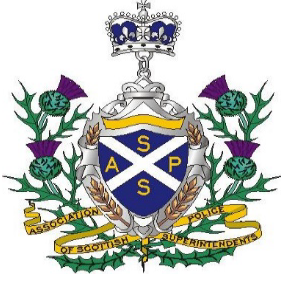


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ASSOCIATION OF SCOTTISH POLICE SUPERINTENDENTS

Representing the Operational Leaders of the Police Service of Scotland

31st January 2023

JusticeCommittee@parliament.scot

Mrs Audrey Nicoll MSP
Convenor, Justice Committee

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 ASPSP's 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.

Chief Superintendent Suzie Mertes, President ASPSP, SPC Tulliallan, Kincardine, FK10 4BE

Mob: 07775 820962

Email: president@scottishpolicessupers.org.uk www.asps.org.uk

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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

Chief Superintendent Suzie Mertes, President ASPS, SPC Tulliallan, Kincardine, FK10 4BE

Mob: 07775 820962

Email: president@scottishpolicesupers.org.uk www.asps.org.uk

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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.

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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

Chief Superintendent Suzie Mertes, President ASPS, SPC Tulliallan, Kincardine, FK10 4BE

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