



The Scottish Parliament
Pàrlamaid na h-Alba

Criminal Justice Committee

Iain Livingstone
Chief Constable
Police Scotland

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Dear Chief Constable,

I am writing to you regarding recent informal evidence sessions that the Criminal Justice Committee Members held with six police officers to hear about their experiences of working for Police Scotland.

The purpose of the informal sessions was for Members to hear about the challenges and organisational factors that the officers face and how these impact on their health and wellbeing, their personal lives, and their families. Also, to hear about the types of work-related stresses the officers experience, and whether these are specific to their role or link more closely to their role in responding to members of the public with mental health conditions.

The Committee also heard about the advice and support provided to the police officers when they asked for help with mental health issues, including some suggestions from them on the ways in which that advice and support could be improved.

TRiM

The officers spoke to us about the support provided by Police Scotland for officers who have witnessed or been involved in a potentially traumatic incident at work, which is outlined in the [TRiM – Trauma Risk Management Standard Operating Procedure](#) (SOP).

We heard that the focus of TRiM on one-off traumatic events means that the 'slow burn' of experiences and challenges faced by officers over a prolonged period of time can be unreported, unnoticed, and inadvertently not addressed by supervisors. This can lead to officers reaching a point where they are unable to continue working and have to step back from their duties.

It is essential that any signs that an officer is not coping are picked up and acted on quickly and appropriately. The TRiM model is reliant on supervisors having the necessary skills, knowledge, understanding and training to identify that an officer may be suffering from mental health issues. We heard the process means that the response from an immediate supervisor can vary from being a positive experience for an officer, to a terrible one.

We heard that regular wellbeing checks are not carried out and, for some of the officers, there were no TRiM's offered over a period of a number of years. We also heard of an incident where the officer's line manager confirmed in writing that a TRiM assessment had been offered and refused, when it had not. We also heard of a lack of consistency in the advice and support offered to officers.

Existing wellbeing response

While it is understood that TRiM is a trauma response, and that other welfare responses are in place including the Your Wellbeing Assessment and the Lifelines Scotland Project, nonetheless the accounts given by officers seemed to suggest these options were either not available, or not offered. The Committee would be grateful if consideration could be given to reviewing the organisational welfare response to ensure the options available:

- are proactive in supporting the health and wellbeing of the workforce through regular health checks and screening rather than being reactive to trauma experience;
- where an issue is raised relating to trauma experience, there are clear pathways to access appropriate and timely health and support from health professionals;
- where an issue is not related to a trauma experience such as workload or the officer's role, then action is taken to understand and address the underlying issue, and clear pathways to appropriate health support are in place; and
- a clear plan is put in place to ensure all necessary action is taken and the appropriate response is offered and delivered.

Specialist welfare response

During the evidence sessions those officers experiencing significantly compromised mental health gave very differing accounts of access to specialist mental health healthcare, this appeared to reflect a lack of clear pathways into appropriate specialist care.

The Committee would be interested to know if opportunities could be explored to strengthen collaboration between Police Scotland, NHS Boards and/or relevant third sector providers in order to ensure officers experiencing significant mental ill health can access timely specialist mental health care.

To support the organisational response, the Committee considers there is some scope to better develop an oversight and reporting mechanism to ensure a consistent approach is being taken by all supervisors of officers and staff where an officer declares they are unwell.

Culture and Stigma

Some of the officers referred to cultural issues and stigma around mental health and indicated that the support provided can very much depend on the values and attitudes of their supervisor. Examples include, being asked if they require a TRiM in front of fellow colleagues, referring to the police treatment centres using derogatory terms, pressure to return to work quickly, and not explaining the help available to officers.

The Committee heard in some cases, the hierarchical nature of Police Scotland's staffing structure impeded a holistic supervisory response, leaving first line supervisors to respond, and access to more senior supervisory support restricted.

We also heard examples of senior officers not supporting initiatives introduced by officers to help each other. One such example, was a regular coffee morning that officers could attend voluntarily to talk to each other about work-related mental health issues, which was stopped by senior officers.

The Committee would appreciate if you would consider a piece of work to understand attitudes and responses towards mental ill health within the organisation and how these may be addressed. This may include the advice and support provided to senior officers to enable them to be able to support specific initiatives to enable officers and staff to share work-related experiences openly and provide support to each other.

Good practice

One officer told us about the supportive culture within their local division, Fife Division, which provided the right support to enable him to continue working as a police officer. His supervisor approved the appropriate amount of time off and provision of mental welfare support and assigned him to roles which allowed him to 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. You may wish to consider how good practice, such as this, can be replicated nationally.

Return to Work

It would be appreciated if you could please provide details of Police Scotland's return to work policy, for those returning from a period of absence due to mental health issues. It would be helpful to understand the options that are provided to officers, such as a phased return to work, light duties or alternative work until they are medically assessed as fully fit to return to all duties. It would also be helpful if you could clarify how Police Scotland ensures that all officers are made aware of these options.

Members heard how important it is to the health and wellbeing of officers that they are given sufficient time off to recover from their duties and to have a work-life balance. They asked that rest days be prioritised and protected by Police Scotland, so that time off is guaranteed unless there are exceptional or unexpected circumstances.

Rest Days

Officers told us that there has been an increasing trend of rest days being cancelled, often at short notice, or time off not being approved. A key issue they wish addressed is the scheduling of court cases where officers are to appear on their rest days. One officer told of a high number of his rest days which were cancelled for court cases over the past five years and only being called to provide evidence once.

The Committee recognises the constraints faced by Police Scotland in addressing the long standing issue of police attendance at court, however would be grateful if you could 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 Committee is aware that the courts now enable witnesses to appear virtually, could you please confirm if this option is also offered to police officers and, if so, if there are agreed procedures in place to accommodate that approach.

Training

Providing supervisors with the necessary skills to identify that an officer may be suffering from mental health issues is essential to providing the right support at the right time. Providing training to enable officers to identify signs of stress, anxiety and negative impacts on their own mental health and that of their fellow officers is equally as important. It would be appreciated if you could please provide details of the mental health training that is provided to officers, whether it is in person or online, and the frequency. It would also be helpful to understand whether the training is provided in-house or by an external provider, and if any feedback from officers is gathered to determine its effectiveness.

I have written to Martyn Evans, Chair of the Scottish Police Authority (SPA) to request that the SPA undertakes 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. I have provided a copy of that letter to you for your information.

A specific issue which arose is the lack of support for officers who have retired due to ill health, in particular, those with complex post-traumatic stress disorder (PTSD). The Committee is aware that Police Care UK¹ has launched an ill-health retirement commitment and that it is funding a one or two week pilot programme to tackle complex PTSD. Some of the officers we spoke to would have benefited from attending such a course. However, the pilot is currently only offered in the Police Treatment Centre in Harrogate and is not in Scotland. We understand that the Scottish Police Federation has access to data which indicates a high level of success rates.

The Committee would welcome an update on what plans Police Scotland has to consider such a resource for officers once the evaluation of the pilot programme is completed.

¹ [Police Care UK](#).

I have copied this letter to Martyn Evans, Chair of the Scottish Police Authority for information.

Best wishes,

A handwritten signature in black ink that reads "Audrey N: cjh". The signature is written in a cursive, slightly slanted style.

Audrey Nicoll MSP
Convener, Criminal Justice Committee

CC: Martyn Evans, Chair of the Scottish Police Authority