work on the Grievance Procedure is also welcomed but has not yet landed and suffers from the same lack of urgency. This is not due to a lack of enthusiasm or effort from those tasked with leading those projects, who are doing their best to deliver, but is instead a reflection of the challenge of getting buy-in across the wider service and mainstreaming the work as part of every supervisor/line manager's toolbox for effective, compassionate leadership.

Policies, procedures and processes can also add to organisational stress, particularly those related to people matters when they stall or are slowly delivered, such as flexible working, moderated duties or ill-health retirement. These processes need to be more person-centred, and ASPS are encouraged by the willingness of the various groups tasked with the governance of these, and of the People and Development Department, to review policies, procedures and processes when pro-forma applications lead to avoidable stressors for individuals.

Another key concern of ASPS is that despite the best efforts of the Professional Standards Department, the lengthy time taken to investigate and deal with complaints against officers/staff, during which time anxiety builds due to the uncertainty about likely outcomes and perhaps even the potential of suspension from duty has a detrimental impact on the subject officer/staff. These anxieties fuelled by years of waiting extend to those who may be cited to participate in Fatal Accident Inquiries, particularly following deaths in police custody. Legal advice and representation are not always available to all police participants in an FAI unless a specific application is made, and there has been recent learning for ASPS in how it supports its members (and by extension of responsibility as senior operational leaders, their subordinates).

## 2. Building Resilience

It is ASPS' view that much more could be done in this area.

ASPS represents the senior operational leaders in the Service but now has a new generation of superintendents who have not benefitted from senior leadership training at any promoted rank in the past decade. Whilst Your Leadership Matters has been re-launched, it appears that there is little of substance in the programme to equip senior officers to build resilience in the face of increasing needs and demands for policing services. Due to their seniority, it is very possible that the stigma in being seen to reach out for help is even more keenly felt by superintendents than it may be for more junior colleagues.

To some extent, this taboo was breached by the brave actions of our friend and now former colleague Superintendent Ian Thomson, who spoke openly of his issues with mental health at the Service's Senior Leaders' Forum and led to a successful partnership secondment for Ian to explore stress-related illnesses in frontline emergency services. Ensuring that building resilience is part of a comprehensive training programme would go some way to reducing stigma and would encourage a willingness to raise issues of mental health at an earlier point.

The Service also needs to abide by the Workforce Agreement reached with ASPS, to ensure that senior officers do not suffer from 'burn out', and get sufficient rest free from disruption, to allow them to recover. Unfortunately, further reductions in superintendents ranks from earlier baselines in the Reform Programme mean that the burdens of 'on call' and unsociable working hours are increasing, particularly in areas of specialist policing such as CID and Event Command. ASPS will continue to work with the Service to challenge poor working practices and promote the benefits of shared command burdens and taking rest days when scheduled.

There are a number of support programmes which the Service are already using but which could be far more widely known and made accessible. In particular, ASPS highlights the excellent programmes run by the Lifelines NHS project, which our Association included as part of Continuous Professional Development for superintendents.

The Association is also aware of the core Relationship-Based Practice/Conflict Resolution and Trauma Awareness workshops that have been developed and delivered over the last three years as part of the Scottish Violence Reduction Unit (SVRU). Sessions have previously been provided to the Army, Navy and Air Force, the Scottish Prison Service, the National 4 Nations Webinar Series, Schools, Colleges and a Premier League football club. All sessions have been highly evaluated by participants. The sessions are adaptable due to the universal application of building, repairing and maintaining good relationships. It has been delivered as part of National Training and CPD to the Scottish Women's Development Forum, the Service's Accelerated Leadership Pathway candidates, Police Scotland Hostage and Crisis Negotiators, Family Liaison Officers, Early Intervention Through Education Course, Community Officers and various Educational Establishments.

The SVRU, Health and Wellbeing and Lifelines are currently in discussion with Probationer Training at the Scottish Police College to infuse Vicarious Resilience to anticipated Vicarious Trauma in Module 1 of the Probationer Training Programme. Further mainstreaming of these courses would be welcomed by ASPS as would a firm commitment to view these as long-term investments in officer/staff wellbeing.

### 3. Identifying those at risk and providing support

Police Scotland has an Employee Assistance Programme, which staff and line managers can refer to and feedback from which is positive from those who have accessed the various supportive services such as one-to-one counselling.

Despite a growing awareness of how much of police current demand is in supporting the most vulnerable in our communities, it is not clear to ASPS that training is keeping pace with that reality. In discussion with HMICS on the topic of mental

health provision, they commented that probationary constables expressed views that having been taught at the Scottish Police College about crime definitions, and how to deal with various crime related incidents, they felt more was needed in the mental health and crisis management space. It is not known by ASPS, but the committee may want to ask if Distress Brief Intervention or Trauma Informed Policing training is available to officers.

Lifelines, the NHS partnership project, provide excellent inputs on identifying and responding to those at near risk of suicide. These programmes should be widely accessed, and ASPS are aware that a sizeable number of inputs have been delivered to Police Scotland by Lifelines. ASPS are told that access to this excellent project is no longer being funded by Police Scotland, which will undoubtedly limit their ability to continue to reach into the Service to the same extent. Such is the value that ASPS places on Lifelines that we invited them to exhibit at our recent Annual Conference to maximise visibility to our senior leaders.

The Association is aware that regular psychological assessments are carried out for some officers/staff in high-risk areas of the business, such as those areas dealing with distressing abusive/sexual images, however, this is not routinely applied to all areas where cumulative trauma could be impacting. An example of an omission is to not offer such support to Road Death Senior Investigating Officers (typically sergeants) who may deal with six or more fatal RTC investigations in a year. The counselling is rightly offered to Forensic Collision Investigators (usually constables) but ignores the cumulative effect on SIOs who are also at scene from the outset and carry the responsibility for the investigation for many months and sometimes years afterwards.

There is good practice elsewhere that can be considered by the Criminal Justice Committee to help identify and respond to those at risk. Following the suicide of a senior Garda Siochana superintendent using their Service-issued weapon, where work-related stressors were found to a large degree to have been at issue, and a major ongoing case to be a tipping point, The Guards instigated the Assist and Safe Talk programmes. Officers now carry a ready-reckoner with the information they require to have a conversation to identify and respond to risk around suicide with colleagues and the public.

Finally, the importance of investment and support by the Service (and Government through grant-aid funding) in the diversity staff associations and chaplaincy services cannot be overstated. Sadly, it is sometimes only after an officer/staff has resigned or intimated their intention to resign from the Service that such support mechanisms come to the fore when earlier intervention might have retained a valuable staff member to continue in the Service. The work of the Reverend Neil Galbraith, chaplain to Greater Glasgow Division and further afield is an exemplar of visible, physically present and spiritual support to officers/staff of all faiths and none. Sadly, the Service does not appear to have a succession plan for the retirement of Reverend Galbraith and other ministers of religion serving the police who enrich the support structures for officers/staff in personal crisis regardless of any direct link to their role as a police officer or staff member.

Chief Superintendent Suzie Mertes QPM  
President, ASPS  
21 June 2023

## Police Scotland

### **POLICE SCOTLAND - ACTION TAKEN FOLLOWING SUICIDE OF A POLICE OFFICER**

Thank you for your invitation to attend an evidence session on consideration of the actions taken following the suicide of a police officer and to provide written evidence in this regard. The following correspondence has been presented to cover the areas requested.

**The policies and procedures in place to investigate the reasons why an officer may have taken their life. In particular, whether there were any work-related factors and, if so, how lessons are learned and captured.**

The death of any staff member by suicide has a deeply profound impact, not only on family and friends, but on the whole service, their colleagues and the communities they serve.

Police Scotland recognises that the potential risk factors for suicide are extremely complex and that most of the time there is no single event or factor that leads someone to take their own life. Whilst such incidents are, very thankfully, few, we acknowledge that any death from suicide is one too many, and each is subject to thorough investigation. This extends to exploring the circumstances, both to provide a comprehensive report to the Crown Office and Procurator Fiscal Service (COPFS) and to detect any indicators, situations or environments which led to the event and identify any acts, policies or omission in provisions which contributed to or may have prevented the death of one of our people.

Police Scotland recognises that no one is immune to the potential of trauma and stress and that, given that it is acknowledged that officers and staff (in particular roles) are more likely to be repeatedly exposed, that we need to do all we can to support colleagues. Crucially we are committed to working to remove stigma and for our employees to feel supported to speak about mental health at the earliest point of any decline in mental health and relationships before any further risk is evident.

As with any death by suicide, the investigation is led by Police Scotland's Criminal Investigation Department (CID) and a dedicated Crime Scene Manager. The scene of the incident is preserved, in accordance with protocol, and a Forensic Examiner deployed. Further evidence is captured, including, but not limited to, medical history, witnesses, CCTV, financial records, communications data from electronic devices and telephones and information held both by partner agencies and on police systems.

Often, officers from Police Scotland's Major Investigations Team (MIT) are deployed, removing the necessity for the deceased's immediate colleagues to investigate. Consideration is given to the allocation of a Family Liaison Officer (FLO) to support the deceased's family throughout the investigation and, if necessary, beyond. Further, a welfare strategy is put in place to support all immediately affected colleagues.

Police Scotland does not routinely refer such deaths to the Police Investigations and Review Commissioner (PIRC) for independent scrutiny unless there are circumstances that determine such a referral is appropriate.

We also recognise the psychological and physiological impacts experienced by officers and police staff where a misconduct investigation or Employment Tribunal is instigated. In the event of such situations, and if it is deemed appropriate for a colleague to be suspended from work, then we take steps to ensure that welfare provisions are in place and, where possible, investigations are concluded as quickly as possible. However, we acknowledge that some situations are complex, and perhaps involve criminal matters, therefore such investigations will inevitably take longer.

In 2021, the Investigation Wellbeing Guidance was published, providing those involved and their supervisors with advice and guidance around wellbeing support. Additionally, we will take steps to ensure a named contact is given as welfare support.

This document signposts resources, such as, the Individual Stress Assessment Risk Questionnaire, the Your Wellbeing Assessment, the Wellbeing Hub and associated Wellbeing Champions and People Direct. To ensure that the Guidance achieves its maximum potential, feedback evaluations are gathered to identify any possible learning and ensure they are implemented and published, demonstrating Police Scotland's commitment to the Code of Ethics and Values.

### **Your responsibilities under the Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016, and views on whether the legislation is adequate or requires to be amended.**

Responsibility to call and present a Fatal Accident Inquiry (FAI) is the exclusive domain of the COPFS.

Should the Chief Constable be an Interested Party at any FAI, regardless of whether it was in relation to the death of a serving police officer or member of police staff, on or off duty, their responsibilities under the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016 are no different to those of any Interested Party at the FAI under the Act. Responsibilities are outlined as follows:

- Appear
- Lodge the relevant Minutes required under the Act or otherwise ordained by the Sheriff
- Call witnesses and/or present documents (if so advised)
- Ask questions (if so advised)
- Make submissions at the close of evidence (if so advised)
- Take careful note of the Determination issued by the Sheriff in conclusion and amend any processes or procedures necessary, if not already done prior to the Inquiry.



### **The oversight of policies, procedures and implementation of legislation**

As previously stated, the investigation of every death from suicide of officers or staff includes a review of any indicators or potential causal factors. From these, policies, and procedures are reviewed, mainly by Professional Standards Department (PSD), People & Development (P&D) and Partnerships Preventions and Community Wellbeing Division (PPCW). We are committed to ensure we embed any improvements which are identified.

The Scottish Government consults with relevant partners and parties prior to the implementation of any legislation. During the consultation process, Police Scotland considers impact to the public, its officers and staff and financial and resourcing implications prior to the provision of a written response, based on the foregoing.

### **Whether there are other approaches that could be considered**

Police Scotland is committed to the welfare of its officers and staff and, since its formation, a number of wellbeing support policies and practices have been developed, which we continue to embed and evolve.

Police Scotland has an Employee Assistance Programme (EAP) which can be accessed 24/7 by all colleagues and provides specialist, focused support for work place trauma. This service is also available to family members. Where high risk cases are identified by the EAP health professionals, direct contact is made with the colleague's General Practitioner.

Additionally, we have taken a number of additional steps which seek to provide a preventative and person-centred approach to supporting colleagues, including:

- Trauma Risk Management (TRiM)
- Shared lived experience and initiatives such as 'mental health awareness week'
- Suicide Prevention Guidance
- Wellbeing champions
- Your wellbeing / resilience assessments
- Individual risk assessments
- Work with external organisations and agencies such as Lifelines Scotland
- The Suicide Prevention Guidance incorporates internal support guidance for officers and staff. It outlines for supervisors and colleagues, potential causes and indicators of stress and mental health deterioration as well as offering guidance and support resources and networks.

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In the event of a colleagues death from suicide, and as soon as possible after the incident, a TRiM support is put in place for those who have been impacted. These include team briefings, small groups or 1:1s and links into support services and EAP if needed.

For the colleagues of the individual, an in-person briefing is provided by our internal health and wellbeing team or by Cruse bereavement, with whom we have a partnership in place. Psychological care weekends at Auchterarder Police treatment centre are also available for affected teams.

We remain committed to doing all we can to support and protect our colleagues from psychological trauma and emotional harm.

I trust that this information is of benefit to the Committee and I look forward to seeing you there.

Gary Ritchie  
Assistant Chief Constable

## Scottish Police Authority

The Scottish Police Authority welcomes this opportunity to contribute to the committee evidence session on 28 June 2023 on officer suicide. As outlined in previous correspondence and submissions, the Authority has a specific focus on examining the response to mental health issues both in our communities and in our workforce, and specifically the implications for policing.

The Samaritans provide a range of support services and publishes research and information across the UK in relation to suicide. The Samaritans highlight that suicide is extremely complex and, in most cases, there is no single event or factor that leads someone to take their own life. The organisation also warns that speculation about the trigger or cause of a suicide can oversimplify the issue.

The Authority is mindful of this advice and guidance, and ensuring Police Scotland has a whole system end to end process that supports the psychological wellbeing of the workforce from prevention to intervention and treatment is a priority for the Authority's oversight. The Authority has been clear that we expect to see more data and insights in this area and we are committed to holding Police Scotland to account on their delivery of this particular aspect of workforce wellbeing.

### **Oversight of workforce wellbeing**

Police Scotland reports quarterly to the Authority in public sessions on its approach to workforce wellbeing and support for officers and staff. There has been a continued focus on the support services available to officers and staff and a desire to better understand how Police Scotland are focusing on working practices where we know wellbeing has been impacted.

A review of the health and wellbeing programme is currently underway, with an interim progress update identifying a focus on suicide prevention within policing. The Authority will consider a final report from the review in August in public session and will track progress on key findings from this alongside our broader mental health and wellbeing review. Along with Police Scotland, and representative bodies, we recognise the need to address the stigma which exists as a barrier to people accessing support services. We will report to the Criminal Justice Committee later this year which will also be informed by engagement with workforce representative bodies.

The Authority routinely seeks assurance on action being taken in this important area such as preventative mental health assessments, resilience and line management training, an independent review of existing support mechanisms, and cross-emergency service collaborative activity.

The death of any officer or member of staff while in service is a tragedy - for the individual, their family and friends, their colleagues and the organisation. While each set of circumstances will be unique, the Authority and Police Scotland are committed to developing a positive working environment and providing effective care and support services to all officers and staff. We remain in ongoing dialogue with the

statutory staff and diversity associations and trade unions colleagues to promote a culture of wellbeing and mutual support.

### **Officer suicides**

In May 2022, Police Scotland reconfirmed to the Authority that they do not record data on cause of death for officers or staff. Since then, Police Scotland has agreed to undertake manual checks of available data to better understand the prevalence of suicide across our workforce. The Authority is also working with Public Health Scotland to assess rates of suicide by occupation group, which will give us better insight and inform ongoing discussions with Police Scotland.

[In England and Wales, information on suicide is published routinely by the Office for National Statistics and disaggregated by occupation.](#) The Authority would support the publication of Scottish data, similar to that available in England and Wales at present. In the meantime, we are working with Police Scotland on how data and insights on officer and staff suicide could be gathered and used to understand links with people working across emergency services and other trauma exposed occupations.

In England and Wales in 2022, a commitment was made to reduce the number of deaths by suicide across the police service. Improvements were recommended to the way data is recorded on police officer and staff deaths, injuries and suicides; as well as improved support for those involved and the commissioning of a toolkit to support staff in the event of a colleague suicide. This is an approach that the Authority is exploring with Police Scotland.

### **Understanding Trauma in the workforce**

In April 2023, the Authority and Police Scotland hosted a conference focused on policing and the impact of trauma. This followed a broader partnership and collaboration focused discussion on issues related to mental health, demand and vulnerability in December 2022.

We recognise that officers and staff across the policing system are impacted by the role they fulfil while keeping the communities of Scotland safe from harm. This has an impact on their own mental health and wellbeing, through continued exposure to traumatic experiences and events. Our policing and trauma event in April sought to better understand the approaches the policing system, and partners, currently take to preparing for, and managing, the impact of traumatic events experienced by staff and officers in delivery of their duties.

Given the nature of policing and frontline emergency services, the complete removal of exposure to traumatic experiences is not achievable. We know each individual is affected in a different way and there are steps that can, and should, be taken to prepare our officers and staff for that exposure. We can also seek, through working practices, to minimise the extent and duration of exposure for our people. We want to ensure that our workforce practices create the environment for all staff to flourish.

We are grateful to Audrey Nicoll MSP, Convener of the Criminal Justice Committee for her input to discussions at the event and commitment going forward. Details on speakers and presentations from the day are available from the Authority's website.

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We are currently developing a joint event summary and next steps document which will be published on the [Authority's website](#) shortly.

**Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016**

The Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016 outlines the categories under which a Fatal Accident Inquiry (FAI) is mandated. The Authority understands that there is nothing to prevent investigation in other circumstances at the discretion of the Lord Advocate.

**22 June 2023**

## Scottish Police Federation

### Considerations of the actions taken following the suicide of a police officer

Thank you for the opportunity to submit evidence on this subject.

The Scottish Police Federation (SPF) currently represents over 17,000 members from special constables up to and including chief inspectors.

The statutory remit of the SPF is the welfare and efficiency of police officers. In relation to that remit and the subject matter above, 'welfare' relates to pay and conditions as opposed to 'welfare' in its wellbeing sense. The Police Service of Scotland (the service) has responsibility for the welfare of its officers.

SPF negotiates pay, conditions and pensions for the police. It provides a comprehensive legal advice and assistance service. It arranges life and other insurances, assists with and supports several police related charities which provide help for police officers and their families.

SPF assists and represents police officers in relation to conduct, performance, equality, grievance and ill-health retiral. Clearly, any of these issues can be highly stressful and impact on officers' mental, physical and emotional health.

Any officer being supported by the SPF is allocated a representative who will provide specialist guidance and advice to that officer. This is separate to any liaison officer allocated to the officer from within the service.

Whilst the nature and content of the conversations between the officer and the SPF may be confidential, we do not work under the protection of legal privilege.

Nothing removes the responsibilities we have as serving police officers to communicate any concerns raised from a conversation with the officer being supported to the service. Should the statements made by the officer make any reference to suicide, self-harm, or generate sufficient concern for any other aspect of their welfare, this would immediately be communicated to the service for action.

There is no formal process whereby the SPF is notified by the service that an officer is 'off sick', or if the service has any specific concerns regarding its employees. Ad-hoc notifications can and sometimes do apply, but this is generally reliant on the SPF becoming aware of an individual situation through word of mouth or through pro-active intervention.

Should an officer who is not being supported in any way by the SPF, and who is not absent from work through ill health commit suicide, potentially the first time the SPF would be notified of that occurrence would be some time after the event.

In respect of our role should the officer who committed suicide be a member of the voluntary fund and SPF insurance schemes then, we would liaise and facilitate the processing of the insurance policies to the deceased's families.

Should a serving police officer commit suicide, the SPF has no formal role in the investigation of that occurrence, the service have primacy in any investigation.

Nothing would prevent the seconded SPF officer supporting the deceased being cited as a witness in any subsequent proceedings.

The SPF has no primary role in any investigation undertaken under the Inquiries into Fatal Accidents and Sudden Deaths etc. (Scotland) Act 2016.

We consider that the provisions of the 2016 Act under Section 1(3)

- (a) Establish the circumstances of the death.
- (b) Consider what steps (if any) might be taken to prevent other deaths in similar circumstances.

are sufficiently broad to allow for the instruction of a Fatal Accident Inquiry into a specific police officer death without the need for amendment to the current legislation.

The SPF has no specific policies or procedures we follow after a police officer suicide.

That said, nothing would prevent us from writing to the service to notify them of our intention under Section 4(1) (a) of the Safety Representatives and Safety Committees Regs 1977, to carry out an investigation into potential hazards and dangerous occurrences at the workplace (whether or not they were drawn to their attention by the employees they represent), and to examine the causes of accidents at that workplace.

In respect of officer suicide, this could look to investigate the causation factors – excessive workload, insufficient organisational support or any other matter.

Although the police service is a very much more open and understanding environment than 20 or 30 years ago, there is still a stigma around getting help. Many officers view asking for help as a sign of weakness or that if they acknowledge they have a problem with mental health then something is “wrong” with them.

Additionally, many fear that talking about their struggles will result in stigma from other officers and career setbacks. Other officers spoke about the potential embarrassment of raising issues through the line management structure.

As part of the preparation for our submission, we have studied the detail of academic research carried out by the University of Central Lancashire. For your information, a hyperlink to the study is attached.

<https://clock.uclan.ac.uk/42818/10/s11896-022-09539-1.pdf>

Historically several of the Scottish police forces used to employ full time Welfare officers but with diminished budgets and finances these roles were removed and subsumed into the occupational health process.

The larger forces also used to have their own occupational health departments which again through budget restraints and reform, these departments and posts were removed, and the occupational support was purchased as an outside provision. It was thought that this would offer more resilience however, it has always been deemed that this resulted in less of a service and has resulted in the reliance of NHS care to support officers in need of help. Police forces used to actively spend money to help officers get fit and back to work but sadly with budget loss this support was stopped and deemed unaffordable.

We have real concerns that the current provision from our Employee Assistance programme is not fit for purpose. We believe that officers are not generally proactive in self-referring to the TRiM process and can easily ‘deflect’ the offer to be referred from supervisors with a simple ‘I’m fine’.

We also have real concerns that first line managers (either substantive or those in temporary positions) are not being given the training they require to be able to make positive interventions and have positive conversations with their staff. We consider that reductions in police officer numbers, and a further review of rank ratios will only make this problem worse.

In conclusion, the SPF would support any initiative which seeks to improve welfare provisions in this area, and we hope the Committee can make a positive contribution in this regard.

DAVID THREADGOLD  
Chair