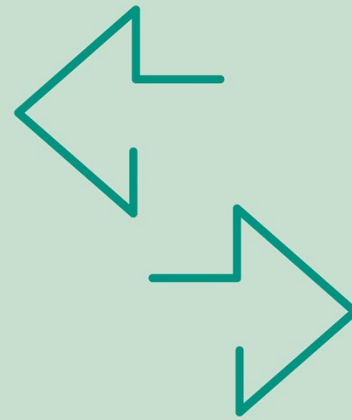


Policing and truama

CONFERENCE

Glasgow
21 April 2023



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Welcome



Fiona McQueen CBE

Member of the Scottish Police Authority



Housekeeping

- Coffee Break – 1130, Networking Lunch - 1300
- Wi-Fi details on the tables
- Toilets are downstairs
- No fire alarm test expected
- No candid photography that identifies people
- Social media hashtag **#spa2023trauma**
- Event staff on hand throughout the day



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Opening Remarks



DCC Fiona Taylor QPM

Police Scotland



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Opening Remarks



Audrey Nicoll MSP

Convener of the Criminal Justice Committee

Session 1

Overview of the nature of trauma and its impacts

Dr Karen Goodall, University of Edinburgh

Gill Moreton, Lifelines Scotland

Police Scotland and SPA Forensic Services colleagues





THE UNIVERSITY *of* EDINBURGH



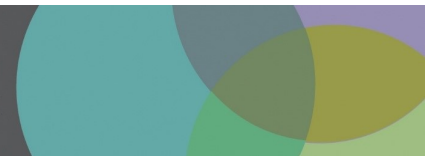
Trauma- informed approaches in police

Dr Karen Goodall, Dept. Clinical and Health Psychology,
University of Edinburgh

PSA April 2023 karen.goodall@ed.ac.uk

OFFICIAL

The Scottish Institute
for **Policing Research**



Overview

Drawing on two research projects conducted with officers following ACEs and trauma-informed training:

- Introduce Adverse Childhood Experiences- and trauma-informed approaches
- Discuss relevance to police
- Present insights into officers' views on mental health in police



Adverse Childhood Experiences are...

Commonly occurring events that additively increase stress on a developing child or young person

INTERPERSONAL	HOUSEHOLD DYSFUNCTION
Childhood physical abuse	Domestic abuse
Childhood sexual abuse	Loss of parent through separation or bereavement
Childhood emotional abuse	Parental mental illness
Childhood physical neglect	Relative in prison
Childhood emotional neglect	Family member uses alcohol or drugs

How do ACEs impact development ?

- Being exposed to high levels of stress in childhood is thought to impact neurodevelopment in two main ways:
- Disrupts development in areas of brain that control planning, memory and impulsive behaviours
- Sensitises stress responding leading to high alert to threat and difficulties calming after a threat

References: Guidi et al., 2021; Misiak et al., 2022

What are the long-term risks from ACEs?

- High ACEs linked to vulnerability to a range of negative outcomes:
- Physical health conditions, such as heart disease, obesity, diabetes
- Dysfunctional coping strategies such as substance use
- Mental health conditions such as depression, anxiety and PTSD

References: Bellis et al., 2014; Scheffler et al., 2020; Tabb et al., 2022; Vig et al, 2020

Why are ACEs relevant to policing?

- 10% of people have experienced 4 or more ACEs (Bellis et al., 2014)
- 46% of prisoners have experienced 4 or more ACEs (Prost et al., 2020)
- 95% officers experienced 1 ACE
 - 59% physical abuse
 - 62% emotional abuse (McDonald et al., 2022)
- ACE score associated with higher work stress in police (McDonald et al., 2022)

Trauma-informed workforce:

- Realises the impact of trauma and adversity on people who come into contact with a service, and those who work within it
- Recognises the signs of trauma
- Responds in ways that prevent further harm or re-traumatisation
- Recognises importance of wellbeing in the workforce

References: SAMHSA, 2014; Scottish Executive, 2018; NHS Education Scotland, 2020

Five insights from focus groups and interviews with police officers and police staff



Insight 1: Recognising trauma in self and others

- Being able to reflect on the potential impact of trauma and ACEs enabled officers to reflect on Understanding the long-term impact of childhood adversity and trauma and how it presents allowed officers to reflect on how they viewed their work and how the work had impacted them:

...the majority of stuff we are involved in is traumatic, to anybody and yeah I wear a police uniform, I'm a police officer, I'm big and strong, but I am a human being, I have vulnerabilities (Study 2, P)

Insight 2: Empoweri ng conversati ons

- Trauma-informed training empowered officers to notice sign or symptoms and advocate for someone in their care
- At the same time, it empowered them to address mental health with colleagues

It would make them more willing to take that step to saying to somebody, "Are you ok? Like, I've noticed a change in you and that," but definitely from the training, it would, impart them with that knowledge, but whether they'd want to act on it, that's another question. (Study 2, P10).

Insight 3: Support paradox

the impact of everyday exposures to potentially traumatic events was perceived to be under-recognised in police, particularly by senior staff:

I think where the, when you see other emergency services especially, we're the worst - they don't care [Study 2: P8]

- On the other hand, it was widely noted that mental health issues were high on the agenda and mental health support was available, but accessing formal support was not a typical part of police culture

...it was all done in the best, with the best of intentions but to actually have the group, a couple of counsellors come down and speak with this, you know, as a shift, they didn't really get a positive response from that. [Study 1, P9]

Insight 4: Slowly- changing culture

- The view that 'getting on with' equates to resilience is slowly changing, but cultural aspects still hamper support seeking

People would be more willing to come forward with it, but... the type of job we do and the fact that we're male-dominated, there will be almost that locker room type environment of 'just get on with it'

- Endorsement from colleagues was particularly effective in changing the culture

...there was another death in custody, and the next team became involved and they were a bit sceptical and some of the staff reached out and said, 'Listen we've been through this. It's the best thing ever.' So it is getting there, to show that it's alright to talk, it's alright to be supported. (Study 2, p11)

Insight 5: Top-down as well as bottom-up

- Recognition of trauma and its impact should be embedded with the organisation at all levels, rather than stand-alone support packages:

..supervisors, so sergeants, inspectors, senior management teams, should be given an enhanced level of training so that they can support the people that do the job for them, to ensure that their wellbeing is being met, which would then obviously have a positive impact in terms of how people engage with others. You know, its going back to the cycle of your attitude affects my behaviour, which affects my attitude, which affects your behavior. (Study 2, P11)



THE UNIVERSITY *of* EDINBURGH

Contact:

karen.goodall@ed.ac.uk

Collaborators:

Karri Gillespie-Smith and Zara Brodie,
University of Edinburgh

Kimberley Collins, Teeside University

Kirsty Deacon, Children's reporter

Caroline LLOYD, University of Dublin

The Scottish Institute
for Policing Research

Gillespie-Smith, K., Brodie, Z., Collins, K., Deacon, K. & Goodall, K. (2020). Moving towards Trauma-Informed policing: An exploration of police officer's attitudes and perceptions towards Adverse Childhood Experiences (ACEs). Scottish Institute of Policing Research. [Microsoft Word - ACEs SIPR Full Research Report.docx](#)

Goodall, K. (2020). Centre for Research and Evidence on Security Threats (CREST). Trauma-informed policing. <https://crestresearch.ac.uk/comment/trauma-informed-policing/>



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA



Gill Moreton

**Service Lead, Rivers
Centre, NHS Lothian**

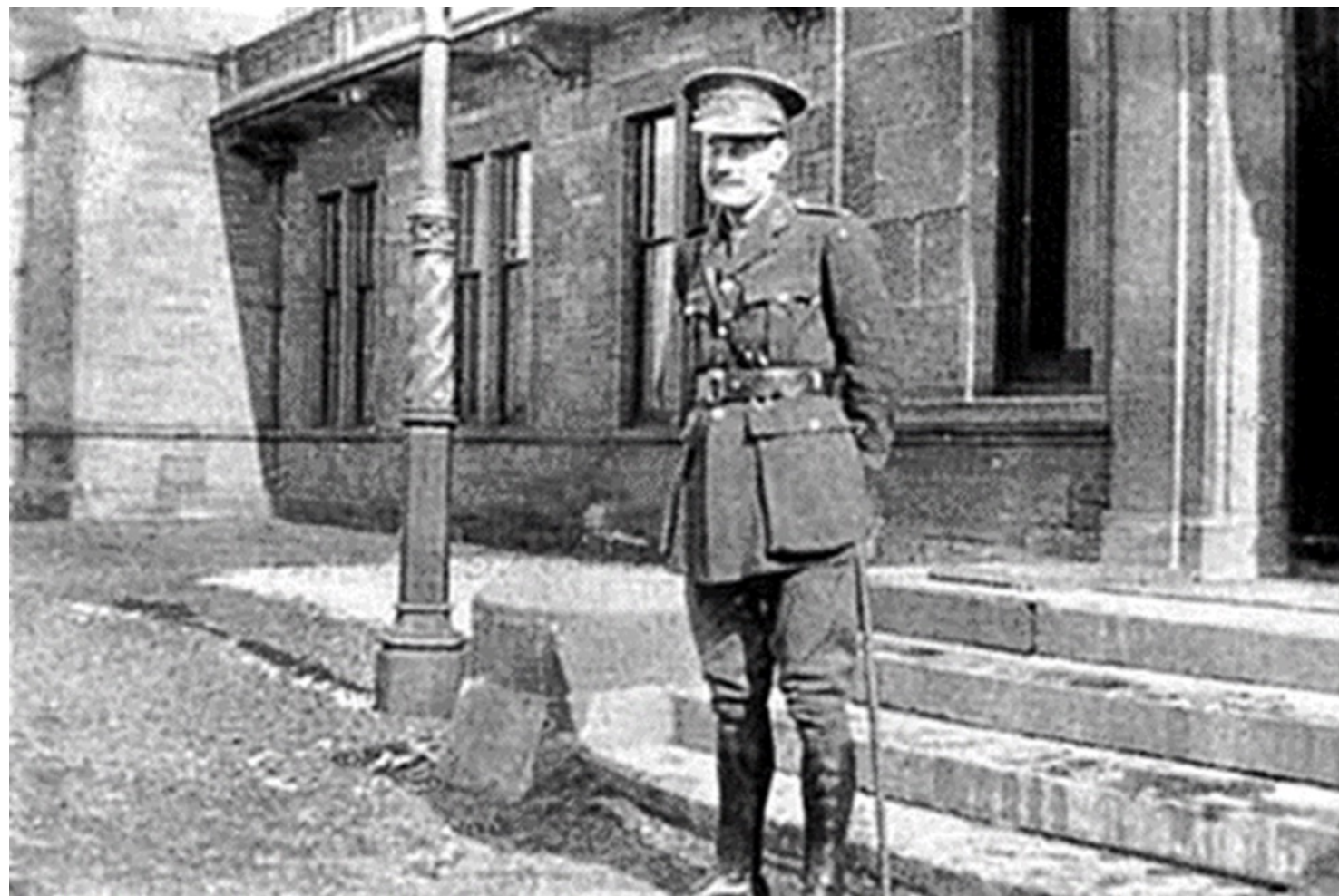
Supporting the wellbeing of Scotland's emergency service community

The Lifelines Scotland model

Gill Moreton, Project Lead

The Rivers Centre logo, featuring a blue wavy line above the text "the rivers centre".

NHS Lothian logo, featuring the text "NHS" above a blue wave and "Lothian" below it.





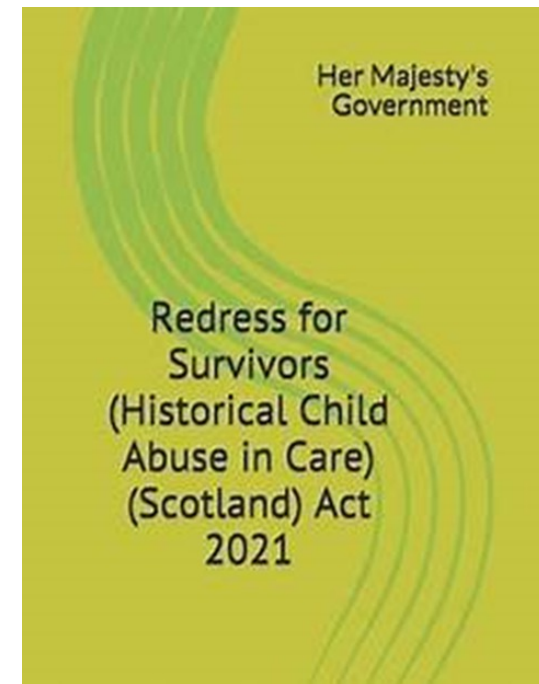
PRINCIPLES - APPROACH - GOOD PRACTICE

Preparing Scotland

RESPONDING TO THE PSYCHOSOCIAL AND MENTAL HEALTH NEEDS OF PEOPLE AFFECTED BY EMERGENCIES

Supplement to CARE FOR PEOPLE AFFECTED BY EMERGENCIES

November 2013



Trauma-Informed Practice: A Toolkit for Scotland



Call the National Wellbeing Helpline: 0800 111 4191

3 other people are currently visiting this website



Podcasts & webinars Key dates Individuals Managers Help for you

Welcome

If you work in health or social services in Scotland then this site is for you.

Thank you for all you are doing to support your fellow citizens.

You look after us, so we'll look after you.



I am an individual in health and social

I am a manager or employer in health

What we've learned:



Most people respond to adversity with great fortitude



People experiencing trauma (including responders) are neither doomed nor invincible



Confusion and shame about being injured and/or a sense of being failed by the organisation are often the blocks to recovery



Traumatic experiences are not a diagnosis



Social support is at the heart of human resilience

Work with the emergency services

Treatment and training for police and fire service staff since 1998.





Police occupational health: support for specialist postholders, where there is constant specific repetitive exposure, and staff involved in prolonged incidents/enquiries 2005-2006

Claire Fyvie, Gill Moreton, Maggie Gray, Roslyn Law and Chris Freeman

Journal of Traumatic Stress
April 2012, 25, 134-141
CE Article



Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method

Mark C. Creamer,^{1,2} Tracey Varker,^{1,2} Jonathan Bisson,³ Kathy Darte,⁴ Neil Greenberg,⁵ Winnie Lau,^{1,2} Gill Moreton,⁶ Meaghan O'Donnell,^{1,2} Don Richardson,⁷ Joe Ruzjek,⁸ Patricia Watson,⁹ and David Forbes^{1,2}

¹Australian Centre for Posttraumatic Mental Health, Melbourne, Victoria, Australia

²Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia

³School of Medicine, Cardiff University, Cardiff, Wales, United Kingdom

⁴Veterans Affairs Canada, Charlottetown, Prince Edward Island, Canada

⁵Institute of Psychiatry, King's College, London, England, United Kingdom

⁶Rivers Centre for Traumatic Stress, Edinburgh, Scotland, United Kingdom

⁷Parkwood Operational Stress Injury Clinic-St. Joseph's Health Care, London, Ontario, Canada

⁸National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, California, USA

⁹UCLA/Duke University National Centre for Child Traumatic Stress, Los Angeles, California, USA

Appendix 1: The research behind our approach



Our approach is guided by the Lifelines 10 Essentials which are a distillation of clinical experience and academic research on how we can best support the wellbeing of emergency responders. The Essentials are at the heart of our work, providing an evidence-based foundation for our interventions, from web resources to training and consultation.

Lifelines Essential #1: We all have mental health and responders are not invincible

As many as 1 in 4 people experience mental health problems, such as anxiety, depression, or PTSD each year^[1]. Often, these are short-term ailments from which they fully recover. In some cases, however, they can develop into more chronic, or long-lasting concerns. In this regard, emergency responders are no different to anyone else.

Research by the mental health charity Mind, has found that emergency service staff may be more likely than the general workforce to experience mental health problems, with as many as 88% of those surveyed reporting having experienced stress or poor mental health while working^[2].

Lifelines Essential #2: Emergency responders are at risk of psychological injury. It's an occupational hazard

High-risk jobs, regardless of setting, increase the likelihood of psychological injury, and emergency responding is no different. Emergency service personnel are commonly exposed to potentially traumatic incidents as a result of their role^[3, 4, 5], and are more likely than the general population to experience Post-Traumatic Stress Disorder (PTSD)^[6, 7, 8, 9].

A large-scale survey of police officers in the UK recently found that as many as 1 in 5 of those who have experienced traumatic incidents through work may be expected to subsequently experience PTSD or Complex PTSD^[10]. We know from the evidence, that there are certain aspects of call-outs which are more likely to make the incident traumatic. For example, incidents which are unpredictable, have a personal relevance to the responder, or where control of the situation is lost, are all more likely to be experienced as traumatic^[11, 12].

There is very little evidence, however, to suggest that certain types of people are pre-determined to be at greater risk for being psychologically injured at work. It is the role, and not the individual, which is a risk factor here.

However, it's not just about trauma exposure at work. Recent research suggests that emergency responders are more likely to develop symptoms of PTSD as a result of trauma exposure in their personal lives than in an occupational context. Moreover, personal trauma was predominantly associated with greater PTSD symptom severity in emergency responders than occupational trauma.^[13]



Most people respond to adversity with great fortitude



People experiencing trauma (including responders) are neither doomed nor invincible



Social support is everything



Confusion and shame about being injured and/or a sense of being failed by the organisation are often the blocks to recovery

 Originally set up in 2016 to support volunteer emergency responders in Scotland

 In 2019 expanded to support the wider Scottish emergency service community

 NHS project supported and funded by Scottish Government, Police Scotland, Scottish Ambulance, Scottish Fire and Rescue and the Fire Fighters Charity.

 Partnership model, allied with other national public health projects

Sept 2015 - March 2021

- Max 1.1 WTE
- Dropping to 0.4 2018/19

April 2021 – March 2022

- 0.6 Project Lead
- 1.0 Project Support
- 2.2 Training Advisors

April 2022 – March 2023

5.1 WTE
Including 3.0 WTE Training
Advisors

April – September 2023

3.2 WTE
Including 2.0 WTE Training
advisors



James Evett

TRAINING ADVISOR
AMBULANCE/POLICE



Marianne Gelister

PROJECT SUPPORT



Eliz MacIntosh

TRAINING ADVISOR AMBULANCE



Stephen Penny MBE

TRAINING ADVISOR VOLUNTEERS



Leni Rademacher

TRAINING ADVISOR POLICE



Paul Weatherburn

TRAINING ADVISOR FIRE

Our approach:

 **Public health model**

 **Focussed on prevention and early intervention** to keep people stay safe and well from recruitment to retirement and beyond.

 **Can't prevent exposure** to potentially traumatic situations, *can* address organisational stressors

 **Making staff wellbeing mainstream** – H&S assessments, absence management procedures

 **Embed wellbeing in core training** – throughout career and especially for managers

 **Informal model of peer support** - train everyone to be able to support a colleague

 **Not just about trauma** – the everyday challenges staff face

 **Build on the things that protect us** – social support, self-awareness, doing an important job to best of our abilities

Welcome

If you work or volunteer with an emergency service in Scotland, Lifelines Scotland is here to help **you stay safe and well.**

We hope you, your colleagues, your family and friends will find our **advice and support** helpful. Lifelines Scotland is an NHS project – find out more **about us**, the **training** and **support we offer.**



Lifelines Scotland

Why I'm ok most of the time

It's not an accident when we're able to cope with the challenges that life throws at us.

On these pages you'll find information about good mental health and what helps us be resilient in the face of adversity and trauma, as well as advice on how you can be a supportive colleague or manager.

These resources and the tips on self-care will be relevant whatever the challenges you're facing. We hope they help you stay safe and well.



Understanding resilience and good mental health



Coping and self care



Support from colleagues, family and friends



My protective armour



Good management and leadership



Understanding resilience and good mental health

What affects resilience and good mental health

[Find out more](#) ▾

What to do if my resilience is stretched and my psychological first aid box

[Find out more](#) ▾

I'm OK, is that OK?

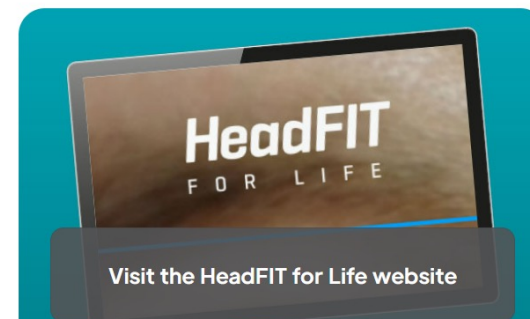
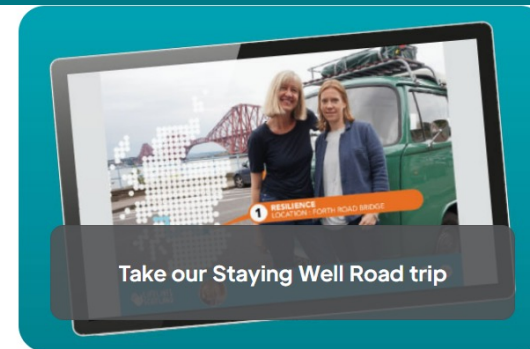
[Find out more](#) ▾

I'm doing OK, is that OK?

If you're doing OK, that's great! But don't take it for granted; it's not an accident that you're OK.

Take a bit of time to understand what it is that keeps you well and remember that our coping strategies can be disrupted by positive as well as negative changes in our lives. Use the resources on this site to keep your Psychological 1st Aid box well stocked.

Take the Lifelines Staying Road Trip and have a look at the HeadFIT for Life website has some great tools for developing your mental fitness.



Our protective armour

- Role and identity as responders
- Being able to distance ourselves
- Expectation and readiness
- Preparation and training
- Sense of competence / expertise
- Social support
- Talking about it afterwards
- Knowing ourselves and willing to seek help





Good management and leadership

How good management protects staff

[Find out more](#) ▾

Advice for managers

[Find out more](#) ▾

Resources for managers

[Find out more](#) ▾

“Good management and leadership protects responders”

LIFELINES ESSENTIALS #9

Research also shows “Workplace stress is as big a threat to responder wellbeing as trauma exposure.” — the Lifelines Essential #9

Good leadership

If you’ve experienced good management, you will know how that feels. They are the leaders who set clear and achievable tasks, communicate well and build strong teams. They give us some control, recognise and appreciate hard work, inspire us to

Lifelines Scotland

When I might need some help

All of us need some help from time to time. On these pages you'll find information to help you recognise and understand why you might be struggling, and advice on what you can do to feel better.

These resources and the tips should help whether your difficulties are a post traumatic injury or linked to other challenges you're facing at home or at work. Please don't struggle on alone.



Understanding my response to trauma and stress



How will I know if I'm not OK?



What can I do if I'm not OK?



Stigma stops people getting help



I'm worried about someone else



What can I do if I'm not OK?

Psychological injuries can heal

[Find out more](#) ▾

Help for common difficulties

[Find out more](#) ▾

Getting professional help

[Find out more](#) ▾

The simple answer to this question is that there's lots we can do when we're not OK. And recognising that we're not OK is the first step to getting better.



**Gill from Lifelines
Scotland on getting help
if you're not OK**



I'm worried about someone else

The importance of peer support

[Find out more](#) ▾

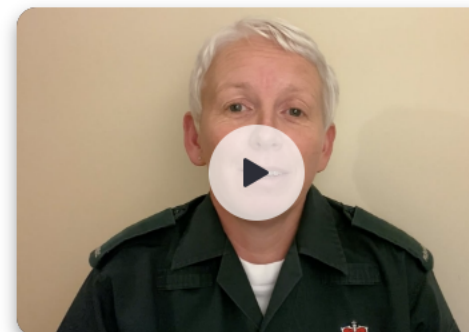
The way to help is CLEAR

[Find out more](#) ▾

Asking about suicidal thoughts

[Find out more](#) ▾

"Support from family, friends and colleagues keeps responders well"



Gail from Scottish Ambulance on supporting colleagues



Darren on the importance



I'm leaving or have left, what now?

The end of an era

[Find out more](#) ▾

Coping with leaving the service

[Find out more](#) ▾

Working for a blue light service or volunteering as an emergency responder can be a vocation, a big part of your identity and a second family.

This means retirement or leaving can bring mixed



Lifelines Scotland

Information for friends, family and supporters

Are you part of the wider emergency responder family? If so, thank you. The community relies on the support you provide every day.

We hope this information is helpful. Please have a look at the resources on the rest of the site too.



I'm family member or friend



I'm a professional supporting emergency responders



I employ a volunteer emergency responder



I'm a family member or friend

Your support, sacrifice and encouragement

[Find out more](#) ▾

Advice for family and friends

[Find out more](#) ▾

We probably don't need to tell you that most people working or volunteering in the emergency services are passionate about their role!

For some people there is a family history of service, with children following parents and grandparents into the responder community. For others, joining the emergency services has been an ambition since

I have also passed it on to my wife, as it explains some of the reasons why I am the way I am with the family (in a safety conscious way!) and how I try and cope with the job in a better way than I could ever try and articulate



I employ a volunteer emergency responder

Introduction

[Find out more](#) ▾

Information and advice for employers

[Find out more](#) ▾

By supporting your employee to be an emergency responder, you are helping to provide a vital



I'm a professional supporting emergency responders

Introduction

[Find out more](#) ▾

Advice for professionals

[Find out more](#) ▾

If you find yourself in the fortunate position of providing support to the emergency responder community, we hope the information below will be helpful



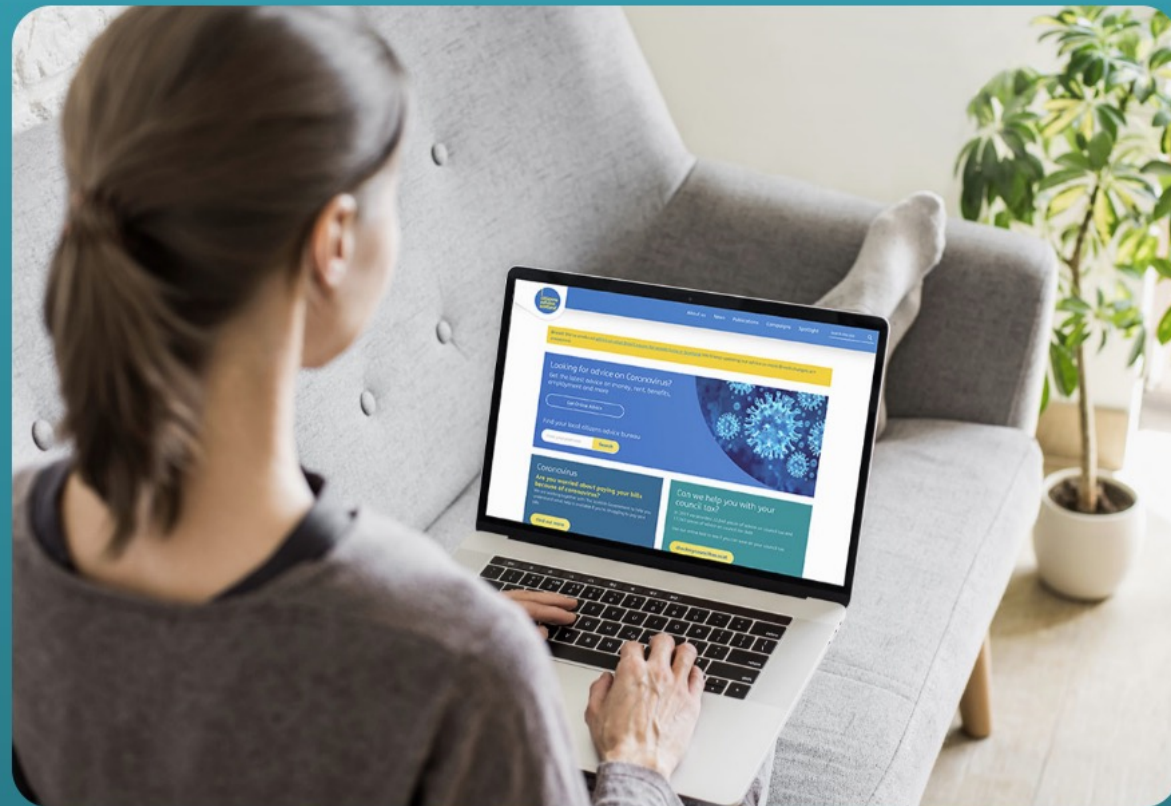
Lifelines Scotland

Find help now

There are lots of places you can get help and support when you need it for yourself or when supporting someone else. Please don't struggle on alone.

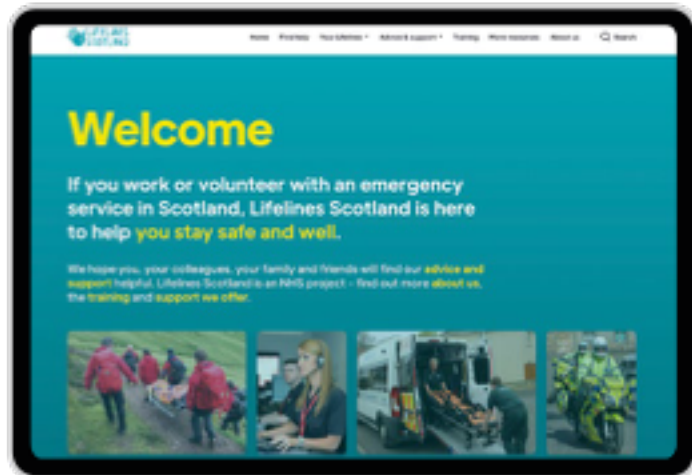
Listed **below** are national resources for all responders, their families and the general public.

You can find more information and help specific to your service by visiting **Your Lifelines** page or take a look at the **Lifelines quick guides**.



Website Usage

(November 2020 to March 2023)



35,746 website visits

101,282 page views

representing an average of **2,102** visits and **5,957** page views per month.

Usage data for the Lifelines website is gathered through Google analytics, which allows for tracking and reporting of website traffic in areas such as visitor numbers, most viewed pages, and location of users.

I think it's great, the design and layout are easy on the eyes, simple to follow and not information overload. You can also get lost in a deep dive as it's very informative and thorough.

Excellent, clear, easily relatable information and advice for emergency responders. Thank you

Staying Well road trip

(November 2020 to April 2023)



6583

Trips (total page views)

Ambulance - 1386

Fire - 1874

Police - 2000

Volunteers - 1323



Staying Well – Understanding Resilience and Self-Care



Duration: 3 hours (with break)

This session is an opportunity to meet with others and to learn more about what keeps us well.

We discuss the things that threaten our wellbeing in our roles and what protects us, and how to stock our Psychological 1st Aid kits. We learn about the impact of trauma and stress so we can recognise when we might need some help and where we can find this.

Supporting your Colleagues



Duration: 6.5 hours (with break)

We know that relationships based on camaraderie, trust and respect act as a buffer against the challenges of working / volunteering for an emergency service. This workshop looks at what we can do to strengthen these supportive relationships. You will learn how to have helpful conversations with colleagues, how to recognise signs that someone may be struggling and what to do when you are worried about someone.

Post trauma support: Providing Psychological First Aid



Duration: 6.5 hours (with break)

Emergency service staff and volunteers are frequently exposed to potentially traumatic experiences in the course of their work. This workshop will help you understand trauma and traumatic stress so you can recognise when you and your colleagues may be at risk of psychological injury. It will equip you to give Psychological First Aid, the international best practice model for supporting people following trauma exposure.

Training: Overview

(November 2020 to March 2023)

Courses delivered



Total attendees 

Staying well

 **2260** Ambulance: 603 Fire: 934 Police: 723

Supporting your colleagues/team

 **1071** Ambulance: 262 Fire: 466 Police: 343

Post trauma support

 **603** Ambulance: 91 Fire: 297 Police: 215



Total courses completed by attendees

3934 



Training: Reaction

We asked our attendees the following questions about the course content and training delivery. Those completing the post course surveys gave overwhelming positive feedback on the following measures:

- 1 The information provided was clear and easy to understand
- 2 The information was presented at a pace I could follow
- 3 The information covered was of an appropriate standard
- 4 The information covered was relevant to my service
- 5 The information covered was relevant to the job I do
- 6 The information covered was relevant to my personal life
- 7 The training supported my needs well
- 8 The quality of teaching was of an appropriate standard
- 9 There as enough time allocated to discussion/questions
- 10 There was enough time allocated to the presentation

POSTIVE FEEDBACK...



Staying well:
98% satisfaction*
n=406

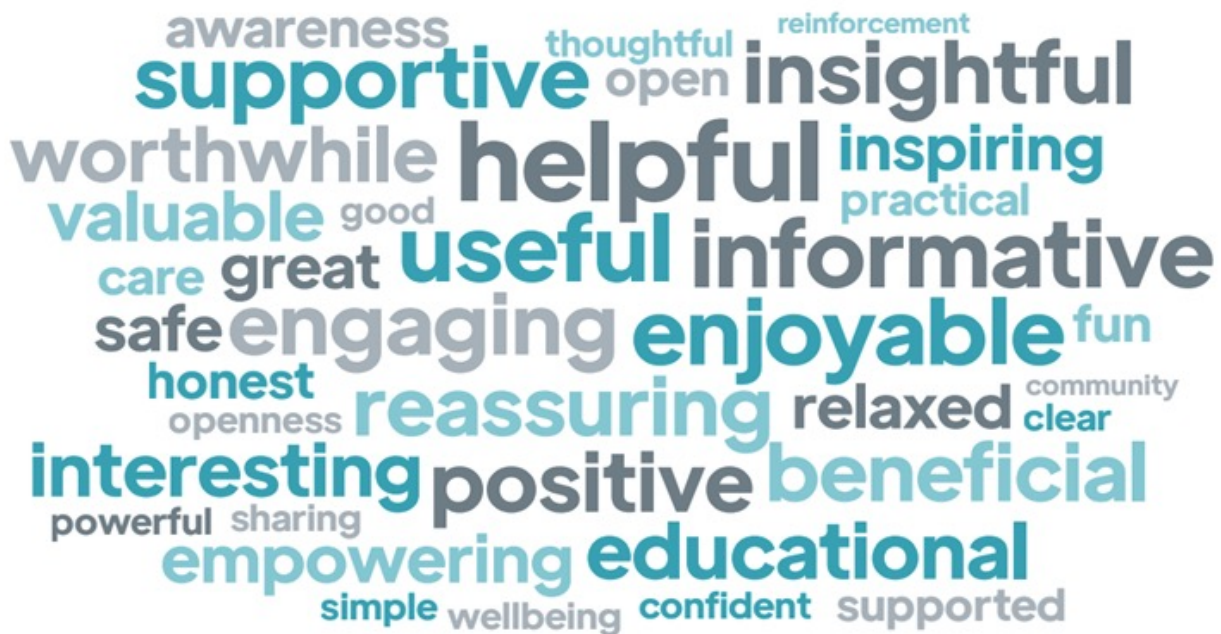


Supporting your
colleagues/team:
99% satisfaction*
n=193



Post trauma support:
99% satisfaction*
n=120

*Satisfaction is when people responded to the measures with either "Agree" or "Strongly Agree".



awareness thoughtful reinforcement
supportive open insightful
worthwhile **helpful** inspiring
valuable good **useful** informative
care great **engaging** enjoyable fun
honest **reassuring** relaxed community
openness **interesting** positive beneficial clear
powerful sharing **empowering** educational
simple wellbeing confident supported

WHAT SOME ATTENDEES SAID...


Open and insightful learning and discussion, led and facilitated by knowledgeable staff.

The way it was delivered was, for me, spot on in terms of easy-to-understand language.


Expertly delivered and encouraged openness and understanding.

The presentation and group discussion was brilliant, pitched very well and allowed some great chat.


Training: Learning impact

 Staying well: Learning outcome (n = 331)	Pre-Course	Post-Course	Significant Improvement
1. Understanding of the factors that contribute to good mental health.	3.98	4.64	Yes (p<.001)
2. Knowledge of the protective and risk factors which can affect the resilience of Emergency service staff.*	3.54	4.57	Yes (p<.001)
3. Ability to recognise signs of stress and distress in ourselves and others.	3.88	4.54	Yes (p<.001)
4. Understanding of the factors that support the wellbeing of individuals and teams.	3.71	4.53	Yes (p<.001)
5. Knowledge of the support available for you and your colleagues.	3.68	4.49	Yes (p<.001)
6. Understanding of the tools to build a psychological first aid kit.*	3.46	4.65	Yes (p<.001)

Training: Learning impact

 Supporting your colleagues/team: Learning outcome (n = 134)	Pre-Course	Post-Course	Significant Improvement
1. Understanding how social and peer support contribute to wellbeing and good mental health.	3.90	4.72	Yes (p<.001)
2. Ability to recognise signs of stress and distress in others, including common mental health problems.*	3.75	4.57	Yes (p<.001)
3. Understanding and having opportunity to practice listening skills and supportive conversations.*	3.60	4.62	Yes (p<.001)
4. Ability to recognise risk and respond when people are in crisis.	3.67	4.57	Yes (p<.001)
5. Knowledge of what support is available and how to link people to help.*	3.66	4.66	Yes (p<.001)
6. Knowledge of how to take care of yourself when supporting others.	3.72	4.67	Yes (p<.001)

Training: Learning impact

 Post trauma support: Learning outcome (n = 80)	Pre-Course	Post-Course	Significant Improvement
1. The ability to identify the kinds of experiences that may be traumatic.	4.08	4.69	Yes ($p < .001$)
2. Knowledge of the different ways that people can be affected.	3.81	4.72	Yes ($p < .001$)
3. Understanding the factors which influence our ability to cope and recover.*	3.31	4.63	Yes ($p < .001$)
4. Increased confidence in recognising when people's responses and reactions may be trauma related.	3.48	4.54	Yes ($p < .001$)
5. Ability to deliver Psychological First Aid.*	3.02	4.66	Yes ($p < .001$)
6. Recognising when people need additional support and knowing how to access this.	3.69	4.62	Yes ($p < .001$)

Training: Learning impact

IMPROVEMENT HIGHLIGHTS...



After Staying well course...



Increased knowledge of how to stay well and of the factors which can affect resilience

After Supporting your colleagues course...



More able to support colleagues, respond when they're in crisis and aware what help is available.

After Post trauma support course...



Can deliver Psychological 1st Aid and understand the factors which influence our ability to cope and recover following trauma.

WHAT SOME ATTENDEES SAID...

Opened my eyes into the subject of mental health and being a good manager... insightful and life-saving training

The concept of Psychological 1st Aid is something I will take forward on to the Incident ground

Lifelines' resilience course gave me tools to manage my mental health and resilience at work

These courses are already helping with the welfare calls I make to staff



Lara at SPPA

<https://vimeo.com/766634253>

Integrated Learning

- **Creating an adapted version of our 'Staying Well Road Trip' for use in groups**
- **Developing training packages for undergraduate paramedic degree courses**
- **Delivering training with new recruits to the Scottish Fire and Rescue Service**
- **Linking with the Emergency Services Training Coordination Group (ESTCG) and Scottish Multi-agency Resilience Training Exercise Unit (SMARTEU) to integrate staff wellbeing into tri-service incident command training.**

The instructional staff are helpful, knowledgeable and approachable

The team's knowledge and expertise has engaged and stimulated the students. It has been great to work collaboratively on resource development.

The group road trip was really easy to facilitate and sparked a lot of good discussions

Advice and Consultation services

- Scottish Fire and Rescue Service Mental Health and Wellbeing Group
 - + Document and Process, Learning and Development sub-groups
- Scottish Ambulance Service Workforce Wellbeing Group
- Retired Police Officers Association “Signposters” peer support project
- Your Safety Matters working group
- UKSAR Mental Health and Wellbeing working group
- Voluntary Sector Resilience Partnership & Scottish Government’s Volunteering Action Plan

What have we learned?



- There is appetite and passion to support mental health and wellbeing at all levels of all of the services
 - but health and wellbeing services are stretched
 - and changing culture and structures is hard
- Operationalise your model
 - Be sure to make the most of this group's ability to do extraordinary things under extraordinary circumstances
 - Embed principles and materials into Standard Operating Procedures

What have we learned?



- Silos are the norm
 - Don't despair! Expect them and do everything you can to bridge them
 - Be careful not to compete with other initiatives
- It will always take longer than you think
 - especially when you're trying to reach everyone
 - and when you're an external partner
 - need funding to last long enough to make it mainstream

What have we learned?



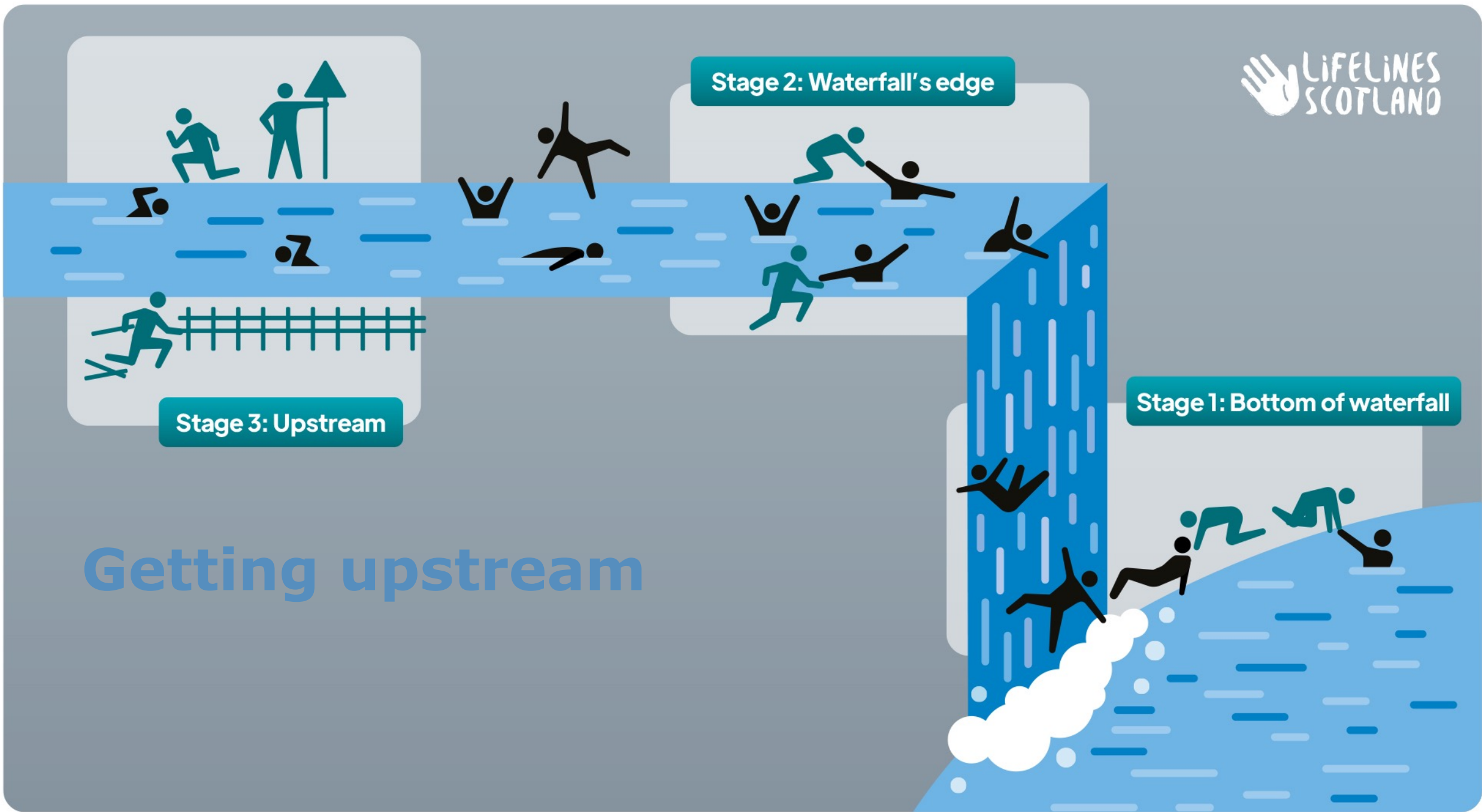
- Watch out for unintended consequences
 - The stories we tell about trauma matter.
 - It's important we neither under *or* over-estimate the impact of trauma
 - Don't move from invulnerability to doom
- It really is all psychoeducation and social support
 - Asset-based approaches resonate with our community
 - People are remarkable. Injury isn't inevitable. Recovery is possible

Stage 2: Waterfall's edge

Stage 1: Bottom of waterfall

Stage 3: Upstream

Getting upstream



And finally...



- It's really hard to demonstrate the effectiveness of early intervention / preventative work
 - Especially as an external partner
- But that doesn't mean it's not effective
- And that it's not the right thing to do



Thank you

info@lifelines.scot

www.lifelines.scot

 @LifelinesScot



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Lived Experience insights

- **Scott**
- **Jason**
- **Laura**
- **David**





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

We're now on a break



Session 2

Dealing with Workforce Trauma

Fiona Douglas, SPA Forensic Services

Becs Norris and Sarah Bush, Scottish Ambulance
Service

Gill Moreton, Lifelines Scotland

Justin Smithson, Scottish Fire & Rescue Service

DCC Fiona Taylor QPM, Police Scotland

William Cairns, Walking with the Wounded





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

SPA Forensic Services



Fiona Douglas

Director, SPA Forensic Services

Health & Wellbeing in the Scottish Ambulance Service

Sarah Bush & Becs Norris
Wellbeing Leads

Being Well Strategy



- Healthy Mind
- Healthy Body
- Healthy Lifestyle
- Healthy Culture
- Healthy Environment

We are not starting at the beginning.....!

- Existing initiatives
- Enthusiastic employees
- Changing needs of the workforce, i.e. (Students, Workforce, Working Longer)
- Different ways of working

Asset Based Wellbeing Network

- Staff are our greatest asset – but what other skills do they have out with their job roles?
- Increased engagement and cohesion of teams.
- Initial leading – developing other leaders.
- Then you deliver what is needed and wanted by staff!

Example of current initiative...

Wellbeing Spaces

- During the pandemic, many had spaces that were provided and then removed – but the need was demonstrated!
- Network groups in locations around SAS, staff are identifying spaces, developing the vision, clarifying what's needed.
- Increases in many areas!

Learning.....

- It's not rocket science!
- It is effective to harness existing assets to build stronger staff relationships.
- Prioritising Staff Wellbeing is crucial, not an add on or a nice to have.
- Seeing staff as individuals and not job roles.
- Using these networks to support the more focused and tailored pieces of Wellbeing work....

Evidence for the impact of trauma on Ambulance Personnel?

- Sickness absence in ambulance workers
 - Absence rates significantly higher compared with other health professionals (Doff 2017)
- Mental health of ambulance workers
 - Anxiety and depression 15%, General psychological distress 27% (Petrie 2018)
- Rates of PTSD in ambulance workers
 - 11% compared with 4% in General Population (Petrie 2018)
 - 82% felt overwhelmed or deeply disturbed by an incident they had attended, 25% in high range for PTS symptoms (Regehr 2002)

Responses to 'What Matters to You' campaign

Giving crews appropriate amount of time to process particularly bad jobs

Reintroduction of trim in Glasgow would be great as it's missed by myself and other people I work with as we found it really supportive

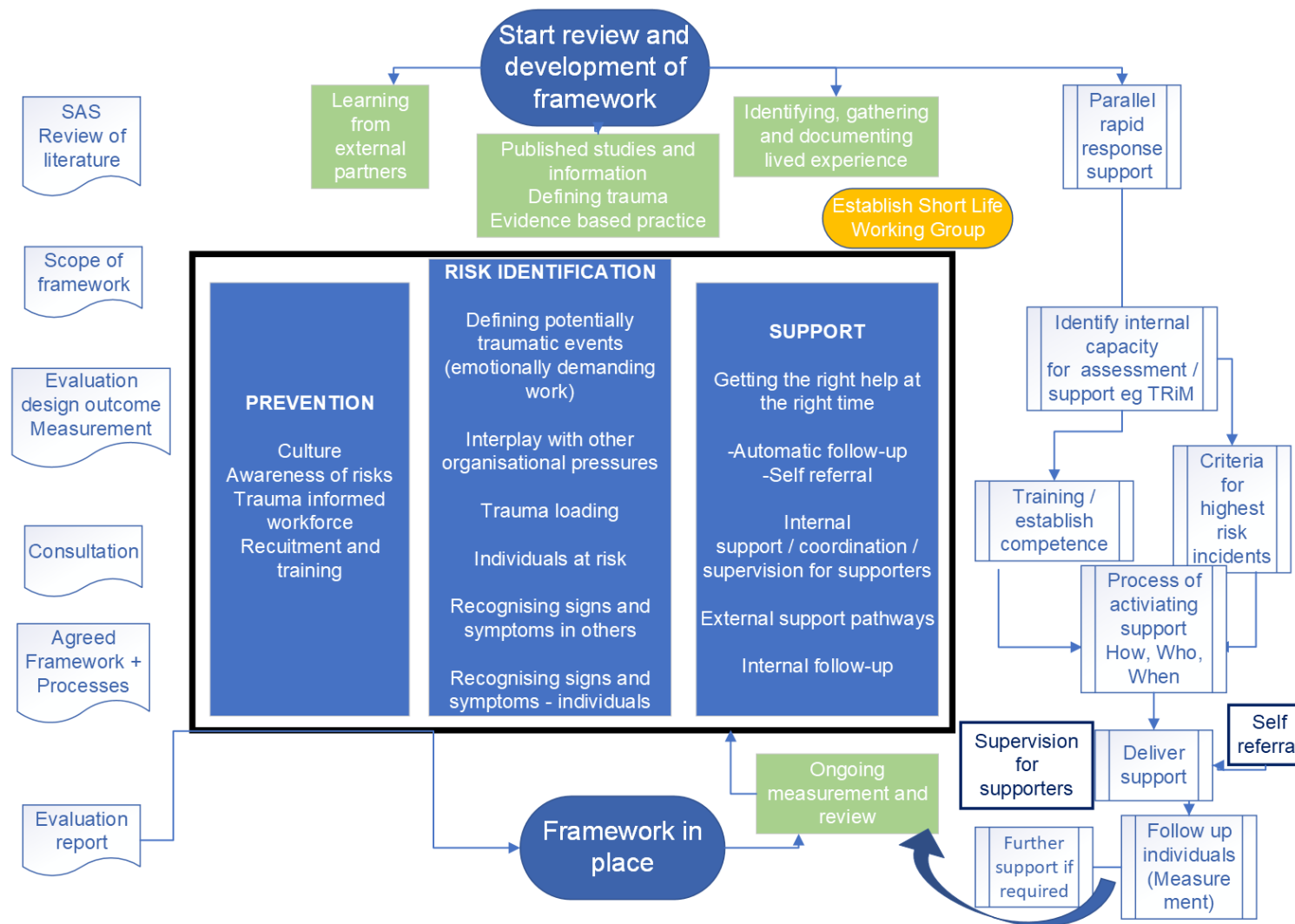
Consistent and reliable access to debrief and support following traumatic incidents

Debrief or TRiM after 'bad' job. Wellbeing apps and links don't always work

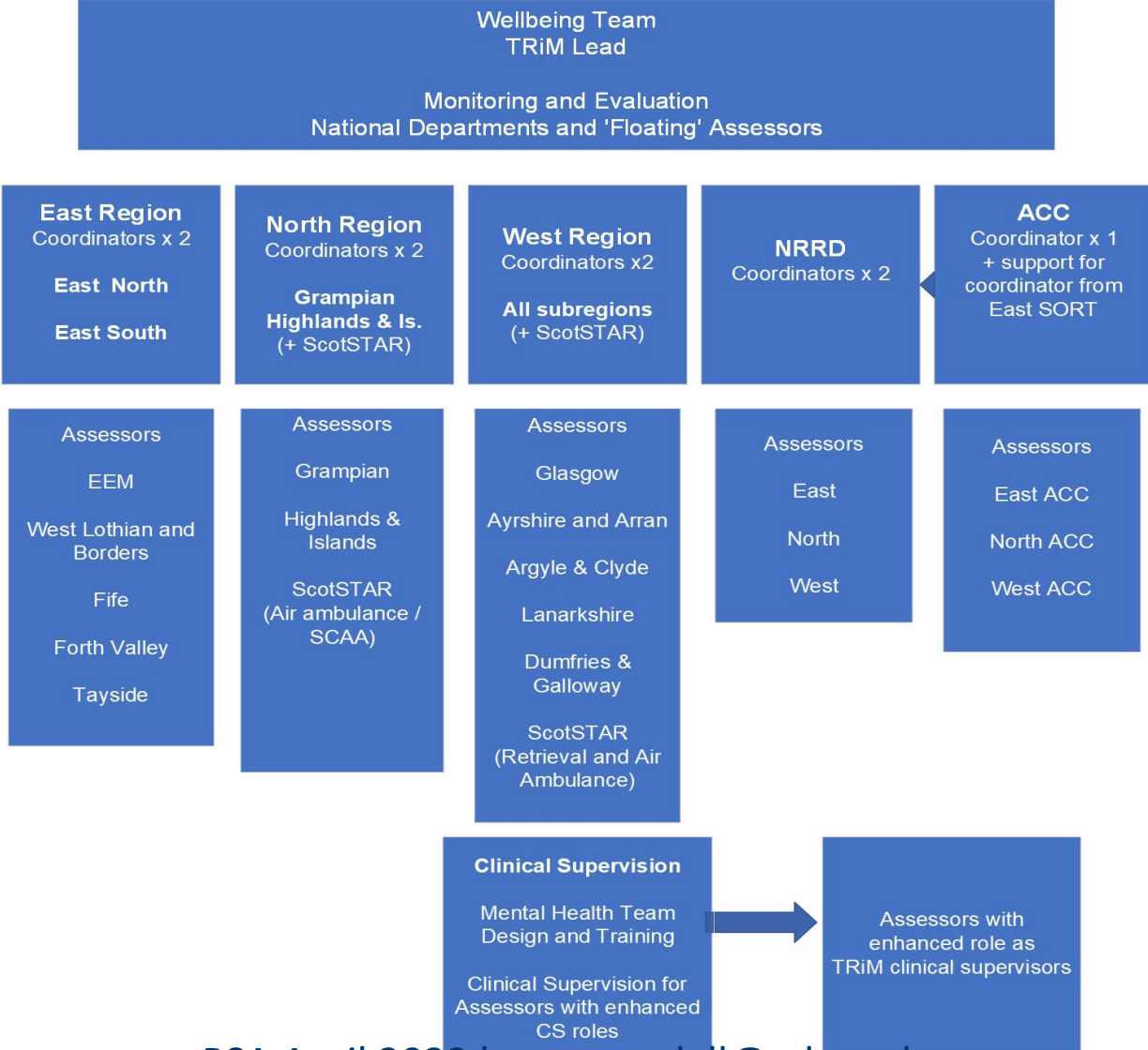
Staff support, having someone to go to and who would listen

Better mental health support

Workforce Trauma Management Framework



SAS TRiM Network Structure



Evaluation and data monitoring

- Process evaluation
- Outcome evaluation
- Costs benefit analysis
- Risk monitoring and profiles

Post incident and trauma support: working together to keep SFRS staff well

**Justin Smithson & Gill Moreton
SFRS and Rivers Centre, NHS
Lothian**



PSA April 2023 karen.goodall@ed.ac.uk

OFFICIAL

A longstanding partnership

- Rivers Centre began providing treatment for fire and rescue staff with post traumatic injuries in 1999
- Working with legacy service – Lothian & Borders, Central and Fife Fire and Rescue
- Continued with East Service Delivery Area and awarded national contract in 2019



People and Organisational Development



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

HEALTH AND WELLBEING

POST INCIDENT SUPPORT POLICY AND PROCEDURE



PSA April 2023 karen.goodall@ed.ac.uk
OFFICIAL

**STILL THINKING ABOUT THAT INCIDENT?
FEELING IRRITABLE? UPSET, NOT SLEEPING?**



**TRAUMATIC STRESS
SYMPTOMS ARE LIKE A FIRE.
THEY CAN BE PUT OUT.**

GET HELP FROM THE RIVERS CENTRE

We're experts in treating post traumatic stress and have been supporting fire and rescue staff since 1998.

"I've been feeling much better mentally, feeling really positive, better than I've felt in years. I'm relieved that my life is back to normal and I can cope with difficult situations."

Return your Post Incident Support questionnaire or call us on 0131 451 7400.
You're not alone. Don't struggle on. Use us to stay well.



PSA April 2023 karen.goodall@ed.ac.uk

OFFICIAL

Rivers Centre team





POST INCIDENT SUPPORT: PROMOTING RESILIENCE & KEEPING STAFF WELL

The Rivers Centre for Traumatic Stress is proud to be working with SFRS to provide support to staff involved in challenging incidents. You've been sent this questionnaire because you were recently involved in a "critical" incident and we want to check how you're doing. The information you provide will be treated in the strictest confidence and will be accessed only by Rivers Centre clinicians.

At the end of this form you can ask for an appointment with us. If you do, we will offer one within 10 working days. If you don't, but your answers suggest you may benefit from further support, then we may contact you.

Some questions about you

1. Your name: _____
2. A telephone number on which we can contact you: _____

Some questions about the incident

Were you directly involved in this incident? ** Yes / No

If no then you can return the form in the prepaid envelope now.

If yes, then:

Some questions about the incident

Were you directly involved in this incident? ** Yes / No

If no then you can return the form in the prepaid envelope now.

If yes, then:

1. Has this particular incident bothered you more than others? Yes / No
2. During the incident, did you feel as if it wasn't happening or it wasn't real? Yes / No
3. In the 2 or 3 days after the incident did you have a sense of unreality? Yes / No
4. Do you feel you were able to help as much as you could have done? Yes / No
5. Are there things you wish you had done differently? Yes / No
6. Do you think other people could have helped more than they did? Yes / No
7. Did things go according to plan as far as possible? Yes / No
8. Did any of the victims remind you of anyone close to you? Yes / No

Some questions about stress

1. Is there someone you would talk to if you thought you had a problem? Yes / No
2. Do you feel particularly under pressure at the moment at home? Yes / No
3. Do you feel particularly under pressure at the moment at work? Yes / No
4. Have you been 'off sick' for more than 10 days in total during the last six months? Yes / No
5. Do you think you receive the support you need? Yes / No

** Direct involvement includes staff working in Control



Checking risk factors..

- Has this particular incident bothered you more than others?
- During the incident, did you feel as if it wasn't happening or it wasn't real?
- In the 2 or 3 days after the incident did you have a sense of unreality?
- Do you feel you were able to help as much as you could have done?
- Are there things you wish you had done differently?
- Do you think other people could have helped more than they did?
- Did things go according to plan as far as possible?
- Did any of the victims remind you of anyone close to you?



- Is there someone you would talk to if you thought you had a problem?
- Do you feel particularly under pressure at the moment at home?
- Do you feel particularly under pressure at the moment at work?
- Have you been 'off sick' for more than 10 days in total during the last six months?
- Do you think you receive the support you need?



	Yes, at least twice in the past week	No
1. Upsetting thoughts or memories about the event that have come into your mind against your will.		
2. Upsetting dreams about the event.		
3. Acting or feeling as though the event were happening again.		
4. Feeling upset by reminders of the event.		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event.		
6. Difficulty falling or staying asleep.		
7. Irritability or outbursts of anger.		
8. Difficulty concentrating.		
9. Heightened awareness of potential dangers to yourself and others.		
10. Being jumpy or being startled at something unexpected.		



Please use the box below if you would like to tell us anything else about the incident or how you are feeling.

Contact with the Rivers Centre

If you would like to talk in confidence to someone at the Rivers Centre please tick the box:

You can contact us by returning this form in the prepaid envelope or calling us on 0131 451 7407

You can find out more information about the Rivers Centre and the service we provide to SFRS staff at www.nhslothian.scot.nhs.uk/Services/A-Z/RiversCentre

Information about you and any contact we have is stored on secure NHS databases and you can read more here on how NHS Lothian will handle your personal information, uphold your rights and how you can contact us if required: <https://www.nhslothian.scot.nhs.uk/YourRights/DataProtection/Pages/default.aspx>.



PSA April 2023 karen.goodall@ed.ac.uk

OFFICIAL

- Questionnaires screened by Rivers clinician
- If staff ask for contact, response within 24 hours
- Make outreach (check-in) calls for staff dependent on Q responses
- Face to face, video or phone call
- Help them make sense of what it is about *this* incident at *this* time that has affected them
- Look at what they can do to recover
 - Reinstate previous strategies / develop new ones
- Provide evidence-based treatments when needed (TFCBT / EMDR)



Referrals from SFRS Health & Wellbeing team

- Requests for assessment and treatment
- Liaison with and advice for HWB practitioners
- Input / attendance at case conferences



2021 - 2022



- SFRS initiated PISP for **306** incidents.
- **542** people returned forms which were screened at the Rivers Centre.
- **22** people self-referred to the Rivers Centre via PISP.
- **109** outreach calls to staff (7 of these were offered treatment)
- **47** people were referred by Occupational Health for psychological assessment and treatment.
- **100%** of people were offered an appointment within 10 days and 65% seen within 5 working days.

Early intervention works:

The average number of sessions of psychological therapy required from PISP self-referral was **5** and from OH referrals was **12** sessions.

Psychological therapy works:

The 62 people completing treatment at the Rivers Centre in the past year had **significant improvements** in symptoms.



Supporting attendance at work:

- **40** of the 62 were at work and **stayed at work** for the duration of treatment.
- 22 people were off sick at the start of treatment and **20** of them had **returned to work** by the end of treatment.



What people have said about their treatment at the Rivers Centre

- **100%** of SFRS staff were satisfied with the service provided.
- **100%** of staff say their problems have improved significantly because of the treatment they received.
- **100%** of staff would recommend accessing support at the Rivers Centre to their colleagues.





Through the worst of times

PSA April 2023 karen.goodall@ed.ac.uk

OFFICIAL

“The work that Rivers does keeps the emergency services rolling out the door. We have kit on the appliances we use to save lives, effect rescues, I personally feel that the one piece of kit we tend to forget is you guys.

You roll out the door with us to every shout and that is a piece of kit that is invaluable in my eyes and saves lives.”





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Police Scotland



DCC Fiona Taylor QPM

Professionalism, Strategy and Engagement



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA



William Cairns

Walking with the Wounded



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

It's now time for lunch....



Session 3

Dealing with Workforce Trauma

Dr Jess Miller, Police Care UK

Vernon Herron, Baltimore Police Department





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA



Dr Jess Miller

Director of Research, Police
Care UK

SCOTLAND

2023-04-20 14:32 UTC

Recorded by

Dr Jess Miller

Organized by

Dr Jess Miller



SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

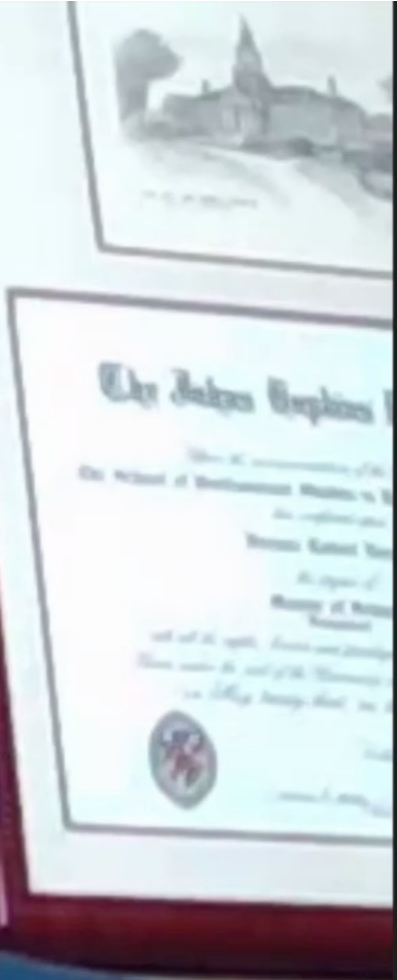


Vernon Herron

Director of Officer safety
and Wellness, Baltimore
Police Department

vernon.herron@baltimorepolice.org

**LinkedIn: Vernon
Herron**



Session 4

Round Table Discussion and Feedback





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

RoundTable Discussion

1. What can Police Scotland and SPA learn from elsewhere?
2. What currently works well?
3. What could we improve on? And how?





SCOTTISH POLICE
AUTHORITY
ÙGH DARRAS POILIS NA H-ALBA

Thank you



Fiona McQueen CBE

Member of the Scottish Police Authority