| Police Scotland logo | Freedom of Information Response Our reference: FOI 24-3177  Responded to: 18 February 2025 |
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Your recent request for information is replicated below, together with our response.

## How many police officers were employed by your Constabulary each year between 2014 and 2025? Please show results on an annual basis (e.g., 2014 = 10,000, 2015 = 9,000). How many police officers have died whilst in service in your Constabulary each year between 2014 and 2025? Please show results on an annual basis. How many police officers in service in your Constabulary have died by suicide each year between 2014 and 2025? Please show results on an annual basis.

| **Year ending** | **Officer FTE** | **All officer deaths in service** | **Officer deaths by suicide in service** |
| --- | --- | --- | --- |
| 31/12/2014 | 17,258.78 | 6 | 1 |
| 31/12/2015 | 17,263.49 | 7 | 1 |
| 31/12/2016 | 17,256.46 | 4 | 0 |
| 31/12/2017 | 17,256.07 | 9 | 0 |
| 31/12/2018 | 17,174.61 | 3 | 0 |
| 31/12/2019 | 17,258.81 | 8 | 4 |
| 31/12/2020 | 17,233.84 | 9 | 1 |
| 31/12/2021 | 17,117.01 | 5 | 2 |
| 31/12/2022 | 16,644.48 | 5 | 2 |
| 31/12/2023 | 16,362.75 | 8 | 2 |
| 31/12/2024 | 16,507.50 | 8 | 2 |

## For each case of death whilst in service between 2014 and 2025:

## 4. Please provide anonymised demographic details: age, gender, rank, and length of service at the time of death.

57 of the deceased officers were male, 15 were female.

57 were Constables, 8 were Sergeants, 5 were Inspectors and 2 were Chief Inspectors (this also includes Detectives at each rank).

Their age profile at the time of their death is as follows:

16-24 - 2  
25-34 - 11  
35-44 - 23  
45-54 - 32  
55-64 - 4

Their service profile at the time of their death is as follows:

1 year to less than 5 years - 6  
5 years to less than 10 years - 11   
10 years to less than 15 years - 12   
15 years to less than 20 years - 18  
20 years to less than 25 years - 14   
25 years to less than 30 years - 11

## 5. Specify whether the officer was in active service or on leave at the time of their death.

Police Scotland record this in terms of on duty or off duty. 68 officers were off duty at the time of their death, 4 were on duty.

## 6. Was the officer under investigation for misconduct or criminal offences at the time of their death? If so, please specify the nature of the investigation (e.g., misconduct, criminal, internal review).

4 officers were under investigation at the time of their death - 2 in relation to allegations of misconduct and 2 in relation to allegations of criminality.

## 7. For cases where the officer was under investigation for misconduct or criminal offences: Was the investigation carried out by another agency? If so, which organisation?

All allegations of misconduct are investigated by Police Scotland’s Professional Standards Department. None of the criminal allegations were being investigated by an outside agency.

## How long was the officer under investigation for?

2 of the officers were under investigation for less than 100 days, 1 between 300 and 400 days and the other, more than 400 days.

## Was the officer suspended from their duties? If so, for how long?

As detailed within the [Suspension from Duty SOP](https://www.scotland.police.uk/spa-media/3mbmetbo/suspension-from-duty-sop.pdf), only in cases where an effective criminal or misconduct investigation may be prejudiced if the officer is not suspended and/or having regard to the nature of the allegation and any other relevant considerations will suspension be imposed.  The decision to suspend an officer, made by the Deputy Chief Constable (DCC) Designate, will normally only be taken after each set of individual circumstances have been rigorously and objectively examined.

The DCC Designate can also impose other conditions or restrictions as are reasonable in the circumstances.

1 officer was suspended from duty at the time of their death, and they had been suspended for between 300 and 400 days.

## Was there any record of suicidal thoughts, ideations, or attempts held by your Constabulary? If so, when was this recorded?

## Were there any records indicating the officer reported work-related stress, PTSD, or other mental health challenges prior to their death?

I am refusing to confirm or deny whether the information sought exists or is held by Police Scotland in terms of section 18.

Section 18 applies where the following two conditions are met:

It would be contrary to the public interest to reveal whether the information is held.  
Whilst we accept that you may have a particular personal interest in being informed as to whether the information sought is held, the overwhelming public interest lies in protecting individuals’ right to privacy and their expectation of confidence as regards their information.

If the information was held, it would be exempt from disclosure in terms of one or more of the exemptions set out in sections 28 to 35, 38, 39(1) or 41 of the Act.  
In this instance, sections 38(1)(b) and 38(1)(2A) of the Act apply insofar as you have requested *third party* personal data which is exempt from disclosure where it is assessed that disclosure would contravene the data protection principles as defined in the Act.

## Preventative Measures - What policies, practices, or programs does your force have in place to monitor and support the mental health of officers?

*Employee Assistance Programme*

Vivup are contracted to provide our Employee Assistance Programme (EAP). EAP is a confidential telephone helpline available 24/7, 365 days a year. It covers work and personal issues. Eligibility includes employees, volunteers, retired officers and staff and their direct family members (over the age of 16). They can access impartial, confidential advice from qualified counsellors. In the moment support is available, or following assessment an appropriate treatment plan can be recommended, this may include counselling or therapies specific to PTSD such as CBT And EMDR.

*TRiM*

Trauma Risk Management (TRiM) is a model of support used to provide support for officers and staff who are directly involved in potentially traumatic incidents and is commonly used for:

* Incidents involving fatalities (for example Road Traffic Collisions, Infant Deaths, Suicide)
* Exposure to violent and life-threatening situations
* Multiple casualty/ public disorder incidents
* Where overwhelming distress following an incident is experienced.

The list is not exhaustive, and TRiM should be offered to all individuals who have been directly involved in a traumatic incident. People can self-refer for TRiM or a Line Manager can make a referral on behalf of their team. Following TRiM support sessions if is identified that additional mental health support is required an immediate referral to the Employee Assistance Programme is made.

*Wellbeing champions*

Wellbeing champions is a network of c.240 people, the aim is to support colleague’s health and wellbeing. Champions offer a confidential listening service, and they can also help by signposting to relevant support. They are not counsellors.

*Sources of Information*

The Health and Wellbeing intranet site has been redeveloped and now provides urgent care and support information and details of specific services covering psychological, physical, financial and social wellbeing. Continuous improvements are being made for example the Occupational Health pages now contain interactive videos for the new portal and advice on what makes a good referral.

*People Manager Development Programme*

A People Manager Development Programme is currently being delivered by our People & Development department with the emphasis on supporting our people and ‘Promoting a Positive Workplace’. The programme has been designed for all line managers and focuses on Wellbeing with a particular emphasis on mental health. The programme supports line managers to understand how to have supportive conversations, the importance of utilising the preventative measures in place, how to spot early signs of poor mental health and what tools they need to engage their people and start the conversation on their health and wellbeing.

*Stress Risk Assessment*

The Stress Risk Assessment is available for individuals who feel their health is being affected as a result of either work-related or personal issues.

Managers and supervisors can support officers and staff by jointly carrying out a risk assessment using the Individual Stress Risk Assessment Questionnaire & Action Plan and the supporting guidance. Supervisors can then take action, if required, to support and monitor individuals who have either been identified or informed them that they are displaying symptoms of stress.

*Your Wellbeing Assessment*

Your Wellbeing Assessment (YWA) offers officers and staff access to a ‘Mental Health MOT’, delivered through our occupational health providers. The main features of ‘Your Wellbeing Assessment’ include that it is open to all officers and staff, it is voluntary, secure and confidential, the assessment is reviewed by a member of the Optima Health clinical team, and it can lead to early identification of issues and the provision of tailored support.

*Resilience Assessments*

Resilience Assessments are in also place for a number of identified roles (i.e. Cyber Crime Sexual Offences Liaison Officer, Road Traffic Crash Investigator, Family Liaison Officers (FLOs) and Force Negotiators), the post holders of which it was felt would benefit from some additional support in order to promote resilience and positive coping mechanisms. The appointments provide the individual with an opportunity to meet with a counsellor to discuss their psychological wellbeing, the specifics of the role and how this impacts upon their health and wellbeing. The role of the counsellor is to assess their psychological wellbeing and, where appropriate, discuss additional support which may be beneficial.

*Occupational Health*

Occupational Health provide advice and guidance on support to facilitate a return to duties or if at work amendment to duties or hours to address issues being experienced.

## Have there been any reviews or evaluations of these measures since 2014? If so, please provide details or summaries.

During 2024 HMICS carried out an inspection into the wellbeing of frontline officers and we commissioned an independent review of Police Scotland’s Health and Wellbeing Programme (details below).

Both the inspection and review have provided a huge amount of insight into the approach currently being taken and indeed recommendations which have provided us with a strategic focus and act as the foundations of our new health and wellbeing action plan.

Full details of the proposals were presented and accepted by Scottish Police Authority People Committee in August 2024:

[Scottish Police Authority People Committee - 29 August 2024 | Scottish Police Authority](https://www.spa.police.uk/what-we-do/governance-meetings/people-committee/29-august-2024/)

*HMICS Frontline Focus – Wellbeing Inspection*

The full report from the HMICS inspection is available online - [Frontline Focus – Wellbeing | HM Inspectorate of Constabulary in Scotland](https://www.hmics.scot/publications/frontline-focus-wellbeing/)

## *Independent Review of Police Scotland’s Health and Wellbeing Programme (Thrivewise)*

The purpose of the independent evaluation, undertaken by Thrivewise, specialists in organisational health and wellbeing, was to address a key challenge in evaluating and assessing the impact of an ever-evolving health and wellbeing offering on the workforce and the organisation as a whole. The independent evaluation helped to bridge this gap by ascertaining the appropriateness and effectiveness of the current health and wellbeing approaches for the workforce of Police Scotland / SPA and to provide expert insight and guidance. The evaluation aimed to ensure that the wellbeing offerings continue to move in a direction that is beneficial for Police Scotland / SPA, while also laying down a framework for ongoing assessment and improvement.

Below is an extract from the conclusion of the report

“To evaluate the effectiveness and appropriateness of Police Scotland's health and wellbeing programme, insights were gathered against five interdependent themes (Explore and Embed Framework) that together produce a sustainable and mature approach to workplace wellbeing. These themes are:

1. Aligning to thrive – building the narrative of aligning wellbeing and productivity in your organisation.

2. The importance of dialogue – achieving continuous development through listening, imagining, piloting and evolving.

3. Proactive approach – building the will and finding the time to set out on a positive path to wellbeing.

4. Sharing the load – enlisting the involvement of senior leaders, people-focussed professionals and the wider workforce in your wellbeing efforts.

5. A discerning eye – reviewing all progress against key principles.

The key recommendations to emerge from the review are summarised below:

*Recommendation 1 -*Develop and implement a detailed action plan that translates the strategic aspirations of Police Scotland's wellbeing initiatives into specific, actionable, and measurable steps. This should include timelines, designated responsibilities and clear indicators of success.

*Recommendation 2 -*Explore options for introducing a wellbeing survey or pulse check to enable more timely and actionable feedback on wellbeing needs.

*Recommendation 3 -*Further leverage the power of peer support that already exists in the workforce for facilitating dialogue and collecting grass-roots feedback, ensuring a two-way communication channel between the workforce and senior stakeholders.

*Recommendation 4 -*Develop and implement a communication strategy, which includes improving online resources as well as more engaging, participatory methods.

*Recommendation 5 -*Adopt a systematic approach to identifying and addressing underlying risks to psychosocial wellbeing, including both operational and organisational stressors.

*Recommendation 6 -*Consider creating roles, such as Health and Wellbeing Guardians, to reinforce senior leaders' commitment to wellbeing and ensure it is integrated into all organisational decision-making processes.

*Recommendation 7 -*Develop a comprehensive, evidence-based development programme for line managers so they can lead for a culture of wellbeing. Ideally, this should be based on a learning needs analysis.

*Recommendation 8 -*Clarify the approach to local wellbeing initiatives and create a supportive environment where managers feel confident and empowered to support their team’s wellbeing but in a way that is in line with consistent principles.

*Recommendation 9**-*Develop a Theory of Change to map out the expected pathways from activities to desired outcomes, providing a foundation for ongoing monitoring and evaluation.

*Recommendation 10 -*Adopt a process for ongoing reflection, assessment and improvement to continually evolve and mature the organisation’s approach to wellbeing.”

## What policies, practices, or programs does your force have in place to respond to a death in service?

Please refer to our [Death in Service SOP](https://www.scotland.police.uk/spa-media/hdvdsws4/death-in-service-sop.pdf).

The following extracts from the [Special Leave SOP](https://www.scotland.police.uk/spa-media/5uxdlnjr/special-leave-procedure.docx) are relevant for bereaved people.

“Compassionate leave - Up to three days’ paid leave per bereavement/instance Special leave may be granted for compassionate reasons. This would include occasions when an officer suffers a bereavement and should help when they are required to make arrangements or conduct business with regard to the bereavement, or to attend a funeral service. Compassionate leave is not confined to cases of bereavement and may be granted for other serious domestic or family circumstances. Paid leave up to three days may be granted with every case being viewed on its own merits, considering the emotional state of the individual requesting leave, or the relationship of the deceased and the circumstances surrounding the death in the case of bereavement.

Parental bereavement leave - One or two weeks paid leave. Leave may be granted for all employed parents if they lose a child under the age of 18 or suffer a stillbirth from 24 weeks of pregnancy. One or two weeks paid leave may be granted. Leave can be taken in one block or in two separate blocks of one week. It can be taken within a 56 week window from the child’s death, to allow for moments such as anniversaries”

These provisions are a policy minimum, line and other more senior, managers who are the primary source of support and engagement for their staff and can provide further support, facility or signposting and access to organisational interventions identified as appropriate.

When the organisation is advised of a death in service People and Development People Partners and People Services work with the line managers to ensure appropriate support and actions are taken. When a death in service is announced internally, a link to intranet pages with sources of bereavement support is included.

## What is your Constabulary’s current policy regarding updating police officers under investigation for criminal offences (e.g., frequency of contact, bail updates, charging decisions)? What safeguarding measures does your organisation put in place for officers being charged with a criminal offence?

Police Scotland [Investigation Wellbeing Guidance](https://www.scotland.police.uk/spa-media/c3dfobig/investigation-wellbeing-guidance.docx) provides support for all individuals involved in internal and external investigations.

In any investigation a suitable Line Manager or Liaison Officer will initiate contact and identify any wellbeing needs.  As part of this initial contact, the Line Manager or Liaison Officer will discuss with the subject officer, if necessary, whether they wish to complete an Individual Stress Assessment Risk Questionnaire either on their own or with their support.  If additional support is deemed necessary, the subject officer will be directed to consider completing a Your Wellbeing Assessment for onward submission to the organisations Occupational Health partner.  There is also support available from the Employee Assistance Program, Scottish Police Federation (if a member) and other Staff Associations/Unions

The frequency of contact will be a discussion between the subject officer and Line Manager or Liaison Officer and will be agreed after thorough consultation and assessment.

## Do officers receive training on recognising and responding to mental health challenges in themselves and among peers?

## If so, what does the training entail?

We offer Lifelines (see below for info) on a voluntary basis and advertise opportunities for people to attend. Since June 2024 it has formed part of the probationer training curriculum, so all newly recruited officers are now receiving this as standard.

## *Lifelines Scotland*

This is a two day training course (delivered face to face or online) which aims to support workforce wellbeing and resilience by improving mental health awareness. To date c.2500 officers and staff have undertaken modules 1-5 (day 1) which is called Staying well and Understanding Resilience and Self-care: Supporting Your Colleagues. Of these 2500; 1500 have gone on to undertake modules 6-7 (day 2) which is called Post Trauma Support: Providing Psychological First Aid.

The programme has been developed by Lifelines Scotland, who are part of NHS Lothian and is a quad-service project (delivered to us, the Scottish Ambulance Service, the Scottish Fire and Rescue Service and Volunteer Responders). We have worked in partnership with them to build a team of c.120 Police Scotland facilitators who facilitate sessions in-house, we have ambitions to deliver this to the whole workforce.

More information is available via Lifelines website - [Welcome to Lifelines Scotland](https://www.lifelines.scot/)

## Have there been any reviews or evaluations of these measures since 2014? If so, please provide details or summaries.

Yes. Lifelines evaluates well with people showing behaviour change 3-6 month post attendance. I have attached separately to this response a published evaluation.

## Are there any records of external factors (e.g., financial stress, family issues) contributing to the suicide cases reported?

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In this instance, sections 38(1)(b) and 38(1)(2A) of the Act apply insofar as you have requested *third party* personal data which is exempt from disclosure where it is assessed that disclosure would contravene the data protection principles as defined in the Act.

If you require any further assistance, please contact us quoting the reference above.

You can request a review of this response within the next 40 working days by [email](mailto:foi@scotland.police.uk) or by letter (Information Management - FOI, Police Scotland, Clyde Gateway, 2 French Street, Dalmarnock, G40 4EH). Requests must include the reason for your dissatisfaction.

If you remain dissatisfied following our review response, you can appeal to the Office of the Scottish Information Commissioner (OSIC) within 6 months - [online](http://www.itspublicknowledge.info/Appeal), by [email](mailto:enquiries@itspublicknowledge.info) or by letter (OSIC, Kinburn Castle, Doubledykes Road, St Andrews, KY16 9DS).

Following an OSIC appeal, you can appeal to the Court of Session on a point of law only.

This response will be added to our [Disclosure Log](http://www.scotland.police.uk/access-to-information/freedom-of-information/disclosure-log) in seven days' time.

Every effort has been taken to ensure our response is as accessible as possible. If you require this response to be provided in an alternative format, please let us know.