HM Fire Service Inspectorate

Mental Health and Wellbeing Support in the Scottish Fire and Rescue Service

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Integrity, Objectivity, and Fairness.

Acknowledgements

We are grateful to those employees of the Scottish Fire and Rescue Service (SFRS), the members of partner agencies, and those individuals who provided us with information and contributed constructively to our interviews and fieldwork. The fieldwork took place predominantly within SFRS facilities and buildings. We are grateful for the facilitation of our requests for access to key personnel within the Service and for the use of meeting rooms across the SFRS to conduct our wide-ranging set of interviews.

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Foreword

As Chief Inspector of HM Fire Service Inspectorate, It is my pleasure to introduce this thematic inspection report, which considers current arrangements for mental health and wellbeing support within the Scottish Fire and Rescue Service.

I am pleased to commend the Service for its unwavering commitment to the mental health of its dedicated staff, a commitment detailed in its Mental Health Strategy, published in 2020.

In an occupation where staff are regularly exposed to harrowing and traumatic events, the toll on the mental wellbeing of firefighters and support staff could easily be overlooked. However, the Service has shown great foresight in recognising this issue and establishing a strategy that places the mental health of its workforce at the forefront of its priorities.

It is essential to state from the outset that this report is not intended as a critique or a condemnation of the Service. Instead, it serves as a constructive evaluation, driven by evidence, and the intention to assist the Scottish Fire and Rescue Service in continually refining and enhancing its systems and processes. Our goal is to build upon the early successes of the Mental Health Strategy and provide a roadmap for further improvements, creating an even more supportive environment for those who work hard to protect our communities.

The recommendations presented within this report are born out of a desire to nurture the positive atmosphere that the Service has worked so diligently to cultivate. Each recommendation is presented with the hope of encouraging meaningful change and progress. It is imperative to view these suggestions not as shortcomings but as opportunities for growth and refinement.

In conclusion, the Fire Service Inspectorate in Scotland is grateful for the cooperation and dedication of the Scottish Fire and Rescue Service in carrying out this inspection and for their efforts in their pursuit of a mentally healthy workplace.

Robert D Scott QFSM

HM Chief Inspector of the Scottish Fire and Rescue Service

Contents

1. Background

1. This is the report of an inspection by HM Fire Service Inspectorate (HMFSI) into mental health and wellbeing provision within the Scottish Fire and Rescue Service (SFRS).

2. The SFRS, as a responsible employer, is rightly sighted upon the issue of mental health and wellbeing for all its staff groups. The World Health Organization states: "Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community." Research[1] into mental health in the blue light services in England and Wales identified that 61% of respondents working within the fire service reported 'having personal experience of mental health problems'.

3. Mental health and mental illness are not the same thing. It is important that SFRS employees know the differences. Mental health refers to our emotional and psychological wellbeing. Mental illness encompasses a wide range of medically diagnosed conditions including mood disorders and personality disorders that affect a person's thinking, feeling and behaviour.

4. The SFRS' Mental Health Strategy gives a commitment to support its staff and to provide a positive and inclusive culture for staff to operate within, and to access appropriate information and professional assistance to maintain good mental health. During this inspection, the team considered this commitment and whether the Service workplace culture enables staff to seek assistance or interventions as appropriate when their mental health had been negatively impacted. We considered and reflected upon the appropriateness of current SFRS arrangements to support staff and reduce the impact and instances that can adversely impact on mental health.

5. We considered the workplace culture and its influence on the provision and uptake of mental health services that the SFRS has put in place. To best understand and identify any barriers that may exist to achieving the desired open and inclusive approach that the SFRS advocates in relation to maintaining good mental health, we accessed a range of workplaces including Fire Stations, Offices, Operations Control rooms and support workshops. In doing so we conducted 150 interviews across a diverse range of employee groups. Areas of specific focus included:

   - Organisational Policy, current arrangements and procedures for mental health and wellbeing that are currently in place within the SFRS.
   - Cultural aspects of working within the SFRS that may influence staff accessing mental health and wellbeing services.
   - Progress on the creation of a positive and inclusive culture that supports all staff in the maintenance of positive mental health and wellbeing that enables destigmatisation.
   - Arrangements and support for a return to the workplace for staff post Covid.
   - The impact upon mental health and wellbeing of SFRS personnel relating to their operational experiences in the firefighter role.

1 MIND; *Blue Light; Post Coronavirus Research Findings: Fire Service Report 2021* https://www.mind.org.uk/media/8586/blue-light-programme_c19_fire-report-2021_final.pdf

- Analysis of Post Incident Support Procedure, its trigger points and the process for initiating it.
- Review of SFRS data and analysis of absence trends and outcomes relating to mental health and wellbeing services.
- Consideration of the SFRS as a learning organisation as it seeks expert advice on the design and development of mental health and wellbeing services.

This list was not exhaustive, and as our inspection fieldwork developed, we reserved the right to include other identified and related areas.

6. There are many factors that can negatively impact the mental health of SFRS staff and give them cause to access support. We gave this due consideration to seek to understand how such issues are being addressed. The inspection team were conscious that they were engaging with people who may have suffered or may be suffering from the impacts of poor mental health. Often these impacts will have been caused through external factors that the SFRS has had little initial influence upon, but ultimately these external pressures may impact the roles people perform within the Service. Given the nature of the operational work that the staff of the SFRS undertake, it is inevitable that some will encounter traumatic incidents that could affect their mental health. Staff may be affected due to their direct exposure to operational incidents, but also vicariously through their remote support for an incident or through their support of colleague's post-activity. The inspection team analysed SFRS provided literature and data to understand how the trigger points for Mental Health interventions are decided and acted upon and whether these are appropriate.

7. As the SFRS resumed normal service delivery, we were mindful of the impact that the Covid-19 Pandemic had upon peoples' mental health. As Covid restrictions are lifted, this inspection considered the impact upon the mental health and wellbeing of staff as they return to a more normalised way of working.

8. The Inspection Outline established terms of reference, as set out in paragraph 5 above, for our team to work within and these guided our fieldwork. Inevitably new areas of interest arose during the fieldwork process, and these are set out within the report. This thematic inspection into the SFRS's mental health services provision, the utility of these services and cultural aspects that could impact upon the uptake of them was based on key lines of enquiry. The findings for each of these key lines of enquiry are set out within this report alongside complementary additional findings. Our report includes a number of recommendations and highlights areas of good practice.

9. During our inspection, key academic work on health and wellbeing within UK Fire and Rescue Services[2] (Hill et al, 2023) was published and became available to the inspection team. This work, which was commissioned jointly by the National Fire Chief's Council (NFCC) and the Fire Fighters Charity (FFC), is comprehensive, and its methodology included a wide-ranging literature review relative to working within Fire and Rescue Services. It contains recommendations that are evidence based, which in turn allowed our inspection team to undertake a comparative exercise with the arrangements in the SFRS.

2 Hill, R., Pickford, R., Abdelmalak, E., Afolayan, S., Brittain, M., Nadeem, L., Stock, C. and Stolz, R. (2023). Mapping the Health and Wellbeing Across the Firefighting Career and Assessing the Current Demands. Nottingham: Nottingham Trent University. https://doi.org/10.17631/rd-2023-0006-drep

2. Data review and analysis

10. The SFRS produces a wide range of reports that ensure scrutiny of absence rates, and the causes of absence can be understood and analysed. These reports are widely utilised by the SFRS board and by Service management. The Board scrutinise this information via Its People Committee while a range of management groups, up to and including the Senior Leadership Team, analyse a range of data sets. The governance for mental health and wellbeing absence data is well embedded within the SFRS.

11. Absence from work with a mental health causation will often result in a long-term absence of over 28 days. For the purposes of this report, we have chosen to focus on several key areas within this category. When utilising the SFRS supplied data we have only made a comparison per causation factor within distinct employee groups. While we recognise this is a snapshot of absence, we are content that the Service makes reference and comparison to previous quarterly totals within the reports that we have used for reference.

12. Total working days lost in long-term absence in reporting period quarter 4 of 2022/23 equalled 12,243 days[3]. The top cause for days lost within this was for musculoskeletal (MSK) reasons, with 43% or 5,232 days lost. The second top cause was psychological reasons, with 26% or 3,122 days lost. Days lost per person within the MSK, and psychological categories were roughly the same at around 35 days per absence.

13. Of particular interest was the ratio of days lost, comparing MSK to psychological long-term absence by employee group. When this exercise is done there are some consistencies but also some anomalies. The ratio of long-term absence days for MSK compared to psychological causes for operational Wholetime firefighters was 1.5 to 1, and for Operational Control (OC) personnel 1.7 to 1. We are content that these are reasonably consistent and comparable. It is worthy of note, although not a focus of this inspection report, that the ratio for On Call firefighters is 3 to 1.

14. It is noticeable that the ratio of days lost to MSK and psychological long-term absence appears to reverse for Flexible Duty Officers (FDOs) when compared to the operational firefighter (wholetime, on-call and OC) groups. The ratio for FDOs is 1 to 2.5 in favour of psychological causes of long-term absence days lost. This figure is even more pronounced for Support Staff i.e., 1 to 3.75.

15. The SFRS also reports on management referrals for employees to the Health and Wellbeing team. In the same reporting period, the main causes for referrals are 46% Psychological and 31% MSK. These referral rates are generally consistent across a range of quarterly reports. Of interest within this data set is the rate of referral within employee groups per 1,000 staff. The number of referrals to the Health and Wellbeing team range from 3.6% for FDOs, increasing in number for On Call and wholetime firefighters to support staff with 9.6% of the referrals. However, by comparison, the rate of referral for OC staff is significantly different at 34.9%.

3 SFRS People Quarterly Management Information Report

16. The OC staff group is considered more fully within this report in respect of the application of the Service's Post Incident Support Procedure (PISP). We make comment and recommendations on the PISP in relation to OC personnel, but it may be worth consideration by the SFRS that a more systematic approach to the application of the procedure for this staff group may have an impact upon the relatively high managerial referral rates for psychological issues.

17. The SFRS has previously extrapolated costs[4] that can be attributed to absence due to psychological causes. It was estimated that every one percent of absence equated to a cost of £20,000. On that basis any reduction in absence due to psychological or other causes would have a cashable benefit for the Service. Given that there are now a wide range of services that aim to enhance the mental health and wellbeing of employees within the SFRS, it is not unreasonable to hope that the financial costs of this absence should reduce in future.

4 People Committee, Wellbeing Champion Update, 21st June 2022

3. SFRS Mental Health Strategy, Policy, Procedures and Arrangements

18. The SFRS introduced its first standalone Mental Health Strategy (2020 – 2023) at the end of 2019. The Service has recognised its moral and legal duty to support the mental health of its staff groups. A Fire and Rescue Service will by its very nature be called upon to attend operational incidents that have the potential to cause psychological trauma to its personnel. As well as this, there are many mental health triggers for people working in non-operational roles in the SFRS as well as from their lives away from work. The Service sets out in the strategy, its commitment to supporting staff groups and their families and gives a commitment to secure reach back mental health services for retired personnel.

19. The SFRS has in place a broad offer of help and resources for its staff to help secure positive mental health. This broad offer includes, but is not restricted to:

- Provision of an Employee Assistance Programme via an external company with a 24/7 helpline, face to face counselling and access to a range of app-based wellbeing information.
- A SFRS Mental Wellbeing Champions programme.
- An ongoing working relationship with the Rivers Centre[5] for the provision of post incident support and other work-related activity.
- The introduction of a Post Incident Support Procedure (PISP) to systematically identify operational personnel who may suffer psychological trauma through attendance at operational incidents.
- An ongoing working relationship with the 'Fire Fighters Charity'.
- An ongoing working relationship with the SFRS' 'Family Support Trust'.
- A range of working relationships with charitable organisations on an initiative basis.
- 'Last Aid' bereavement support training in partnership with Highland Hospice.
- A partnership with the City of Glasgow College to facilitate mental health First Aid training and for neurodiversity awareness.
- A longstanding partnership with the SFRS Chaplains.
- A reorganisation of the Health and Wellbeing Team to offer support for persons in need including immediate access to crisis intervention when needed.
- A dedicated health and wellbeing space on the SFRS iHub intranet, offering a wide range of accessible services for SFRS personnel.
- The introduction of the SFRS Agile Working Framework to provide greater flexibility around working hours and location of work for staff to enable a positive work life balance.
- The introduction of a new IT system for Health and Wellbeing to map, monitor and draw conclusions from data.

5 The Rivers Centre is NHS Lothian's specialist service for people affected by psychological trauma. The Rivers Centre is a contracted partner to the SFRS.

Good Practice 1

The SFRS makes a wide and comprehensive offer of mental health and wellbeing services to its employees. These services are a mix of in-house provision, via an external 24/7 Employee Assistance Programme, and The Rivers Centre through which professional psychological support can be accessed.

20. As can be seen above, the SFRS offers a broad range of support for its employees to help them deal with general life issues that are generated away from the workplace, fire service-related specific issues such as psychological trauma experienced at incidents and issues that relate to the roles that they perform within the Service. However, we consider that there are some gaps within the provision and/or the application of the processes and care that is on offer and make comment on these within this report.

The SFRS Mental Health Strategy

21. The SFRS Mental Health Strategy was introduced in 2019, just before the COVID pandemic, and this would clearly have been a period of disrupted service delivery. It has run from that period to date and despite the difficulties the SFRS faced during this time, the strategy implementation appears to have gone relatively well. With the introduction of its Mental Health Strategy the SFRS undertook a cultural shift in relation to mental health and wellbeing and how it is viewed within the Service. The Service aims to 'create a positive and inclusive culture, and an open and supportive environment within which our staff can operate'. This shift was commented on positively by interviewees, but the consensus was that it was a "work in progress" and that there was still some way to go before it would be perceived as being complete.

22. The SFRS is a signatory to The Mental Health at Work Commitment (The Mental Health at Work Commitment – Mental Health At Work), which has six standards that organisations can commit to. One of the key foundations of the standards is to produce a 'mental health at work plan'. This commitment was one of the drivers for the creation of SFRS Mental Health Strategy 2020 – 2023. During our fieldwork we spoke to a range of Service personnel, both serving and retired, as well as external partners who directly contributed towards the development of the strategy and the management of the work that it produced from that time to date. We were told that there was real passion and drive to make a positive change in the way mental health and wellbeing was viewed within the SFRS. It was recognised that an overarching strategy was needed. There were also senior employees within the Service who had lived experience of mental health challenges and who were prepared to share them. Importantly they had a desire and a willingness to create positive outcomes, "Nothing we had at that time was user friendly. We had lived experience and a desire to make things better".

23. It was against this background that a group of senior members of the organisation and external partners, including from The Rivers Centre, devised the strategy which was endorsed by the Strategic Leadership Team (SLT) and the Board of the SFRS. A Mental Health Board was formed within the Service (2019) and workstreams evolved from this group resulting in the formation of sub-groups to support the achievement of outcomes.

Good Practice 2

The SFRS has taken the very important step of devising a specific Mental Health and Wellbeing Strategy. This allows an ambitious and strong focus to be maintained on mental health and wellbeing approaches and their outcomes.

24. We asked some of those who were part of the development process if they considered the strategy to be too aspirational and if it attempted to cover too much ground too quickly. The consensus was that it had to be necessarily aspirational and that it should challenge the Service to act on a broad range of fronts, and to tackle the challenges that were considered to exist in terms of mental health and wellbeing within the SFRS. It should be noted that we do not consider these challenges to be a concern for the SFRS only, there has been a generational shift in awareness across society and its institutions regarding the maintenance of a positive mental health for the population and for organisational workforces.

25. Having reviewed the strategy, it is our view that it was necessary for the SFRS to put in place a document that set out its ambition to be a leader in the care and holistic health of its organisation and workforce in matters relating to mental health and wellbeing. The SFRS has achieved many positive outcomes, however there are areas of the strategy that continue to remain aspirational with no set timetable for completion of outcomes for elements of it. Our view is that the next iteration of the strategy, which is now due, should be more focused in the breadth of its ambition and that this should be aligned to the necessary resource to ensure the outcomes and outputs that the Service is seeking to achieve. Currently the outcomes of work that have been derived from the strategy are mapped via a Mental Health Action Plan. The intended outcomes of the next strategy should be subject to early thinking regarding how these are to be achieved, and they should adhere to SMART[6] criteria. Ideally outcomes should be achieved within the life cycle of the strategy in line with supporting action plans.

26. Where the Service has achieved significant forward movement on the aspirations of the initial strategy, there should be an evaluation regarding their effectiveness with a view to ensuring it can be embedded within the SFRS as exemplar business as usual (BAU). An example of this is the Services' PISP. Undoubtedly the PISP is an excellent process, but it is not without implementation challenges such as low return rates for questionnaires, a general lack of awareness about the process and its value to firefighters across the SFRS. At a time of competing priorities regarding the allocation of resources, the SFRS must ensure that the maximum benefit is being achieved via the range of mental health services that are on offer to its workforce, to their families where this is appropriate and to retired personnel.

6 SMART is an acronym that stands for Specific, Measurable, Achievable, Relevant and Time-Bound. Setting SMART Metrics helps to clarify what success means to a business, which will ultimately help it achieve that success.

Recommendation 1

The new Mental Health Strategy should continue to be aspirational in that its offer for staff should be broad, but it also must be achievable and robust. The strategy should be subject to SMART assessment, action plans for achieving outcomes should be considered in advance of its publication. Adequate resources should be in place to support the strategy intentions.

27. A significant challenge that faces the SFRS is how and where to allocate its finite resources. These resources come in several forms but include financial and human capital. A theme that was regularly discussed during our interviews was the ability of the Service to maintain a long-term focus on "big ticket Blue Light items" or the next big challenge that may need to be faced. There was a consensus that the SFRS had a strong strategic focus on mental health and wellbeing when the Strategy was launched, but that over time this waned and then was superseded by "the next big thing, the new main priority". When considering the key outcomes that it wants to achieve, the SFRS should take a considered view of the resources that it can realistically apply and of the operational capacity that is available amongst its officers and managers to achieve them. As stated before, any outcomes that are sought should have SMART criteria applied to them, a thought through plan for achieving them and appropriate governance and review processes.

28. Given the range of work that a service the size of the SFRS will be involved in, it is inevitable that new work streams will emerge that need a strong strategic focus. However, it is clear from our fieldwork that the perception within the SFRS workforce was of a mental health journey that was making positive strides, with a culture change and destigmatisation process underway, but that it was far from complete. In this regard it is important that the SFRS maintains focus on the ongoing mental health related work within the Service, and that it is also driven by a 'corporate champion', as it had been at the point of the original strategy launch. We were informed by interviewees, from grassroots level up to the most senior leadership levels of the Service, that there was a perception that "very senior people from the top had been driving it, but that drive has now lessened" and that there was "not the same momentum due to senior personnel changes…..we need a new champion who is passionate about the subject".

Recommendation 2

The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.

The SFRS Mental Health Working Group

29. The SFRS established its Mental Health Working Group (MHWG) in 2020 following the publication of its Mental Health Strategy. The MHWG was set up to oversee the outcomes of the Mental Health Action Plan, and this was supported by the establishment and support of five thematic subgroups to cover:

- Document and Policy Review within the SFRS.
- Delivery of the SFRS Mental Wellbeing Champion model.
- Wellbeing and Inclusion annualised calendars and events within the SFRS.
- Learning and Development for mental health within the SFRS.
- Suicide Prevention within the SFRS.

30. There have been a number of positive outcomes and achievements for the five subgroups, but also a lack of progress in key areas of their work too. Document and Policy review is embedded as a process within the SFRS as it seeks to mainstream mental health in a similar manner to equalities. The Mental Wellbeing Champions (MWC) subgroup has established a network of champions across the SFRS, delivering training for that role in the process. The MWC role was discussed in detail during our interviews, and we make comment on this later in the report. The Wellbeing and Inclusion subgroup produces a wide range of information for SFRS personnel on a range of topical and mental health related issues. The Learning and Development subgroup has not made the progress that the Service would have envisaged for several reasons including access to the necessary resources and personnel to drive this work forward. We have made mention in this report about the challenges that the Service faces in terms of achieving the outcomes set out within its Mental Health Strategy and matching these to the necessary resources to produce tangible outputs. The Suicide Prevention subgroup produced the Suicide Prevention Plan 2012 – 2023, and this has been supported by access to crisis support via the Health and Wellbeing team. However, much of the excellent work that was achieved for suicide prevention was under the strategic drive and direction of a now retired member of staff. Since that time, the Subgroup appears to have lain fallow with no recent recorded meetings and no forward movement on the original objectives of the group. We mention the work of the Suicide Prevention Subgroup later in this report.

31. Securing appropriate resources and personnel support for the effective functioning of the subgroups has been difficult for the SFRS to achieve. We asked senior members of the Service about the makeup of the subgroups and whether they were an accurate reflection of the workforce within the SFRS e.g., age, gender, uniformed roles and support staff roles. We were told of the challenges of not being able to achieve this representative balance, much of which came down to the available corporate and individual capacity for the roles, or the inability to free up uniformed personnel to allow the time for them to sit on these groups and to undertake the work necessary to achieve positive outcomes. It is also worthy of note that despite the loss of retired key strategic personnel who had driven elements of the mental health cultural change within the SFRS, there remains a deep willingness to progress. An obvious example of loss of key personnel is the Suicide Prevention subgroup, as described above.

32. We interviewed an officer who appears to have the knowledge, attributes and a deep passion for the subject which, on the face of things, makes them an ideal candidate to take this group forward. Within the Service however there is a long-standing approach of filling these posts based on rank rather than ability. We would urge the SFRS to look within the ranks of all uniformed and support personnel, and to utilise their skills to best effect and to achieve the most appropriate membership demographic for the subgroups which are in operation.

Mental Health and Wellbeing Governance Within the SFRS

33. The SFRS has well developed governance routes for scrutiny of its mental health and wellbeing arrangements. These routes link the Board of SFRS and its committees, and in particular the People Committee, to the SLT of the Service and its strategic level boards e.g., the People Board. A member of the People Committee that we interviewed was content that the group received sufficient levels of mental health reporting information i.e., "we are kept informed and assured without getting into operational detail". We did note however that following discussion regarding what an appropriate level of information was required for committee, that a much-reduced level of reporting detail now appears to be presented to the committee members. This reduced level of reporting was partly borne out of Board members concerns about the level of resource required to produce the reports. The committee has a strong focus on the levels of absenteeism within the Service due to a range of causes, including mental ill health.

34. During our inspection interviews we sought views regarding perceptions about the relative importance of achieving positive mental health outcomes in the SFRS from senior leaders, managers and FDOs. Many of these individuals commented that mental health may not now have the focus that it had at the point of the strategy launch in 2019. One senior SFRS manager, amongst others, reported that mental health and the pursuit in improving it within the SFRS "felt very important at one point, but this had now changed". They felt this was reflected in the reduced level of information that was required at the People Committee for scrutiny, "the organisation has gone through challenging times and needs to be mindful of not dropping things". When we asked a member of the People Committee about their views of the working of the MHWG subgroups, they offered that they had no direct knowledge of them, but within the context of the scrutiny information they receive there were no identified issues with them. As we will set out later within this report, two subgroups including the one set up to address suicide prevention, are to be closed by SFRS due to a lack of resources which has led to it not functioning for some time.

Recommendation 3

The Board of SFRS should assess if they are fully scrutinising progress of MH outcomes against the aspirations of the MH Strategy. Governance routes up to Board level should be reinvigorated and formalised to ensure scrutiny, oversight and transparent accountability are in place.

35. There are many detailed reports compiled within the Service that relate to mental health and associated issues such as absence caused by it. This information is available to both the non-executive and executive sides of the organisation. However, much of the reporting on work that directly relates to mental health such as the ongoing work of the subgroups is not as visible or readily available and accessible for personnel within the Service. There are several SharePoint sites that are set up within the SFRS that deal with mental health reporting. These sites however have a limited membership and the outcomes of the work that is being carried out across the SFRS is not readily available to be viewed across the wider Service. We queried this across a range of interviews and had this confirmed by a wide range of personnel from Local Senior Officer, senior manager level down to watch commanders (WCs) and so on. There is an assumption that a great deal of work in relation to mental health is ongoing within the Service, but a golden thread of governance that links outcomes to this work is not particularly visible.

Discontinuation of Mental Health Subgroups

36. At the time of writing this report the MHWG was due to consider a proposal to close two subgroups, Learning and Development and Suicide Prevention, due to an acknowledged challenge to secure appropriate resources that would be required to allow the groups to fulfil their remits. Within this report there is an acknowledgment of the necessity to secure appropriate training for SFRS personnel to raise awareness of mental health policy and procedures within the workforce that is at present below what the Service would in all probability be content with. We accept that the Service is seeking to reenergise the learning and development elements of the strategy.

37. During our inspection we asked principal level leaders about their views on governance arrangements for mental health structures and the Suicide Prevention Subgroup in particular. Among the comments we received for this group was that "the suicide subgroup is the one I am worried about the most, and the learning one is an issue too". As we conducted our fieldwork, we discussed the lived experiences of SFRS personnel who had been impacted by the death by suicide of colleagues. The Service reflects society, and unfortunately suicide is an acknowledged issue that leads to the loss of friends and loved ones. Sadly, it is not uncommon for operational crews to attend incidents where death by suicide is a factor.

38. Suicide is a devastating event, not only for those who take their lives but also for the family, friends and work colleagues who are left behind. We gained first hand insight into the impact suicide can have on a Watch, which was described as "catastrophic", and how this can lead to mental health issues for those who remain. HMFSI recognise and acknowledge the excellent work that has been undertaken to put in place crisis support for SFRS employees as well as the range of suicide prevention tools that reside on the iHub. However, it is not clear to us that the closure of the Suicide Prevention subgroup, without an appropriate and well thought through alternative being put in place beforehand, is the correct route to take. Given the catastrophic outcomes of suicide for individuals and their colleagues and considering the recent lack of strategic drive behind the subgroup, it appears more appropriate that the SFRS puts in place the necessary resources and people to continue the excellent work that has been achieved to date.

Good Practice 3

The SFRS has in place a 'crisis button' via its Health and Wellbeing team as well as a range of suicide prevention information packages within its iHub. We understand that the crisis button, which results in employees accessing professional help, is very well utilised and performs its function excellently. This suicide prevention information was very well regarded by interviewees during our inspection.

Recommendation 4

The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.

Mental Health Consultation and Employee Voice within the SFRS

39. The SFRS sets out, within the Mental Health Strategy, that the views of its employees should be sought and considered when conducting long-term planning. Achieving 'Employee Voice' goes beyond communicating or even actively engaging with staff, it entails putting in place actions to support staff views and suggestions or actively saying why that will not be the case. Achieving employee voice takes time, but it is valuable for achieving buy in for any process or change that an organisation is undertaking. We asked for views about the level of communications, engagement and the level of achievement in terms of employee voice within the Service in relation to mental health services and approaches.

40. It was clear from the responses that we received that personnel within the organisation had not been consulted widely on the Mental Health Strategy and some had no awareness of its existence. Personnel were also not generally aware of the sub-groups that were set up to achieve the strategy's outcomes. Staff could recall a Suicide Prevention Group being established and a former senior officer being the driving force for that but have not had any awareness since that person left the Service.

Mental Wellbeing Champions

41. One of the key elements within the mental health offer by the SFRS to its employees was the selection and training of a group of staff willing to volunteer to fulfil the role of Mental Wellbeing Champions (MWC). We understand that to date there are 212 MWCs across the geographical area that the SFRS covers, with a number awaiting training. The training for this group was delivered via a partnership with 'Lifelines' who are a national NHS project, hosted by The Rivers Centre in NHS Lothian. Lifelines work with, and deliver training on a contracted basis for, the Fire, Police and Ambulance Services in Scotland. The names, contact details and work locations of the MWCs are on the Health and Wellbeing section of the iHub.

Good Practice 4

The SFRS has established a Mental Wellbeing Champions network across the Service. This network covers all staff groups and the regions of Scotland. The Wellbeing Champions network can add value in the pursuit and maintenance of positive mental health for all of the Services' personnel.

42. As the SFRS embarked upon setting up its structures to support its mental health outcomes, it initially considered training a cohort of Mental Health First Aiders (MHFA). This approach would have led to a first aider on every Watch (which is the aspiration for the MWC coverage) but would have involved training personnel in the role and also training a group of MHFA trainers. The SFRS has a member of staff within the Service who is qualified to conduct this trainer input, and they had discussions about the requirements to put in place the level of comprehensive cover that was desired. Given the level of resource input required, both financial and human, to put MHFAs in place across the Service, it was decided not to take this approach. The Service opted for the less resource onerous MWC approach and the training for this group was designed and delivered for the group coming live in November 2022.

43. When conducting our fieldwork, it became apparent that many personnel were not aware of the Mental Wellbeing Champions role. Some could say that they knew there were Champions in the organisation but did not know what their role was and sometimes did not know who they were. There was also a view that personnel would not always be willing to speak to a Mental Wellbeing Champion, particularly in the Watch environment. They would prefer to discuss any matters with their "trusted" watch colleagues and/or their Watch Commander.

44. The MWC role is a "bolt on" to business as usual and relies on the goodwill of staff. Most Champions want to undertake the role and are passionate about the role, but their focus will be on the day job and there is the danger that staff may feel they are letting colleagues down because they may not be able to deal with issues immediately as they arise. There is also the issue of ongoing Continuous Personal Development for the role and time to undertake this. Information relating to mental health support is frequently updated and staff need to keep their knowledge and skills up to date. Service staff may struggle to find the time within the working day to keep up their skills and therefore undertake any required training in their own time. Access to appropriate levels of time for training for mental health was cited as an issue during our inspection interviews.

45. We interviewed key personnel active in the setting up of the role, and a number who remain involved and engaged with it. As we understand it, the management and governance that is required for this group is a challenge. A single person is responsible for the group. Meetings of the whole group and a subgroup of Lead MWCs are infrequent, there does not appear to be formal governance processes in place for the group, no collation of the number of contacts made between MWCs and employees has been undertaken and no evaluation of this work has been conducted. The MWCs do receive a regular update from the subgroup lead which sets out notable information for the cohort. We do not believe that the MWC group has the visibility or has had the impact that the Service envisaged when this route was chosen over the MHFA approach.

46. HMFSI recognise that the MWCs are not trained to the required level or are intended to be a professional counsellor service within the SFRS. We also note however that the Champions do not have professional support for the role that they do perform. In forming our views for this section of the report we sought the views of mental health professionals. There are informal arrangements where they can contact the subgroup co-ordinator at any time. Within the realms of other counselling services, staff are required to have professional supervision where they can discuss what is going on for them with regards to their work and their role. This is an opportunity for them to highlight any issues or concerns and talk through any scenario, how they dealt with it and to consider if it could have been done differently. This allows the person to explore their practice in a safe and non-judgemental environment with a professional. There is concern that if Champions are dealing with several issues from colleagues that they themselves may become overburdened. We understand the role of the MWC, and that it is not a practitioner role but a signposting and supportive one. However, colleagues may disclose some difficult situations and information which Champions then must deal with and thus potentially be exposed to vicarious trauma. The support currently offered is a chat/discussion with the co-ordinator at any time. If a member of staff on a watch or shift system is assisting a colleague and they happen to be out with the normal working day, then the co-ordinator may not be available.

Recommendation 5

The Service should consider the most appropriate way that it can offer professional support for its Mental Wellbeing Champions. This support should include appropriate processes to track any interventions work of Champions, debriefing and evaluation of interventions and reflective supervision and support.

47. We agree that an individual placed within each work group across the Service, who has a knowledge of the signs and symptoms of poor mental health and who can then signpost individuals to professional support is appropriate, but we cannot conclude that the MWCs have achieved this to date. Within this report we refer to the Watch system within fire stations and what we believe should be considered by the SFRS to cover this employee population group.

Recommendation 6

Awareness of the Mental Wellbeing Champion role within the SFRS should be raised. The MWC approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.

SFRS Employee Assistance Programme

48. The SFRS has an Employee Assistance Programme (EAP) that is available twenty-four hours a day. The EAP can offer assistance and advice for a wide range of issues that may affect SFRS personnel. Their services include a 24/7 helpline, face to face counselling where that may be required and a range of other wellbeing services.

Good Practice 5

The SFRS Employee Assistance Programme was recognised by staff as being available and accessible on a 24/7 basis. This facility offers help and professional advice on a wide range of issues that may affect employees, and is not restricted to workplace related matters, e.g., financial planning advice, relationship advice and confidential helpline.

49. While the services offered by the EAP and The Rivers Centre are distinct, there can be overlap when personnel self-refer to either of them. In these instances, each service will advise those who have contacted them that the other service may be more appropriate in the circumstances. We were advised by SFRS managers during our interviews that the two services cannot provide a direct referral to the other due to data protection protocols. While this is understandable, we do think that it still leaves potential for people who are in crisis, and who have made the step to seek professional help, to have additional 'perceived' blocks placed in their path as they seek help.

Post Incident Support Procedure

50. The SFRS operates a Post Incident Support Policy and Procedure (PISP) that sets out arrangements for the provision of post incident support following attendance at challenging operational incidents. Attending operational incidents will always present the possibility for SFRS personnel to have to deal with traumatic events, and this could result in psychological injury. The PISP is a key foundation element of the SFRS mental health offer to its employees, with a focus on those who attend operational incidents.

The PISP is recognised by HMFSI as being an excellent example of a policy procedure that has been designed and set up to ensure a systematic approach to accessing support for firefighters who may suffer psychological trauma at operational incidents.

Good Practice 6

The SFRS Post Incident Support Procedure is an effective process for gathering information from operational staff who may have been exposed to psychological trauma during incidents. It allows a systematic analysis of the mental health of firefighters who have attended operational incidents by the professionally trained psychologists of The Rivers Centre, and intervention treatments thereafter should that be required.

Mental Health Awareness Training for SFRS Staff

51. During our interviews, we spoke to individuals and groups around access to what they considered was appropriate training and/or awareness raising input regarding mental health and wellbeing. Most interviewees were able to tell us that they knew there was a section of the front page of the iHub where a wide range of resources for mental health and wellbeing support and awareness resources could be found. Whilst few could go into detail about what was contained within this section, it was encouraging that the majority of those we spoke to knew where they could access information if it was needed.

52. When we asked specifically if interviewees could recall input that they may have received for a range of mental health and wellbeing associated information and/or training, the replies to this question were much less positive. Few could recall input on key areas such as the Mental Health Strategy, and of more concern, on the PISP. The Service may have been unfortunate that planned training for PISP was interrupted by the onset of the Covid Pandemic, which necessitated a reduction in group mixing and the face-to-face delivery of training. However, as we have set out in this report, the PISP is a key foundation of the mental health offer that the SFRS makes to its employees. It was concerning that there was a general lack of awareness amongst operational firefighters of the detail of the procedure, and perhaps more importantly, of the value that it offers them in the maintenance of positive mental health. We discuss the PISP in greater detail within this report.

53. We also consider the value of the WC on a Watch and how they can be a trusted person for personnel to go to for peer support or if signposting to professional support services may be required. We consider the WC role to be very important in this regard and one that offers the Service an opportunity to go a great deal of the way towards achieving its ambition of having a trained individual on all Watches regardless of the duty system worked.

54. An area of success in training input for the SFRS has been the introduction of mental health and wellbeing awareness to the trainee firefighters course. This base foundation of learning should provide a solid platform for the operational firefighter group going forward. The benefits of this should be realised in the years to come. Another notable example of input delivered on mental health related matters that we were informed of was the Mental Wellbeing Champions input that was delivered to every Watch in Glasgow by a single FDO. This was very commendable and has provided a greater level of awareness for the Champions role than is evidenced elsewhere within the Service.

Good Practice 7

The SFRS includes a training module within the Wholetime Trainee Firefighter Foundation Programme that operational firefighters must complete before being assigned to their stations. This input provides a solid foundation for mental health and wellbeing knowledge within this group.

55. A consistent concern that was raised during fieldwork was the ability of staff across the SFRS to set aside time during their working day to undertake mental health training or awareness raising. We were given examples of individuals who had undertaken this awareness raising during their own personal time away from the workplace. One notable example of a whole group who have had a time investment made in them as a group to undertake mental health related training through utilising the Lifelines resource contained on the iHub, was within the SFRS Administration team. This group had been given the required time to undertake study during the working day and as a result felt that an investment had been made in them and they were uniformly complimentary towards their managers as a result.

Good Practice 8

The SFRS Administration team were allocated time within their working day to undertake the 'Lifelines' mental health and wellbeing training modules. The allocation of this time has allowed a good knowledge of mental health to be developed within the group.

56. The administration team management also developed a protocol for their staff following their introduction to receiving telephone calls from the public to request Home Fire Safety Visits. The managers recognised the potential for difficult or abusive calls to be taken by their team and put in place a process to try to protect them through ensuring access to mental health support should that be required. While the actions undertaken by this management team are commendable, it is another example of a local intervention which is not driven by the corporate service.

Good Practice 9

The development of a protocol by Administration Managers for their staff to record details of telephone calls from members of the public, allows them to monitor issues that could result in negative psychological impacts for their teams.

57. When interviewing operational WCs and FDOs, we consistently asked about training input that they had received specifically in relation to mental health and wellbeing and for preparation for new promoted roles. A number informed us that they had received input for topical issues, such as the Mental Wellbeing Champion role, on a local basis and driven by an invested FDO such as the Glasgow example previously mentioned. In the main however there was little recollection of specific training, with one OC FDO commenting that "it's a struggle to get through the work planner, without getting through additional items". What was a concern was the lack of preparation for newly promoted roles, particularly for those that led to the individual leaving the Watch environment and the peer support this can offer, for a new managerial role which may entail managing personnel who are dealing with a mental health or wellbeing issue. We cover the importance of these two aspects of training and development later in this report. The inspection team do acknowledge that the Service has in place a Mentoring General Information Note and an Induction Handbook for FDOs, however neither of these has a focus on mental health and wellbeing.

Recommendation 7

The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the PISP should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.

Support for SFRS Personnel Families

58. Outside of their professional lives, the SFRS staff we interviewed reported that their family was the other major factor which could impact their mental health and wellbeing. They also told us that the impacts from their home and personal lives can spill over into their work life and have an impact upon that. Many of these issues were resolved through their interaction with work colleagues, when they were willing to share and had the opportunity to do so, particularly within the operational Watch environment. Many interviewees did say that their families were a particularly important support to them in maintenance of positive mental health, this view is validated by Hill et al (2023). Family and friends of SFRS personnel offer social support, whilst colleagues and Watch members can offer peer support.

59. Our investigations led us to conclude that SFRS personnel, especially those in operational firefighter roles, are often reluctant to share the operational details of incidents with family members, they do not want to burden them with shared vicarious trauma of those events. However, without a full understanding of the work activity, this means that the second most important (in relation to their work) source of support is potentially diluted. Positive family relationships, and the positive social support they can offer, will undoubtedly improve the personal resilience of not just those in operational roles, but all personnel employed within the SFRS (Hill et al, 2023). If families were more involved with the mental health and wellbeing approaches of the Service, then they could be better placed to understand why individuals may be affected by their work and be able to offer support or refer into the Service for professional support for themselves or the SFRS employee in question.

60. We have noted that a literature leaflet ‘Health & Wellbeing Signposting for SFRS Employee Family Members’ has been produced for the families of Service employees. This is of course welcome, but the access to the literature by family members appears to be only via Service employees. The SFRS should consider if this is the most appropriate and complete approach, as the possibility for an employee who is in crisis to not pass on this informative leaflet to their family remains.

Recommendation 8

The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.

The Fire Fighters Charity

61. The Fire Fighters Charity (FFC) is recognised as a significant partner by the SFRS as it seeks to support its employees. The FFC "offers specialist, lifelong support for members of the UK fire services community, empowering individuals to live happier and healthier lives" (About Us – The Fire Fighters Charity) and it does so on a UK wide basis. As part of our engagement with partners who are external to the SFRS, we interviewed the Chief Executive of the FFC. The Charity has a declared commitment to achieving positive outcomes for firefighters and their families across the UK, including within the SFRS.

62. Through our discussions with the FFC, we understand it has a wide range of resources and facilities that can be utilised to support firefighters and their families. We also acknowledge the active role that the FFC plays in support of SFRS employees and their families, and the coordination role for much of this via the Health and Wellbeing team. We do however believe that these resources are underutilised by the SFRS at both an employee level and an organisational level.

63. From our interviews we concluded that the knowledge of the resources available to SFRS employees, both operational and support staff, was limited. The common view was that you could perhaps access the resources and facilities of the FFC when you had a physical injury and were trying to return to physical fitness. Those that we found within the Service who had used the FFC services were extremely complimentary towards them. We also note that the FFC resources were used to great effect to deliver menopause awareness information sessions with the SFRS.

64. We queried past interaction between the SFRS and the FFC to understand why its resources may be underutilised. As we understand it, discussions have taken place on several occasions but have not led to an outcome where FFC resources are more often accessed by employees of SFRS. Offers of support from the FFC have been made, but no formal and systematic uptake of them has been arranged in collaboration with the SFRS. An example of offered support, which is relevant to this report, was to assist with pre-retirement seminars to cover the social and wellbeing challenges that personnel can face when exiting the Service at retirement. This is not to say that FFC resources are not used, however, we believe that there is significant capacity that remains for the SFRS to tap into on a more ongoing basis beyond that which is currently utilised via the H&W team. The SFRS has commitments within its Mental Health Strategy to identify and deal with mental ill health in its staff and their families. We have also set out the importance of social support that SFRS employees receive from their families, but also the relative lack of information that is available for these families to help them recognise mental health and wellbeing issues as they manifest themselves.

65. Awareness of these resources for families is also important. Currently there is a general lack of awareness and the SFRS does not appear to have a systematic conduit to the families of its employees. We believe that many of the necessary resources to equip the families of SFRS employees in this regard are available via the FFC and that the charity would be a very willing partner.

Recommendation 9

The SFRS should consider how it may better utilise the resources that the FFC can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.

The Family Support Trust

66. There is a long-established relationship between the Family Support Trust (FST) and the SFRS. This relationship predates the creation of the SFRS in 2013, indeed the FST is widely considered to be amongst the oldest firefighters charities in the world. The FST has a memorandum of understanding (MOU) with the SFRS to offer a range of services to serving employees, Service retirees, their families and their dependants e.g., the provision of financial support for those who have suffered bereavement, Christmas grants, access to their Childrens Investment Trust, respite services for families and access to charity owned holiday accommodation.

67. The Health and Wellbeing team regularly contact the FST to access assistance for personnel who are referred to them. During our fieldwork we interviewed a member of the Board of Trustees for the FST who confirmed that despite the regular signposting for SFRS employees towards them, and the MoU that is in place, that no formal referral route is used. The Board member also considered that the use of the FST "was not yet fully ingrained within the SFRS (as opposed to the original legacy Service)" and that there was a need to secure funding that would allow a focus on retirees, which he considers to be a gap in provision.

The SFRS Chaplaincy Service

68. Within the SFRS there is a Chaplaincy Service which is offered via a Church of Scotland Minister and a Roman Catholic Priest. Both offer pastoral care across Scotland, but their main effort has been historically focused in the West Service Delivery Area (SDA) of the SFRS. Within the Service, pastoral care is their main focus. Chaplaincy services were previously in place in other SDAs but folded due to a lack of local support from Church bodies for those who offered the pastoral care. They also have many years' experience of working within the congregational communities that they serve. Additionally, both have worked within the National Health Service as mental health chaplains within hospital wards and The State Hospital at Carstairs. Both have extensive experience of offering care within mental health care environments.

Good Practice 10

The Chaplaincy Service within the SFRS works effectively on a regional basis within the West SDA. The chaplains offer their services on an SFRS wide basis relative to events that may occur including significant operational incidents and remembrance service events.

69. The Chaplains told us that they play no formal, systematic role within the SFRS in terms of mental health support, but they do work in conjunction with the Health and Wellbeing team and assist with personnel welfare issues they are informed of. SFRS Local Senior Officers will contact them to seek assistance with issues within their areas of responsibility, and where in their opinion, pastoral care may be appropriate. The chaplains have historically been informed of operational incidents that involve fatalities within the West SDA. Following these incidents, they will visit the fire stations affected and offer care and support. They also use their own local information networks to keep themselves informed of fire stations who have "been on a bad run of incidents" and use this to determine if they should conduct further visits to offer support. Both chaplains commented that during these visits they remind personnel of the counselling services that are on offer via the Service. Based on feedback they have received, both spoke highly of The Rivers Centre and the counselling services it can offer.

70. While the Chaplains are informed of fatal fire incidents that the Service has attended, they do not now have access to the Services' Daily Incident Briefing Report which previously allowed them to keep abreast of operational activity. The Chaplains are aware of the PISP, but do not have any role to play within the procedure post incident. Both Chaplains are informed of "major incidents" and will mobilise to a scene of operations, or to attending stations post incident. They do not, despite working on an ad hoc basis with the Health and Wellbeing team, have a formal or systematic role within the SFRS mental health and wellbeing offer of services to its personnel.

71. The SFRS Chaplains have offered pastoral care across decades to all within the Service who may seek it. They are a conduit to personnel who may not seek formal support via the SFRS, but instead find comfort in talking with them.

Recommendation 10

The SFRS should consider if a formal role is appropriate for the Chaplaincy service within their mental health and wellbeing offer to personnel. Options to establish pastoral care across all of the SDAs of the Service should be explored.

Preparation for Operational Firefighters Entering Retirement

72. The SFRS gives a commitment to considering the implementation of a reach back service for retired staff members within its Mental Health Strategy. We understand that the Service is in dialogue with the Retired Employees Association and a range of external partners that former employees could be signposted towards for assistance with the maintenance of positive mental health and wellbeing in retirement. The Service recognises that while it does not have a legal duty of care for retired employees, it does have a moral one.

73. Through our interviews with Firefighters, FDOs, OC Firefighters and other staff groups within the SFRS, we know that personnel identify very strongly with their role. This is further confirmed by Hill et al (2023) in their recently published report. While we agree that financial planning is important for retirement, there appears to be little focus on how the SFRS prepares its operational firefighter and other staff groups for the social aspects of this significant life change.

74. There is academic research that shows that "retirement for firefighters represented a considerable period of identity change"[7] (McNamara et al, 2021) as they lose the support of colleagues and the Service. Firefighters will often feel a sense of disassociation and loss which can affect their mental health and wellbeing. During our interviews we asked service operational employees about preparation for retirement and how they perceive this is handled by the SFRS. The response was that they felt there was a focus only on financial planning, with little or no mention of social issues that they may face. Traditionally the Service has hosted in person pre-retirement seminars that individuals can sign up for in advance of their exit from the SFRS. A significant portion of this input would deal with finance and pensions post retirement. The aspects of the life changes that retirement brings, and which can have negative mental health and wellbeing impacts for those who exit the SFRS, are not considered in a similar level of detail.

75. As we understand it, the retirement seminars are now, in the main, aimed at an online audience. We came across an instance of an individual who could not access a seminar before retirement due to the schedule that was proposed, given the options available we believe that this could be repeated. Through our fieldwork, we understand that the FFC has a wide range of retirement preparation resources that can be made available for firefighters. We also understand that they would be content, and have offered in the past, to present on social aspects of retirement at in person pre-retirement seminars.

Recommendation 11

The SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.

7 McNamara, N., Muhlemann, N., Stevenson, C., Haslam, C., Hill, R., Steffens, N. and Bentley, S., 2021. Understanding the transition to retirement for firefighters: a social identity approach.

4. SFRS Culture and its impact upon Staff accessing Mental Health and Wellbeing Services

76. We asked in all our interviews if staff felt that they were valued and supported enough to be able to declare that they may need help and support with a mental health or wellbeing issue. This is an aspiration that is set out in the SFRS Mental Health Strategy, and it was pleasing to note that most interviewees responded positively to this line of questioning. We also enquired at this point if there was a perceived cultural change within the Service and whether the importance of the maintenance of positive mental health was now recognised as a topic which was openly talked about. Again, we received positive responses to this in most cases.

Good Practice 11

The staff groups of the SFRS feel supported by the Service in terms of the maintenance of a positive mental health. Staff recognise that a range of resources are available and accessible to them in support of their mental health.

Staff acknowledge that a cultural change is underway regarding how mental health is viewed within the SFRS.

77. There was discussion on a number of occasions where the interviewees considered if this cultural change was being driven by the SFRS or was because of changes within society. From our responses, employees do consider a cultural change in relation to mental health is underway within the SFRS, although the journey is not yet complete, and this is viewed as positive. This perceived change in culture was often compared to the environment staff had worked within in the past. Again, the comparison was positive and points to real progress being achieved in perceptions regarding mental health and wellbeing, and the cultural normalisation of it within the SFRS. We did however test the perception of this cultural change during our OC interviews, based on interview responses we received at that time, and we set out our findings regarding this line of enquiry at a later point within this report.

The Value of the Watch Based System in Providing Peer Support

78. The SFRS has a total of 357 fire stations. Seventy-four of these stations are crewed by wholetime firefighters who work within and respond from these locations on a twenty-four-hour basis. Firefighters from these wholetime stations normally respond across the higher density urban areas of Scotland. The other 283 stations are crewed by On-Call firefighters. On-Call firefighter is a term that encompasses those conditioned to the Retained Duty System (RDS) and those on the Volunteer Duty System. On-Call firefighters will normally respond from stations in more rural areas of Scotland. Many of them will live and work within their communities and commit to responding to emergency incidents when required and available.

79. During this inspection, we interviewed a number of personnel on wholetime station Watches and their WCs. Through the responses that we received during interviews, the most clearly expressed added value issue that we discussed was the positive power of the Watch based system to support the maintenance of positive mental health for those who work within it.

80. In terms of the maintenance of positive mental health and the support systems that may be required for this, the Watch system, operating as a support group, came across as a very positive facilitator. As we explored this topic it was clear that the maintenance of an overall balanced and fair culture of the Watch was recognised as being important. During Watch interviews, and across a wide variety of other interviews we conducted, the use of “humour” was regularly cited as a way of dealing with stress, particularly after the close of operational incidents. Watch members and their officers were clear that humour, as a stress relieving coping mechanism, should always be managed within the expected values of the Services. On this the interviewees were clear and unequivocal. Hill et al (2023) state that “watch culture has been evidenced to be both beneficial to the social/peer support between colleagues, as well as being a negative impact when inappropriate behaviours are displayed and not managed”. From the range of positive group and individual responses and examples that we received regarding the value of the Watch, this is something that should be harnessed and managed to achieve the positive outcomes that the Service seeks.

Good Practice 12

The Watch based system within the SFRS produces very positive mental health and wellbeing outcomes via the peer support that it offers individuals. The Service should effectively harness this positive power to maximise the beneficial outcomes it can produce.

81. Another critical part of unlocking the intrinsic positive value of the Watch is through the role of the WC. During our interviews we came across many individuals who are commendable in their approach to mental health, their examples are a credit to themselves and to the Service. Amongst these were examples of WCs who have experienced their own mental health traumas and challenges, much of which was in their personal and not their working lives. Additionally, we encountered WCs who have dealt with a very wide range of mental health issues and serious psychological trauma that members of their Watches have experienced. The evidence is that issues were handled with great kindness, compassion, empathy and professionalism and we were inspired by the conduct of some of these individuals.

82. As we asked WCs in particular what approaches they had taken to support their Watch members, it was clear that much of the work was due to their diligence in finding and accessing support. Many of these WCs had not had formal training or preparation for their roles, and they often had limited input regarding mental health issues that they may need to deal with as a Watch officer. Most employees within the SFRS will serve in a Watch based environment, and those who did told us in unanimous terms that the WC would be the person who would be their first port of call to resolve any difficulties they had. This, added to the peer support that other Watch members regularly offer, is often the first point of contact with mental health and wellbeing issues within the Service. We consider that this makes the Watch and the role of the WC invaluable tools for the Service as it pursues positive mental health cultural changes. WCs could, with some level of training input, be raised to the level of 'mental health advocate'. This approach could help to support the SFRS aim of having an individual with mental health training placed within every Watch.

Recommendation 12

The WC role is critical within the Watch based system. They are often the first point of contact for mental health and/or wellbeing issues that may be affecting their Watch personnel. WCs are a trusted role within the Watch system, and they cover the majority of operational firefighters at work. The SFRS should consider how best to utilise the WC role and make them 'mental health advocates' to support the needs of operational firefighters on the Watch. Additionally, the Service should consider the training that would be required to ensure any advocates approach is robust. The mental health advocate role for WCs should be mandatory.

83. We examined another aspect of Watch dynamics – the demographics and makeup of the group – to consider how these impact upon mental health and wellbeing. Through our questions and answers during interviews, and our observations of the interactions of the Watches, several factors may be having a positive effect upon the Watch and its openness to the cultural normalisation of mental health and wellbeing. Primarily amongst these was the gender split on the Watch where the influence of female watch members was confirmed as being positive, and the age range across the Watch, where younger members can have a positive impact. We asked questions regarding gender split and age demographics in all our Watch based interviews and the responses from interviewees to their impact and/or presence was positive when it had been observed.

84. There is evidence to suggest that firefighters who have lengthy service may have served in a 'hyper masculine environment' (Hill et al, 2023) in previous years and that this may in some instances influence their attitudes to contemporary mental health approaches. We consider this issue further within this report in relation to FDOs.

Case Study: The Value of the Watch in Providing Peer Support

During this inspection we came across many examples of the value of the Watch based system providing peer support for its members. This support adds value in that it supports the maintenance of positive mental health for those who work within a Watch.

Additionally, we sought to understand how the gender and age balance within a Watch could contribute to a positive mental health culture within it. Many interviewees agreed that there was a positive benefit to be achieved through a more balanced Watch, rather than the traditional all male make up that many within the SFRS may have served within. The Service is working hard to attract firefighters from a wide range of diverse backgrounds.

There was one very clear example where a WC who had recently transferred from a 'well-balanced' Watch, in terms of gender and age, to one which was male only with most members having a long length of time in Service. He informed us that the dynamic on the gender and age balanced Watch was much more open, that members would talk about issues that were causing them concern and that there was a perception of open caring for colleagues. This example demonstrates the positive mental health benefits that can be derived through balanced demographics on a Watch.

On Call staff and access to Mental Health Services

85. An important feature of the On Call firefighter group is that they have a training night, one evening every week for two to three hours. During these sessions they will perform a range of station maintenance duties, appliance and equipment checks, take part in their operational training and perform any necessary administration tasks associated with all of these work elements. For this inspection we interviewed a number of On Call station personnel and WCs. Much of the comments we have made within this report relating to wholetime Watches and their WCs can be directly mapped over to the On Call group. However, there are some distinct issues that impact this group when compared to their Wholetime colleagues.

86. On Call firefighters were unanimous that they did not have enough time to get fully immersed in the details of the mental health and wellbeing services that the SFRS provided and that they rely on their WC in this regard. The group overall agreed that they have equal access to services when they are needed, and they did not feel that there were any restrictions when compared to Wholetime colleagues.

87. The positive value of the Watch in an on-call setting was again discussed, although they commented that they had less time to have a more immediate group discussion and reflection about operational incidents that they may have attended. At the conclusion of incidents, they would carry out essential maintenance and then return home and this results in a lower level of peer group interaction and support.

This group returning home to families at the conclusion of incidents lends further weight to the need for the involvement of this critical social support group. As we have mentioned in this report, peer and social support are key coping mechanisms for firefighters. One other aspect to this that should be considered is that On Call firefighters may often return to their workplace at the conclusion of operational incidents. If this is the case without peer or social support, then there is potential for impacts upon their employers and their workplace.

88. A key aspect of working within the On Call system is the pressure to maintain crewing levels to maximise appliance availability. We received comments that this constant vigilance to maintain appropriate levels of personnel can lead to a feeling of "always being switched on" and being unable to have extended periods of time where you are not thinking about Fire Service work. This also leads to another stressor that was identified during interviews, which is maintaining an appropriate balance between work and family demands. Many interviewees told us about stress around any family or social event as these had to be planned far in advance to ensure appliance availability was not compromised unnecessarily.

Recommendation 13

The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.

5. Creation of a Destigmatised, Positive and Inclusive Mental Health and Wellbeing Culture Within the SFRS

89. The SFRS acknowledges within its Mental Health Strategy that 'there has been a perceived degree of stigma attached to mental ill health'. Stigma is rooted in a lack of understanding; the Service has committed to tackle this through main streaming and awareness raising. During interviews we asked whether the SFRS has been successful in destigmatising mental health within the Service. Replies to this were in the main positive, with interviewees saying that they could acknowledge varying degrees of perceived progress regarding destigmatisation. There was an acknowledgment that this process was ongoing and that work remained to be done. In this regard the Service is making progress against its stated aim.

90. This destigmatisation appears in part to be because of the resources and effort that the SFRS has brought to bear over the years of the Mental Health Strategy being live. There was also a general acknowledgement that there is a societal shift in awareness of mental health and wellbeing issues and an acceptance that these need to be tackled to prevent harm to people and colleagues. This societal and Service shift has resulted in a workforce who are generally, although not universally, open to talking with friends, work colleagues and health care professionals about mental health and wellbeing.

Good Practice 13

The application of resources to SFRS processes and initiatives has resulted in a reduction in perceived mental health stigma within staff groups across the Service.

91. There were important factors that became obvious as potential drivers for this openness such as working on a Watch that offers peer support, receiving social support from friends and family and the demographics of the interviewees that we met with. The age and gender of interviewees appeared to be particularly important in this regard. The role of the WC as a mental health advocate was again noticeably important in how they manage the Watch and make it a fertile place for positive discussions and conversations. We have discussed these issues further within this report.

92. Another key question that was asked during interviews was concerning the language that is used in mental health and wellbeing discourse and whether it is conflated with mental illness. Mental health refers to a person's state of emotional and psychological wellbeing, and it can be both positive and negative. Mental illness refers to a wide range of medically diagnosed conditions that affect a person's thinking, feeling and behaviour. We asked interviewees to consider whether, in their opinion, mental health and wellbeing and mental illness are considered to be the same thing or if a degree of separation in the language surrounding them was required to assist with removing stigma. In general, they agreed that the challenges of mental health were different from those of mental illness, and that their conflation can add an extra layer of complexity which attracts stigma and makes it more difficult for them to be as open as they perhaps could be when discussing the topic.

6. Arrangements and Support for a Return to the Workplace for Staff Post Covid

93. Like many other essential services that continued critical in person work during the Covid Pandemic, the SFRS put in place a range of precautions within its working practices to protect staff from infection from the virus and to minimise the risk of spreading it. Emergency response elements of the Service, including operational fire stations and OCs, continued to operate with strict social distancing rules being applied to sites that remained open. Other staff groups worked from home and minimised contact with colleagues through this way of working.

94. We asked questions during interview about any perceived mental health impacts upon the operational crews who continued to respond to emergency calls and incidents from fire stations and OCs. These groups were unanimous in that they did not report any perceived negative impacts upon their mental health and wellbeing caused by continuing to work. Many reported that coming to a workplace with the opportunity to engage with colleagues had wellbeing benefits for them during the period of national restrictions.

95. Following on from the work from home policy that the SFRS operated during the restrictions, the Service offered support staff the option to take up a hybrid model of working that balances days in the workplace with days when individuals can opt to work from home. A great many support staff continue to work using the hybrid model. We queried the potential for mental health impacts that could be associated with hybrid working during our interviews. Support staff interviewed told us that there were both potentially negative and positive outcomes from working within the hybrid model. The positives included making better use of working time, a reduced commute, cost savings from travel costs and a better work life balance. The negatives included isolation for individuals, the loss of personal contact and peer support from colleagues, and difficulty in maintaining direct managerial contact.

96. We were informed of instances where administration team managers travelled considerable distances and spent a lot of time supporting their team members with a range of issues, including mental health and wellbeing, at their home locations. These managers were making special efforts in support of their team members, but it was a concern that in doing so they in turn were dealing with these issues vicariously and that it was taking a considerable amount of Service time and personal capacity to do so. The benefits and disbenefits of hybrid working are still to be fully established in the post covid period, we do however think that it is worthy of the Service's consideration in terms of the impact upon individual personnel and their supporting managers.

Recommendation 14

The SFRS should monitor the potential mental health impacts of the hybrid working system. It should consider the impact upon managers who may need to spend additional time in the support of hybrid working team members.

7. The Operational Firefighter and Flexi Duty Officer Roles

The Operational Firefighter Role and Mental Health

97. The role of the operational firefighter has changed and evolved over the years. Discussion within the fire community has been ongoing for several years regarding how this evolution could shape the role of the firefighter going forward, and the SFRS has taken an active part in these discussions.

98. The variety of calls that firefighters attend has increased to include operational incidents that in previous years may have been rare. Amongst these would be accessing lock fast households where persons may have injured themselves, or tragically taken their own lives by suicide. SFRS firefighters have also taken part in trials to respond within their communities to persons who have suffered an Out of Hospital Cardiac Arrest (OHCA). WCs and FDOs informed us that they limited the exposure of the number of individuals to only those who would play an active role at any operational locus that may have the potential to cause negative mental health consequences.

99. We asked questions during interviews about the perception or impacts upon mental health and wellbeing of those who have responded to these types of incidents when compared to the traditional firefighter role. Firefighters told us that they believe that they are exposed to a higher incidence of fatalities from these incidents. They also had a concern regarding the preparation that they have for these types of incidents. An example of this was for OHCA. The practical intervention training for OHCA was delivered by Scottish Ambulance Service (SAS) personnel and was very highly regarded by those who took part in the trial. Firefighters did have concerns however about their preparation for dealing with bystanders and family members of the person in need of OHCA care. In many instances they recalled extremely distressed family members who insisted on remaining with their loved ones as SFRS personnel attempted their intervention work. These instances were very difficult to deal with, this being in part due to a perceived lack of preparation for dealing with the holistic aspects of an incident of this type, which traditionally they would not have attended at a frequency as was experienced during the OHCA trial.

Recommendation 15

The SFRS should consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff. These considerations should include aspects of any operational work that may have the potential to cause psychological trauma and negatively impact the mental health and wellbeing of responding firefighters. Mitigations and support should be developed and implemented if harms are identified.

The Flexi Duty Officer Role and Mental Health

100. We considered the Flexible Duty Officer (FDO) role, in the context of our fieldwork, as being unique amongst the operational firefighter roles within the SFRS. The Service continues to operate a single point of entry for all operational firefighters within the Service, and this group supplies the future FDO ranks from a common personnel pool. Hill et al (2023) note that until promotion to FDO level, most individuals will have operated within the Watch based environment and would have benefited from the peer support of their colleagues. They will have experienced life within the Watch based system and benefited from the positive aspects that this can have in relation to the maintenance of good mental health. Upon promotion, they are then outside the Watch and the peer support system that they would have known until that point. As described previously in this report, there is positive value of the Watch in offering support for its members in pursuit of positive mental health.

101. One line of enquiry that was pursued with FDOs during our fieldwork was their preparation for these roles and the impact it may have on their mental health. In general, those that we questioned did not feel adequately prepared for the new roles and this caused concern e.g., “it felt like going into a new Organisation, it created apprehension for me”. Another common reply regarding preparation for the move to the Station Commander role was that “I got an incident command course, car keys and a radio and that was it.”, which again presented both a steep learning curve for those new to post and created a level of anxiety.

102. This is not only a cause for concern for the newly promoted FDO, but also an issue in that they may not be adequately equipped to care for the wider range of staff that they could encounter, and who need their managerial interventions to deal with mental health or other work-related issues. This may be an issue related to the development of personnel through the FDO roles and a declining level of managerial and leadership training that the SFRS has offered over the years. It should be noted that the Service will have faced challenges recently regarding the maintenance of operational FDO cover through the pandemic and the unusually high levels of retirements due to the pension remedy. Staff turnover through retirement remains a challenge for the SFRS.

103. There were some excellent examples of local areas putting together preparation packs for new FDOs, but these were not driven by the Service who offered a reading list that personnel should use as a guide. The Service does have a mentoring process for new FDOs in role during operational responses, but this does not offer wellbeing support. While the excellent examples of local support systems for the maintenance of positive mental health set up by local Officers for other FDOs are commendable, there was a level of comment to support a perception of a reduced level of support for this group when compared to their previous work life as part of a Watch. One FDO described it as “support tapers off the further up the chain you go”. Hill et al (2023) states that “The main potential stressor for this group (FDOs) is a consequence of the promotion into this role”, this combined with the loss of peer support (from the Watch) and a reported perceived lack of preparation for new FDO roles, leaves many of these individuals feeling anxious and under prepared for new roles.

Good Practice 14

There are examples of excellent local initiatives within the SFRS that help support positive mental health for staff groups e.g., support networks and promotion preparation packs for new FDOs.

104. Closely aligned to preparation for the FDO role, is the required and ongoing leadership and management development for these individuals. Leadership displayed by FDOs requires to be closely aligned to the values of the Service. However, if FDOs do not receive initial leadership training and then regular input at key stages of their careers, we are of the opinion that this may impact their ability to align with the mental health and wellbeing values that the SFRS is seeking from them.

105. The mental health charity Mind, in its 'Mental Health in the Emergency Services Survey' (2019), asked fire service respondents what aspects of their role cause them to "feel low, depressed, stressed or mentally unwell?". Excessive workload (36%), long hours (26%) and exposure to traumatic events (38%) featured prominently in the survey returns. As part of their literature review Hill et al (2023) reported that senior managers (FDOs) 'reported experiencing pressure from senior colleagues, increased workload due to staff shortages' as being among the most pressing organisational work-related stressors.

106. As part of our fieldwork, we explored these issues and received strong comment back from FDOs in relation to ongoing workload. The workload experienced by FDOs was described as "mad and never ending", and "you feel as though you should always be doing something (work), you don't switch off". Ultimately for those who felt that the pressure to work was near constant, their release was to switch off SFRS mobile phones and laptops, often at the behest of their spouse or partners at home. There was also a strong desire amongst FDOs to be available as much as possible to support SFRS personnel with a range of work related issues including mental health support. This has led to many FDOs feeling as though they are constantly on duty and with "little opportunity to switch off". While we find the 24/7 effort by FDOs, and other managers within the SFRS, to support colleagues laudable, it leads to them "constantly being on alert" with an inevitable consequential impact upon the wellbeing of those who are offering the care.

107. Post incident, there are similarities between the FDO and On Call firefighter groups in that they may not often have recourse to peer support that Wholetime colleagues may have via the Watch. In effect, out with core office hours, they often return home to their families and may or may not wish to disclose the details of the operational incidents they have attended. This potential lack of peer support puts FDOs in a mental health care grey zone. Coupled with potential cumulative operational exposure and PISP application issues for the group, we believe this presents the SFRS with a challenge that it should plan to overcome. Both issues for the FDO group are explored further in the PISP and Support for SFRS Personnel Families sections of this report.

108. From our interviews we can conclude that many FDOs invest generous amounts of personal time, effort and care to ensure the mental health and wellbeing of SFRS colleagues is supported, but that they may in turn experience declining levels of centrally driven SFRS care and support themselves. We did note that some FDOs contact OC colleagues or return to stations at the close of incidents to offer support, and in effect be supported, but this was in a minority of cases. Where these attendances were made, the station operational crews were very receptive to the well intentioned efforts by the FDOs in question. It is worthy of consideration that FDOs are expected to, and do, take managerial responsibility for recognising and dealing with the early signs of mental health and wellbeing issues for SFRS personnel, but they themselves may not have the same formalised recourse to early peer or organisational support themselves.

8. Post Incident Support Procedure

109. SFRS operational firefighters attend many and varied incident types. Inevitably, given the nature of the Fire and Rescue Services' work, some of these incidents may be potentially psychologically traumatising for the SFRS staff involved in any operational response. Most people who experience these traumatic events will cope given the support of colleagues, friends and family, without recourse to professional psychological intervention. Some people however may require specialist support, and the SFRS has put in place its Post Incident Support Procedure (PISP) to ensure that these individuals can be identified as soon as possible. During the course of our fieldwork, we attended the 2022 Emergency Services Mental Health Symposium[8]. This event brought together the largest gathering of UK emergency service organisations to date, to highlight and support the mental health of their various workforces. It was clear to us at this event when hearing about services offered by other UK emergency services, that the SFRS PISP is an excellent process designed to allow personnel to capture and log traumatic operational experiences and to access psychological first aid via professional counselling services should that need be identified. These counselling services are provided by The Rivers Centre, which is NHS Lothian's specialist service for people affected by psychological trauma. The Rivers Centre is a contracted partner to the SFRS.

Good Practice 15

The SFRS Post Incident Support Procedure compares favourably with psychological support processes and procedures that are available via other UK Fire and Rescue Services.

110. From observations made during our fieldwork, The Rivers Centre is a trusted brand for both the SFRS Health and Wellbeing team as well as for the firefighter group of the Service. We encountered several individuals, and their Watch and work colleagues, who had utilised the services of the Rivers Centre. The comments that we received back were almost uniformly positive, with the majority of these referring to the Rivers Centre in very positive terms.

111. An SFRS Incident Commander (IC) is responsible for initiating the PISP depending on the type of incident that is attended. The range of PISP incidents may include:

- Incidents involving single or multiple fatalities.
- Incidents that involve major trauma to casualties.
- Serious injury or significant near miss events involving SFRS personnel.
- Emergency Medical Response incidents.
- Any traumatic incident, which in the opinion of the IC, may cause psychological distress to SFRS personnel.

8 https://royalfoundation.com/second-annual-emergency-responders-mental-health-symposium-takes-place/

112. The IC will declare that an incident requires a PISP response via a message to Operations Control (OC), who will collate a list of the appliances and individuals who attended the incident. The OC also informs the SFRS Health and Wellbeing (H&W) team that a PISP has been initiated. On return to station following the incident, the IC of each appliance that attended collates the names and details of all the personnel on the responding appliance. The names of any FDO and SFRS support staff who attended the incident should also be included within an overall collation of everyone in attendance. The details of all of these individuals should then be passed to H&W within 24 hours.

113. Three weeks after any PISP initiated incident is the point in time where the majority of those who attended it will have successfully dealt with it from a psychological trauma point without professional care interventions being required. At this point post incident the H&W team, having logged the full details of everyone who attended the incident, will issue the SFRS 'Promoting Resilience and Keeping Staff Well Information Pack' questionnaire to those involved with an 'invitation' to complete and return it in a pre-paid envelope to The Rivers Centre. Psychologists within The Rivers Centre will screen the questionnaire responses, and make initial telephone contact with the returnees as required based upon their professional assessment. This initial call may then be followed up by scheduled meetings between Rivers Centre psychologists and SFRS personnel as they begin to deal with psychological trauma that may have experienced. All details of contact between the Rivers Centre and SFRS personnel remains confidential, but the numbers of contacts are recorded and tracked with the Service only being informed of these totals.

114. The PISP is a key foundation component of the SFRS approach to keeping its personnel safe from psychological harm that they may experience at operational incidents. The response to fieldwork interview questions put to SFRS personnel who have used the Rivers Centre services was almost universally positive. The Rivers Centre is a service which is held in high regard by those who have used it, and this positive message has passed on through to the majority of SFRS staff. The use of the Rivers Centre as a service provider by the SFRS is undoubtedly positive and should be viewed as such. However, we found issues relating to the general awareness of PISP within the groups it is aimed at. This lack of awareness included the perceived personal value of the PISP by operational personnel, its underutilisation (not to be confused with the administration of PISP by the OCs, which is effective) by the OC team and a failure to include, in a systematic way, FDOs and Fire Investigation within the collation process for it.

115. From SFRS data, the return rate for PISP questionnaires is 14.6% (January to December 2022, 446 returns from 3060 issued) across the Service. This compares with return rates for other clients who engage the services of The Rivers Centre of circa 25%. Of the questionnaires returned, 24.7% elicit a check in call from the Rivers Centre team with 53.6% of these leading to firefighters accessing support. Statistically, 1.9% of the total questionnaires that are issued lead to firefighters accessing professional care up to and including psychological support for traumatic mental health injury. This is however against a backdrop of relatively low levels of awareness of PISP and knowledge of its value to firefighters as individuals. Of the total returned questionnaires for incidents attended by the SFRS in 2022 that led to the PISP being initiated, 13.2% of respondents went on to access professional care via the Rivers Centre. We believe this number is significant and demonstrates the need to ensure as full a return as can be achieved for PISP questionnaires that are issued.

116. At present the SFRS is engaged in discussions with The Rivers Centre team to ascertain why the return rate is as low as has been reported. The Service and The Rivers Centre also have an ongoing collaboration which will allow firefighters who have not returned three consecutive PISP questionnaires to be identified and to receive a welfare call from the H&W team with onward signposting to the Rivers Centre for those individuals.

PISP, the Operational Firefighter and their Trauma CV

117. Our fieldwork found that a significant proportion of the operational firefighters within stations had little or, in some instances, no awareness of the PISP or its value to both SFRS personnel and/or the Service itself. This lack of awareness was concerning as was a lack of confidence in the system for a significant number of those that we spoke to. The lack of confidence appeared to primarily be predicated on aspects of confidentiality and perceived stigma associated with the process i.e., firefighters were concerned about how they could be viewed by their peer group if they utilised the service.

118. When we queried this further, it appeared that no centrally driven awareness information or training on the PISP could be recalled by a significant number of interviewees. During our interviews with Watch based personnel, we queried the level of PISP notifications that had been received by individuals. This varied, from none, to four in one month. What was concerning in this instance was that none of the four PISP questionnaires had been completed by a firefighter who was in their early years of service. The term that the inspection team used to describe this level of exposure to potentially psychologically damaging experiences, and more importantly for them the opportunity to record it, was a personal 'Trauma CV'. Again, it appears that a lack of awareness as to the value of PISP to individual firefighters may have contributed to this approach by significant numbers of personnel. We believe there is also value to the Service in reengaging the operational firefighter group regarding PISP as it will in time have a positive downward impact upon long-term absence which has psychological trauma as its second top causation.

119. It was noteworthy that the percentage of returns received for PISP questionnaires following incidents, was confirmed by the H&W team as being relatively low at 14.6% (January to December 2022). As part of our fieldwork, we asked WCs if they had ad hoc local arrangements to try to ensure that their teams returned PISP questionnaires when they had been forwarded following operational incidents. Responses to this included:

- No arrangements were in place and the WC may not wish to convey the impression that PISP was compulsory.
- A range of suggestions that would help ensure that firefighters could have confidence that the process was confidential e.g., not having them print pro formas off in station, access to IT in a private setting and not having to ask the WC for envelopes to return completed questionnaires.
- One WC used a system whereby every member of the Watch would be handed the questionnaire and a returns envelope with an ask that a return was provide whether it be complete or blank. In this way everyone handed back an envelope and none of the reported perceived stigma of PISP could be attached to its return.

Recommendation 16

The SFRS should consider a range of options to ensure that PISP questionnaires are returned following operational incidents, these should include options for mandatory returns.

120. As we understand it, the launch of the PISP was during the restricted contact environment that the SFRS operated in during the Covid Pandemic. Awareness videos for PISP were developed as an alternative to face-to-face engagement with the operational firefighters who were to be asked to utilise it. It is possible that this lack of face-to-face engagement has contributed to a lack of awareness of the personal and corporate value of PISP for station personnel.

Recommendation 17

The SFRS should consider the most effective means of raising awareness of the PISP with a focus on the personal value for those within the operational roles of the Service. Following its consideration, awareness raising of PISP should be planned and delivered across the Service. The awareness raising approaches used should be up to and including face to face engagement with subject matter experts, uniformed personnel and possibly with those who would be prepared to share lived experience of PISP.

121. There was also a lack of understanding amongst personnel as to how completed PISP questionnaires would be used by the Rivers Centre, with a perception that the SFRS would be fully informed as to the identity of anyone who returned them and undertook any therapy offered as a result. Additionally, there was little understanding regarding the time delay between an incident having PISP initiated, and the questionnaires being forwarded to those who attended the operational incident. Personnel need to understand “what is in it for me” as they are already asked to complete a lot of paperwork which some perceive as unnecessary. Closing this awareness gap would add value and have clear benefits for the individual, as they may seek help following exposure to psychological trauma, as well as for the SFRS as issues would potentially be intercepted before crisis point for operational staff, which often leads to extended time away from work with the inevitable associated human and financial implications.

122. This perception regarding confidentiality and lack of awareness of PISP was widespread amongst operational firefighters and serves to undermine the effectiveness of a critical element of the SFRS mental health offer for its staff. Where PISP was considered in our opinion to be most effective, was within Stations and Watches where either a Watch Commander has led on awareness raising or a previous member of staff had used the Rivers Centre services and then effectively become an advocate for it.

123. The critical role of the WC as an advocate for mental health and wellbeing on the Watch has been set out earlier within this report. We came across, in terms of the mental health management of Watches, several exemplar WCs during this inspection. They had taken on this role for a variety of reasons including empathy for their Watch personnel who may have been exposed to psychological trauma within the workplace or in their domestic arrangements, or through the need to deal with a range of psychologically traumatic events in their own lives. These individuals are to be commended for their work in this regard, but it is worthy of note that much of the necessary learning and development undertaken to deal with these events was self-directed and driven by necessity. When they needed to understand what services were in place via the Service they could do so, but the perception was that their level of awareness was not due to prior effective communications and engagement by the SFRS.

Good Practice 16

The support that SFRS staff receive via the Health and Wellbeing Team and The Rivers Centre is commendable. Both are considered to be trusted brands by staff groups who have used their services. Staff who have not personally used these services have become aware of them and comment positively about them.

124. During our interviews, many staff members of SFRS were very open in discussing issues which have impacted their mental health and the ways in which they have dealt with them. Much of the help they received was via the SFRS H&W team and the Rivers Centre, and they commended it either privately to the inspection team or openly to their colleagues in interview session. There were several instances of people who had suffered mental health trauma, and who had sought help for it. They were very open about their experiences to the interview team and to their colleagues who were in attendance. These very personal accounts were equally revelatory, emotionally moving and impactful.

Case Study: The Value of PISP

While we treat all comments received in interview under condition of anonymity, there were several SFRS personnel who delivered extremely powerful recollections of their mental health journeys and who offered them up as examples to be shared. One such example was from Firefighter A, who could be described as a very respected figure within the Watch, someone that the rest of the team looked to during operational incidents and who always led by example being at the location where the need for SFRS services was most acute.

Firefighter A shared their journey in dealing with severe Post Traumatic Stress Disorder (PTSD) during an interview with their Watch. No one on the Watch knew of the mental health challenges that A had been dealing with up to that point. They were viewed by the Watch as being tough, capable, resilient and someone you could rely on at an operational incident. Firefighter A revealed during interview that they had suffered with diagnosed severe PTSD, and that they had been in the care of the River Centre following the completion of a PISP questionnaire. They had experienced classic symptoms of PTSD and had been urged by their family to seek help.

Firefighter A had many misgivings about PISP, including confidentiality (they emailed the questionnaire to a family member rather than be seen to print it off in station) and the perception of stigma for seeking help and appearing weak for doing so. Until the point that they used PISP they disclosed that they had little understanding of it and had not received any meaningful input or awareness raising regarding its value to individual firefighters and the Organisation. However, they recognised the acute need for professional psychological help with their mental health trauma. This trauma went back many years and was not confined to a single life experience or a single, notable operational incident. Firefighter A described it as "the box in my head where I stored experiences away was full, and I couldn't file anything else in it." They also added that without the interventions of Rivers Centre, via the PISP process and the help of H&W, that they "would not be here today".

These comments were extremely impactful, and Firefighter A was very open and candid about the full range of experiences that they had endured, but ultimately resolved enough to allow them to function again. Firefighter A also added that help and information for their family before the crisis point was reached would have been very helpful in allowing them to understand the potential for psychological harm to occur because of the operational role, and what to do about it in terms of seeking help via the Service. They were not aware of a variety of family focused resources that could be accessed via the SFRS, The Fire Fighter Charity or The Family Support Trust. This is an area which is covered elsewhere in this report.

PISP and the Operations Control Team

125. As part of our fieldwork, we visited the three OCs within the SFRS and interviewed a number of FDOs, WCs and OC Firefighters in their Watch groups at each of them. The primary role of these individuals is to respond to emergency calls, manage the requests for resources to the incident ground, manage and relay appropriate communications relating to incidents and use their judgement and the information provided to them to ensure that an appropriate response is mobilised to deal with incidents.

126. The three OCs play a critical and integrated role in the safe management of operational incidents within the SFRS. The OC Firefighter is very often the first point of contact with an operational incident, and the wider OC team perform critical roles within the Service Incident Command System. Where their role is different from their operational station colleagues, is that they see the entirety of incidents across the area that their OC covers and not on a more limited station basis. They often do not have the opportunity to fully rationalise the safe conclusion of incidents and can be left in a position where they may replay the unresolved incident back to themselves or amongst colleagues. This has potential to cause psychological trauma to those who work within the OCs.

127. The use of PISP, in line with the SFRS Procedure, is similar for OC Firefighters and operational firefighters, but there are several crucial differences regarding its initiation and management. The use of PISP for the OC team is intended to ensure that those who may need psychological support following a traumatic fire call can receive it. Again, like operational firefighters, there are scenarios set out as guidance for OC managers to consider when PISP should be implemented:

- Calls requiring Fire Survival Guidance (FSG).
- Calls involving persons trapped.
- Calls involving particularly difficult callers.
- Any other traumatic incident which, in the opinion of the Officer in Charge (OIC), who would normally be a WC, expose OC Firefighters to this form of stress.
- Serious injury or significant near miss event involving SFRS employees.

128. Should an OC Firefighter be exposed to a potentially traumatic call, the WC should take actions including:

- On completion of the call, the OC Firefighter 'must' unplug from their headphones apparatus and can stay in the room if fit to do so, or they may leave the room.
- They should have a ten to fifteen minute timeout in a suitable room, where the OIC will check on their welfare.
- The OIC should check on their emotional welfare and ascertain if they are able to return to the Control call handling room. If the OC Firefighter declares themselves fit, and with the OIC's agreement, they can return to the Control room and resume their call processing duties.
- If the OC Firefighter is not deemed fit to return to the Control room, the period away from it can be extended.
- Every instance of these discussions should be recorded on an SFRS Record of Contact Form.
- The OC Firefighter 'should be reminded of the services available through the PISP'.

129. As can be seen from the above abridged list taken from the SFRS PISP Policy, unlike operational firefighters, there is no automatic referral for OC Firefighters following their dealing with a traumatic call that corresponds to the current Policy parameters for initiating it. We believe this is a small but crucial difference in the application of PISP to the two firefighters roles i.e., those who are operational at incidents and those who support them in the OC.

130. The difference in the application of PISP within the OC was exemplified by an example that we came across during an interview. An OC Firefighter had managed a traumatic call, during which FSG was delivered to the occupants of a house which was on fire. The FSG element of the call came to an end and the occupants were safely removed from the premises by operational firefighters who attended the locus. At this point, the OC Firefighter disclosed that they were 'visibly upset' and could relate to the persons that were involved in the call. They were asked by the OIC if they wished to leave the control room, but the offer was declined, and they resumed their duties after a short period. PISP was not initiated for this call, and no details of it would have been passed to The Rivers Centre following completion of a questionnaire.

131. From our field work we understand that this example is not untypical, and that the PISP initiations for the OC team leave them underrepresented in this regard. The reasons for this are varied but include not wanting to leave the Control Room and their colleagues during busy periods, possible strict adherence to the PISP Policy which does not have an automatic initiation for OC personnel (OICs are only required to remind personnel about the service) and, regarding exposure to traumatic incidents, a working culture across the OCs of 'it's just part of the job, we just get on with it'. The example described was not a deviation from the process of PISP for the OC personnel and its use is not intended as a criticism of individuals, but we do believe that it is an example which demonstrates the difference with the more systematic approach that is utilised for operational firefighters.

132. One of the lines of enquiry for this inspection was to query whether there was a culture change underway within the SFRS regarding mental health and how personnel viewed that transformative journey. In general, the OC team agreed that a change in culture was underway, and that mental health was more openly discussed and was not viewed with the same level of stigma that it may have been in years gone by. A popular refrain was to compare the culture from 10 or 20 years ago to what is now experienced, and this was largely viewed as a positive change. However, as we reflected on the FSG operational incident set out above and uncovered the relatively lower level of PISP initiations for the OC team, we examined this more closely. We asked the OC personnel, after considering how PISP is operated in the OC and the 'just get on with it' approach to work and not wanting to let their colleagues down, if they did consider that the culture had changed. There was general agreement that change had come about in terms of openness to metal health discussion and the pursuit of it being positive, but in practice it had not moved on from how it had been in the past. This is a challenge for the SFRS.

133. The OC team is commendably committed to providing the best service that it can. They spoke of several challenges to them performing their roles. While all staff groups were committed to their roles, the role of the WC on the OC Watch was critical in the maintenance and pursuit of a positive mental health culture. Some individuals are performing this role, like their operational colleagues, to exemplar level, and this is commendable. The recommendation that we have made earlier within this report, that the SFRS should invest time and resource into the WC cadre to make them 'mental health advocates', is as applicable to the OC as it is their operational colleagues.

134. One aspect of PISP use within the OC environment that is worthy of further consideration by the SFRS is cumulative exposure to traumatic operational incidents. While the OC team would not generally be at the locus of an incident they are very much involved with its successful resolution. It is also worth noting, as we have stated earlier, that the OC team are exposed to all of the incidents that operational crews attend on a station and watch basis. We are not convinced that an effective process that tracks the cumulative exposure to traumatic incidents of OC personnel is in place within the SFRS.

135. An important aspect of the OC work is transcribing the call log from incidents. Inevitably many of these incidents are of a serious nature and the telephone calls and radio messages were described as 'horrendous'. We were informed it can be harrowing for OC staff to be repeatedly exposed as they compile a written note of them. In this regard, this type of ongoing exposure and the experience of revisiting traumatic fire calls, is similar to that which their SFRS colleagues in the Fire Investigation Unit are exposed to.

Recommendation 18

The SFRS should initiate a review of PISP elements that relate to the OC. The procedure should be fully explained to OC managers and staff via a bespoke communications plan for the OCs. The Service should consider how PISP can be more systematic and less open to personal interpretation in its implementation within the OC personnel group.

PISP and SFRS Flexible Duty Officers

136. As we set out earlier in this report, FDOs play a critical role in monitoring the wellbeing and offering and/or accessing mental health support for SFRS staff. With the PISP we found the FDO group to be in a unique position in that they are the initiators of the process, but that they are not always included within the group that are notified of the process and forwarded the relevant questionnaire for completion. Indeed, FDOs informed us that the OC would contact them to ask if they wished to be included or omitted from the PISP for incidents. There were also instances when FDOs informed us that they would contact the OC and ask not to be included within a PISP response due to their perceived limited role at an incident. In this regard, we consider that the FDO role in terms of accessing PISP, puts them in a grey zone where they are not fully included within it. We should also note that like OC colleagues, FDOs may be required to respond to incidents across a wide geographical area which could see them attending multiple operational incidents.

137. Hill et al (2023) point out that the FDO cadre tend to have longer length of service, and that they may have begun that service when the culture of stigma in relation to mental health and wellbeing was significantly more prevalent than is now the contemporary norm. Having a background in this 'hyper masculine environment' (Hill et al, 2023) may make some within the FDO group less inclined to admit a need for help for mental health or wellbeing issues and less likely to seek help. Any potential for gaps with the application of the PISP regarding FDOs should be carefully considered by the SFRS.

Recommendation 19

The inclusion of FDOs within the PISP should be more systematic with set criteria for them to be opted out only as a necessity. The aim should be to include FDOs within the support procedure following operational incidents, and for this to be tracked as appropriate.

PISP and Fire Investigation

138. The SFRS Fire Investigation (FI) Team are located geographically within the West, East and North SDAs. They have primary responsibility for FI work within their own SDA but will support each other dependent upon incident profile and the resulting workload at any time. The team is managed by two FDOs comprising of one Group Commander and One Station Commander who are based in an office within Livingston Fire Station. The FDOs are due to move with the East FI unit to the SFRS Newbridge facility. The FI team members are Watch Commanders and work different duty patterns dependent upon their location:

FI Location	Shift System	Total personnel and Duty System
North SDA – Dyce	Day Duty	2 Watch Commander
East SDA – Livingston	Day Duty	2 Watch Commander
West SDA – Yorkhill	5 Watch Duty System	5 x 2 Watch Commander

139. The current FI structure is in place following a recent SFRS restructure that recognised the operational activity and the business need for the units on a geographical basis. This is most clearly demonstrated by the West FI team operating within the Watch Duty System. FI is an experience driven role; it takes time measured in years for any new entrant to complete the necessary technical training and develop the required competence to become effective in the role. They are a valuable SFRS resource and should be encouraged to stay in post within the normal parameters of career satisfaction and operational requirement. This however should be underpinned by the tacit assurance that their mental health and wellbeing is properly considered and looked after by the SFRS.

This has been recognised since the inception of FI within the legacy Strathclyde Fire and Rescue Service. As part of our fieldwork, we interviewed a retired FI FDO to gain an understanding of the approaches that were written into policy at the point of the functions inception to help and assist with the maintenance of positive mental health for the team. These included close liaison between the team and the FDO, an accurate understanding of ongoing workloads to ensure their effective management and regular mandatory sessions with trained counsellors who could assess any work-related mental health stresses that the team may be experiencing.

140. The FI team are in a unique position in that they attend all SFRS incidents that result in fire fatalities. Individual firefighters can expect to have intermittent exposure to fire fatalities at incidents, this is not the case for FI who attend all such incidents. The access to mental health Counsellors and management approach used in Strathclyde was borne out of the understanding that care for the FI team should be to an elevated level given the multiple traumatic incidents that they could potentially be exposed to. We believe this or a similar approach is appropriate for the FI teams that operate within the SFRS.

141. The unique potential for the FI team to attend multiple concurrent incidents that involve fire fatalities is recognised within the SFRS PISP Procedure. Section 8 of that document sets out specific arrangements for the monitoring of FI team members wellbeing and their exposure to potentially traumatic events. On a quarterly basis they should be issued with an individual ‘Promoting Resilience and Keeping Staff

Well Information Pack', to their home address, and "invited to complete" it before returning it to the Rivers Centre. Section 6.6 of the PISP Procedure also states that the SFRS will track cumulative exposure to incidents which may have the potential to cause mental health Trauma. The cumulative exposure process should be particularly relevant to the FI team.

142. The last recorded information pack that interviewed FI team members can recall was from October 2022, before that they did not have a record of any contact in this regard. The SFRS Health and Wellbeing team have recently introduced an IT based system which is designed to manage cumulative exposure, and the inspection team have been informed that the FI team will be a significant focus for this work. At the time of writing the H&W Team took over responsibility for the issuing of a bespoke monthly questionnaire for FI personnel commencing on 1 August 2023, this is welcomed.

143. The SFRS is committed to promoting a healthy working environment for its employees. Most individuals who are exposed to psychologically traumatic events will, with the support of peer colleagues and their families, cope with this exposure without recourse to professional interventions. The Service however also recognises that some individuals may require additional professional and specialist psychological support to resolve traumatic events and experiences. These experiences can be from individual incidents or on a cumulative basis. The PISP procedure is a key foundation to ensuring that SFRS personnel can access the professional help that they may need in these circumstances. Given the unique role undertaken by the FI team and their ongoing and regular exposure to all fire fatality incidents that the SFRS attends, this is particularly relevant.

144. We were informed that the FI team is not regularly included in PISP initiations for incidents that they attend. They have also not been regularly requested (one pack was noted as having been sent to the FI team in October 2022) to complete the SFRS Promoting Resilience and Keeping Staff Well Information Pack, nor contacted by any party to ascertain if there are any concerns regarding cumulative exposure to psychologically traumatic events.

145. The FI teams we spoke with have a regular and ongoing multiple incidents case load involving fire fatalities, each of which requires the compilation of a detailed technical report. A major difference that was reported to us during interviews, and which differed from the experience of an operational incident for responding firefighters and FDOs, was that the incident does not close for FI with a Stop message and a return to station i.e. "In FI the incident doesn't stop on return to the station, you are drawn into a fatal casualty's life, their story, contact with the family. It means you often cannot let go in the way that you maybe could when working on a Watch in a station. There is no obvious end to it". The FI team must revisit the incident scene, go through photographic evidence of the scene, audio calls that will have been recorded by the OC during the incident. In effect the incident, as the FI team told us, goes on sometimes for many months.

146. We were told by a member of the FI team of one instance where an SFRS FDO came to listen to a traumatic FSG call and they were informed that "you will need to listen to without me, I can't listen to it anymore". It was clear that the incident and the FSG call has had an impact upon this individual. We were also told that no PISP was issued for this incident to the FI team.

147. During our fieldwork, we were informed that previous members of the FI team had left the unit and the Service due to unresolved mental health trauma that they had suffered. When these individuals left the team, those who remained informed us that they advised the SFRS that there was little to no mental health interventions for those FI team members who remained, and that in their opinion "this was a risk for the Service". This communications from the FI team did not result in an increase in mental health surveillance or intervention, which continues to this time.

148. The FI team said that they felt isolated in dealing with their ongoing workload. Ongoing investigation works is collated within their secure office space, where it is visually displayed on a whiteboard. In years gone by, the Senior Officers, who are FI practitioners, would come to the office to go through case work and offer professional advice. A team member amplified this point by informing us that, "In my years in post, I have dealt with scores of fatalities", and that the FI team are not regularly asked how they may feel when dealing with these, from a mental health and wellbeing perspective. On querying any debrief that the FI team may be included in post incident, we were told that this does not happen with any regularity. One team member could also only recall being asked for operational information as a contribution to a formal incident debrief process on a single occasion.

Recommendation 20

We note the new monthly contact from the Health and Wellbeing team to their FI colleagues. Given the relatively low levels of PISP returns within the SFRS, and the potential impact upon the mental health of the FI team, the SFRS should consider making the completed return of FI questionnaires mandatory for the role. It also appears that the FI team has had limited contact with professional support regarding the many traumatic incidents that they have attended over recent years. The SFRS should consider this, and how they may assess the potential impact of historical incidents on FI team members' mental health to date.

9. Conclusion

149. The SFRS launched its Mental Health Strategy in 2019 with the aim of ensuring that mental health and wellbeing was treated the same as physical health. The Service has sought to put in place a positive culture where mental health is destigmatised, and personnel feel valued, supported and able to seek help should they need it.

150. We are happy to conclude that there is a positive cultural change underway in the way mental health and wellbeing is viewed by Service staff. There is also a similar picture to report in terms of the level of diminished stigma which is attached to mental health and seeking help to address any challenges personnel may have in this regard. The journey that the SFRS began in 2019 to have mental health viewed in the same way as physical health, and to remove any stigma associated with it, remains ongoing. There appears to be a societal shift in the way that mental health is viewed, and we conclude that this as well as the work that the SFRS has been engaged in has produced the outcomes it has achieved to date.

151. Since 2019, and through the life of this current strategy, the SFRS has achieved many notable successes. They compare well to other UK Fire Services and have put in place a comprehensive mental health offer for all their employees. The strategy produced for the years 2020 to 2023 was rightly ambitious as the Service demonstrated its commitment to staff. However, some of the elements contained within the strategy remain unfulfilled, while other elements have yet to produce the maximum benefit that can be derived from them. We have set out the areas of work that the Service has embedded into Business as Usual within this report, we also note instances of how this BAU could be elevated to exemplar level with excellent outcomes achieved for both the Service and its personnel as a result. Like many areas of work for the SFRS, the allocation of resources that are required to achieve outcomes has been and remains a challenge. We would urge a strong focus on achievable and well thought through plans that align to the future strategy and the resources that are necessary to produce positive mental health and wellbeing outcomes.

152. The mental health and wellness journey that the SFRS began in 2019 has produced many positive outcomes, but that journey continues.

10. List of Recommendations

1	The new Mental Health Strategy should continue to be aspirational in that its offer for staff should be broad, but it also must be achievable and robust. The strategy should be subject to SMART assessment, action plans for achieving outcomes should be considered in advance of its publication. Adequate resources should be in place to support the strategy intentions.
2	The SFRS should consider the nomination of a Corporate Mental Health and Wellbeing Champion for the Service. The Champion should be of a sufficiently senior level to be able to direct action and ensure that appropriate oversight and governance is put in place to allow them to scrutinise progress against the next Strategy and any associated action plans.
3	The Board of SFRS should assess if they are fully scrutinising progress of MH outcomes against the aspirations of the MH Strategy. Governance routes up to Board level should be reinvigorated and formalised to ensure scrutiny, oversight and transparent accountability are in place.
4	The SFRS should consider the suitability of the governance arrangements for the Suicide Prevention subgroup. If it is considered that this group cannot achieve the outcomes that are set out within the Mental Health Strategy, then the Service should consider alternative arrangements to replace it. Any new arrangements should ideally be in place before the current subgroup is disbanded.
5	The Service should consider the most appropriate way that it can offer professional support for its Mental Wellbeing Champions. This support should include appropriate processes to track any interventions work of Champions, debriefing and evaluation of interventions and reflective supervision and support.
6	Awareness of the Mental Wellbeing Champion role within the SFRS should be raised. The MWC approach taken to date should be reviewed and robust governance put in place to capture and analyse the work that they do and demonstrate its value. Their ongoing work should be subject to review to ensure outcomes.
7	The SFRS should review the adequacy of mental health training. The most appropriate delivery method should be considered for this training, face to face engagement on critical elements such as the PISP should be considered. Preparation for new roles upon promotion is essential, and mental health should be included within this.
8	The SFRS should consider how best to involve the families in supporting the achievement of positive mental health of their employees and offering social support away from the work environment.
9	The SFRS should consider how it may better utilise the resources that the FFC can offer in the pursuit of positive mental health for all its employees and their families. This should be done on a systematic basis that allows families to be informed of resources that may be available to them, and how they can support their loved ones who serve in the Service.

10	The SFRS should consider if a formal role is appropriate for the Chaplaincy service within their mental health and wellbeing offer to personnel. Options to establish pastoral care across all of the SDAs of the Service should be explored.
11	The SFRS should consider how to best prepare its serving firefighters and support staff for life following their retirement from Service. These considerations should not be limited to financial planning but should also consider the social aspects of the change that retirement brings. They should consider collaboration opportunities within the fire sector to assist with this.
12	The WC role is critical within the Watch based system. They are often the first point of contact for mental health and/or wellbeing issues that may be affecting their Watch personnel. WCs are a trusted role within the Watch system, and they cover the majority of operational firefighters at work. The SFRS should consider how best to utilise the WC role and make them 'mental health advocates' to support the needs of operational firefighters on the Watch. Additionally, the Service should consider the training that would be required to ensure any advocates approach is robust. The mental health advocate role for WCs should be mandatory.
13	The Service should consider the most appropriate use of On Call drill night hours to ensure that appropriate access to essential information, including mental health and wellbeing resources, can be achieved.
14	The SFRS should monitor the potential mental health impacts of the hybrid working system. It should consider the impact upon managers who may need to spend additional time in the support of hybrid working team members.
15	The SFRS should consider all aspects of training that may be required for any new or novel operational interventions that may be required to be performed by its staff. These considerations should include aspects of any operational work that may have the potential to cause psychological trauma and negatively impact the mental health and wellbeing of responding firefighters. Mitigations and support should be developed and implemented if harms are identified.
16	The SFRS should consider a range of options to ensure that PISP questionnaires are returned following operational incidents, these should include options for mandatory returns.
17	The SFRS should consider the most effective means of raising awareness of the PISP with a focus on the personal value for those within the operational roles of the Service. Following its consideration, awareness raising of PISP should be planned and delivered across the Service. The awareness raising approaches used should be up to and including face to face engagement with subject matter experts, uniformed personnel and possibly with those who would be prepared to share lived experience of PISP.
18	The SFRS should initiate a review of PISP elements that relate to the OC. The procedure should be fully explained to OC managers and staff via a bespoke communications plan for the OCs. The Service should consider how PISP can be more systematic and less open to personal interpretation in its implementation within the OC personnel group.

19	The inclusion of FDOs within the PISP should be more systematic with set criteria for them to be opted out only as a necessity. The aim should be to include FDOs within the support procedure following operational incidents, and for this to be tracked as appropriate.
20	We note the new monthly contact from the Health and Wellbeing team to their FI colleagues. Given the relatively low levels of PISP returns within the SFRS, and the potential impact upon the mental health of the FI team, the SFRS should consider making the completed return of FI questionnaires mandatory for the role. It also appears that the FI team has had limited contact with professional support regarding the many traumatic incidents that they have attended over recent years. The SFRS should consider this, and how they may assess the potential impact of historical incidents on FI team members' mental health to date.

Methodology

When undertaking this inspection, we followed established practice utilised in previous Thematic Inspections. This inspection framework provided a structure to our work, which was risk-based, proportionate and focussed on the provision, utilisation and cultural considerations that influence personnel accessing Mental Health and Wellbeing services. We conducted early engagement with the Service and established a single point of contact.

About HMFSI

HMFSI is a body that operates within, but independently of, the Scottish Government. Inspectors have the scrutiny powers specified in section 43B of the Act. These include inquiring into the state and efficiency of the SFRS, its compliance with Best Value, and the way it is carrying out its functions.

HMFSI Inspectors may, in carrying out inspections, assess whether the SFRS is complying with its duty to secure Best Value and continuous improvement. If necessary, Inspectors can be directed by Scottish Ministers to look into anything relating to the SFRS as they consider appropriate.

We also have an established role in providing professional advice and guidance on the emergency response, legislation and education in relation to the Fire and Rescue Service in Scotland.

Our powers give latitude to investigate areas we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions:

The SFRS must provide us with such assistance and co-operation as we may require to enable us to carry out our functions. When we publish a report, the SFRS must also have regard to what we have found and take such measures, if any, as it thinks fit.

Where our report identifies that the SFRS is not efficient or effective (or Best Value is not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the Scottish Fire and Rescue Service to take such measures as may be required. The SFRS must comply with any direction given.

We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication.

We aim to add value and strengthen public confidence in the SFRS and do this through independent scrutiny and evidence-led reporting about what we find. Where we make recommendations in a report, we will follow them up to assess the level of progress.

We aim to identify and promote good practice that can be applied across Scotland. Our approach is to support the SFRS to deliver services that are high quality, continually improving, effective and responsive to local and national needs. The terms of reference for inspections are consulted upon and agreed with parties that the Chief Inspector deems relevant.

How This Inspection Was Carried out

The purpose of this inspection was to examine the effectiveness of the SFRS's provision, utilisation of and cultural issues that affect the uptake of mental health and wellbeing services that are in place or are currently being planned for, in line with its Mental Health Strategy 2020-2023.

An inquiry by the Inspectorate can be self-directed or can be subject to direction by Scottish Ministers. This inquiry into the SFRS was self-directed by the Chief Inspector. The following persons contributed to the Inspection and to the report:

Robert Scott QFSM, Chief Inspector

John Joyce QFSM, Assistant Inspector (Lead Inspector)

Gillian Buchanan, SFRS Secondee

David Young, Assistant Inspector

Glossary of Terms

BAU	Business as Usual
Board	The Board of the Scottish Fire and Rescue Service
Covid	The COVID-19 Pandemic
EAP	The Employee Assistance Programme
FFC	The Fire Fighters Charity
FST	The Family Support Trust
FI	Fire Investigation
FSG	Fire Survival Guidance
FDO	Flexi Duty Officer
GIN	General Information Note
H&W	Health and Wellbeing
HMFSI	His Majesty's Fire Service Inspectorate in Scotland
IC	Incident Commander
MHWG	Mental Health and Wellbeing Group
MHFA	Mental Health First Aider
MWC	Mental Wellbeing Champions
MoU	Memorandum of Understanding
MSK	Muscular Skeletal Injury
NFCC	National Fire Chiefs Council
OIC	Officer in Charge
OC	Operations Control
OHCA	Out of Hospital Cardiac Arrest
PISP	The Post Incident Support Procedure
PTSD	Post Traumatic Stress Disorder
RDS	Retained Duty System
Rivers	The Rivers Centre
SAS	Scottish Ambulance Service
SFRS	The Scottish Fire and Rescue Service
SLT	Senior Leadership Team
SDA	Service Delivery Area
SMART	An acronym: Specific, Measurable, Achievable, Relevant, Time Bound
WC	Watch Commander

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