



## SCOTTISH POLICE FEDERATION

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Diane Barr  
Senior Assistant Clerk  
Criminal Justice Committee  
Room T2.60  
The Scottish Parliament  
EDINBURGH  
EH99 1SP

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By email to: [diane.barr@parliament.scot](mailto:diane.barr@parliament.scot)

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 (2257<sup>1</sup>) 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.

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<sup>1</sup>[Police Workforce Report – Q3 2021/22](#)

- *“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