The Sheku Bayoh Public Inquiry

Witness Statement

Andrew McCann

Taken by [redacted] on 27th September 2023 by MS Team

Personal information and background

1. My name is Andrew McCann I was born 1965 and I retired from the police service in January 2017 after 30 years of service.
2. My last role was within the Safer Communities team, Strategic Partnerships, Chief Inspector. I was in that role from when Police Scotland was formed until my retirement. I retired in January 2017. I have been asked to provide a summary of my history within Police Scotland. So, for three and a half years before I joined, I was a member of staff working by force headquarters in Dundee, in Tayside Police. I joined Tayside Police in 1987. I worked in uniform for five years, uniformed patrol in Crieff and in Perth.
3. From there, I worked for a couple of years in the Scottish Crime Squad drugs wing based in Edinburgh, and I was then promoted to sergeant on an accelerated promotion scheme. I did that scheme for a year and was posted to policing in Dundee where I remained for, I think, three or four years as a uniformed patrol sergeant.

Signature of Witne [redacted]

4. I was then seconded to the Force Development office in Tayside HQ and tasked with carrying out a review of Force orders. At that time there were 3 overstuffed Lever Arch files full of prescriptive Standing Orders, which had been replaced with 20 pages of General Orders which were meant to be empowering of individual officers. I made recommendations, which were accepted, that a system of plain English Policy and guidance be introduced with particular business areas having responsibility for publishing and maintenance of such policy and guidance to be made available on the force intranet.
5. I was posted into the CID in Dundee where I worked for a few years, and then I was promoted to a detective inspector in my force intelligence bureau. I also had responsibilities for fraud and public protection.
6. Then, after a couple of years of that, I then went to Crieff, back to where I started as an inspector, and then I went into Perth city as a community safety inspector. From there, I was promoted to Chief Inspector in Perth and, was there for a few years, and then Police Scotland was formed and I was posted to the national Safer Communities team with a responsibility for Strategic Partnerships, in the main. We also had different elements within our portfolios. So we were tasked to seek some improvement and consolidation on the areas of business in our portfolios. From the earliest, that was the first thing we were kind of doing, pulling all the eight forces back into one.
7. I have been asked to confirm if my last role was Detective Chief Inspector within Strategic Partnerships Dundee in the Safer Communities department. So, that was that same role. It was based in Dundee, but it was a dispersed team. So, the team was led from, initially, Pitt Street and then went to Gartcosh – that was where the commanders of the team were – and then we had a dispersed team. So I was in Dundee, we had some officers in Aberdeen and some in Edinburgh as well. We were a dispersed team, so geographically dispersed but we worked together.
8. I have been asked to confirm where the headquarters of Safer Communities team was. It wasn't in Dundee. That's where my office was. The headquarters

for Safer Communities was initially in Pitt Street, in what was the former Strathclyde Police office, and then it went to Gartcosh with an opening of the Crime Campus. So that's where the headquarters of Safer Communities team was.

Safer Communities

9. I am asked to explain what the Safer Communities department was. At the time, the Safer Communities, or the whole of Police Scotland had this "keeping people safe" as a sort of tagline and Safer Communities was charged with elements of taking that forward. There were things about crime prevention they were responsible for. Active crime prevention, and also having an expertise of working in partnership with other agencies to prevent crime. So that was the broad focus of what they did, but then it was narrowed into different areas of business that we tried to take forward areas that were identified as priorities to take forward.
10. I am asked to explain what is meant by partnerships. Partnerships work at different levels, and I was in Strategic Partnerships. So we were looking at working with government and national agencies, health, but also then coming down into local authority area as well, but partnership works at all levels, and also it's internal and external partnerships that we have as well. Absolutely there would be police officers expected. Well, depending on their role what kind of partnerships they would be involved with. Remember, there's 8 different forces with 50 different ways of doing things. At some local levels, there would be partnerships with police officers and community groups. There would be partnerships, for example, in police officers and schools. So there'd be partnerships at a level in regards to youth justice, and there would be partnerships with local health in relation to mental health, but that would be at various degrees of development throughout the country. So partnerships would be up and down the scale, but my primary task was a strategic that's given in the role, strategic partnerships as well.

11. I am asked if partnerships had a focus on the aftercare of people that contact into with police officers. I am given the example of where police come into contact with someone who's experiencing a mental health crisis or someone who is threatening to kill themselves. I am asked if part of the police response would be to ensure that they are then referred onto a community psychiatric nurse. So, that would be an ideal, and that would certainly be what we were working towards, but that isn't the case when we became Police Scotland and that was the practice. So the role was to develop partnership and to see what your options were. From a police perspective, we weren't trying to resolve mental health in society, but we were trying to make the police response and our response fit in with the needs of the community.
12. Ideally, with the needs of the partners and also to help get the partners to help the community and the police as well. It's a challenge, because people have different views of that and just now there is this debate in England and Wales about the police not going to mental health incidents.
13. There is a range of opinions about how we should deal with mental health, but the view from within Safer Communities was to make the best of our partnership arrangements to provide the best service, a joined up service to the public.
14. I am asked when and why these strategic partnerships came about. So, I think you've kind of gone ahead there. So, when Police Scotland was developed, the Executive decided that there was a need for a Safer Communities team, and within that the structure of it would include a Strategic Partnerships team. So that was their decision. I wasn't party to that. I was then brought on board as someone who had some experience of partnership working that would fit my experience to work in Strategic Partnerships within Safer Communities. Clearly the vision was to improve partnership, but at the same time build on existing partnerships.
15. Listen, we say this over and over again, and probably it remains as true now as it was then, but it was more the case then: we had eight separate forces who had many divisions within them and we had a range of geography across

Scotland. So things would be done differently. You'd have a different set of partners, you would have different priorities from the very, very, local and rural to the very, very, urban, so it would be a range of things.

16. I am asked to describe what my specific function was within that department. Yes, so we were tasked with taking forward some priority areas of business, and some of them went more forward than others. Mental health was among that area of business. There were others, and they are not immediately springing to mind, but there were things like developing working with Ambulance Service and developing things with the Missing Persons charity. We developed that, and also something about some other agency working but, the primary one, the one that we took forward initially and had a focus on, was in relation to mental health.

17. I am asked who the primary members of the Safer Communities team were when I was there. Grant Manders was the Chief Superintendent who was based in Glasgow, and he reported directly to Ruaraidh Nicolson, who was the ACC, who's been in front of the committee in front of the Inquiry. So that was where he was. ACC Nicolson had a responsibility for the Safer Communities at that executive level. So, under Grant, he had, I think, three superintendents working with [redacted], and two other superintendents, so one was for Prevention and one was Strategic Partnerships and there was another whose area of business I have forgotten at the moment. [redacted] was based in Glasgow, then Gartcosh. Now, the Strategic Partnerships team was very small; it was just him, me and Pam Colvin, she was a constable then, I think she finished as an inspector. In fact, she's working at the HMIC (His Majesty's Inspectorate for Constabulary) now as well. [redacted], then, came onto our team. I had an inspector who was based in [redacted] as well, and that inspector didn't have anything to do with mental health. They had other parts of our portfolio that they would lead on, so they weren't involved. When that inspector retired, I got a new inspector, [redacted] and she was based with us in Dundee. She did become involved in mental health actively, so that's why she's been included there.

Signature of Witne [redacted]

18. It was a small team that we had and, as I say, there were just two of us in Dundee. Our primary focus then was to see how we can take forward the portfolio of mental health, the quickest but most efficient and effective way forward to go.
19. I have been asked what Pam's role was. Her role was a policy development role, and that's largely what our role was in policy development. Obviously research and developing links with partners so that we get a developed view of a subject. You're coming from a force level, coming to a national level, so you have to develop your links and your knowledge. We had to train up as well. We had to go to seminars and training days and multiagency events. We organised multiagency events as well. We organised one quite early on, that was our focus. We had a focus group we hosted in Dundee and it was a multiagency. We had all our police partners there and national agencies and local authorities were all invited. It was just about a learning experience for us all, but also developing relationships with other agencies and developing trust so we can have the knowledge to pool these things together.
20. I am to clarify what I mean by "early on" and whether this means specifically early on into my time at Safer Communities. Yes. The way that we would work in Safer Communities, Strategic Partnerships, is we would have this discussion with Grant Manders and the wider team, the more senior team, the superintendents and the chief inspectors. They would be talking through the business areas that they'd been tasked with looking at and describing the process then of, you know what your proposals and priorities were, giving them a chance to think about that, and they'd come back to describe the process they would have of taking it forward. I recall that that's what we did. We proposed that we would have a focus group, and I think it may have been in relation to suicide prevention and use of custody, mental health people coming into police custody to make sure it was considering whether copying a model in use in Birmingham for having a national designated safe place for people with mental health issues coming into police custody. Also, considering what practice there was already in place that could be developed.

I remember now, there were custody nurses. There were nurses in the custody area in Edinburgh that had a perspective about whether people with mental health difficulties should be in police custody and, then there was this other thing that people should never be in police custody, and it was just about discussing all of that to identify the priorities for our business areas. In May 2013, we organised a focus group event at Police Training Centre in Dundee on behalf of the Scottish Government. This event was attended by mental health and general health practitioners, social work professionals, and police officers focused on improving response to people in distress. This event was influential in informing development of the new suicide prevention strategy.

These were things that were interrelated. There was an existing Scottish Government working group on Dealing with People in Distress – I think it may have been called that at that time, I'm not certain – so we volunteered. We had been a member of that group. I hadn't personally, but the police had been a member of that group, but there was some knowledge within policing in Dundee, because Dundee had had a suicide hotspot in the preceding years, where young people were taking their lives quite publicly, and there was a whole phenomena of suicide contagion. I think there'd been something similar in South Wales as well.

21. I'm not in any way claiming there was an expertise, but there had been an experience within Dundee of managing these challenging situations. I had limited personal involvement of it before then in Dundee, but I had an awareness of that. So, we volunteered the police to say: "Look, we are now a national organisation. We'll host this focus group for the Scottish Government" and we held that at the training centre in Dundee and, as I say, there was that wide attendance.
22. It was very much a learning process, then, for us to learn more about the issues and learn of others' perspectives about the issues, and then about where the gaps were, what the police could do better with the gaps in service.

There were things like experiments in, I think it was in Birmingham, they had a custody centre that was geared up for mental health and we asked: "Could we have one of those in Scotland? Where would you put it?" So these were the challenging questions that were around. Questions, such as: "How do we do this?" So that was the starting point, and a lot of learning there which led us to say: "Well, that was informing us." but also we had to then get all ourselves onto the same page in Police Scotland because, as I say, we had these eight forces who had developed different practices.

23. I think we started in April 2013, and that happened very quickly. I think it was in the May that we had this. And that was the kind of thing that was going on then, it was like: "Let's get this done, let's get this done. Let's move quickly to get things done."

24. I am asked whether I know what the catalyst was for reviewing the mental health training as at 2015 I am asked whether I know if the catalyst for review came specifically from the focus group, working with the Scottish government and local authorities or the PIRC review. I don't know, but now that you say that, I do have that memory of the PIRC review. That would likely feed into that command level, so Ruaraidh Nicolson would be saying to Grant Manders: "You need to take forward Safer Communities within that Strategic Partnerships." With the PIRC, we were told that we need to improve mental health, so I was tasked with mental health. So, absolutely, that could undoubtedly be one of the drivers for getting the work done. I can only say that I had an awareness from when I took on the mental health portfolio I had an awareness that any new SOP or policy for mental health would requiring training as there had never been bespoke training in dealing with mental health.

Involvement with mental health training

25. I have been asked if I was ever a trainer. No, I wasn't a trainer. Hence, we identified people with training knowledge and coopted them into our wider team.
26. I have been asked why Laura Gibson was asked to join the Safer Communities team. Yes, so I don't know, I think we just stole Laura. I don't know that she actually ever was allowed to be in our team, we just coopted her into our team. Yes. I mean, I could briefly explain how that happened, what we did there, because it might help just with context. So when Police Scotland were formed, it had a small set of policy documents that were kind of placeholder policy documents and, the one about mental health was this tiny document, but it did say that divisions would each have an identified mental health lead.
27. I am asked if I can identify the name of the policy document to which I refer. It was one of the original policy documents for Police Scotland, and I can't remember its designation but it would have been I recall it had the collection of legacy mental health documents which were varying in size, but had a frontispiece that said something along the lines that legacy arrangements would remain in place, and each division would appoint a mental health lead officer. We looked at that and thought: "Well, that's helpful." So I then emailed each of the divisions and said: "As you know, policy says that each division has a mental health lead officer. You would be asking them: "Can you please identify who your mental health lead officer is? Can they come to this meeting of mental health leads to discuss the consolidation of policy?" So that's how we found Laura. There was a more senior officer than Laura from Lothians who was identified as the mental health lead, but he obviously identified that Laura had this background in training and knowledge about mental health as well. So he brought her along as his contingent to the mental health leads group.
28. We formed ourselves into a mental health leads group and discussed the varying issues that we'd learned and met some of these people already at the event we'd held, but we identified then what the priority was to get a

consistent policy that we could all agree, and then to identify good practice. There used to be a thing about identifying best practice, but we were never certain that we could ever claim it was the best practice, but it was looking for good, sustainable practice that we could all at a level that we could all reach.

29. We then held a meeting where we discussed what people felt their strengths were of their own processes and they identified what was good practice, what was considered to be good practice among that, and then began to pool that together from within. Then there was guidance. There's various guidance documents as well, Scottish Government, they're mentioned in the documents I was reading. So we pulled together that and Pam was the secretary and she would take the minutes of the meeting. Pam ended up with half the actions as well, but it was about pulling these things together. Pam was the point of contact. Safer Communities would pull together all of the documents.
30. We would then report that back through periodic meetings within our department to say: "Here is our approach. Here is how it's going" and we were just given the green light: "Go ahead, that's fine." At certain other times, things like questions would come up through the SPA (Scottish Police Authority) about what was going on and we were able to say: "Well, we have formed a mental health leads group and we are consolidating policy in relation to that." So that was the leads group consolidated policy and then it became apparent as well that once you've got the policy, you then have to train it in. You can't just magically expect people to know the policy. In particular, it was very detailed and quite lengthy, and to give the officers the confidence to know what they were doing.
31. The other thing that we got was a lot of feedback from agencies because there was this need within the service. Mental health has a connotation of psychiatrists and psychologists and very, very highly skilled and very highly paid people who have very detailed knowledge of mental health and mental illnesses. Police officers felt they didn't have that expertise. What they did often have was expertise in managing people. It was about how do we

develop training to give them the right level of confidence in how to manage people? That was the sort of focus.

Mental health training prior to 2014/2015

32. I have been asked if I was aware of standalone comprehensive training on mental health and suicide prevention prior to the introduction of the 2014 Mental Health in Place of Safety SOP and the training by Laura Gibson. Before that, I understood that probationers for some time had been having a mental health input. I think Laura had been providing some of that, but that was not on that package. I think there had been a mental health input by Laura and that I think the Scottish Police College recognised that Sergeant Laura Gibson had been developing some expertise in this area and had been invited to the college to give inputs to probationers and said: “Oh, there’s Laura in Lothian. We’ll invite her up to speak to the probationers on mental health.” I think that was what was happening then, but I don’t know the detail of how long that had been going on for. My understanding is prior to that SOP that Pam drafted, Laura then created a training package to support that. Laura Gibson had been developing expertise in this area and had been invited to the college to give inputs to probationers.
33. It has been explained to me that the Inquiry has heard evidence that besides the Mental Health and Place of Safety SOP, and input at probationer training level, the training created by Laura Gibson that was specifically dedicated to dealing with someone who’s going through a mental health crisis and suicide prevention, was the first comprehensive training of its kind. I have been asked if this was my understanding of it. Yes, that’s my understanding. Officers at all levels, even senior, were identifying that there was a need for training in relation to mental health.
34. It is explained that the Inquiry has heard evidence that although the training by Laura Gibson was the first standalone course of its kind as at 2014/2015 that mental health input was interwoven into other training. I am asked

whether this is my understanding of mental health training as at 2014/2015. It would be coming in. So we used to get regular officer safety training and we used to get regular first aid training and that would be I think it was annual to have that. There would be an element would come in, for example, in relation to excited delirium, people dealing with people with excited delirium and that would be included

35. I am asked whether mental health input would feature in OST prior to 3rd May 2015. Well, definitely, this is back in my local or Tayside force days, and I think that this would come from recommendations from sheriffs and Fatal Accident Inquiries. My recollection is that an awareness of positional asphyxia and excited delirium came from inquiries following deaths in police custody.. It would then become PIRC in due course, but recommendations that officers should be aware of this or be aware of that, then it'd were to be included in officer safety training.
36. I have been asked if I can remember the earliest date that I received training on excited delirium. It's very difficult to be precise. Yes, I know, but I would have said somewhere mid-service. Yes, somewhere between 10 and 20 year service somewhere in the early 2000's. Yes, so there's other things like that as well. Another one that I can recall is in relation to positional asphyxia, but I can't recall which was first. They were different things. They were not introduced at that same time but they became things.
37. I have been asked if I remember being trained on that again in the early 2000s. I'm trying to recall. Yes, I would have said so, in the early 2000s.
38. I am asked to explain the gaps that were identified in mental health training as as at 2014/2015. What they were telling us was there was no training. There had been no training. So it was that. It was this lack of confidence about what they were expected to do in relation to dealing with people who may have been having mental health difficulties. So they knew what the legal information was, but what can they do? How do we effect change in that? How do we get the partnership? How do we get partners to cooperate? How do we get senior managers to understand what the challenges are? So there

was this, so that was the need for the policy. Then when the policy was there, it was then how do we train this in so everyone's onto the same page and understands what it is?

39. We had to work with custody well, and try to negotiate with custody about standards that could be expected. Then there was also the challenge for the communications and what's being recorded and what information was passed and things. So that's the amount of detail that I remember we had discussions of, but I can't remember the detail of those discussions and the focus of that.

40. I am asked whether I am aware of that the feedback was that officers were lacking in mental health and suicide prevention training. Yes. So, I wouldn't say that was a universal thing and I would say also from partners that lots of our officers were brilliant at that. They were just naturally very good at it but, not everyone, and it was about you having given everyone that confidence into doing that. Similarly, in officer safety training, that escalation/de-escalation, that use of force continuum, that became so much more of a focus of the training as to when to go up and when to come back down again, and your verbal skills in that. So that was a focus in use of force. People would know about tactical communication through their policing. That's what the police do, but not necessarily understand that was the skills they already had, not understanding that the skills that they had were the skills to deploy. It was just mainly about giving them the confidence about good practice.

41. I am asked whether I am aware that officer safety techniques be applied differently where someone is suffering a mental health crisis or someone experiencing. The response should always be informed by the specific circumstances. The level of threat or risk and the demeanour of the person involved would be taken into account.

39. I am asked to clarify what I mean when I say that it is not tagged as a mental health incident. Sorry, no, it may be you don't know what you're getting. Yes, you just have a variety of incidents that are often described by the public as to what you're dealing with rather than an assessment of what it actually is. It's just a label attached to it that's passed down for the officers. My knowledge of

the communication centres or what used to be called control rooms, sometimes there is more developed discussion with the person who's phoned in to get the detail. Sometimes a message can be passed out to the officers without having that developed knowledge of what's going on

40. I have whether, when approaching a scene, that the default first step is to utilise tactical communications and de-escalation where possible. I think you would have to have that awareness, absolutely. You'd have to ask: "Is there something to deescalate, you know?" So, yes, but communication would be the you would expect there to be communication.
41. I have been asked if tactical communications would be the first default step. I think so, yes, I would expect.
42. I have been asked whether at 2015 and, before that, mental health training (specifically soft skills, de-escalation and communication) was part of the OST refresher training. I think tactical communication was, but whether it was labelled as in relation to mental health, I'd be surprised. I think it was, but I think there may be like some passing reference to it, but I think it wasn't like tactical communication by the detail of that. I do think that was within the use of force continuum was something that certainly in the last 10 years of my service, became something that people were aware of.
43. I have been asked when the Use of Force Continuum came into play. That's what I'm saying, I think it was probably about mid-service for me. There became more of an awareness of specific terms. I think it's always been there, but that sort of very description of the use of force continuum, because people understood that there was a need to increase and decrease police use of force depending on the threat or risk present has always been part of mu awareness of officer safety. The use of force continuum succinctly describes this. I don't think it was understood as the continuum all the time. It may have been down in some academic booklet or something, but it's certainly more a knowledge from mid-service, I think.

Creation and roll out of mental health training from 2014 onwards

44. I have been asked how I was involved in rolling out the mental health training drafted by Laura Gibson. Laura was a trainer, so she developed the training package. She had developed previous training packages. We were training the SOP, so she changed that from the SOP into a training package. She developed that product. My role was to engage with senior command to persuade them that this package was ready now and to be authorised to be deployed, because it's millions of pounds worth of training. It's over 20,000 officers and staff having time dedicated to training. I can't remember how much training it was, but if you count up the actual time, the hourly rate, it was a very expensive, as all training is. So you have to persuade them that this is the training that's required at that time.
45. That process went up into my command and then it went up on paper and was around within the Force Executive for a while before – at a certain point – it was identified that it was now the priority to go forward. I had to go and meet with was then the DCC, Deputy Chief Constable Rose Fitzpatrick, who's now Suicide Prevention Coordinator for the government or champion perhaps, and get the green light from her to then go to the police college and meet with the senior commanders there to say: "We've been given the green light for this and let's get this going." So I had to negotiate then to get that onto their timetable.
46. I have been asked when Laura Gibson initially drafted that package and when I first escalated the training package to officers senior to myself. It didn't happen overnight. So, once we'd moved from: "Right, that's the policy done." I think we got the first version of that out in October 2014. Then it was: "Right, let's get this into a training package." I think we did steal Laura from her day job.
47. It was about drawing on her skills and her knowledge of putting a training package in, and then she had to work with trainers at Tulliallan to get into the format that was consistent with other training and how it would fit together. Yes, so that process of refining it to fit in was happening. We understood that

there was a need for training, so we were developing the training. It was just about getting the green light to get it delivered.

48. It took some time to get the green light; we were still developing it and getting into a state that could be delivered quickly. We had to then work up a training programme. Once you've actually got the training product, you've then got to work with people to get a programme. We had to speak to, I think it was the college then, on how do they invite everyone to come for training? How do they manage that process? So, that's a big staffing. They do that for training generally anyway, but that we had to get ourselves organised. So you're competing with other training. There's always training, and it is about how do you get your training into the position to be delivered, because there'll be something that jumps the queue.

49. I am asked whether it was difficult to have the mental health training delivered where there was other competing training. I would be grateful if you could change your statement to reflect you answer. Training time is always valuable both for probationers and other officers. Abstractions from front line duties are minimised as much as possible and there are always competing demands for training, each with its own champion.

50. I am asked to clarify whether I am referring to a sign-off. Yes. Well, signoff which takes you so far. You can't just say: "That's been signed off, on you go," because somebody will just put it to the back of their queue. You've then got to negotiate it into the queue, and you've actually actively got to work with that. So, I remember having to go to meetings with the Chief Superintendent at the police college at Tulliallan and working that through. He retired shortly thereafter and said something along the lines that he was really pleased that this was a piece of business that he had been able to get. He felt it was a valuable piece of training, that he was pleased to have played a role in getting it delivered.

51. I am asked if I can recall when we were given the green light to proceed with this training package. It's very difficult to be specific about that. I don't know. I mean, you'll know when the training courses were delivered, so it was shortly

thereafter. I say shortly, it would be within a couple of months. I remember that. Because, as I say, when you do get the green light, you've then got to work it into the program of training, which isn't sitting waiting for you to come up with your packages. They're working ahead and have a schedule of what training is to be done. I think it was projected to be in at a certain point. I think we were able to move up, but I can't recall the detail of that.

52. I am told that earlier I talked about this training as if it was first aid. I am asked to clarify whether I was referring to mental health first aid. Yes, it's a mental health first aid.
53. I am referred to page 3 paragraph 5.1 of the Briefing Paper (**PS11049)** where it states:

> *"The programme is delivered in six sections, taking 60 to 90 minutes to complete. It can be delivered in individual sections, each taking about 10 to 15 minutes…. The proposed suicide prevention and dealing with people in distress training takes four hours."*

Yes, face to face. So we're saying that, if the officers have taken this 90 minutes doing the Mindset, then that will enable them to do something in four hours that, if we take them away, it would have to take a couple of days to get through all that.

54. I am asked if I was satisfied with the four hours that I was able to get or whether I thought it actually needed to be longer at the time when it was first rolled out. We were trying to get something as meaningful as we could do that could be reasonably delivered and that we'd get approval for. So that's why, rather than saying we'll need two days, we were making it attractive for the green light, to say: "Here's how we can minimise" Yes, definitely would think it would need more than that, but it's better than nothing.
55. I mean, I think you need to start somewhere. And I think it was a good way to start because it didn't labour the point, but it provided them with a start. So,

how it would then go on, I'd be interested to know how they have done. I don't know what's happened since then. I don't actively keep in touch.

56. I am told that Laura Gibson explained in her statement at paragraph 54 that in the end the course ended up being 3 and a bit hours. I have been asked if I think that was adequate. It's a difficult question to answer. I think it was a start and it was as I explained before, there were limitations on training time and part of this briefing paper was having the negotiation to get some training done within a timescale. Especially something that would be meaningful and useful and would meet identified needs, but absolutely it would then need to be followed up and continued. So I think it would be something then I think elements of that, then, you would imagine would then be continued in the regular officer safety training and first aid training should just encompass that as you go forward, because they are it's the same issues. When you're dealing with your officer safety training, which is dealing with I mean, it's OST, but it's not just officer safety. It's OST in context with real life considerations for example positional asphyxia. It is that dealing with conflict training, how mental health should become a part of that. And I do know that was being discussed, how that got built into that. Mental health isn't necessarily distinct; it's just part of who people are.

57. I have been referred to 3.4.1 where it states:

> *"The training can be further developed for other specialist roles, including call handlers, custody, negotiators, firearms, family liaison officers and public protection units."*

I am asked if whether I am aware of whether further specialised training was indeed created. Not in my awareness. We delivered that so that everyone had that basic knowledge, but then yes.

58. I am asked if I am saying in the time that I was in Safer Communities, I was not aware that any specialist training was developed for these specific roles that we refer to. I can't recall, but we needed people to be consistent so that

what we were training our officers was consistent. But the actual development of that training, I can't recall. I would expect it to be consistent. However, if there was a need from a particular perspective for something to be different, you would expect that to be considered for any review of the ongoing training. I don't know how much review has been of the training for because you would expect it to continue for probationers. Has that been reviewed? I don't know.

59. I have been referred back to section 5.2 of the Briefing Paper **(PS11409)** where it states that the proposed suicide prevention and dealing with people in distress training for operational officers and staff takes 4 hours. However, similar courses for people with no prior knowledge or skill take 2 days. I am asked, when I consider that a training day is 6 hours a day and 2 training days equals 12 hours, whether that 4 hours was enough. Okay. I'll just focus in on what else it says there:

> *"Police Scotland training in dealing with the public and the foundation provided by Mindset eLearning package will allow the course…"*

So police officers have been trained, throughout their probation, and they are experienced in dealing with the public. So, absolutely, so it's not like a person who comes out of school and goes off and does a two day training. You would expect them to have extensive knowledge, because they have been dealing with the public and they should have that tactical communication.

MindSET e-learning resource

60. I am referred to paragraphs 55 – 61 of Laura Gibson's statement **(SBPI-00377).** I am asked to provide comment on the blended learning proportion of this training package. I think the e-learning part of that was providing that foundation so that you could get the face to face then was more focused. We also had access to MindSET e-learning platform. Within Police Scotland's intranet, we had Safer Communities that we had the mental health page on,

that we would put things on that would make things so officers could access things. We could make such things accessible to officers by putting them on the mental health section of the force intranet. I remember now, MindSET was there. That was accredited for another purpose but, it was still of value, but the problem was that might sound great, but you've got 17,000 officers all out there doing the work for 50,000 officers. So they're kind of overwhelmed, and so if you're providing them stuff to sit at the computer and read, it's not always top of their priority. That's why when you do training, it was computerised training. You wouldn't just make it available. You had to make it so they completed it, so that you can take them forward. Otherwise, they would find other things to do, I mean, absolutely.

61. We got permission to use MindSET, so immediately we're then drawing on expertise from SAMH and Lanarkshire's and Choose Life! to immediately use their product.

62. I am asked if a record was kept of the individuals that completed the MindSET training. Yes, that's correct.

63. I have referred to paragraph 56 of Laura Gibson's statement **(SBPI-00377)** and I am asked whether the e-learning format was made available and whether staff were encouraged to use it immediately. I am told that Laura Gibson stated that her understanding was that the e-learning was available to use immediately, but that it wasn't used by officers/staff immediately, rather that it reduced the burden on Safer Communities to develop an e-learning tool. I am asked if this is my understanding of the circumstances. Yes. So, at that point it was available, we had made it available on our website, but it wasn't mandatory at that point.

64. Yes. So, there, we are advocating a tiered approach now. This is what we're advocating. I can't recall, but I think this is what was accepted. In fact, it states this within the Briefing Paper **(PS11049)** at 3.1**:**

> *"… a tiered approach to training with an eLearning mental health awareness for all officers and staff around specific and relevant training."*

65. I think we said everyone then has to do that. There was a system that then could track it could force you into completing modules on eLearning.
66. I am asked to clarify what I mean when I say "force you into completing modules". I am asked whether this means that I had to complete them for the completion of the course that was delivered. Yes. No, but then, when it was given the green light, it was then put to everyone to then complete it, because we had initially allowed voluntary access to Mindset for those who were interested. Then it became a mandatory part of the training to be completed before classroom based training
67. I am referred to the Mental Health First Aid training package delivered by Laura Gibson. Our training drew on that obviously, because our training was a first aid training. It is about responders, what they can do initially, not any developed treatment or whatever, but about managing that situation and then developing referral. Part of that was that the officers had to record their interactions. There was a big thing about the Vulnerable Persons Database. If they were dealing with something like that, they had to record the dealings in that so that that could be picked up, because not every officer is going to know what all the options are for referring folk on. Whereas if you've got people who are looking at vulnerable people, looking at their database, they can see opportunities for intervention, rather than the single officer dealing with the single thing.

Role in quality assurance

68. I am asked whether it was part of my role to ensure that the training was meeting its aims. Yes. So, it was. The training was developed to meet these aims. Now, also, ordinarily, Laura explained in a process like this she'd have a

training needs assessment document, but we actually we kind of had that needs from all our information that had come to us. So, in some ways, we'd shortcutted that, but that was about the speed that we were trying to work at to try and move things forward. It was about trusting Laura's knowledge with making sure it fitted in with the priorities that we had identified going forward. That had to then be fitted in with the college to ensure that it was in the training style, and that the learning aims, etc., were all identified and were met by the training. That's the technical elements of the training. I wasn't involved but was interested to know that it was being done. I had an awareness of that, but wasn't involved in that, but it obviously had to then ensure that – when it came out the other end – it still meet our need, which it did.

69. I am asked if it was Laura that was matching the objectives and aims of the training package against the package itself. Well, that would be Laura and the people at the college who would be then saying: "What is the aim here and does that meet it?" So that technical part of developing a training package was very much Laura and the people at the college working on that. I mean, I didn't have the skills to or the knowledge of developing training to do that, so that wasn't my role. My role was to have it developed and make sure the process was robust. This is because I then had to argue about it and how its formulation to those more senior, so that they had the confidence to say, "Yes, let's deliver that to the officers."

70. I am asked if I recall whether Laura sought input from experts from Scottish Association for Mental Health ('SAMH') and the NHS. Yes. So, we dealt with these people all the time. We had a relationship with these people. We had developed while I'd been working from the earliest date I could, but then we would share it with Scottish Government working groups, etc., suicide prevention with these key people. We knew these people and we would information share. We did it with the policy document and, again, we did it with our training documents, training packages, to get their feedback and they would be adjusted, or sometimes we would know people's concern. I'm thinking more about the policy rather than the training, but people would have

concerns. All concerns were noted and our response and any action was also noted including no action. These were noted in the SOP consultation log.

71. You'll see in the consultation log that when any feedback came back, we always made a decision about what we would do with that. I think that a similar process took place with the training. I just can't recall exactly the same consultation log. Bear in mind the training is training for the policy and, so the policy would be approved, and the training was about how to deliver the policy.

72. I am referred to paragraph 111 of Laura Gibson's statement **(SBPI – 00377)** and whether I would agree that that the sort of individuals/organisations that were consulted when developing the training would be: the Mental Welfare Commission, SAMH, the Scottish Government and the NHS. Yes, yes. That's right.

73. I am asked if I feel that the training did meet those objectives identified in the Briefing Paper **(PS11049)** and in the equality impact assessment. I think it was a good first step, but I think going forward would require repeats. It needed to be consolidated within officer safety training and first aid training. I don't think I was involved in taking that forward.

74. Once it started then, I think they were then doing lots of training, but to get the thousands of people. So I recall then, there had to be training for trainers. Yes. Because if they asked her to train 20,000 people, it would take a long time. So there was training for trainers, I recall, and obviously that in itself is a process for refining the training. Then, there's the whole delivery out to that but, unfortunately, I seem to have retired while that would have been going on. I've been thinking about that. I don't know when it was finished.

75. I am told that the Inquiry has heard evidence that the training started being rolled out consistently to all officers/staff from September 2016. Yes. So, I think that's right. There was a sort of intensive programme then over a number of months to get everyone trained. It's not in my awareness what we then did thereafter. I don't think that doing that training, we'd say: "Right, the need is met. Everyone now knows everything about mental health." Because

that was never the aim. It was just about a first aid approach and, as we know with first aid, that gets trained in regularly. It was annually. I think it's maybe been slipped to every two years, but it needs to be repeated because the incidents that you require it, they could be regular, or they could be a long time. So you do have to have that repetition of training.

76. I am asked why there was a delay between October 2014 to September 2016 for it to be rolled out to all officers and staff and if I remember what the delay was caused by. I do, inasmuch that there was some decision about other training that had to take priority. I can't remember what it was, but whether it was some computerised system or other that swallowed up a lot of training time, because obviously they only allow a certain amount of abstraction for training. I remember us having to fight to get ourselves on the schedule for training and, something else came in and said: "Right, the next X number of months, all the training is going to be towards this." and I can't remember what that thing was, but there was something.

77. I have been referred to paragraph 114 of Laura Gibson's **(SBPI00377)** statement where it states:

> *"I think there might have been a terrorist incident. Therefore, the focus Police Scotland and other organisations became terrorism and anything else that was on the back burner..."*

I am asked if I recollect this. Yes. So, these things did happen. I mean, terrorism was a huge state of alert over that period but, no, I recall it being something else. It was something that was a big training commitment for all officers, and it must have been a computer system or something. Then they said: "Right, we need to get everyone trained in this." For the life of me, I can't remember what it was called, but I do recall there being that.

78. So, I mean, there was always lots of training required. As I say, you can't understate that nobody would ever say: "We don't need that training", okay? They'd say, "Yes, yes, oh, we definitely need that. Yes, let's get that done,"

but then how do you get it to the top of the list? I remember the conversation within my team. Grant Manders had moved on. [redacted] had asked me, and said: "Andy, what is the one thing that we can do in relation to mental health that will improve things?" I says: "Well, deliver the training." "Well, where is that?" "On your desk." Now, remember, that then has to go on from his desk onto someone else. Yes. Now, that was probably unfair to have said that, but it is about saying: "Where are we?" Not everything is the top of everyone's priority but, that day it became his priority. The question was asked: "How do we shift that forward and deliver the training package that we've prepared?" At that point, of course it was like: "Of course that's exactly what we do." It's ready to go, it's being delivered to probationers, so we need to navigate that through.

79. So, in my position in the middle, I had to go up to the executive, and there was never anyone who ever disagreed that it was necessary. It just about timetabling and getting that forward. So, as I said before, you have to go up through to get it to the force executive, to get it on their agenda and to have them to be convinced that you were ready, that it was necessary and ready to go because it is a very expensive process. Then, having got that green light, you've then got to almost go through the process again when you take it to the people who are going to deliver it, because they've got to identify trainers to do that training. None of that training for trainers can take place until you've had that green light. So, when you get the green light, it then takes a negotiation to say: "Right, when can we start to deliver this?" Well, to deliver a package like this, you will need X number of trainers. So we'll need to identify people who have got these skills and they'll need to be geographically based in X, and then we will have to develop a training. So you've got the training package. You need to develop a training for trainers, to become super trainers in that package.

80. That's going to take a certain amount of time, and then you're going to have to be able to abstract who is all to be trained. So there is that negotiation where we want everyone trained. Well, who can we miss out of that? You end

up trying to keep as many folk in as possible. Then, how do we deliver that? What's the programme for that? So that all takes time.

81. It can be frustrating at times to think: "How do we get this delivered?", but the people who are making these decisions to say: "Yes, that's good, we need to train mental health," they need to know that you've got a product that's there, that's the right product, that it's necessary now, and we have the capacity to deliver that all the way through. So, I mean, that takes a while.

82. I am asked to think about the timeline where the training was delivered to probationers in October 2014. I am asked whether it was early 2015 that I started to consider it necessary to push the mental health training through to all the other officers. No, I think that various papers had gone up, and there would be a response. It would be positive, but nothing actually happened. It would just be because, although it's going up into the force executive, they've got the whole of this new force to deal with. So, while, "Yes, that's good," but there was the question of: "How do we turn that into, "That's good, let's actually do that"?

83. So, I don't know what was there, but there were many things going on. Some of the delay might have been because the same people then at the top end of that would also be people that would be like, for example, Ruaraidh Nicolson and the chiefs, etc. They would also be the ones that would be dealing with the highest level of counterterrorism and things, but that's their role. Their role was to do a wide range of things, but this would be there to have it approved.

84. I am asked if I was aware of what steps were taken to measure the effectiveness of the training. I don't recall specifically, but I do know that all training was reviewed. There's always a feedback review. Now, that same feedback came back from the mental health training, but I recall it being mostly very positive. People saying: "Yes, it's about time we received this" but occasionally you would get people less than positive but, I don't have the detail of that, but I do recall that that was part of the process. All training always gets a review. So part of that would be about how the actual training

and whether people felt it met the need overall but also whether it met the personal need that they had.

85. I have been asked if I was aware of whether the training was subject to periodic review from, higher up. I think that would've been too early for me to have been involved in because we might have been still delivering the training when I retired. So, any training, any policy has a continual review. The policy was scheduled to be reviewed two years after it was created. I think we had carried out that review but, if there'd been anything significant that needed to change in the training, that would have then been built into the training rather than wait for review of the training. You would have seen that there was a gap then between what we were training and what the policy was seen to achieve, but I don't think that'd become apparent at that stage that I'm aware of.

Other mental health training made available to officers/staff

86. I have been referred to page 3 of my Training record **(PS18806)** where on 3rd December 2013 I attended a suicide seminar. I have been asked to explain what this was and who this was made available to. So, you can see that's an external organiser and you'll recall when I mentioned to you earlier that the police in Tayside, in Dundee, had had a suicide cluster of young people, and this was a seminar in relation to that. So that's what that was.
87. I am asked who this was made available to. My recollection was that invitees were fairly limited and I can't recall exactly who was there. I may well have been in the national force by then but, it was based in Dundee, regarding the suicide cluster in Dundee. I think there was a representation from Wales as well because they'd had something in Newport where they'd had a similar experience. I think it was available to just a small group of people, and I don't recall there being not a big group of our It wasn't ruled out. It was just a one day gathering chairing of learning from the Dundee and, I think, from the Wales experience. I think there were some academics and research and government that were there.

88. I have been referred to the Safer Communities' training, "Scottish Community Safety Network workshop" on my SCOPE record. This was delivered on 22 May. I am asked to explain what this was. This was what I was mentioning earlier, that we had pulled together this focus group. It's been labelled differently but, yes, a focus group on behalf of Scottish Government. That was part of that dealing with the stress working group. We pulled together this working group this workshop as a focus group.
89. I have been asked if it is correct that the "Scottish Community Safety Network workshop" was all of the mental health leads from the different legacy forces at the time. Yes, though I don't know if they'd actually created the mental health leads by that point.
90. I have been asked if I know who would have attended this one. Yes. It was the lead officers with responsibility for mental health from geographic divisions or their delegates. I think this was us in the learning mode. I think we'd been created a couple of months before. We saw this as an opportunity which allowed us to network and learn. I was tasked with delivering that workshop. It was about being in learning mode for us to improve our network and our knowledge and tease out the issues. It was my team that pulled this together. So that's why it was held in Tayside in the training centre there. We used our contacts to have the training centre there, and we had various speakers with different approaches, and it was principally about mental health and people being held in police custody or people coming into contact with the police. So, my team. So just me and Pam. I say "my team," but then we had other people in Safer Communities that were based in Dundee. They were part of the Preventions team.
91. We mentioned earlier the makeup of the team. I'm fairly sure it was crime prevention but there was also counterterrorism, Prevent. That was part of the Safer Communities command as well. So that's why I keep confusing the things, but counterterrorism, Prevent, as well as preventions and Strategic Partnerships. So that there was something that we pulled together as a learning opportunity and a networking opportunity.

92. I am referring to my SCOPE training record in order to identify the specific course which prepared me for my role as at 3rd May 2015. There is my accelerated promotion course and sergeants' courses, so these are designed to be developmental, and you do a range of partnership working and things within them. "PO, initial course. Public order." Public order, that's more of your officer safety type of stuff. That was actually me doing a public order course. "Emergency planning course, legacy." That is an entirely working with partner agencies regarding emergency situations, but absolutely, the police interface with other agencies. "Critical incident stress debriefing," that would be obviously dealing with critical incidents and dealing with people. "Diversity awareness. CISM debrief (Critical Incident Stress Management)." Not sure what that was now.
93. I am asked if the 'Appropriate adult scheme' would fall under mental health as well. Yes. So that was, absolutely, having an understanding of when an appropriate adult would be required for dealing with that. Yes. So there certainly is a connection with that. 'Officer safety, first aid.' 'Human rights training' absolutely, and then diversity training. So, the inspectors' training course, that's a developmental course for inspectors.
94. I have been asked what the training 'Employment. Diversity, disability, policing the vulnerable' relates to. It's very difficult for me to remember those details. It was a focus on awareness of vulnerabilities. 'Protecting communities. Community awareness' So these two are counterterrorism and dealing with minority communities, tackling antisocial behaviour, what worked for families on the edge. When I was working in Safer Communities locally in Perth and Kinross, working in partnership with the council across portfolios basically. Things like antisocial behaviour, which we can see are police focused, often takes you into dealing with mental health. When I was involved in Safer Communities, or the community safety inspector in Perth and Kinross, at that time, I think we had over 40, or around 40 young people who were under the age of 16, who had been identified as persistent young offenders, which was six or more offending episodes within a six month period that had been

reported. We had about 40 of them. Perth and Kinross had 40 identified persistent young offenders in the early 2000s, which seemed to be excessively high.

95. Within Perth, there was a medium secure mental health facility at Murray Royal Hospital, and we would have people in the community that did have mental health challenges that would present themselves in the community so that the police would be involved. Sometimes that would be about offending, sometimes that would be about self harming behaviour.

96. There was a view that mental health incidents were becoming huge and it's about making sense of that because it's dead easy to say somebody else or another agency or an expert should do something about it. I mean, everyone has got mental health issues. Whether they're positive or negative, we all have our own mental health. So it's easy to hand out a mental health label on things. It is about, how do we cut through that as to what is mental health for dealing with the police? So it is about, how do we get a handle on that, how do we record things and, you know, can we work out good practice that can begin to get to grips with that? That's probably where I saw my skills being useful.

SLB Briefing Paper (PS11049)

97. I have been referred to the document PS11049 which is a briefing paper drafted by me. It states:

> *"… to identify the need for training which has been identified through internal review and reinforced by PIRC reviews and recommendations for the new national strategy for the prevention of suicide."*

I have been asked if I produced the content of this document. This is the one that I put together. Yes, so this is me communicating upwards, from earlier. I prepared a briefing paper and supporting documents describing the need for

mental health training, what the training would consist of and how it could be delivered.

98. I have been asked, in my words, why this Briefing Paper was created and why it was needed. So, it was to seek approval to proceed with the mental health and suicide prevention training, just as it says there at 1.1. That's exactly what it was. We've had that discussion earlier about how you've got to get executive approval to spend all this time and effort to train officers because there are many demands. You have to convince and negotiate to get your training through.

99. I am asked if the Briefing Paper is part of a standard procedure to be followed when introducing new training. I am asked whether, in order to refer it up, I had to create a briefing paper or was I asked by someone above me to create this briefing paper in order to take it further. Yes. My expectation was that my Chief Superintendent would have said: "Right, give me a briefing paper on that training." I mentioned it at some point and said we need to get the training that has been previously submitted and needs to be approved. So you would present the training, there'd be a briefing paper and a package of the training, so this should brief anyone who's reading it as to what the issue is and what the proposal is to take it forward.

100. And it does within that, you can see there it answers the question that you asked earlier:

> *"Suicide prevention training has been delivered to probationers at the SPC for four years."*

That highlights another issue there that I'm reading that was very pertinent, that we had probationers having training for four years, having access to better training packages than their supervisors, than senior managers. It introduced the risk of officers and their supervisors having a differing and sometimes conflicting understanding of how to deal effectively with people with mental health issues and distressed individuals.

101. I am told that it states that the:

"Suicide prevention training had been delivered to probationers at the Scottish Police College for four years."

I have been asked if I am aware of whether that training encompassed handling people who are in mental health distress or if it was specifically suicide prevention. I would be surprised if the terms of 'mental health distress' were used on that but I then again, Laura was delivering it, so perhaps it was, but I don't know specifically. I can't recall specifically.

102. I am asked if there was a suicide prevention training which had been delivered prior to October 2014 as part of officer safety and/or probationer training. Yes, so my understanding was it was Laura that had been going to the college to give these inputs to probationers. That's my understanding.
103. I am asked if I know anything about the content of this suicide prevention training that had been delivered for 4 years. I don't recall the specifics. I mean, I think at the time I did, but I don't now.
104. I have been referred to section 2.4 of the Briefing Paper (**PS11049)** where they discuss the new SOP, "Mental Health & Places of Safety," which has been developed with local policing. I have been asked if this is the one that was drafted by Pam. Yes, so Pam did all the hard work. I would be saying: "No, I don't like that. Let's start again. Let's try it this way." and then we got onto the same page of how we would approach it and what needed to be in there. So I ended up with Pam doing all the hard work and I would probably have just some editorial control of it.

Mental Health and Place of Safety SOP (PS10999)

105. I have been referred to the Briefing Paper **(PS11049)** where it states that that the Mental Health & Places of Safety SOP was:

"… to consolidate good practice from around the country to ensure consistent approaches and application of the national decision making model to mental health incidents."

I am asked whether the SOP was seen as an interim measure before the training went out or whether it was something that we would have in place as standard. No. So, the SOP, the Standard Operating Procedure, was very much the standard operating procedure, so it was about setting the expectation. So if you were to do something that deviated from the standard, then you may have to account for that approach. The problem with creating an SOP is the day you publish it you're the only person who knows about it, and saying: "There you are, there's a new X number of pages document, so you've now all got to do that." it doesn't work. You need to have the procedures that you want people to follow and then you need to train them in, so one comes before the other. There's not a notification system where it states to officers that: "You should acquaint yourself with this document". In my head I imagined it almost like: "This has been uploaded to X folder for your perusal." But that's not the case.

106. Well, people variously do different things. So, the mental health leads would say: "Oh, there's the new SOP being published," so they would and they'd been consultees, so they'd have to do line by line of it, but other people may dip in to see how it fits in with their area of business. For example, custody, might focus in for the custody. But it would be unusual for officers to go and read it line by line and have a developed understanding of it just because it's been published. That would be a great hope, but that would be unlikely and that's why you need to provide training. It's there as a reference document so people could refer to it. It's a standard that we aspire to and the training is there to support that.
107. The mental health leads, then, it gives them something to use when they're looking at incidents in their division, they could look at that and it gives them something to say: "Well, is this how we've approached that incident?" So

there could be that there's learning, then, on how an approach has been taken to an incident that could have been better, or it could be that there's a limitation as to what the guidance has been, or what the procedure has been, and it's not been good enough. So it's a learning process then, but there's something to learn against.

108. I have been referred to 2.7 of **PS10999** where it states:

> *"The training proposals have been developed in consultation with partner organisations,"*

They list off some of the ones that we discussed before, but they also include consideration of good PACs in England and Wales through ACPO working group colleagues and College of Policing. I have been asked to provide details on the function of the ACPO working group. So that was the ACPO, which is the Association of Chief Police Officers, and the ACPO working group on suicide prevention was the chair that was held by British Transport Police, and [redacted] So we would be looking, then, to pick up good practice from throughout the UK.

109. I am asked if it was felt that the SOP had to be supplemented with the practical element in the face to face training of scenario based training. Yes, it is.

110. I have been asked to explain why we felt we needed this training in addition to the SOP. There is that view that the SOP is a consolidation across the country of previous policy and practice. So in some places it would have quite some similarity with what they were doing; others, it would be a change or others it would be more specific to their particular role. So it was to try to provide that consistent knowledge about what the processes should be and also to provide soft skills and, more than anything else, some confidence about the soft skills.

Signature of Witnes[redacted]

Many officers have soft skills in dealing with them, but just having the confidence to use them, so.

111. I am asked if the soft skills were to be taught through scenario-based learning. Yes, so that would be then for the people who are the trainers, training for trainers.

Other Police Scotland documents relating to mental health

112. I am referred to an email between Laura Gibson and James Young **(PS12166)** where I am copied in. I am asked about where the email mentions a diversity booklet that was in place at the time. I was aware of such a booklet. Well, I was familiar with that content, but I wasn't certain that was because it was in the diversity booklet because it's just the statement of the law. That's how it was recorded in the Act, if I recall, in the Mental Health (Care and Treatment) (Scotland) Act, or whether it was in the Policing Act, I can't remember, but it did tell us about our role with mentally disordered people, that terminology and what that may consist of.
113. I am asked what the purpose of the diversity booklet is and if it was a point of reference for people who were in the force at the time. So, I didn't have anything to do with the publication of the diversity booklet, and I understand that that's one of the documents that's the sort of foundation documents for Police Scotland when it was created. So someone's obviously thought: "Right, we're putting together this new force, so it needs to have a diversity booklet." That seems to exist alongside that, so it's been created as a statement of Police Scotland's commitment to diversity.
114. I am been asked if it would be accessible to everyone who had access to the Police Scotland intranet. It would be on the intranet along with everything else. And it would probably be on a diversity page. This probably in some way makes the point as much as Laura's point is saying that he has written some

sort of context in relation to mental health and she has pointed him into saying: “Well, this bit’s adequate, so why don’t you just use that?”.

Consultation with external agencies/organisations

115. I am asked if we were also in consultation with the College of Policing. Yes, we were.
116. I am asked if I was aware of what mental health distress and suicide prevention training they had in place at time. If yes, I am asked if I learned anything from them and how it was implemented in Police Scotland’s training. Yes, so I can’t recall the detail of that. We definitely had that knowledge at the time, but I can’t recall that. As I say, it’s a bit of a political football as well, and even more so now than it was then. I see now that in England and Wales they’re having this discussion about whether the police go to deal with mental health incidents, so that would be interesting. But I don’t know so I can’t recall the detail, but if they had something that was better than us, we would have been not proud; we would definitely have adopted it and adapted it and improved it.
117. I am asked if there would be consultation notes to document the consultation between Police Scotland and the College of Policing and ACPO working group that could be looked to understand what the situation was at the time. There’s a full consultation document which you have. I was looking at it earlier. You’ll see the consultation that’s taken place in the creation of the policy. So the policy document, SOP.
118. I am asked to confirm whether the consultation document was held within the Equality Impact Assessment form. Yes, it was. We have consulted on the SOP widely and developed our practice, and then the training process, the training packages, it’s just about how we deliver on the SOP. I don’t know, I think the consultation about the SOP is hugely detailed because that’s the chapter and verse of everything we want to do, and then the training is about the consultation on the training. I can’t recall the specifics on, but it is about

picking up the elements from our SOP that we wish to train and we wish to empower our officers with, the knowledge we wish to empower our officers with. So, with the policy document, we sent that back and forward, back and forward, and it became version 1.11, for example, all the way up until eventually it got published as version 2, as the created document. All the iterations beforehand and the version control was dispensed, and became: "V2, there you are, that's it, publish." I don't think we had that process with the training because the training became a technical exercise between Laura, with her training background, and the people who were going to be training for trainers, with their training background, how to make it fit into a timeframe and lesson notes. So we didn't have that dialogue of: "What do you think of this?" to all of our different partners in the same way. It was about implementing the SOP, which has been hugely consulted on, so how do we then technically deliver that.

Views held by Police Scotland officers/staff surrounding mental health

119. I have been referred to Laura Gibson's statement **(SBPI-00377)** at paragraph 48:

"It's strange because the real focal point of the training and even, I suppose, the SOP, or anything that we were trying to achieve in the department was to remove the stigma that those who are in mental health crisis are dangerous. The media do a great job of implying that. But also throughout, that public safety, your own safety and the person's safety is hugely important, but not to prejudge that just because someone is experiencing perhaps strange behaviour that they're automatically dangerous."

I am asked if that is a view that I and people within Safer Communities shared at the time. Yes. Just because they have a mental health issue, you shouldn't see them as a risk.

120. I am asked whether as at 3rd May 2015, and prior to that, that this was a default view shared by people across Police Scotland. No, people would have a range of views, I imagine. I think, police being police often and, given the focus that we're given on officer safety training and things like that, they do tend to view things as risks, rather than just background information. You know, if someone's calling the police because of people, you're then being called into a conflict there which they're looking for the police to resolve. So, you are finding yourselves in positions of some conflict. If there's someone with a mental health issue, and the police are called, they're often a case that is creating a conflict that they're looking for the police to be there about. They don't usually call us because someone's having a mental health episode where there's no risk or behavioural issue. That risk could be to the person themselves or to others, or concern, but there is usually there is that identification of a person as vulnerable and needing help, but for someone to phone the police, there is that challenge to the police officer not just to see the risk of that, but to understand the vulnerability of that.
121. I am asked if the probationers were being trained to think past the stigma that's attached to mental health issues and people in mental health distress and that it should be the default position to assume that someone with mental ill health is dangerous or posed a risk immediately. Yes.
122. I give the next answer in relation to the risk of probationers having more up to date training than their managers and not about the risk posed by people with mental health issues. So, I think in using that argument to propose to identify a risk to then get your training package delivered is reasonable, absolutely. But then there is also very much the possibility that experienced police officers and experienced police managers will have a rounded view of how to effectively deal with people with mental ill health. There is something about getting everyone onto the same page with that.

Guidance provided by Diversity Booklet (PS-11300) on dealing with an individual in mental health distress

123. I have been referred to page 74 of the diversity booklet **(PS-11300)** where it states:

> *"When dealing with people who you believe may be experiencing mental health/disorder you should not make assumptions about their ability to understand, reason, or respond coherently."*

It is highlighted to me that this section explains considerations which should be brought to the forefront of an officer/staff member's mind when dealing with someone in mental health distress.

> *"Identifying yourself and others and explaining intentions, actions and any equipment:*
> *• Explaining that you want to help and ask how you can be of assistance;*
> *• Distress and disturbance that might be caused by Police vehicles, equipment and uniforms;*
> *• Eliminating noise and distractions;*
> *• Talking slowly and quietly;*
> *• Avoiding verbal confrontation and challenging behaviour;*
> *• Not having physical contact without permission;*
> *• Keeping your distance and respecting personal space;*
> *• Developing a sense of working together."*

I am asked if this is how I was taught and whether the training was training officers/staff members to deal with people in mental health distress in this way. So, I think that this empathetic approach had been identified as sort of an ideal and had been discussed in elements of officer safety training. You know, it wasn't a bespoke mental health training, but I think elements of that had been in, but I cannot say how much that had been trained into that. My

own experience is that awareness of specific issues such as excited delerium and use of tactical communication was incorporated in to the officer safety training I had over the years in my own force prior to the formation of Police Scotland. I don't know how universal such training was. The diversity document, which was one of the foundation documents of Police Scotland. I can't recall that from the legacy forces. I can't recall specifically what was in that, but I do have an understanding that that good practice there, which is there, existed, but not necessarily had been trained in.

124. I have been referred down to page 76 of Diversity Booklet **(PS-11300)** where it states:

> *"Individuals may misinterpret interventions as a result of hallucinations or paranoid ideas, feel threatened, and become hostile. It is of paramount importance that consideration is given to everyone's safety."*

I am asked if this is something that I would say forms good practice. I think that was fairly well understood through officer safety training, that people can be having episodes when their behaviour then becomes a challenge. But I think the challenge for officers is again the information that's coming to them in their situation about, for example: "What do we have here? What risks are being presented?" So I mean, officer safety training is something that's trained in every year, so you are dealing with officers who are trained to consider risks that present themselves and how they manage that. The mental health aspect may only be recognised after the resolution of the immediate crisis and is considered for Criminal Justice disposal or health referral, rather than the resolution of the particular incident. If you're there and you have space and you can identify it for what it is, then this approach seems absolutely logical. Sometimes, you come into a situation that's at a different stage, and the

mental health becomes not about how you dispose of an issue, rather than how you resolve the issue.

125. It's difficult. I mean, I know nothing about other than what you've asked me to read about here today and the couple of pages I've read about there, and the reports of a man with a knife. If you had, you know: "Can officers attend to an incident? We've got a man experiencing some mental health difficulties in the street. Can you come along and see how you can help?" It's quite different to the reports I've read about this, where there seems to be some sort of alarm that there's a man with a knife causing a disturbance, and then that's not escalated, but it's responded to positively by saying, you know: "Everyone's to go." It strikes me that, in terms of officer safety training, we used to be told: "What is the response?" If it's a planned response to an incident with a person with a knife, and if it's a planned response, I think they use firearms to deal with that.

126. I am given the example of where a situation, which might not have been tagged as a mental health situation, it might have been tagged as a report of a man with a knife, but if there's no confirmation of a knife upon arrival at the scene. I am asked what the default approach by officers should be. I am specifically asked to consider response from a mental health training perspective. Of course, it should be in your tactical communication. But I am reminded of something in my early career that where you find yourself in the midst of something before you know what's happened. I had a report – I was back in the office – that said: "That's a chimney fire up in such and such location." The fire service used to report to us when they were attending a chimney fire so that, you know, they knew that that was happening in your beat. Then, they said: "Oh, that chimney fire, there's a report that the man's firing a gun at the fire officers attending the chimney fire." So, immediately, you've have changed from no immediate attendance to: "Oh my god," to, "Charge, let's go and see what's going on here." I'm given the location, so I'm thinking: "Right, I've got to approach this sensibly. I'll come in from a distance." So I park, you know, 50 yards up the road. Unbeknown to me, I've

been given the wrong address. I'd parked exactly outside the window where the man with the gun is. I've come out of my car immediately to be 15 yards away from him with a gun, and my response then is different to what I had planned it to be. I was looking to go ahead and to report on what I was seeing and to get sufficient resource and thinking about this as I'm driving there, and the next thing was that's not what I was doing. I was in the middle of it, you know?

127. I'm just slightly minded about that when I see this, that you go there thinking about what you're doing. The little thing I'd read about on the chronology, about, I think, someone's saying: "There's a mental health hospital," so there'd obviously been something in someone's mind about that, but when you're there. I struggle to understand why they stopped 8 feet from him, and I can't see why you would do that by choice, you know? it's the stress and disturbance that might be caused by police vehicles and equipment. So, if you come screeching to a hall 8 feet from someone, I'm not certain why you can would do that unless they've happened across him. It seems to be very close to approach a suspect armed with a knife. There is little tactical space to operate. These are the situations described in the Diversity policy document you mentioned. It may not always be prudent to approach with blue lights sirens. It is a judgement for the attending officers. Do the blue lights and sirens let the alarmed members of the public know that the police are arriving, what has the highest priority? But, as I said before, when I had the incident I went to in the past, I had no plans to put myself in front of a window with a man with a gun, and then you suddenly find yourself there. Yes, so absolutely you would expect people to approach with that tactical knowledge of where the police were coming screaming in with blues and twos. At that point, some officers might think: "Well, do I switch these off now that I'm close and I want to see what's going on?" Others may think: "Well, I have them on so people can see that there's an emergency."

128. Yes. So, absolutely, you'd expect that to be there, but at the same time you've got this other question and you're going towards the situation of danger,

whereas other people are going away from that, so what is your role there as the police officer. Who are you looking to keep safe. Our watch words at that time were Keeping people safe. Who are you keeping safe? The people who have called in, absolutely. Yourself, absolutely, although not in the way that most people would do because they would be absenting themselves from the situation, but you've got to go towards situation. Keeping people safe, keeping other people safe, and, you'd be thinking: "Let's control this and we can keep everyone safe." Yes, I'm not sure why they went screeching around to 8 feet away – whether that is how they've chosen to do it, or whether it's just happened, I don't know.

129. So let's just go back to what it says then again, the default shouldn't be that you should treat people with dignity and respect. Absolutely, there's no doubt about that, but the challenge that, when you're having the report of the knife. Yes, so it's that use of force continuum again, and I'm sure that's what the Public Inquiry is trying to flesh out.
130. I have asked to consider the statement. In making a judgement about whether the person may pose a risk of harm to themselves or others you should consider apparent substance misuse." I have been asked what is meant by this section. I mean, it is a bit vague or whatever, but it's about having that awareness that the person may not be being intentional in their actions, but the things that are happening are because they are under the effect of some substance or drug. So it's to have an awareness that people, you know their intention, the person's intention, may not be criminal. It may just be that they are delusional for whatever reason, through misuse or whatever. So that may not be their intention. So just having that understanding but, at the same time, you still have to deal with it in terms of dealing with the risks, and that's where this tactical communication and speaking and trying to be calm and trying to be calming and trying to provide that assistance.
131. These things tend to work, you know – that's why they are offered as advices here – that engagement with people and bringing them to reality, but then understanding that there may be a reason why the person isn't responding as

you would imagine that people normally should. You know, these are just considerations. I think, in terms of that guidance there, or whether that guidance is repeated within officer safety training and that, it's all meant for you to have a developed understanding when you're dealing with someone, and absolutely for the post immediate resolution, how you then deal with the person. Do they then you know, what is the disposal of the incident? Is it calmed and they get appropriate support, or do they have to be taken into police custody? These are considerations at both ends of that critical point, you know? Immediately dealing with it, and then what do you do next?

132. I have been asked did I complete the annual review of Pam's SOP. Yes. So, we did, and I can't recall the details of it, but yes. It comes around really quickly. It was a two year period, and they're a very strict policy department. They chase you up. So, yes, we did. I can't recall the details of what changes or updates or anything we made, but I'm sure that would show up in version control, you know, when v2.01 was created.

133. Summarised to me was the point that we've spoken about the reason why Pam, Laura and I were all brought in to create training, standalone, comprehensive training on mental health distress and suicide prevention, and we've agreed that there was a lack of mental health training, particularly the soft skills, and that was coming back anecdotally by officers. It was also identified in the PIRC review and upon speaking to government agencies, local authorities. So, just on that, you know, lots of the feedback was from other agencies and from service users. So, often you would go to some of these things where we'd have service users present, and they would always tell you, "Oh, the police are wonderful. If it wasn't for the police, there'd be nobody. They've been great." I said always, but often. Often they would tell you how great they were because, at the weekend, we can't get anyone else, and the police would be there, and they were great. Part of the thing was, as well, just to give our officers reassurance that things that they had been doing, the good practice that they do, was the right thing. It was to provide that confidence to know that they can act in that way. It wasn't always having to be

the authoritarian way, that the police could use their soft skills, giving them that confidence.

134. I have been asked if I agree that there was a gap. Absolutely. There was a gap to make it so that the officers had confidence to know that there was a consistent approach that could be taken about how they deal with people with mental health, and they could confidently apply these skills that many of them had been using, but understanding that, absolutely, that was the right approach, and developing that so that all officers could have that approach. Well, not more than anything, but alongside that then was recording their interventions so that people knew that we'd had such mental health incidents, because that was the thing we didn't really have a handle on. We'd have surveys describing how many incidents may have a mental health element, but this was about trying to get more, better information about police response to mental health incidents, so you could measure that and manage that as we went forward.

135. I have been asked in my view if there was more training in those soft skills, specifically how to identify and thereafter deescalate a situation where someone is having a mental health crisis, that Sheku Bayoh's death could have been avoided? Specifically in relation to a mental health crisis. possibly but I have very little awareness of the Sheku Bayoh incident in itself, but with all deaths in police custody, there's obviously an internal inquiry and things. I wasn't involved in that, and I had never tasked to look at the mental health aspects of that at the time. So, if there's believed to have been a mental health element to it, then absolutely, officers having been trained in how to deal with people in mental health distress and mental health crisis, you would expect it to have improved how they would deal with that incident if they recognised that for what it was at that time. You know, as I said before, incidents don't come labelled as, "Here's a mental health incident for you to deal with," you know? So, officers do use the decision making model and dynamic risk assessments and things, and I was reading the chronology saying that there's no evidence of a risk assessment taking place, but then

you hear of elements of it being discussed, to say, “There’s a mental health hospital nearby,” so that’s obviously been in someone’s mind that that might be a factor.

136. I’m minded about the Jean Charles de Menezes case in London, when the unfortunate man was shot in the underground, [redacted]. So these things when you’re going to a critical incident, your mind works really quickly. None of it’s written down, but you are thinking about, you know, “What is this that we’re going to?” I’m just surprised that they drew up so close to him, and that could be just because they’ve turned the corner and there he is.

Contact with other witnesses

137. I have been asked if I know or have spoken with other witnesses in this case or discussed the case with them. So, I very briefly or just by, like, two or three chat messages with Sergeant Laura Gibson, just to say that, you know, someone had been in contact with me about the case and that it would be good if they spoke to her because she would have detailed knowledge of the training product. So, that’s that, but beyond that there was no, “What did you say?” “Well, I said this.” The thing I was only thing I was asking about was the dates of the documents. They have been provided, so that’s fine.

138. I have been asked if over the years if I had ever worked with any of the officers that where present on 3 May 2015. Not to my knowledge at any time. I mean, there is the possibility at some large events they may have been present, but not to my knowledge. I’ve certainly not worked with them that I know of.

Involvement in investigation since 3rd May 2015

139. I have been asked if I have been involved at all in the investigation since 3 May 2015. No, in no way.

Social media

140. I have been asked if I have been following the Inquiry so far via social media or the news. If so, what have you seen or heard. I have not. The only one that popped up that I had some notice to was about Ruaraidh Nicholson speaking to the Inquiry about counterterrorism aspects that had been discounted, and that was it, no more detail than that.

Declaration

141. I, Andrew McCann, do hereby declare that the information in this statement is true and accurate to best of my knowledge.

Signature of Witnes[redacted] November 11, 2023 | 7:55 AM PST