

Criminal Justice Committee
Wednesday 18 February 2026
7th Meeting, 2026 (Session 6)

Policing and mental health

Note by the clerk

Background

1. The evidence session today is the final one the Committee will undertake on its scrutiny work around policing and mental health in advance of the dissolution of Session 6.
2. This has been a key area of ongoing scrutiny for the Committee since the start of this parliamentary session. Details of the written and oral evidence the Committee has received since May 2022 [is available online](#).
3. During this meeting, the Committee will consider both main strands of this scrutiny to date, namely:
 - The police's response in Scotland to dealing with vulnerable people, including people in mental health crisis or responding to mental-health related incidents. This includes looking at the increased demand this work is having on police resources, as well as considering how this might be more appropriately supported by other public services, such as the NHS or social work.
 - The services in place to support the mental health and welfare of police officers and police staff to ensure their wellbeing as employees of Police Scotland or the Scottish Police Authority.

Policing vulnerable people

4. While police have a valid role as first responders when called to an incident, the Committee has previously heard evidence that there are challenges for the police after the initial call out in terms of referring any individuals involved to appropriate services.
5. Recent years has seen an ever-growing demand on Police Scotland to look after vulnerable people for long periods after the initial incident. This issue required a more joined-up approach between the police and criminal justice system, and a range of health and wellbeing service providers to effectively address the intersectional nature of this kind of policing.
6. In a 2023 report, the HM Inspector of Constabulary in Scotland (HMICS)¹ stated that the impact of mental health demand on Police Scotland is limiting its effectiveness and efficiency in performing its traditional role in terms of keeping the peace and preventing and detecting crime.

¹ [HMICS, Thematic review of policing Mental Health in Scotland, October 2023.](#)

7. The HMICS report stated that “Police Scotland is filling gaps in the health and social care system in Scotland, and there appears to be consensus in the benefit of establishing a whole-system review of mental health in Scotland”.
8. As outline below, one response to the issue was the creation of a the Police Scotland-led mental health task force to help the force work alongside other services.
9. In its evidence to the Committee as part of its pre-budget scrutiny 2026/27, the Scottish Police Authority stated that, in 2024/25, the work of the Police Scotland-led mental health task force saved the equivalent of 20,000 police working hours across just over 4,000 referrals. However, this saving was set against a backdrop of the police having to respond to 650 mental health-related incidents a day across Scotland.²
10. On 11 February 2026, the Public Audit Committee took [written](#) and oral evidence from the Auditor General for Scotland, Stephen Boyle, and HM Inspector of Constabulary in Scotland, on a Joint Best Value audit of policing in Scotland report³. This was published by Audit Scotland and the HMICS on 22 January 2026.

Wellbeing of police officers and staff

11. In addition to the challenges of frontline policing, the Committee has also had a key focus on the efforts of Police Scotland and the Scottish Police Authority to improve the support provided to police officers and staff in relation to their own mental health and wellbeing.

Developments to date

Police Scotland Mental Health Task Force and Strategic Oversight Board

12. In June 2024, Chief Constable directed that a Mental Health Task Force be formed, under the leadership of DCC Alan Speirs. The taskforce includes membership from Public Health Scotland, local authorities, NHS Scotland, the Scottish Police Federation, and voluntary sector organisations like RAMH, Penumbra, Cruse Scotland, See Me and others⁴.
13. According to the Scottish Police Authority’s Policing Performance Committee, the role of the taskforce is to drive work in this priority area, at pace and co-ordinate and balance in Police Scotland’s response to policing vulnerable individuals. It will also seek to address and coordinate actions to address the HMICS recommendations.⁵
14. The taskforce is working to develop and embed referral pathways, such as the NHS Mental Health Pathway and Distress Brief Intervention, as well as

² [Criminal Justice Committee Official Report, Wednesday 5 November 2025, cols 57 – 59.](#)

³ [Best Value in policing Joint Best Value audit of policing in Scotland, January 2026](#)

⁴ [Mental Health Reference Group - Edinburgh Futures Institute - Police Scotland](#)

⁵ [Mental Health Demand | Scottish Police Authority](#)

operational guidance on how police can access community triage, so vulnerable individuals get the right response from those best able to give them the help they require.

15. The taskforce is also looking to build training to give police officers and staff the knowledge, skills and confidence to support that balance around the care, support and monitoring in day-to-day policing.
16. A Mental Health Strategic Oversight Board has also been established to provide strategic leadership and governance for matters relating to the policing response to incidents involving mental health and suicide prevention; and to support and influence relevant external bodies and groups.

Partnership Delivery Group and communications strategy

17. A Partnership Delivery Group (a time-limited delivery group across Scottish Government, Police Scotland, and the Scottish Police Authority) was established and has developed a Framework for Collaboration (FfC) to support increased partnership working in responding to and supporting people in distress.
18. The FfC is supported by an action plan which sets out the vision and actions that will support an ongoing cross-sector collaborative approach to helping respond to those who are in distress and come into contact with the police.
19. Police Scotland-led work in this area also includes the development of a communications strategy. This aims to embed a strategic approach to how Police Scotland communicate its response to mental health incidents in support of the Strategic Oversight Board's terms of reference and objectives.

Committee scrutiny to date

20. A [variety of initiatives](#) have been taken forward by the Committee to scrutinise the success of efforts in this area, including one-off evidence sessions (see list below), informal meetings with serving and former police officers and correspondence with key bodies:

- [18 May 2022](#) – evidence session with key bodies and academic experts;
- [28 June 2023](#) - responses to police officer and staff suicides;
- [15 November 2023](#) – review of the report on policing and mental health, from HMICS;
- [11 September 2024](#) - evidence session with police representative bodies/trade unions, Police Scotland and the Scottish Police Authority updating the Committee on ongoing work to improve the wellbeing support provided to police officers and staff;
- [8 January 2025](#) – evidence session with academics, Police Scotland, NHS Scotland, the State Hospital, the Cabinet Secretary for Justice and Home

Affairs and Scottish Government officials on the policing of vulnerable people.

21. Since late 2024, the Committee has received the following correspondence updating Members on the work underway:

- [Letter from the Scottish Police Authority](#) providing further information on Children in Custody and the Charging Policy for policing Services, 26 September 2024;
- [Letter from Police Scotland](#) on rollout of body-worn video cameras, and increases in violence behaviour by those under 18 years old, 4 October 2024;
- [Letter from the Scottish Police Authority](#) on Ill Health Retiral (IHR) and Injury on Duty (IOD), 18 November 2024;
- [Letter from the Cabinet Secretary for Justice and Home Affairs](#) updating on statistics on warnings for possession of drugs as a diversion to prosecution, and the mental health landscape and associated ministerial responsibility, 30 January 2025;
- [Letter from the Cabinet Secretary for Justice and Home Affairs](#) on the policing of vulnerable people, 17 February 2025.

Today's evidence session

22. At today's meeting, the Committee will take evidence from the following:

- Panel 1 – **Stephen Gallagher**, Director of Mental Health and **Robby Steel**, Principal Medical Officer for Mental Health, Scottish Government;
- Panel 2 – **David Threadgold**, Chair, Scottish Police Federation;
- Panel 3 - **Assistant Chief Constable Catriona Paton**, Policing Together and **Nicky Page**, Temporary Director of Human Resources, Police Scotland.

23. The purpose of today's session is to provide a final opportunity this session for the current Committee to review progress being made on work to address the policing of vulnerable people and improved wellbeing support provided to police officers and staff before the end of Session 6.

24. Written submissions from all three organisations giving evidence today are set out in the annexes to this paper.

Possible themes to explore

25. Committee members are invited to read the written submissions set out in the annexes question the witnesses.

26. When formulating questions Members may wish to keep some the following themes in mind:

The policing of vulnerable individuals

- Views on the overall progress being made on policing and mental health work.
- Views on the work of the Mental Health Taskforce and Mental Health Strategic Oversight Board. How are they running? How are they delivering on the mental health strategy and its delivery plan?
- Progress being made on the Framework for Collaboration. Views on the outcomes of the event held at the Royal Society of Edinburgh on 12 February 2026 on supporting its implementation.
- Views on levels of police contact with people experiencing harmful drinking or substance use.
- Views on the effectiveness of the Community Triage Guide in supporting the onwards care option for individuals in crisis and making improvements in transferring care of individuals from police officer to clinicians.
- The progress in implementing the other recommendations of the HMICS Thematic Review/Framework for Collaboration and Action Plan.

Supporting the wellbeing of police officers and staff

- Views on information from the [2025 Police Scotland workforce survey](#) in relation to police/staff views on policing vulnerable people, and the [headline results](#) presented to the Scottish Police Authority's People Committee in November 2025.
- Views on the support being provided for the mental health and wellbeing of police officers and staff.
- The impact of new Employee Assistance Programme and new occupational health service contracts.
- Views on recent levels of police officer and staff absence, such as the number of police officers/staff unable to be deployed to frontline duties owing to issues such as sick related stress, mental health/wellbeing issues.
- Views on the current numbers of officers and staff within the Ill Health Retirement and Injury on Duty processes.

Data use and availability, strategies, reform and resources

- Views on data from the Police Scotland data dashboard and how the data generated is being used to support the work of the Task force and Oversight Board.

- Views on the public availability of data from the Mental Health Task Force and the Strategic Oversight Board. Centralised availability of data and reports on progress of work, outcomes etc.⁶
- Views on how data being generated is working to help Police Scotland better understand mental health demand on officer time.
- The Scottish Government's [Mental Health and Capacity Reform Programme](#). How does the work of the Police Scotland Mental Health Task Force and Strategic Oversight Board feed into this?
- The level of resourcing available to support and deliver the work of the Mental Health Task Force and Strategic Oversight Board across its key stakeholders. Are key stakeholders pooling resources/budgets to deliver on key objectives, or does delivery depend on each stakeholder organisation finding resources within its own funding envelope?

Action

27. The Committee is invited to consider the written and oral evidence received and consider what actions, if any, it wished to suggest to its successor committee in Session 7 of the Parliament.

28. Any such suggestions for further scrutiny work on this topic can be included in the Committee's Session 6 Legacy Report.

**Clerks to the Committee
February 2026**

⁶ At present publicly available information on the various strands of the work to improve the policing of vulnerable people is spread across various organisations, including the Police Scotland website, the Scottish Police Authority website, the NHS Scotland website, the Scottish Government website and others.

Annexe A: Submission from Scottish Government

Dear Convener,

Thank you for the opportunity to provide the Committee with an update on the progress being made to better support people experiencing distress, particularly relating to mental health and policing.

As we have set out in previous correspondence, and during the Cabinet Secretary for Justice and Home Affairs' appearance in January 2025, work continues at a national and local level across a range of sectors and partners to promote positive mental wellbeing, prevent poor mental health, and to provide assessment, care, and treatment. NHS 24, the Scottish Ambulance Service and the Mental Health Unscheduled Care leads in territorial boards and our Health and Social Care Partnerships have been working hard and collaboratively with Police Scotland as members of the Partnership Delivery Group (PDG) which oversees activity to deliver the Framework for Collaboration and Collaborative Commitments Plan.

Framework for Collaboration

As the Committee will be aware we have published the Framework for Collaboration. Through the Framework we are promoting a multi-agency collaborative approach to improving local distress pathways, with the person-centred, trauma-informed and no wrong door principles at the heart of the improvement. Building on the work of the Mental Health Unscheduled Care programme, our partnership aim is to support partners, including mental health, emergency services, the third sector and others, to work in a way that minimises service-level boundaries to ensure individuals receive support from the most appropriate partner as soon as is practicable. An event to support implementation of the Framework and the Collaborative Commitments will take place on 12 February 2026 at the Royal Society of Edinburgh.

Collaborative Commitment's Plan

The PDG's Collaborative Commitments Plan, published alongside the Framework, sets out a range of activity short, medium, and longer-term actions across Police Scotland, Health Boards, IJBs and Local Authority and partner organisations. These actions span priority themes designed to strengthen our multi-agency approach to supporting those experiencing mental health distress. The Commitments align with existing Mental Health and Policing strategies and build on the ongoing crisis and unscheduled care developments. A [6-month progress report](#), published in September 2025, provides an overview of progress across all Collaborative Commitment actions. This includes:

- Completion the national review of **Psychiatric Emergency Plans (PEPs)**. The Mental Health Unscheduled Care Network are now continuing to work on a template and national guidance for use by Health Boards and relevant partners. The aim of this work is again to improve consistency, remove barriers to multi agency working and clarifying roles and responsibilities where detention may be required,

- Implementation of the **Community Triage Guide** for Police Scotland and the Scottish Ambulance Service (SAS) which sets out 24/7 access arrangements to mental health unscheduled care clinicians in every locality across Scotland. This document is providing officers with consistent access to clinical advice and support for determining the most appropriate onwards care option for individuals and improve the transfer of care from police officer to clinicians. It also builds on the support being provided via the Enhanced Mental Health Pathway and the ongoing work taking place between Police Scotland and NHS 24 on increasing the referrals from Police Scotland's Command and Control Centre (C3) Division to the NHS 24 Mental Health Hub.
- Continued delivery of the **Enhanced Mental Health Pathway**, which received the 'Care for Mental Health Award' at the Scottish Health Awards in 2024 in recognition of its partnership driven improvements to accessible mental health support. The Hub can connect people to a range of support including, self-care, the Distress Brief Intervention (DBI) Programme, signposting to their GP, emergency responses, and urgent care when GP Practices and other planned services are unavailable. The Pathway was highlighted in the NHS Service Renewal Framework as good practice example supporting our ambition to ensure the sustainability, efficiency, quality, and accessibility of health and social care services in Scotland. Data demonstrates a significant police hours saved – with over 70,000 hours saved since the pathway launched (2020).
- More than 100,000 people have now been referred for support from the **DBI** programme. DBI is now live in every Health and Social Care Partnership area across Scotland, providing timely support to those in distress and easing pressures on frontline services.
- Ongoing funding for the **Mental Health Paramedic Response Units** (also known as triage cars) delivered by SAS in Inverness, Dundee and Glasgow.
- Establishment of multi-agency project group, including NHS 24, Police Scotland, SAS and British Transport Police, to identify **people who are frequently contacting their services for support** and better connect them with local services to better meet their needs. This is building on the SAS's High Intensity Use project which was piloted in 2021 and now embedded into the wider service offer.
- Publication of the **Safe Spaces** scoping report exploring alternatives to Emergency Departments for individuals in acute emotional distress. Preparations are underway for tendering research to examine the social and economic case for safe spaces.

The six-month report highlights commendable progress across all five workstreams. It demonstrates that the current scaling up of existing practical solutions has resulted in a reduction of 1% in mental health related incidents recorded by Police Scotland between 2023-24 and 2024-25.

The commitment to delivering meaningful improvements is also evident through the delivery of the Programme for Government pledge to diversify the support available to individuals by expanding the care outcomes available to the Mental Health Hub. This will provide access to more care options, at the right time and close to home. It will create a national model for the delivery of early intervention psychology services to support timely and equitable access to high quality evidence-based psychological support for the population of Scotland. It is anticipated that up to 1,700 people each year could be offered psychological treatment through this expansion of care options.

Last month, in partnership with COSLA, we published 'Creating Hope Together': Suicide Prevention Action Plan 2026–2029 setting out Scotland's priorities to reduce suicide deaths over the next three years. As Ministers have announced, implementation of this plan will be supported by an increased budget of at least £3 million in 2026-27. Our aim through this work will be to intensify our efforts to reach people at greatest risk of suicide, and ensure anyone affected by suicide can access timely, compassionate support.

Later this month, the Director for Mental Health intends to engage with NHS Chief Executives to discuss the Service Renewal Framework, the Population Health Framework and how these support our continued commitment to delivering a whole system approach to mental health. We will be working with Health Boards to strengthen governance and to work with partners to collectively develop a Target Operating Model for Mental Health. This blueprint will allow national and local partners to strategically plan and deliver a wide range of sustainable, person-centred mental health services and mental wellbeing support which will deliver consistent patient outcomes across Scotland. Partnership working with Police Scotland and with other PDG members will be an important aspect of this work.

Engagement on this work continues at all levels, for example, the Director of Mental Health of Mental Health and Deputy Director for Improving Mental Health Services engaged with the Chief Constable and her colleagues on our joint priorities during a visit to Tulliallan in September 2025. I also engage with Chief Constable regularly and mental health and policing is often being a feature of our discussions; I look forward to continuing this engagement at our next meeting later this month.

Wider Community Based Support for Mental Health and Mental Wellbeing

As the substantial work underway demonstrates, improving responses for individuals in distress or experiencing a mental health crisis and reducing unnecessary demands on policing cannot be achieved by solely expanding the mental health emergency response. It is vital that people experiencing mental health crisis or those in distress get the right care, in the right place and at the right time – regardless of how or when they access services. While Police Scotland plays an important role in supporting community wellbeing, officers are not always best placed to provide the required support, and their presence can be stigmatising for some individuals.

Since 2021, the Scottish Government has provided £84 million for grassroots projects through the Communities Mental Health and Wellbeing Fund for Adults, supporting an estimated 300,000 people across Scotland in its first year alone. This brings the investment in community-based supports – for children, young people and adults - to

£164 million since 2020. A further £15 million will be invested in the Communities Fund for Adults in 2026-27 as part of the Fairer Funding Pilot.

More widely, investment in mental health remains a priority for this government, the Committee will note that the draft Scottish Budget published on 13 January set out a mental health programme budget of almost £150m in 2026-27, a 12% increase against the 2025-26 published Post ABR budget. The vast majority of spending on Mental Health continues to be delivered through NHS Board budgets. Between the Scottish Government and NHS Boards, we expect spending on Mental Health to exceed £1.5 billion in 2026-27 based on the most recent cost book data.

I hope that this information is useful to the Committee. My colleague Stephen Gallagher, Director for Mental Health in the Scottish Government will attend the Committee on 18 February on my behalf and can provide further detail at that meeting.

Yours sincerely

Caroline Lamb
Chief Executive,
NHS Scotland and Director - General for Health and Social Care

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Annexe B: Submission from the Scottish Police Federation

Dear Convenor

We welcome the opportunity to provide evidence on the impact mental health issues are having on policing in Scotland as well as the issue of wellbeing and mental health support for police officers.

We are resolute in our view that carrying out 'health' functions is the single biggest inhibitor to the delivery of effective policing in Scotland.

Despite significant work being undertaken in respect of the Mental Health Task Force, Distress Brief Interventions and the availability of information provided to operational officers on their hand-held devices, it is still the overwhelming view of those officers that the police are the service of last resort and that little, if any, progress has been made in the reduction of demand in this area.

Our evidence is that approximately 70% of operational resources are lost to matters we do not believe the public would expect to be carried out by warranted officers.

The police will always help those in immediate crisis. Our view is that the 'handover' between the police and health functions is, at best broken, at worst, non-existent resulting in inordinate amounts of police time, effort and resource being lost. This has an immeasurable negative impact on the ability of the police to be present, engaged and part of our communities, but also on the general health and wellbeing of our staff due to increased demand, lack of job satisfaction and an ever-increasing retention issue.

It is our view that Police Scotland has almost reached the 'end of the road' in terms of what it can contribute to the ongoing social and health care crisis in Scotland and that an approach which empowers 1st and 2nd line managers to make far more risk positive decisions when dealing with matters which fall under the 'health' remit may be required.

From a policing perspective, to continue to try and be the 'jack of all trades' to the utter detriment of our core function is serving no-one, not least police officers in service.

We believe that if we continue seeing no real impact on front line demand that a clear change in strategic position from the Chief Constable to make better use of existing technology, skills and judgements to allow the police return to their core function will be required. The police simply cannot continue the way it is doing business and has done business for decades now without exacerbating the problems that so obviously exist.

Our view is that this government has failed to create a system that allows effective collaboration, information sharing and provision of support for some of our most vulnerable citizens. Unfortunately, to maintain an effective police service, we can no longer carry that burden for others and that position needs to be accepted and dealt with by those in power.

In respect of mental health support for police officers, in an 8-day window this month, 628 officers responded to a survey created by the SPF to assist in providing evidence for this session. We consider this to be an exceptional response allowing clear and unequivocal evidence to be presented on the subject.

Our survey revealed that 92.8% of respondents felt that their role as a police officer has or has had an impact on their mental health and wellbeing.

It is both the immediate and the cumulative effect of the inevitable exposure to trauma and Police Scotland's current response to it that gives the SPF its greatest concern.

The following testimony should remind the reader that police officers are human, and the impact of the role has real life human implications.

"I attended a call where a three-year-old child was killed by a driver, CPR was attempted but did not work. I will never forget the child's face. I have a child and that night I went home, kissed my child who was asleep and drank alcohol alone."

"A vehicle evaded my road closure and struck a pedestrian sending them high into the air. They landed directly in front of my police vehicle. I still feel guilty because I was unable to stop the traffic and the noise of the impact still lives with me today. I still patrol the route daily." "I attended a call at a school where a child was severely injured, I attempted to save the child, my efforts failed. I sat with that child, I couldn't leave them, the incident affected me deeply. I cannot drive past the school without thinking about the child. The dust, the smell, the silence."

As the demand for policing services continues to rise whilst the resources available to deal it falls, it is not illogical to presume that exposure to trauma will increase.

Overwhelmingly colleagues spoke of high demand, the lack of ability to decompress, reflect, rest, 'switch off' and allow their bodies to adapt to the impact of being a police officer.

In our view, with the current policing 'model', the ability for Police Scotland to limit exposure to trauma for officers is negligible due to the nature of the work of Police officers.

To present the current situation within Police Scotland, we have focused on the overall training provision for officers, the measures within the organisation to deal with trauma and their impact on colleagues operating in the 'real world'.

We are clear that a distinction must be made between police officers and police staff when planning and subsequently delivering training in this area. Our roles are not the same, and a model of joint online training is nowhere near as effective as it needs to be. Our view is that a move to an almost exclusively online delivery for this type of training only exists because of a lack of funding, resource and an enforced acquiescence from within Police Scotland to provide 'something' to colleagues across the service.

This is unacceptable, and despite what we consider to be the best efforts of some highly skilled training and development staff, this must be acknowledged if every aspect of this report is to be meaningfully addressed. There is clear evidence that both an 'I'm OK' and 'it is a weakness to ask for help' culture still exist in policing, which the current provision fails to address. Data showing that 'X' number of officers have completed Moodle packages being interpreted as 'success' or and 'understanding' of the relevant subject be read with extreme caution.

That said, it is clear that a great deal of information is contained within Police Scotland's Intranet site regarding health and wellbeing. Clearly this is a good thing, but there are significant barriers across the federated ranks regarding a sufficient working knowledge to allow the practical implementation of that material to assist colleagues who may need help.

When asked if Police Scotland had provided colleagues with any training of strategies to allow them to understand and manage their own health and wellbeing, only 32.6% of respondents answered they had.

When the question was extended to the provision of training or strategies to identify triggers or behaviours in colleagues who may be suffering from poor mental health and wellbeing, only 31.9% of respondents replied they had received any.

When we asked questions regarding knowledge and understanding of the 'offer' in the 'prevent space', we found that 91.8% of respondents were aware of the TRIM process, although repeated concerns were raised regarding a 'tick box' culture from those making referrals, a lack of understanding of the process, when it was appropriate to make the referral, its actual impact an almost complete lack of follow-up provision through either line managers or trim assessors.

71% of respondents were aware of the wellbeing champions and their role in the organisation, although our evidence suggests that the effectiveness of this project is, at best, negligible.

57% of respondents were aware of Lifelines Scotland. We consider that now this project is government funded, there is a real opportunity to further embed this training for colleagues.

Only 55% of respondents said they had a working knowledge of Police Scotland's employee assistance programme. Our view is that this knowledge should not be restricted to supervisors. Evidence shows that the vast majority of officers

undertaking an intervention from EAP have a positive outcome, but access to, and delays in accessing help are common.

Police Scotland has an excellent offer to probationary officers during initial training. That said there is clear evidence that this 'enhanced' training is not understood when these officers are deployed and the learning is often allowed to 'evaporate' due to a prevailing culture of demand exceeding resource and wellbeing having become a secondary consideration.

We consider this exacerbated when considering that tutor constables only require to complete a single day online course to undertake that role with limited focus on health and wellbeing.

We also have significant concerns about the training provision for Sergeants. This role is crucial and far more focus has to be placed on the delivery of appropriate training for this rank.

Newly promoted Sergeants within their 12-month probationary period will receive ongoing training and assessment. A significant amount of the material relates to health and wellbeing and provides the broadest principles of appropriate management in this area of business. We do have concerns that the training does not necessarily become imbedded in practice and that follow up opportunities for new Sergeants through enhanced training or CPD do not exist.

Other groups of Sergeants 'may' be invited to attend a 2-day online course. This training is not mandated, and our research suggests that last-minute call-offs, diversion from the training to deal with ongoing policing matters are common. Even within the service, this process is considered inappropriate to effectively upskill Sergeants and much development and implementation is required to provide an effective skills base for this most important of ranks.

There is also a significant risk that Sergeants could be missed from this 'process', and that no formal training for the Inspecting ranks is delivered. This is a huge risk and creates a culture of 'on the job' learning, with practices both good and bad being passed through the ranks largely unchallenged.

Officers feel that Police Scotland does not treat them as their priority. How can we expect this to change without appropriate training for those expected to lead the service?

When asked if respondents believed that Police Scotland was proactively dealing with the trauma associated with being in the police and the impact it had on them, 87% replied they did not!

Our evidence is of a culture and policing response that lacks an effective structure, understanding, and appropriate mechanism to deliver 'upstream' interventions, effective debriefs and people centered care. A clear and damaging lack of knowledge of the value of the correct response from line managers and peers to

colleagues exposed to trauma must be addressed. Our view is that attempted interventions from people not known to the impacted officer have little value, and the engrained culture of 'ticking boxes' is detrimental to keeping people well.

We have no doubt that 'on paper' Police Scotland has health and wellbeing as an absolute priority, but this is not an area of business that can be dealt with 'online' without appropriate commitment from all concerned to fully understand and be in a position to implement the necessary training and support for police officers. The current absence figures show a huge increase in officers suffering from poor mental health directly attributed to carrying out their role.

The current 'model' to address officer ill health is clearly not working and there is an absolute business, as well as a human need to make sure that effective change is prioritized and embedded into our culture as an absolute priority.

To illustrate this, when asked if respondents considered that Police Scotland was on track to deliver its 'thriving workforce' as part of the 2030 vision, a staggering 95% replied no!

We would like to close by thanking all officers across Scotland for their time in preparing responses and for their faith, trust and confidence in the Scottish Police Federation to represent them at this committee today.

Collectively we have the responsibility to ensure this was not misplaced, and as we focus on the many positives but also address the significant challenges that clearly exist, we owe it to every single officer, their families and friends, as well as the communities we so proudly serve to do so.

Yours sincerely

DAVID THREADGOLD
Chair
Scottish Police Federation

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Annexe C: Submission from Police Scotland

Overview

Police Scotland has previously provided evidence to the committee on policing and mental health, including on 11th September 2024, and 8th January 2025.

Police Scotland's mission is to keep people safe, and we'll always respond to threat, harm and risk to ensure public safety.

In 2025, Police Scotland attended around 14,500 mental health incidents every month. Approximately 85% of them did not involve a crime.

Many of the mental health related incidents officers attend have a policing purpose such as an allegation of crime, a missing person or risk to life however, there continues to be a significant proportion of incidents where police are not the best agency to respond.

This does not provide adequate support for those who need it and is not a sustainable operational position.

When the moment of crisis has passed and public safety is ensured, officers need to be able to return to their core policing duties as quickly as possible, responding to threat, harm and risk.

Police Scotland established a Mental Health Taskforce in 2024 to drive work to ensure people get the support they need and deserve from those best placed to provide it, while allowing our officers to focus more on core policing duties within our communities.

We actively support a Partnership Delivery Group chaired by the Scottish Police Authority which convenes key agencies and groups in this area.

Through constructive collaboration, focus, and investment, hard-won progress has been made, however there remains much work to fully embed a whole-system, trauma-informed approach to mental health.

Police officers and police staff provide a valuable and demanding service to the public. Policing is a vocation which places our people at moments of crisis and trauma daily.

Our 2030 Vision sets a clear direction for delivering safer communities, less crime, supported victims and building a thriving workforce. The first three-year business plan includes commitments to trauma-informed practice, improved employee wellbeing, and better partnership working to support vulnerable people.

Policing and Mental Health (service delivery)

Mental Health Taskforce

In 2024, Police Scotland's Mental Health Taskforce was established under the strategic direction of Deputy Chief Constable Alan Speirs.

A key focus is collaborating with partners, including Scottish Government, health services and third sector, to strengthen locally based provision, identify examples of best practice, and understand how these can be embedded nationally.

Since 2024, the taskforce has driven important improvements including:

- Contact, Command and Control (C3) personnel have been trained to use the Mental Health Pathway in collaboration with NHS24 helps ensure members of the public access the right care at an earlier stage, redirecting officers back to core policing duties more quickly.
- Working with the Scottish Government and health colleagues, officers have access to the Mental Health Index (MHI) which allows them to speak to clinicians in their area, when they have encountered an individual in mental health crisis or distress, who can offer advice and arrange access to the most appropriate services.
- Increased Distress Brief Intervention (DBI) training. This enables DBI level 1 trained persons (including police officers) to provide a referral option to people in distress, and DBI level 2 consisting of trained third sector staff who receive the referral and contact the person in distress within 24 hours, offering support for up to 14 days. Over 2,700 officers are now trained to DBI level 1 and over 7,000 referrals have been made since 2017.

Partnership Delivery Group

Superintendent Derek Cree represents Police Scotland on a Partnership Delivery Group (PDG) which was established in December 2023 and is chaired by the Scottish Police Authority. The group includes representatives from the NHS, Scottish Government, those with or advocating for lived experience, academia, voluntary and third sector, local government, and emergency service partners.

Working with the Scottish Government, the PDG developed the [Framework for Collaboration](#), designed to support and empower collaboration and consistent equitable practice across Scotland, and the [Collaborative Commitments](#), which detail key actions to be taken in the immediate, medium and longer term to improve the system-wide response and associated outcomes for individuals in mental health distress.

The chair of the PDG provided an [update on progress](#) to the public session of the Scottish Police Authority's Policing Performance Committee in September last year and described commendable progress across five workstreams, namely:

- Communication,

- Improved transfer of care between partners,
- Building capacity and capability, including improved data and evidence available to partners,
- Strengthening community-based provision.

The update set out a suite of high-level measures and next steps for the PDG.

Policing and Mental Health (Officer and Staff)

Workforce survey 2025

Police Scotland's workforce survey received 10,770 responses, equivalent to 46% of the workforce. We [published findings](#) in December 2025.

General wellbeing was measured by how colleagues felt during the past two weeks, in line with the World Health Organisation (WHO) five questions about how often people have felt cheerful, calm, active and rested.

Our WHO 5 score was 47% and, as a guide, a score of above 52% is considered a good wellbeing score.

The survey found 71% of respondents had a good understanding on how to access the wellbeing support offered by the organisation, down 2% compared to 2024. 29% said their team has sufficient people resource, up 2% compared to 2024.

A programme of communication and engagement to share targeted analysis is supporting leaders across the Service to understand experiences in their teams and take action at a divisional or departmental level.

Strategic Wellbeing Goals

Wellbeing is the initial priority in the People Strategy 2024–27, recognising the cumulative pressures of policing and the need to maintain the “complete wellbeing” of officers and staff. Two major reviews – the Independent Review of the Health & Wellbeing Framework and the HMICS Frontline Focus – Wellbeing Inspection – now shape the organisation's action plan. Four HMICS recommendations remain active and are progressing.

The Health and Wellbeing Programme is built around four key goals:

- Improve mental health and suicide prevention.
- Set an equitable, evidence-informed wellbeing approach.
- Improve the delivery and impact of wellbeing services.
- Develop a workforce that actively prioritises wellbeing.

The aim is to reinforce understanding of workforce needs and provide “fit for purpose” support that helps people prevent, mitigate and recover from wellbeing challenges.

A bi-annual [update](#) on progress against the health and wellbeing action plan was provided to the public session of the Scottish Police Authority’s People Committee in August 2025.

Mental Health

A dedicated portfolio focuses on mental health which seeks to:

- Build a mentally-informed workforce.
- Reduce the impact of trauma.
- Understand operational pressures.
- Reduce stigma.

Key actions and progress include:

- Continued expansion of the Lifelines Scotland Facilitators Programme with 106 trained facilitators and over 4,500 attendees across modules, with strong post course evaluation. All new probationers now receive Lifelines input as they become operational.
- Effective and evaluated Trauma Risk Management (TRiM) service with an increased assessor cadre and over 600 referrals between September and November 2025.
- A new “mental health MOT” designed to identify support needs early with over 900 assessments between February and December 2025.
- Resilience Assessments for roles with significant exposure to trauma or complexity such as sexual offences liaison officers and negotiators.
- Intensive Trauma Therapy (ITT) – a residential trauma treatment for officers and staff with complex needs, with seven officers having attended to date.

Summary

Police Scotland remains committed to ensuring people in mental health crisis receive the right support from the most appropriate service, allowing officers to focus on core policing duties. While significant work remains to embed a whole-system, trauma-informed approach, early progress demonstrates the value of strong multi-agency collaboration.

Equally, we recognise that delivering sustainable improvements depends on supporting our own workforce. Our evidence-based wellbeing programme, strengthening mental health support, trauma management, assessment processes

and therapeutic pathways, continues to evolve to ensure officers and staff receive the right support at the right time.

Continued partnership commitment from the Scottish Government, health services and third-sector organisations will be essential to drive this work forward and secure long-term, person-centred improvements for communities across Scotland.

End