

Suicide Prevention and Trauma Support for Police Officers

**the
CHURCHILL
fellowship**

Matthew Peters – 2024 Churchill Fellow



Copyright © 2025 by Matthew Peters. The moral right of the author has been asserted. The views and opinions expressed in this report and its content are those of the author and not of the Churchill Fellowship or its partners, which have no responsibility or liability for any part of the report.



Contents

Section	Page number
Acknowledgments	3
Abbreviations	6
Fellowship travel timeline	7
References	8
About the author	9
Summary	10
Context	11
Key learning	
1. Chief's Wellbeing Programme	13
2. Peer support	18
3. Operational Stress Injury dogs	24
4. Reintegration programme	27
5. Police officers to work more closely with the Occupational Health Department	33
6. Develop and deliver a specific suicide prevention package	34
7. Deliver preventative training to all officers and staff	36
8. Recognise and de-stigmatise suicide	42
9. Early intervention	47
Conclusion and recommendations	50



Acknowledgements

The Churchill Fellowship has been a genuinely life changing opportunity for me and I will be eternally grateful for the funding opportunity to pursue subject matter that I am so passionate about. Thank you to the Churchill Fellowship for the opportunity and support throughout. I will always carry the title 'Churchill Fellow' with pride and hope to be a good ambassador.

Thank you to Derbyshire Police for supporting me in taking up this opportunity, affording me time to pursue the Fellowship and being open-minded around opportunities to improve our offer to police colleagues.

Meeting so many like-minded, brilliant individuals doing such incredible work has been the real privilege of my Fellowship. Canadian people are world renowned for manners, hospitality, politeness and tolerance. Every person I engaged with during my trip, from the officers who serve to the baristas serving coffee, lived up to the reputation. I believe I have met people who will become friends for life and with whom I can continue the conversation and work with to make our own corner of the world slightly better. My door will always be open for any of the people I met, physically and metaphorically. The people and organisations below have been generous not only with time, but also the intellectual property of the programmes they are part of.

To Kim, Martha, Romy and Frida. I couldn't and wouldn't have done this without you by my side. Thank you for coming on the adventure with me. Thank you for being my reason to believe the world can be a better place.

To Anthony 'Ingers' Ingham. I will never forget you. We should all have a hill that we are willing to die upon. Because of you, this will always be my hill.



Suicide prevention and Trauma support for Police Officers

Laura Kloosterman and Bill Turner – Badge of Life Canada

Executive Director/Volunteer respectively. Badge of Life Empowers Canadian Public Safety Personnel and their families who are dealing with operational stress injuries, including post-traumatic stress and suicidal ideation, to achieve healthy living and post-traumatic growth.

Pete Grande – Toronto Police Association

Director of Member Benefits. The body representing Toronto Police Officers.

Lanie Schachter-Snipper – Toronto Police Service (TPS)

Head of Mental Health and Well-being. TPS is the metropolitan force for Canada's largest city.

Dr Vivien Lee and Deputy Commissioner Chris Harkins – Ontario Provincial Police

Chief Psychologist Healthy Workplace team and serving Deputy Commissioner respectively.

Steve Boychyn and Philip C Ralph – Wounded Warriors

Director of Training and Director of Clinical Services respectively. National Mental Health service provider dedicated to serving trauma exposed organisations, professionals and families.

Sgt Tim Moeller, Sgt Colleen Mooney and Constable Kyle Pagnucco – Edmonton Police Service

Serving officers with EPS. Sgt Moeller works on the Reintegration project, Sgt Mooney leads on early intervention and Constable Pagnucco is a taskforce officer and experienced in reintegration.

Sgt Ray Savage, Constable Tyler Reid and Constable Jocelyn Cardinal – Royal Canadian Mounted Police

The RCMP is the national, federal force for Canada. Sgt Savage and Constable Reid work on the Reintegration project whilst Constable Cardinal works within the Wellness Unit Alberta Division.

Sgt Garry Woods – Calgary Police Service (CPS)/Legacy Place Society

Sgt Woods is a serving CPS officer and also works for Legacy Place Society, which provides mental health support, suicide awareness and transitional housing for first responders, veterans and Military personnel.

Sgt Clayton Publicover-Roe and Sgt Lara Sampson – CPS

Sgt Publicover-Roe works on the Reintegration Team. Sgt Sampson leads on the Early Intervention Team.



Suicide prevention and Trauma support for Police Officers

Ryan Collyer and Shonda Feddema – Wayfound Mental Health

Ryan and Shonda work for Wayfound Mental Health, a national centre for excellence for timely and effective client-centred mental health care. Wayfound developed the Before Operational Stress programme.

Staff Sgt Steve Kruk – Saanich Police Department

Lead for Wellness within Saanich Police Department.

Sgt Kaleigh Paddon – Surrey Police

Wellness Co-ordinator at newly formed Surrey Police. Handler to OSI dog Ragnar. Sgt Paddon has been internationally recognised for her work within police wellness.

Constable Michele McKnight – Vancouver Police Department (VPD)

Handler to OSI dog Zen and part of the VPD wellness unit.



Abbreviations

BOL	Badge of Life
BOS	Before Operational Stress
CPS	Calgary Police Service
C-PTSD	Complex Post-Traumatic Stress Disorder
EPS	Edmonton Police Service
HQ	Headquarters
OSI	Operational Stress Injury
PFEW	Police Federation of England and Wales
RCMP	Royal Canadian Mounted Police
RP	Reintegration Programme
STEP	Suicide Trauma Education Prevention
TPS	Toronto Police Service
TRiM	Trauma Risk Incident Management
WWC	Wounded Warriors Canada



Fellowship Travel Timeline

Toronto

Ontario Provincial Police/Toronto Police Service/Badge of Life/Wounded Warriors

15/06/2025 to 23/06/2025



Edmonton

Royal Canadian Mounted Police/Edmonton Police Service

23/06/2025 to 30/06/2025



Calgary

Calgary Police Service/Legacy Place Society/Wayfound Mental Health

30/06/2025 to 11/07/2025



Vancouver Island

Saanich Police Department

11/06/2025 to 16/06/2025



Vancouver

Surrey Police Service/Vancouver Police Department

16/06/2025 to 24/06/2025



References

- Armitage, R. (2017). Police suicide: Risk factors and intervention measures. Abingdon: Routledge.
- College of Policing. (2007). Current landscape. [online] Available at: <https://www.college.police.uk>.
- Deloitte Insights. (2019). The ROI in workplace mental health programmes. [online] Available at: <https://www2.deloitte.com>.
- EPS Reintegration Program Evaluation Final Report. Edmonton, Alberta: Edmonton Police Service.
- Evans, R., Pistrang, N. and Billings, J. (2013). Police officers' experiences of supportive and unsupportive social interactions following traumatic incidents. European Journal of Psychotraumatology, 4. [online] Available at: <https://doi.org/10.3402/ejpt.v4i0.19696>
- Hesketh, I.G. and Tehrani, N. (2019). Psychological Trauma Risk Management in the UK Police Service. Policing: Journal of Policy and Practice, 13(4), pp.531–535. Available at: <https://doi.org/10.1093/police/pay083>
- Martinez, L.E. (2010). The secret deaths: Patrol officers testimonial views on police suicide and why suicides continue to be hidden in police departments. Denver, CO: Outskirts Press.
- Mind. (2019). Wellbeing and mental health support in the emergency services: Our learning and key recommendations for the sector. [online] Available at: <https://www.mind.org.uk>
- National Police Wellbeing Service. (2023). Summary of Research in Policing: Key Issues and Common Themes. [online] Available at: <https://www.oscarkilo.org.uk/media/7016/download?inline>
- Office for National Statistics. (2023). Suicides in England and Wales: 2023 registrations. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth>.
- Police Federation of England and Wales. (2024). Mental Health and Wellbeing in the Police Service. [online] Available at: <https://www.polfed.org/mentalhealth>
- Police Oracle. (2024). The Police Wellness Crisis: New Research and Recommendations. [online] Available at: <https://www.police1.com/what-cops-want/the-police-wellness-crisis-new-research-and-recommendations>
- Violanti, J.M. (2007). Police suicide: Epidemic in blue. Springfield, IL: Charles C Thomas Publisher



About the author

Matt Peters is a Police Sergeant serving with Derbyshire Police, with 15 years' experience. Matt has spent most of this service in frontline roles; he has policed major events across the country and performed the role of Family Liaison Officer as part of major investigations. Currently, Matt is a Custody Sergeant.

Matt was instrumental in introducing Trauma Risk Incident Management (TRiM) to his previous police force and continues to look for new and innovative ways to support the welfare of his colleagues and friends with whom he serves. Having lost a friend, who he served with, to suicide, this area is much more than just a working interest for Matt.

Matt is married with 3 daughters and lives in a village in Derbyshire, UK.



Summary

This fellowship report examines the work throughout Canadian law enforcement to support the welfare of staff in order to prevent suicide. Information and experiences were sought from the people working at Toronto, Calgary, Edmonton, Saanich, Vancouver, Surrey, and Ontario police services, together with partners who work to support the police in Canada.

UK police officers are more likely to die from suicide than in the line of duty (ONS 2023) with at least one UK police officer dying by suicide every two weeks (Police Federation of England and Wales, 2024). There is a direct link between the trauma that officers are repeatedly exposed to in the line of duty, and development of mental health conditions and suicide. Across the UK, over 17000 police officers were signed off work for mental health reasons in the financial year 2024-2025. This has clear implications for public safety, and the police's ability to keep the public safe. Simply put, unhealthy officers are far less likely to meet operational need.

Much good work is being done in the UK to drive welfare issues for policing, but in many areas officers continue to struggle. As a serving UK police sergeant, I have always been keen to understand what can be done differently in the UK, and how the provision can be improved for UK police officers through overseas learning. The interest comes from seeing colleagues struggle and, sadly, losing friends to suicide.

This fellowship report focuses on the following 9 themes of best practice identified that from working with Canadian law enforcement. Each theme has a recommendation attached following the learning from the trip to Canada, with a commentary around the experiences with the people and organisations. The 9 themes are as follows:

1. Chief's Well-being Programme
2. Peer support
3. Operational Stress Injury (OSI) dogs
4. Reintegration programme
5. Police officers to work more closely with the Occupational Health Department
6. Develop and deliver a specific suicide prevention package
7. Deliver preventative training to all officers and staff
8. Recognise and de-stigmatise suicide
9. Early intervention.



Context

From 2021 to 2024 an estimated 80 former and current police officers took their own lives. But figures are not exact because there is currently no mandate on forces to record the number of suicides among their officers and staff (PFEW, 2025).

UK police officers are more likely to die from suicide than in the line of duty (UK ONS 2025), with at least one UK police officer dying by suicide every two weeks (Police Federation of England and Wales 2024). Figures are not exact because there is currently no mandate on forces to record the number of suicides among their officers and staff.

The Police Federation has expressed serious concern over the increasing number of police officers taking sick leave due to stress, depression, anxiety and PTSD. A recent report revealed a record high of over 17,700 officers signed off for mental health reasons in the last financial year (Police Oracle Survey 2025). This represents a 22% increase compared to the previous year and a 182% increase since the Police Federation first started tracking these figures. Many forces are reporting a significant rise in mental health-related absences, highlighting a growing crisis within policing.

I have always held a keen interest in this area, right from my early days as a student officer. Attending fatalities and being repeatedly exposed to trauma, I have always been inquisitive and wondered if we supported officers properly. This interest led me to push for the introduction of TRiM in my previous force, Staffordshire Police, which ensures officers are assessed following traumatic events and referred on for support. As a police sergeant the welfare of my officers is paramount, and I have always wanted to contribute to improving the current landscape for future generations of officers.

There is a direct link between the trauma officers are repeatedly exposed to in the line of duty, development of mental health conditions and suicide.

On 29th July 2022 my friend and colleague died, as a result of suicide. My colleagues and I will forever be marked by this. I am driven to do all I can to prevent other officers suffering the same fate, because I believe that every death by suicide is avoidable. My overriding aim at work is to keep the public safe, and I believe this can be achieved to a greater degree with healthy officers.

Studies and reports highlight the heightened risk faced by emergency service workers due to the nature of their jobs, which involves:

- Exposure to trauma: regularly dealing with distressing and traumatic incidents, including suicides and fatalities.



Suicide prevention and Trauma support for Police Officers

- High workload and stress: excessive workload, long hours and shift patterns contribute to stress and burnout, negatively impacting mental health.
- Mental health stigma: a perceived "macho" culture and fear of judgement can deter individuals from seeking help.
- Insufficient support: some workers report feeling inadequately trained to handle specific situations like suicides and lack workplace support afterwards.

There is a direct link between the trauma officers are repeatedly exposed to in the line of duty, development of mental health conditions and suicide. There are a number of factors that may heighten the risk for police officers and staff in relation to suicide (Violanti, 2007; College of Policing, 2007; Martinez, 2010; Armitage, 2017). These include the frequent, and often unpredictable, exposure to traumatic incidents (Evans et al, 2013; Hesketh and Tehrani, 2019).

Historically, the police approach to mental health has tended to be reactive and post diagnostic. For instance, Trauma Risk Incident Management (TRiM) is a peer-support system designed to help individuals cope with potentially traumatic events they experience at work and is used widely in UK policing. It involves trained colleagues (TRiM practitioners) assessing the risk of psychological distress after a traumatic incident and providing support, guidance and referrals to appropriate resources if needed. The prize remains the evolution to a proactive approach, where training/support from the initiation of and throughout a career is offered in order to prevent officers becoming unwell through the trauma they are exposed to. Moreover, building resilience in people is key to helping them navigate traumatic events. Police officers and staff need to be encouraged to recognise the possible signs of someone being affected by trauma and be provided with necessary coping mechanisms to relieve associated stress (Violanti, 2007).

When the people behind policing are supported, the whole service is stronger and better able to protect the public (Police National Well-being Service 2023). This project set out to support police through researching new and innovative methods aimed at preventing and addressing mental health issues in officers, through the study of Canadian law enforcement.

Through scoping research, it was established that different law enforcement within Canada have well established wellness units in place delivering a different offer to UK policing. This includes initiatives such as peer support, trauma resilience training packages, suicide prevention training, early intervention and reintegration projects. A Fellowship with travel to Canada was therefore born.

My Fellowship seeks to learn if we can build resilience in police officers so that when they inevitably experience trauma, they are equipped as best as possible to understand bodily reactions and respond accordingly to preserve their mental health – the overriding aim being to prevent officer suicide.



The Chief's Wellbeing Programme

Encourage the development of an overarching wellbeing programme, with visible and vocal senior leadership stressing the importance of officer welfare from the inception of training as a new recruit.

My first engagement of the Fellowship travel was with Toronto Police Service (TPS), where Lanie Schachter-Snipper, Mental Health and Well-being Lead, hosted me at the Toronto Police College. The purpose of the visit was to learn about the bespoke 'Chief's Wellbeing Programme'. I had heard a lot about the famous Canadian hospitality, friendliness and manners. The generosity Lanie, her team and the officers I met extended to me in the lead up to my travel and during my time spent with them did not disappoint. It was a fantastic start to my Fellowship.

Lanie is part of a 50-person unit, and her specific role is to build and implement wellbeing within the TPS; they are trendsetters with the unique role Lanie holds. A theme running through my Fellowship is prevention and building resilience, and I am keen to study how to support and equip people at an early stage with an ability to recognise when they may be struggling, linked with the coping mechanisms that can be utilised to ensure one doesn't become unwell. The 'Chief's Wellbeing Programme' was therefore of real interest to me. The premise behind the programme stemmed from a marriage between the wellbeing department and the Chief of Police, with a genuine shared interest in supporting officers. From the moment they embark on a career we affectionately term 'The job', officers' welfare is prioritised with TPS.

"I appreciate that the wellness workers visit each division to conduct wellness checks. I also value that the chief personally delivers a presentation and shares his experiences." (TPS recruit)

The Chief's Wellbeing programme has the following goals:

- Encourage the use of wellbeing resources available to members.
- Increase access to Wellness Unit personnel to support an "early and often" approach to wellbeing.
- Expose members to leaders who support mental health and wellbeing to reduce stigma and encourage health habits.

The programme is summarised below:

- A 24-month, four-step programme co-designed by the Office of the Chief, the Toronto Police College and the Wellness Unit.
- Delivered to cadets and new officers in their first 24 months of deployment.
- Four parts: two delivered pre-deployment and two delivered post-deployment.



Suicide prevention and Trauma support for Police Officers

- Evidence-based resilience training Before Operational Stress (BOS) delivered by Wayfound Mental Health.
- Programme content available to participants via an online platform.

The programme was piloted in late 2023 with cadet officers and is a mandatory course. An overview of the programme is presented in the figure below.



The first element of the programme is the delivery of the 'Before Operational Stress' (BOS) training. Later in my Fellowship I experienced the 8-module package (thanks to Ryan Collyer from Wayfound Mental Health) and learned much, which I will expand upon later within this report. To date Toronto Police have delivered the Chief's Wellbeing Programme to 677 new recruits. All officers were initially given an opportunity to access the BOS Programme but now it is just delivered to the new recruits as part of the Chief's Wellbeing Programme.

I can recall as a young officer that the Chief Constable was a godlike figure whose words and actions mattered to the constabulary more than anyone else's. I have probably spoken with the Chief Constable a handful of times over my 15-year police career, and my opinion has not changed in that I have the utmost respect for anyone that rises up through ranks to lead any policing organisation. Many of my colleagues will disagree with me, but I still believe that senior leaders within policing care about the 'troops' at the bottom of the rank structure, and that you can't get to be the Chief without being caring and compassionate en route. I do, however, think executive team leaders struggle to articulate it in a way that makes officers feel looked after, and that wellbeing often gets lost in what must feel like an overwhelming in-tray of issues to resolve. This causes resentment amongst the ranks and fosters the idea that leaders simply don't care. Having a Chief that seems so willing to be invested and accountable from a wellbeing perspective, as Toronto Police Service seems to have, was therefore really promising.



Suicide prevention and Trauma support for Police Officers

Lanie detailed to me how the Chief forms a crucial part of the programme, more than just in name. The Chief of Police visits student cadets in training and reflects on some of his own struggles, from both a personal and professional perspective. The Chief then invites the cadets to make a formal pledge and sign up to investing in their own mental health. The Chief's Wellbeing Programme has a real legacy feel to it, like it is the beginning of something that will develop and evolve but that it is here to stay. That commitment to officer welfare right from day one in a career fills me with such optimism. It is part of the puzzle for sure.

Officer accounts

It is clear from anecdotal feedback gathered from officers in Toronto that the Chief's Wellbeing Programme is supported, evidenced in the following accounts:

“

“I appreciate that the wellness workers visit each division to conduct wellness checks. I also value that the chief personally delivers a presentation and shares his experiences.”

“The focus on wellness has been great as a newer member of TPS. Thank you for the ongoing support and programs.”

“Absolutely love the support we have from the wellness unit.”

“The focus on mental health is greatly appreciated. I am particularly appreciative of the Chief insisting that I make going for check ins with a mental health professional a priority.”

“It's great that you have someone from the wellness team reaching out to members individually.”

“This is an informative meeting that reminds officers of the resources available to them and how to access them.”

“I enjoyed learning about the wellness program. I especially liked being reminded of the benefits and resources available to me. I think this is incredibly valuable.”

“I appreciate all the different avenues to help get wellness assistance from Wellness Unit, Committee or the Union.”

“I appreciate having this session and it served as a reminder to prioritize my own wellbeing and take advantage of the services that are available to me.”

“It was good and informative about what I need to do to keep my mental health and wellness in check during my career. It's nice knowing the services have resources to help officers when it is needed.”

”



Suicide prevention and Trauma support for Police Officers

The force employs Regional Wellbeing Co-ordinators, who I also had the pleasure of meeting. They form a critical part of the Chief's Wellbeing Programme at step 4. I can see the value in the co-ordinators reinforcing the messages of the programme a year after duty, and going out to the front line to deliver the wellbeing message on parade. I was impressed with the staff, because they were genuinely invested in the programme and spoke emotively about their desire to make a difference.

The evolution of the programme will see all sergeants receiving a version of the Chief's Wellbeing Programme, so they can support the learning with their colleagues but moreover have a bespoke package for themselves to cater for their own wellbeing needs. Lanie explained to me how a suicide awareness programme was currently being built but is not likely to be introduced until 2026; I am certain to monitor how that develops in the future and compares to other suicide prevention packages Canadian law enforcement have in place which, again, I learnt more about later in my Fellowship travels. Academic research is also being mooted with partners to study the efficacy of the programme. The availability of robust evidence would support the wider uptake and spread of this programme, although it is not clear what outcomes the research will report on.

Lanie and I both agreed that the difficulties with this scheme of work will always lie in demonstrating value, particularly value for money from an organisational perspective. As with any preventative measure, how do you ever ascertain causation, that you have actually prevented something from happening, i.e. prevented an officer being absent long term with sickness, or prevented an officer suicide? To demonstrate efficacy we may need strong qualitative feedback from the officers who can share their perspective on the value of a programme, and also clearly defined, measurable organisational outcomes. I am really comfortable with employers wanting to see a return on time/financial investments made and I do believe that if we get this right the end result is healthy, resilient, well equipped officers serving the public and keeping them safe.

Whilst in Toronto I met with Toronto Police Association Benefits Director, Pete Grande. The association represents rank and file officers' interests. It was a real pleasure to talk at length with a likeminded person and despite being on the other side of the world, I found we had so much in common, as kindred spirits almost. 'The job' does that I suppose; it transcends geographical boundaries. I always said that I wanted to see the 'good, bad and ugly' for my Fellowship. I never expected to find perfection or a utopia in Canada that I could bring back home. Having spent time with the Wellness Unit at Toronto, I heard about the aims, function and some feedback from the programme participants. Pete developed this by sharing a broad and candid perspective of the challenges first responders face, and how tough policing in Toronto can be. Pete was honest, open and transparent with me about the realities first responders still faced on the ground, and how tough a place Toronto was to police for his members. It became clear to me there is a continuing challenge in delivering the organisation's wellbeing message to those on the ground suffering with trauma, who need it. I was honoured and touched to hear Pete's 'why' for this area of work, and not only did it really resonate with me, but it gave so much integrity and value to what he had to say.



Suicide prevention and Trauma support for Police Officers

Toronto was a brilliant start to my Fellowship and I left with the firm belief that all UK police forces should have a clearly defined Chief's Wellbeing programme aimed at new recruits.



First day of the Fellowship, outside the Toronto Police HQ before meeting Lanie Schachter-Snipper.



Peer support

Introduce a peer support programme, delivered by officers for all officers and staff.

Throughout my Fellowship travels, the most consistent feature of each wellness programme was peer support. In the UK, the National Police Wellbeing Service (NPWS), also known as [Oscar Kilo](#), provides support and resources for forces implementing peer support programmes, including training materials and guidance, and this is clearly gaining traction. I was keen to learn how the Canadians did peer support.

Peer support for Canadian police involves providing mental health and emotional support to officers by other officers, typically through formal programmes or informal networks. This support is based on the understanding that colleagues who share similar experiences can offer unique empathy and understanding. Peer support programmes aim to mitigate the negative effects of operational stress and trauma by fostering a sense of community and facilitating access to resources.

Wounded Warriors Canada

Wounded Warriors Canada (WWC) advocates for the wider use of peer support. At WWC HQ, we discussed the Peer Support Fundamentals training that WWC delivers. WWC helps first responders become confident, capable and well-informed peer supporters with increased personal resiliency. Training in peer support skills is key to its success and WWC aims to ensure that peers are consistent and understand the boundaries of the role. I explore how this training has assisted other organisations later in this report.

Edmonton Police Service

In Edmonton Police Service (EPS), Sgt Kelly Campbell performs the role of Member Support Unit Sergeant. The role entails overseeing the Peer

EPS aims to develop 100 peer support practitioners over the next 5 years and enable officers to access peer support and choose a peer support worker via an online app.

Support Programme and Critical Incident Stress Management (CISM) amongst other responsibilities. Kelly described the unit as a 'concierge' which offers a gateway for officers to access wellbeing services. The team have a 24/7 phone line for officers or concerned colleagues to request assistance from the Member Support Unit who then triage and signpost to the available support programmes. For instance, all officers can access 10 counselling sessions per incident they are involved in through a third-party provider. Kelly explained The Working Mind training programme is a 4-hour evidence-based programme developed to shift how individuals think, act and feel about mental health, reducing stigma and discrimination in the workplace, which is to be introduced throughout EPS. Kelly also gave me a copy of the CISM information sheet that is provided to officers post traumatic incident, which includes common signs and signals of a stress



Suicide prevention and Trauma support for Police Officers

reaction, useful contact numbers and advice for family members – a handy additional resource.

I was interested to learn how EPS were utilising peer support, given how different organisations had varied approaches to this. EPS are currently enhancing the peer support offer, expanding the number of peer support workers across the organisation from the three staff members within the Peer Support Unit. EPS are looking to utilise an external partner, Mental Health Solutions, to provide a 3-day training package to peer support workers. The aim is to develop 100 peer support practitioners over the next 5 years, and enable officers to self-select an appropriate peer support worker via an app. This is pertinent within policing, for instance a male officer may not feel comfortable accessing peer support from another male and may prefer a female. Another instance may be job role; given the vast amount of specialist roles within policing, a detective may want to speak with a peer support worker who is from a different department who they feel won't pass judgement or, conversely, may want to have peer support from someone within who has a shared understanding of a role. Kelly stated that the aim is always to get officers in a place where they can take ownership of their own wellness. I tend to agree with this. I don't think it is the role of an employer to manage our lives and wellbeing. At the most basic level, your line of work should not make you unwell, and I believe organisations do have a responsibility to work to avoid this and, in the cases where work does make you unwell, take responsibility for offering support and welfare services to make you better. This is a large part of my Fellowship – *Building Resilience*. Ultimately though, people need to work on themselves and be open to accepting help and support. Kelly advised I review a report completed by Deloitte titled 'The ROI in workplace mental health programmes' (Deloitte Insights, 2019). The report concludes that companies that achieved greater returns invested in activities that support employees along the entire mental health continuum – not just intervening when people are unwell. The report specifically highlights two key aspects of wellness programmes – peer support and leadership training that is mental health resilience based. Deloitte research found that for every £1 invested in mental health and wellbeing interventions in the workplace, employers get an average of £4.70 back in increased productivity.

The Royal Canadian Mounted Police – Alberta

The Royal Canadian Mounted Police (RCMP) have a peer support programme which I learned about from 24-year veteran Corporal Jocelyn Cardinal, whom I met at the Alberta RCMP HQ. Jocelyn is

In the RCMP peer support workers play a vital role following a critical incident, and will attend the scene to support officers immediately, offering anything from food/water to stress management support techniques.

part of the wider Wellness Unit for the division, working closely with the health/fitness co-ordinator, spiritual workers, mental health educator, wellness co-ordinator and informal workplace conflict staff. Jocelyn's official title since starting in 2016 is Peer-to-Peer Co-ordinator, but her work runs across the wellness spectrum, including



Suicide prevention and Trauma support for Police Officers

developing an alcohol recovery programme, family liaison work following member deaths, and currently developing the 'success under stress package', and a bespoke suicide awareness/prevention package for officers.

Jocelyn's role as Peer-to-Peer Co-ordinator involves overseeing 70 volunteers across the Alberta division who act as peer supporters. In the RCMP peer support workers play a vital role following a critical incident and will attend the scene to support officers immediately post incident, offering anything from food and water to stress management support techniques. From a trauma support perspective, this must be very reassuring to the personnel involved and I can think of incidents I have attended myself where I would have found this of benefit. The peer support at the scene is limited to wellness and does not extend to operational input or relate to the incident itself. This means that officers don't feel under investigation by the Wellness Unit, with the sole focus on the person and welfare. Peer support is also available for officers if they are injured, hospitalised and/or subject to misconduct proceedings. This process was sadly only rolled out following the suicide of an RCMP officer who received insufficient support having been accused of misconduct. This resonates with the UK picture where officers accused of misconduct (which is often malicious and unproven) often have to carry a heavy burden and suffer mental health issues as a result.

Calgary Police Service

In Calgary Police Service (CPS), Sgt John Grillone leads the Peer Support Unit. The unit consists of 60 volunteers that have regular day jobs across CPS. They complete a 2-day

CPS have a dedicated property in a different part of the city that is used for debriefings from a wellbeing perspective. This was really impressive.

in-house training package that New York City Police have developed. The peer support programme is aligned with critical incidents, with the Peer Support Unit reaching out to officers following a

traumatic event. Unlike other Canadian police services, they do not utilise the CISM approach and instead peer support is the preferred response to a critical incident. The organisation reaching out to staff following trauma will be a key learning point from my Fellowship, as I learned it ensures the silent majority suffering in silence are given an opportunity to accept support rather than seek out help (which they don't ordinarily do). Referrals to CPS peer support can also come directly from a member requesting support, or any third party. Sgt Grillone stated they are seeing an increase in self-referrals suggesting trust and reputation is being built. I spent time with a CPS member who powerfully described how peer support had been a lifeline to him, effectively preventing him from ending his life through suicide.

CPS also have a dedicated property in a different part of the city that is used for debriefings from a wellbeing perspective. This was really impressive and gives the officers an opportunity to accept support without feeling like they are returning to a



Suicide prevention and Trauma support for Police Officers

police environment too soon, which could be triggering. CPS also have a full-time Peer Support Nurse, described by Sgt Grillone as a meeting point for peer support and formal psychological services. Peer support will liaise closely with the nurse when they feel that a colleague may need medical advice and support. This feels a vital function of a peer support model given how crucial it is that a peer support facilitator does not cross over into counselling or medical support.

Peer support is utilised by CPS for major events, where they provide wellness presentations to staff. At the time of visiting Calgary, the CPS were extremely busy delivering the policing response to the G7 meeting of world leaders in Kananaskis Country. The peer support team were being utilised to deliver wellbeing presentations for this – a proactive and preventative approach to officer welfare.

Saanich Police

Peer support is utilised within Saanich Police, with 20 officers across a small force of approximately 185 officers having completed the 3-day course from Wounded Warriors. Peer support will attend major incidents and deploy to support officers when needed. Sgt Steve Kruk, the lead for wellness within Saanich, was a big advocate of peer support, which has been in Saanich for about 5 years. Referrals are made through self-referral or via a third party. One of the benefits of being a smaller force is that Steve will be told directly about officers who may need some support, and he can create a referral accordingly. In this model, knowing the people involved on a personal level allows peer supporters to be matched appropriately.

Vancouver Police

Peer support is in place within Vancouver, and it runs alongside CISM. Volunteer officers are trained in both skills and the department has approximately 35 to call upon. Vancouver Police make it clear who to contact for a plethora of welfare issues. I can see this would be beneficial as it allows those officers at home, whether off shift or away from work for a period of time, to access help and support without coming in to the work environment to access a networked computer.

The wellness pack issued to officers included a Challenge Coin branded by Vancouver Police with a QR code on the rear which can be scanned on any smart device to directly access the Vancouver Police.

Toronto Police Service

I spent time with Rachel Spekking, the Peer Support Co-ordinator for Toronto Police. The Peer Network appears to be going through a revamp and has fresh impetus and an aim to increase the number of trained peer support volunteers from 75 to 160. Rachel spoke passionately about how Peer Support engage following critical incidents, and what they have learned from past critical incidents within Toronto to continue professionalising



Suicide prevention and Trauma support for Police Officers

practices and learning through experience. Peer volunteers undergo a 5-day training package and commit to the role over and above the day job they are employed to do.

Badge of Life Canada

Badge of Life (BOL) is a charitable organisation which operates across Canada. They empower Canadian public safety personnel (not limited to police officers) and their families who are dealing with operational stress injuries, including post-traumatic stress and suicidal ideation, to achieve healthy living and post-traumatic growth. Peer support is a dominant feature of the Badge of Life offering.

Prior to my trip I connected with Laura Kloosterman, Executive Director of BOL, via video call. She was so generous with her time and knowledge, and I therefore had an initial understanding of the work they do prior to our joint meeting with Ontario Provincial Police (OPP). This understanding was further enhanced when I met with Laura alongside the Toronto Police Association Benefits Director Pete Grande.

Laura is incredibly passionate about the work of Badge of Life and I could see from the outset that Laura and Badge of Life are exactly the type of 'critical friend' we require in the UK police service. Knowledgeable about the work we do (a veteran cop herself), empathetic and driven for change, Laura has lost friends/colleagues to suicide and understands more than most. Laura is co-author of a book: "Testimony After Trauma – Preparing Public Safety Personnel Before, During, and After the Courts". I was kindly gifted a copy, perfect Fellowship travel reading and to share with my policing colleagues! Pete was the archetypal burly cop you would never expect to wear his heart on his sleeve so much. He is exactly the type of man we men need to see being vulnerable to drive change, although in his modest nature he would hate me for saying this!

To gain real world insight, it was critical for me to experience the peer support sessions BOL deliver and I saw how their peer support volunteers, who came from all parts of the country, were skilled and managed some heavy talk in such a calm, compassionate and caring manner. The peer support session begins with an initial intro with a gentle reminder of some ground rules. We then moved into breakout rooms of groups of 5 people and shared our 'shadows' and 'goals' since the past session before coming back to the main room and sharing our reflections. The peer supporters then pulled out different persistent themes that had emerged in the breakout rooms, initiating further discussion. We then spent time considering the theme of injustice, what that meant to us all, and discussed PTSD, moral trauma and moral injury. The session drew to a close with mindfulness/meditation and a message of gratitude. This changed the tone of the session towards positivity and goals with a theme emerging for all to consider before the next meet – horizontal hostility. All members were then invited to share a takeaway with the group. I was really impressed with the session, with how professional it was yet relaxed and informal. I heard stories of the journey different people had been on and were still on, dealing with trauma.



Suicide prevention and Trauma support for Police Officers

Correctional officers who work in prisons have become a growing focus of the work BOL does, sadly due to the amount of correctional officers dying through suicide and the general struggles within the role. For this setting, BOL is offering peer-informed, trauma-informed wellness debriefings directly inside institutions, especially following critical incidents. BOL is also part of a Corrections Managers Mental Health Leadership Pathways Training initiative. It will be interesting to follow and see what impact this work has, and if and how it transfers to the work BOL does with the police.

Laura and I agreed to continue the dialogue when I return over the Atlantic. I felt blessed to have met her and learned so much.



Operational Stress Injury dogs

Utilise Operational Stress Injury (OSI) dogs from the National Police Wellbeing Service 'Oscar Kilo' and work in partnership to develop a standalone OSI dog within the organisation.

Throughout my Fellowship travels, Operational Stress Injury (OSI) dogs have been a persistent and uplifting feature of the wellness package from Canadian law enforcement. Operational Stress Injury (OSI) dogs, also known as Occupational Stress Intervention dogs, are specially trained canines that provide emotional support and reduce stress for individuals, particularly first responders and military personnel, who have experienced trauma or operational stress. These dogs help to mitigate the impacts of traumatic events and facilitate open conversations about mental health.

I will admit, 15 years ago when I first joined the police I would never have advocated for canines to form part of the officer welfare package, despite being a dog lover myself, yet I cannot speak highly enough of how the OSI dogs performed, having witnessed it at first hand with Vancouver, Surrey and Edmonton police services.

OSIs are bred and trained to be calm, confident and emotionally intuitive, enabling them to thrive in high-pressure environments. They are trained to sense anxiety and provide comfort during critical incidents. The dogs assist with breaking down barriers and the

The dogs assist with breaking down barriers and the stigma associated with mental health conversations.

stigma associated with mental health conversations. They help individuals manage anxiety, emotional distress and work-related stress. OSIs can help reduce the risk of

developing long-term post-traumatic stress disorder (PTSD) and improve physical, social and emotional wellbeing. They can restore routines and activities for individuals struggling with PTSD.

Edmonton Police Service

At the Edmonton downtown HQ, I was greeted upon entering the Wellness Unit by the beautiful black Labrador retriever, Blaise. Blaise is the first Operational Stress Intervention Dog (OSID) for policing in the province of Alberta and assists all sworn and civilian members of the organisation through specifically trained activities and tasked behaviours. Blaise was provided through the partnership EPS have with Wounded Warriors who I had earlier visited in Whitby (Ontario Province). He has a gentle disposition and is trained to recognise signs of agitation and to interrupt the process by providing a reassuring and calm demeanour. Whilst I appreciate not all humans adore dogs like I do, he must bring so much joy and happiness and comfort to people within EPS, and will play a pivotal role in the wellbeing offering.



Suicide prevention and Trauma support for Police Officers

Vancouver Police

I enjoyed a visit with Vancouver Police, meeting Michele McKnight, a constable from the Wellness Unit. Michele has been in this area of police work for 10 years, and is vastly experienced and clearly passionate about the work that she does with her team, which consisted of the equally great Terri and Lorna. The make-up of this team was slightly different to the other police wellness units I had spent time with, given they were all sworn officers rather than a mixture of civilian and sworn.

As with Edmonton Police, present within the police building and prominent as soon as I entered was Zen, an operational support dog who has been with Vancouver Police for over 3 years and is handled by Michele. I needed no convincing of the benefits to officer morale and wellness, and seeing Zen just reaffirmed the positive impact the dogs can have on people around them. In my time within the wellness unit numerous colleagues were dropping by for 5 minutes to say hello to Zen and the team and grab a quick coffee, before heading back to their busy departments. To the outsider, this may seem like an inefficient use of time with no real place in the working day but I know the importance of taking a short break from the pressure during a 12-hour shift – this could greatly improve my stress levels and I would police better as a result.

Zen was provided to Vancouver Police, again, by Wounded Warriors and I could tell how much the wellness team advocated for him, using his skills in peer support meetings and taking him across the force. The Child Abuse Team also had their own dog utilised for the same purpose, as it was recognised that their unit suffers mental health issues to an even greater degree.

Surrey Police

I met with Sgt Kayleigh Paddon, from the Wellness Unit at the newly formed Surrey Police in British Columbia. I was intrigued to spend time with Kayleigh as they are in the advantageous position of building their new programme utilising their experiences of what has worked well and less well in the past. Moreover, Kayleigh has been internationally recognised by the International Association of Chiefs of Police for her work, specifically her work with OSIs. Kayleigh's role is multidimensional: she oversees the Wellness Unit, is Critical Incident Aftercare Team Leader, acts as Peer Support Team Coordinator and is the handler to OSI dog Ragnar. The aim at Surrey Police Service is to create a trauma-informed and supportive policing culture, and Kayleigh's expertise, training and leadership abilities were vital to the creation of a truly trauma-informed approach.

Surrey is currently transitioning to provide the policing service to the citizens of Surrey, taking over from the RCMP. Being a new service offered the opportunity to build a wellness programme from scratch.



Suicide prevention and Trauma support for Police Officers

Sgt Paddon and Ragnar underwent extensive training over a 3-year period to be able to provide their services to Surrey Police Service and, as with Edmonton and Vancouver police services, I witnessed numerous officers interact with Ragnar throughout the police building, and could see what a valued member of the police family Ragnar had become. Sgt Paddon was the first sworn officer in Canada to integrate an OSI dog into a police unit for daily operations from a wellness perspective.

The National Police Wellbeing Service in the UK, Oscar Kilo, already advocate for the use of dogs as part of the welfare package for officers [Oscar Kilo 9: Wellbeing and trauma support dogs | Oscar Kilo](#) and following my experiences in Canada, I would strongly support their inclusion in a comprehensive wellbeing programme.



OSI PD Zen from Vancouver Police.



Reintegration programme

Develop a reintegration programme aimed at all staff absent from operational duties as a result of sickness, suspension/maternity/paternity/adoption leave or secondment.

Edmonton Police Service

Edmonton Police Service (EPS) has a peer-led Critical Incident Reintegration Program (RP) designed to help officers return to work after a critical incident or injury. This programme focuses on rebuilding confidence and skills through interactive, peer-driven activities. It aims to address stress, facilitate a safe return to work, and mitigate the potential for long-term psychological injuries.

I had initially reached out to EPS because I wanted to learn more about the renowned programme, which is considered the gold standard throughout Canadian first responder agencies. The Edmonton RP has formed the blueprint for other organisations to develop their own bespoke reintegration programmes, and the team travels extensively across Canada to support police services to design and implement their own programmes.

EPS (and specifically those who designed and formulated the programme) are completely non-territorial about the sharing of the knowledge and processes that make up the reintegration programme.

I had connected with Sgt Colleen Mooney via video call whilst researching and preparing for my Fellowship application. From that initial contact and including my time spent with them, I have been treated so well.

During my Fellowship visit, I was invited to the EPS Wellness Unit team meeting, which was a real insight into how the team, which consisted of officer and civilian members, use their individual expertise and knowledge for the overriding goal of supporting officer wellness. Sgt Tim Moeller took me through RP as, despite having read up on it extensively, I still had so many gaps and questions in order to fully appreciate it in practice and scope. The programme was developed, using a grassroots approach by Sgt Glen Klose, to address a genuine need within the service to support officers to successfully return to service following officer involved shootings. EPS RP has both short-term and long-term elements. The short-term programme targets people post-event but pre-‘injury’ (psychological harm), whilst long-term is post-injury (when there is evidence of psychological harm). Whilst I was interested in both elements, it is the short-term element that is most applicable to my Fellowship, given that I want to build resilience in people, take a pro-active approach to mental health and prevent illness. The long-term programme work has greater input from clinicians and is targeted towards those officers that have suicidal ideations and diagnosis.



Suicide prevention and Trauma support for Police Officers

EPS now mandate the reintegration programme in certain scenarios, specifically all officer involved shootings.

The RP does not interact with any elements of an investigation, the ethos is for peer support delivery to be non-judgemental and confidentiality is paramount. Exposure therapy is a key element of the programme, and that may be as simple as exposure to work locations and/or equipment. Ideally, short-term reintegration starts 3 to 7 days post traumatic incident and the number of sessions required can be tailored to the need and readiness of the colleague to return to service.

A worked example of reintegration related to a firearms incident would look like this:

Stage	Focus	Description
1	Initial information	What triggered the need for reintegration?
2	Initial meeting	Facilitator will meet with person requiring reintegration, discuss the process and roadmap.
3	Physical dexterity of a firearm	Officer will gradually be reintroduced to a firearm, in a safe setting, non-judgemental and with facilitator.
4	Acclimatisation to gunfire	Officer is present during gunfire.
5	Live fire	Officer takes part in live fire exercise.
6	Member directed training	Specific and tailored to the person being reintroduced.
7	Reintroduction to normal training	Normal police training resumes in readiness for full reintegration to duties.
8	Follow up	Evaluation and review.

Initially I was concerned about the applicability of the programme to the UK, given the beginnings of the programme centre on officer involved shootings (an area of policing in the UK which is thankfully rare). However, I learned that the programme had been adapted and evolved not only by EPS but by others who have adopted it. For instance, the RCMP have amalgamated the short-term and long-term programmes and apply it to all officers absent from work for a variety of reasons, for example maternity leave, physical health conditions or suspensions. EPS have applied the programme to officers on maternity leave, giving women a scheme to transition them back to work after an extended break away. I was really interested in this adaptation, as I often see parents return to work ill-prepared for what may be a daunting and stressful transition.



Suicide prevention and Trauma support for Police Officers

EPS have a network of 50 trained members throughout the organisation who have undertaken a 5-day facilitator course and perform the role alongside normal duties; they believe that representation from across the organisation is key to making it completely peer driven. To support other organisations to develop their own RP, EPS would train other organisations to be facilitators, but more recently they offer a 'Train the Trainer' approach so that organisations can build their own delivery capacity and develop ownership with their facilitators in-house.

EPS report that their RP results in a 70% reduction of days lost from the workplace. In addition, qualitative feedback from the officers who have received the programme is overwhelmingly positive. I debriefed with some Edmonton officers that had been through the reintegration programme following critical incidents. They could not speak any more highly of the programme and they corroborate the perspective of EPS and the other organisations that utilise reintegration programmes. It is clear the programme effectively brings people back into roles and removes barriers.

“

'I was constantly surrounded by positivity which was extremely beneficial for my attitude towards reintegration.'

'I didn't feel judged, which to be honest, was something I was worried about.'

'The programme shed light on what my body and mind were doing and why they were reacting differently.'

”

EPS were keen to stress that the success of the programme is down to the facilitators who deliver it, citing that their credibility, expertise and interest is key.

Credibility

It is essential to choose the right people for the Reintegration Team. They must have organisational credibility and be generally well thought of throughout the organisation. This will help to build rapport in the early stages of the programme. They must also be proven capable of maintaining confidentiality: one breach of trust will undermine everything that you are trying to build.

The RCMP have amalgamated the short-term and long-term programmes and apply it to all officers absent from work with the aim to reintegrate them back.



Expertise

It is necessary to have team members with expertise in their profession to create a defensible programme and mitigate risk for your organisation. It is crucial that there is historical experience, or a current serving firearms instructor, control tactics instructor, or instructor-level personnel from other first responder groups. This is so that they can support what is currently being endorsed by your organisation from a firearms, tactics and skills perspective, and can access and operate your range and training environments safely. This expertise is also important because people returning to the workplace often have a feeling of incompetence due to the length of time away or the circumstances of their leave. A highly skilled trainer will be able to distinguish between the member's perception versus the reality of their skills and create a plan to reach the desired outcome.

Interest

Lastly, it is important that the people on your team have an active interest in promoting mental health. It is even better if they are a part of your peer support team or have additional mental health training. Not every person on your team needs to be a trainer and a peer supporter. A cross-trained team will meet your needs.

Royal Canadian Mounted Police

It was great to spend time with EPS and understand the origins and application of reintegration from them, and I was keen to learn how reintegration had been applied elsewhere. I met with Sgt Ray Savage and Constable Tyler Reid from the RCMP. The RCMP have taken on the reintegration programme but applied it differently, with no short/long-term division and one simple programme. This is offered to all officers absent from work.

RCMP described how trained peers with similar lived experiences tailor each individual reintegration visit to

Sgt Publicover-Roe told me that he knew of at least 6 members who had been through reintegration who specifically told him that the programme had saved their life. This was yet more evidence of the validity of reintegration.

the needs of the participating member with a focus on building confidence. 'No testing, no evaluation, no notes and no judgement' is their approach. Sessions may include reacquainting a member with their intervention options, exposure support, or recreating scenarios they experienced to identify potential stressors and help normalise those reactions.

The Reintegration Program is now implemented nationally across RCMP, with 16 hired reintegration coordinators and over 290 reintegration facilitators trained across the country. Programme evaluation suggests 96% of police officers report the sessions with the facilitators were helpful and 92% report that the programme helped with their confidence to return to operational duties.



Calgary Police Service

Reintegration within Calgary Police Service (CPS) is currently led by Sgt Publicover-Roe. The programme closely aligns with EPS but they now have capacity to train facilitators in-house having completed the aforementioned 'Train the Trainer' programme and, similarly, facilitators are selected utilising the depth and breadth of the service to ensure they have varying skills and experience. CPS currently have about 35 facilitators who support a workforce of over 2,100 officers and the facilitators can be self-selected by the colleague undergoing reintegration.

Sgt Publicover-Roe fed back that for colleagues who undergo reintegration related to police involved shootings, nearly all members are back at work 30 days post incident following mandatory participation in the RP. Furthermore, the ambulance and fire services within Calgary utilise reintegration too, which evidences the wider credibility of the approach across first responder organisations.

It was clear to me after learning about Canadian reintegration programmes that there are opportunities for this in the UK and within my organisation. Although the programme was designed initially for officer involved shootings, it had been adapted successfully for varying types of reintegration needs. Maternity leave and suspensions are excellent examples where we currently have a gap in provision to support colleagues when they may need a proactive or reactive approach to trauma in the workplace.



Suicide prevention and Trauma support for Police Officers

With Sgt Tim Moeller from EPS at the downtown HQ, Edmonton.



Police officers to work more closely with occupational health departments

Utilise officer lived experience and marry this with the expertise of individuals working within the Occupational Health Unit to deliver an authentic wellbeing package with validity and credibility.

An enduring theme throughout the Canadian police services was seeing warranted police officers embedded within dedicated wellness units. All UK police forces have some form of occupational health services, which may include physiotherapy, counselling, and other health support; there are many brilliant people working within these teams. These services may be delivered in-house or through partnerships with external providers. In my own UK police force the Occupational Health department is staffed by civilian professionals with expertise in health or human resources related matters but not necessarily operational policing. The team do work closely with police officers, for example to deliver TRiM, but the Canadian police services have wellness units or dedicate resources to officer wellness programmes, and it is not uncommon for these teams to have a number of sergeants dedicated to the role. This was certainly the case with the organisations I visited, including Toronto, Ontario, Edmonton, Calgary, RCMP, Vancouver, Saanich and Surrey police forces. Having greater representation from frontline serving officers within the wellness teams enables the initiatives to appreciate the unique stressors associated with law enforcement, meet the needs of the workforce and it increases the credibility of the offer. Moreover, Canadian wellness units may demonstrate a broader scope, and a maturity in the development of their networks. For example, respective wellness teams engage in forums about police wellness in professional and academic settings, and their programmes may offer education and training on mental health issues, preventative approaches, access to mental health services, normalise the challenges of law enforcement, and provide opportunities for peer support and team building.

At a time when resourcing is stretched across UK policing, it may be unrealistic to suggest that the prized officers required for frontline duties are redeployed away for wellness initiatives. However, I see an opportunity for warranted officers to work more closely with Occupational Health departments. My own force is receptive to this, and how it is operationalised is work to be done, but this is a valuable opportunity to allow officers, particularly those at the more junior ranks, to speak up for the wellbeing issues that matter most to peers, and shape the strategy and delivery of the programmes to make a positive difference.



Develop and deliver a specific suicide prevention package

Devised for first line managers, both officer and civilian, to heighten awareness and recognise warning signs.

Calgary Police Service

Calgary Police Service deliver a dedicated suicide prevention package to officers. I was taken through the suicide awareness training developed by Sgt Grillone which had also been shared with the RCMP in Edmonton. The package has been delivered to officers for around 2 years and consists of a one-day workshop; this is an optional course with a desire to make this mandatory. I found the content to be intelligently constructed and emotive. Due to emotive nature of the topic, Sgt Grillone explained that lots of breaks are

The package is interactive and uses real life experiences and testimony from officers.

taken and the pace is slow and deliberate. The package offers practical tips, advice and warning signs to look out for with colleagues and yourself.

It is clear Sgt Grillone is passionate and dedicated to this line of work and has trailblazed a package which other services are now utilising.

I was further impressed to learn about the First Responder Suicide Awareness Conference that CPS deliver each year, in partnership with Legacy Place Society, who I also met with during my stay in Calgary. On October 1 2025, Legacy Place Society, in conjunction with the Calgary Police Service, Calgary Fire Department, Alberta Health Services – Emergency Medical Services, the Royal Canadian Mounted Police and Calgary Emergency Management Agency and 911 co-hosted the Seventh Annual First Responder Suicide Awareness Conference in recognition of World Suicide Prevention Day.

This is an opportunity for all first responders from police, fire, EMS, 911, Canadian Armed Forces, corrections, probation, peace officers, sheriffs, fish and wildlife, commercial vehicle enforcement, border services, animal and bylaw, security personnel, frontline medical staff, social workers, and also adult family members to come together in one place. By doing so, they remember those lost to suicide, recognise that many today still suffer in silence, and identify what they can do as a collective community to build resiliency and healthy workplaces through awareness and education. I will be keeping in touch to learn more about the conference and how this could manifest in my area in the UK.

The current suicide prevention package RCMP officers receive is the Applied Suicide Intervention Skills Training (ASIST). ASIST is a two-day interactive workshop in Suicide Ideation First Aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need



Suicide prevention and Trauma support for Police Officers

any formal training to attend the workshop – anyone 18 or older can learn and use the ASIST model. Whilst this programme is said to have its benefits, it is pitched more towards the general population and not specifically to first responders.

Royal Canadian Mounted Police

At RCMP Constable Jocelyn Cardinal has taken the package developed by Sgt Grillone from CPS and is adapting this to RCMP needs in a one-day Suicide Prevention programme. This decision was informed by the Wellness Unit receiving feedback that officers did not feel equipped with the skills to help their colleagues who were a suicide risk. Their Suicide Prevention programme is a one-day workshop and will initially be rolled out to all supervisors within the division. The format involved a summary, stigma/sound of silence before showing six heart-wrenching member stories of RCMP officer friends/family lost to suicide. This really gained my attention and honed my focus on the importance of the training before learning about stress/science management, risk factors of suicide, signs and symptoms of depression, post-traumatic stress disorder, warning signs of suicide, myth vs fact, protective factors, interactive quizzes, passive/active suicidal ideations as well as worked scenarios and tips for challenging stigma.

I learned so much from the RCMP and Calgary Police which would assist me to develop a similar package for my colleagues and enables me to draw comparisons to the STEP (Suicide Trauma Education Prevention) campaign which operates in the UK and is being spearheaded by the Police Federation. STEP aims to reduce the number of police officers who take their own lives and the campaign is said to have started well and is gaining support from across the country. STEP acknowledges and is seeking to raise awareness regarding the amount of trauma officers face in their jobs and encourage officers to seek help if they're struggling. We therefore have an opportunity in my own force to embed our own suicide prevention package alongside the national campaign.



Corporal Jocelyn Cardinal at the RCMP Alberta HQ, Edmonton.



Deliver preventative training to all officers and staff

Based on the Before Operational Stress (BOS) model, equip officers with the skills to manage the trauma they are exposed to.

Wounded Warriors Canada

I took the short (1hr 30) trip from Toronto to the provincial town of Whitby. The purpose of the trip was to spend time with Wounded Warriors Canada (WWC) who are embedded throughout military and law enforcement organisations throughout Canada. WWC specialise in providing culturally informed services that utilise a combination of education, counselling and training approaches to support resiliency and recovery from post-trauma injuries. Their group-based interventions are clinically facilitated and grounded in evidence that draws upon leading trauma research benefiting veterans, first responders and their families.

Phil Ralph, Director of Clinical Training, was my host for the day alongside Padre Phil, who is the Director of Health Services for Wounded Warriors Canada, and Lieutenant-Colonel Steven Boychyn, Director of Training & Health Services Coordinator. I learned about the origins of the organisation from 2006; their growth had been organic, with Padre Phil a forming member. WWC initially provided comfort packs to injured military personnel upon returning from the Afghanistan conflict and by 2012 their team and offer had grown to deliver funding programmes for people to support them with disability and adaptations. Further development occurred in collaboration with Dr Tim Black; the 'Couple's Programme' was developed which proved to be the springboard for everything that came thereafter and in 2016 WWC expanded to encompass what they call 'Trauma Exposed Professionals', expanding their offer to first responders not just military personnel.

The TRT programme is designed to equip attendees with the knowledge, skills and confidence to respond effectively when exposed to trauma.

Of the packages delivered by WWC, Trauma Resiliency Training (TRT) and Strength Warrior training were of most interest and I was fortunate to be able to complete both courses remotely during my Fellowship trip. The Strength Warrior training is an overall focus on mental health and wellbeing following stressful incidents, to prevent burnout and emotional suffering, whereas the TRT package includes a more detailed explanation around how trauma and everyday upsetting experiences differentiate from one another, what could be considered a normal stress response and then specifically what trauma does to the brain. It highlighted that although there may be an inevitability of being exposed to traumatic incidents, it did not necessarily mean that you would be traumatised by them, and it gave the participants tools to manage stress and trauma to remain in control.



Dr Tim Black made a statement that resonated with me. 'Take the stuff that works and leave the rest.'

The TRT programme is delivered to attendees in 4 hours, with an additional three-day 'Train the Trainer' programme on offer. TRT has now been delivered by Wounded Warriors extensively throughout Canadian law enforcement, with Vancouver Police being an early adopter of the package. In Vancouver staff now deliver the TRT package in house, all members have the TRT training input as part of the longer one-day Strength Warrior training and after a traumatic incident they adopt refresher training, as evidenced in the immediacy of the Lapu Lapu tragedy.

I also learned how the TRT package had been delivered to the Saanich Police Department by Dr Tim Black only weeks before the infamous Saanich Bank Shootout on Vancouver Island. For those who are not familiar with this sad and shocking incident, officers were killed when an individual with a firearm ambushed police officers attending a callout. Despite the trauma the officers were exposed to, no officers were signed off duty due to psychological injury after this incident suggesting a real-world preventative/protective impact as an outcome of the training.

The TRT package is described as a unique mental health programme that introduces trauma fundamentals to organisations and trauma exposed professionals. Training was delivered by Dr Tim Black and Dr Megan McElhern, both vastly experienced and qualified in the field. TRT has been designed, piloted and tested to provide the most relevant information to trauma exposed professionals (TExPs) so that non-mental health professionals can understand what is being taught quickly and apply it instantly to their personal experiences. The training was delivered in 10 different modules: Introduction, Stress Response, Trauma Response, Stoic Culture, the Limbic System, Finishing the Trauma, Shame, What is PTSD? What can you do? and Conclusion.

The delivery style was relaxed and at a basic level of understanding which is suited to those just starting to work in roles which are trauma exposed. Some advice from Dr Tim Black delivered in the training, which resonated with me, was advising and challenging students to 'take something away ... which works for you', which reaffirms the individualised responses we may see from individuals experiencing trauma, and also 'the best resource you guys have is each other' which I am a great believer in, and something I think should be emphasised to police colleagues. I am following up numerous contacts I collected during my Fellowship to understand the feedback from officers who have completed the course to understand the impact their participation in the training has made to their wellbeing in a medium- to long-term perspective.

Another valuable component of the course content explored 'stoic culture'. I perceived this to be the idea that we [police officers] are unmoveable, unable to share emotional vulnerability, that we can carry on regardless. Some would argue it is a key attribute and what the public expect, whereas I would suggest that we should not confuse stoicism



Suicide prevention and Trauma support for Police Officers

with resilience, and whilst resilience is certainly a key attribute for police officers, when that verges on stoicism we risk a toxic, unsupportive culture that makes people unwell.

Module 6, which explored 'finishing the trauma' was also a valuable learning experience. This module suggested that following a traumatic event, we need to be able to put things in place to return the body to homeostasis, to effectively resolve the trauma. It is when the trauma is not resolved, that we can become traumatised leading to health issues, such as PTSD. Finishing the unfinished trauma can only be effective when the 'threat' is finished, placing an emphasis therefore on how vital it is to effectively debrief post event.

I left the training thinking about my own responses to attending traumatic incidents and how I could improve this for myself and my colleagues, how to use the acronym 'BETR' – Body, Emotions, Thoughts and Relationships – to engage other parts of your brain to move away from the trauma. Finally, how connections and reaching out to people we trust in times of stress is one of the healthiest and most effective post trauma response behaviours we have in our toolbox. It could be argued that a downward trend for less social interactions with colleagues outside of work and a less present 'police family' makes it more challenging to build these social connections which are important for maintaining mental wellbeing.

Saanich Police, Vancouver Island

Saanich Police Department on Vancouver Island is a small force which has experienced a significant trauma incident (see previous page for a brief description of the Bank of Montreal Shootout in 2022). I had connected with Staff Sgt Steve Kruk, a 21-year veteran of the force, courtesy of introductions from Bill Turner from Badge of Life Canada (BOL). Saanich Police have 170 officers; for context, the smallest UK police organisation has 639 officers, and my own force has over 2,000. Saanich Police therefore has a unique opportunity to deliver wellness differently. Prior to the shootout, Saanich Police delivered Trauma Resilience Training via Wounded Warriors and they had recently the Reintegration programme.

I was intrigued how Saanich supported its people, given the organisation consisted of only around 170 officers.

Both proved to be invaluable to the staff from a welfare perspective in the immediate aftermath and longer term, with a further input of trauma

resilience training rolled out immediately after the shooting. Steve described the shooting as a defining moment for Saanich Police, and since then the stigma around mental health and wellbeing has diminished with senior officers in the organisation openly talking about their own mental health and seeking support where required. Culturally I certainly felt that Saanich Police was comfortable around the topic.



Before Operational Stress – Calgary

Before Operational Stress (BOS) is another evidence-informed programme specifically designed for public safety personnel and first responders. The programme was developed by mental health experts and psychologists to provide practical tools for frontline workers to manage operational stress. In Calgary I met with Ryan Collyer from Wayfound Mental Health Group and took part in the BOS programme, and spoke with officers from the Wellness Unit at Calgary Police Service where BOS has been utilised.

The BOS programme covered a range of psycho-educational content across eight modules: Stoic Service Culture, Physiology of Operational Stress, Markers of Operational Stress, Cognitive Impacts, Emotions, Behaviour Change, Communication and Empathy, and Functional Disconnection/ Reconnection. Participants engage in a go-at-your-own-pace format, with online or in person delivery options allowing them to complete the 6–8 hour programme at their convenience, but it is designed to be interactive and ignite discussion and reflection amongst students using video learning materials and a manual specific to law enforcement staff. Delivered by medical and clinical experts, such as Dr Megan McElhern, who is also the creator of the programme, the content is also derived from lived experiences of first responders which gives the

The programme is clearly backed by science yet delivers simple messages without feeling over-complicated or patronising to frontline professionals.

programme academic credibility and validity with trauma exposed professionals.

When completing the training I was able to reflect on

different times throughout my policing career where I was experiencing operational stress but had no understanding and was ill-equipped to do anything about the symptoms I was suffering. BOS offers simple techniques to assist you when you identify you are experiencing a stress response, for example box breathing, grounding exercises and progressive muscle relaxation. I am confident that the programme would be well received by trauma exposed professionals. As police officers we are issued numerous pieces of Personal Protective Equipment (PPE), such as baton, taser, incapacitant spray and a stab proof vest, but, conversely, we do have so many psychological tools and coping strategies in our toolkit. I would like to see us get to a point where we view mental health coping techniques as another important piece of our toolkit, like our PPE, and view it as essential in order to do our job effectively.

I am certain that proactive mental health training such as BOS will be the future for trauma exposed professionals such as police officers, and form part of a wider programme and strategy, as I saw in Toronto where the ‘Chief’s Wellbeing Programme’ of a leadership message and culture of wellbeing/support is delivered to all new recruits alongside psycho-educational learning using the BOS programme.



Toronto Police have shared this impressive set of feedback on BOS from surveying programme completers across 4 cohorts (responses n=421, 89% response rate).

- **87%** of the respondents agree/strongly agree that the content of the training is interesting and engaging.
- **97%** of the respondents agree/strongly agree that the training is relevant to their life and job.
- **95%** of the respondents agree/strongly agree that they believe the training will help them to be more effective in the field.
- **95%** of the respondents agree/strongly agree that they can immediately apply the skills they learned to the job and **96%** responded it can be applied to their lives.
- **95%** of the respondents agree/strongly agree that they feel confident to apply what they learned from the training and **97%** are committed to applying what they learned from the training.
- Respondents' overall self-rated knowledge score in 9 different subjects (stoicism, physical/emotional stress to operational stress, tolerance, communication, etc.) increased by **47%** after the course.



With Phil Ralph from Wounded Warriors at the Whitby, Ontario base.





With Staff Sgt Steve Kruk from Saanich Police.



Recognise and de-stigmatise

Officers and staff lost through suicide to be recognised.

The stigma surrounding suicide remains, certainly throughout British society and amongst my colleagues. If the figure which suggests 1 in 4 UK police officers have contemplated suicide is correct, then many of my friends and colleagues have these feelings yet keep it to themselves. Similarly, when I embarked on my Fellowship I soon learned that nearly everyone I knew had been touched at some point in their life through losing someone to suicide but I had never known this prior to talking about my own experience of losing a friend and colleague. This evidences that stigma still exists. The stigma to talk openly about how we may ourselves have contemplated suicide, and the stigma that exists in admitting we may have lost loved ones this way.

Since 1989, 35 active and retired members of Ontario Provincial Police have taken their own lives, more than the 23 officers who died in the line of duty in the same time period.

Ontario Provincial Police

In Ontario I travelled two hours north from Toronto to meet with Ontario Provincial Police (OPP) Chief Harkins, Chief Psychologist Dr Vivien Lee and Laura Kloosterman from Badge of Life Canada, where I witnessed how they were de-stigmatising suicide at the Police HQ. When I first entered the Ontario Provincial Police HQ I was struck immediately by the memorial wall of officers who had tragically given their lives in the line of duty. What I found just as impressive was the memorial wall for those officers who have been lost through suicide. I felt it made a start in de-stigmatising the issue and paying respect to those lost and the loved ones remaining. Some may argue this is a pretty depressing thing to see at a place of work, but I would dispute this. I believe it ensured everyone who enters the HQ building pause and reflect, and strengthened my resolve that we can do more to ensure no more names are added to the wall.

Since 1989, 35 active and retired members of OPP have taken their own lives, more than the 23 officers who have died in the line of duty in the same period. This is a frightening statistic which led to the commissioning of an independent review in 2019 with a mandate to review the workplace culture of the OPP in light of recent suicide deaths and mental health concerns of OPP members. I was taken through the actions the OPP have taken in response to the report, which included:



- ***Making health and wellness an organisational priority***
 - Realigning both the Healthy Workplace Implementation Team and the Wellness Unit under the Field Operations Command in December 2024 to create the Healthy Workplace Team to enable a more member-centred approach to workplace health.
 - Establishing a provincial Commissioner's Healthy Workplace Advisory group in addition to regional engagement tables to provide guidance and input on policies and programming related to mental health.
- ***Fostering new leadership and leadership skills training***
 - Enhancing leadership training and activities so that teaching is focused on fostering a people-centred approach that promotes a healthy and inclusive workplace.
 - Updating management performance plans so that they reflect these new expectations.
 - Revising promotional practices to ensure a fair and transparent selection of individuals with proven leadership capacity.
- ***Developing programmes that de-stigmatise stress and mental health issues***
 - Establishing OPP-wide strategies to support members when they return to work after a leave of absence.
 - Creating an organisation-wide response to member suicide that includes supports to families and colleagues.

Much was said about the people-centred leadership' approach that was now a theme running throughout the organisation, with all leaders undergoing this training. Disappointingly, I struggled to get to the detail of this and what it involved, so that I could better understand what this approach meant in practice for officers on the ground, other than it centred on the 13 psychosocial factors of leadership.

I learned that all new recruits are taken on a walk around the HQ building to the suicide memorial at the front of the OPP HQ and have a specific input in training centred on suicide prevention. Their offering also includes wellness input around health, sleep and nutrition, and after 3 months in post the recruits have a resilience session with a clinician which aims to explore their mental health and behavioural strategies. I perceive these activities would help to de-stigmatise suicide and mental health issues at the outset of an officer's career.

Dr Lee went on to describe how certain 'threshold incidents' that may trigger a trauma response in officers, a deviation somewhat from the individualised response I heard of in psycho-educational programmes, but in theory quite a reasonable hypothesis



Suicide prevention and Trauma support for Police Officers

considering that some incidents may be more distressing than others. In the OPP programme, a clinician should reach out to officers involved in a threshold incident as part of the wellbeing response. I was also told about the peer support network and how that had recently been reformed from being a full-time role to an additional role officers deploy to; Chief Harkins stated this was in direct response to what member feedback had been telling him they desired.

OPP have suffered more than most from officers lost through suicide. I left thinking about all of those families and friends devastated by the multiple losses over the years. I don't think the response to date within OPP has been revolutionary, but I am hopeful that the evolution will continue with the assistance and support from 'critical friend' Laura Kloosterman, amongst others. I was impressed with the input new recruits get around suicide prevention and the legacy of suicide in OPP, and I would advocate that every policing organisation should recognise those lost to suicide, not just as a mark of respect, but as a preventative measure to de-stigmatise mental illness and suicide. Unfortunately, I couldn't fully understand (or appreciate) the fundamentals of the Healthy Workplace team or people-centred leadership. Yet every stakeholder I have met in Canada spoke highly regarding Commissioner Thomas Carrique (sadly we didn't meet due to court commitments), as a caring and compassionate leader, which is integral to improving wellbeing and addressing organisational challenges.

Vancouver Police

Whilst visiting Vancouver Police, I spent some time looking through their intranet content on wellbeing and I can see how a deliberate attempt has been made by the organisation to thread wellness throughout and make it commonplace in communications. Michele completes a regular blog on the intranet aimed at initiating the conversation to difficult topics, wearing her heart on her sleeve and showing vulnerability. Colleagues were then commenting, and a conversation was initiated about taboo subjects or things ordinarily difficult to be open about. This was something which I had also personally experienced when I shared my intention to complete my Fellowship on my force intranet page; the numerous responses were motivating and reinforced the importance of this subject matter. As well as written testimony, I was shown a number of videos that are released each year to mark World Mental Health Day. These videos featured officers across the police department of different role and rank all discussing mental health and trauma but in a short and succinct way, produced in a simple authentic style of people delivering their message to camera, and some included family members too. The films were really impactful, and as with anything peer led, had validity and integrity and would really hit home to people. Michele said that the videos had been widely applauded by all that had seen them and were another part of the puzzle or tool that the wellness team were using to remove the stigma and start the conversation amongst staff.





The suicide memorial wall at the OPP HQ in Orillia, Ontario.



Suicide prevention and Trauma support for Police Officers

Left to right. With Dr Vivien Lee, Laura Kloosterman from BOL and Chief Harkins at the OPP HQ in Orillia, Ontario.



Early intervention

Target those suffering in silence, harnessing technology to identify risk.

Early intervention is an area I have been interested in for some time, as it could ensure that the silent majority of officers who are not inclined to speak out regarding their mental wellbeing are approached in a proactive manner. Having an organisation willing and able to be proactive around mental health and trauma would also be an importance culture change for police organisations.

Edmonton Police

I spent time with Sgt Colleen Mooney before she jetted off to New Zealand to teach Reintegration. I learned about the role Colleen currently fills, still working closely with the Reintegration team she helped to form but on a unit called Early Intervention Team. The team are harnessing data to enhance how they reach out to officers exposed to trauma, providing a safety net to catches them and offerings support to ensure the trauma they are exposed to does not manifest and make them unwell. In practice, an officer exposed to four different 'threshold' incidents in the space of a certain time period would trigger an alert to the officer's manager. The team was still in its infancy but I could tell Colleen was excited about where she could take it. I told Colleen I would connect with her again in the future for an update on how the work was developing.

If an officer is exposed to four specific types of incidents, a referral is triggered to the detachment commander for the area in order for a review to take place, ensuring the officer has all of the support they require in place.

Royal Canadian Mounted Police – Edmonton

In Edmonton, I also engaged with Caroline Cleng, the RCMP Wellness Educator based at HQ. Caroline's role is multifaceted: delivering resilience training, sharing communications, and acting as a Wellbeing Ambassador, and Caroline is also the divisional co-ordinator for the national early intervention system. This is a proactive system that identifies officers who have been exposed to four different traumatic trigger incidents in the space of a year.

Calgary Police

In Calgary Police you will find Sgt Lara Sampson leading the Early Intervention Team (EIT) along with two civilian members who work to understand their operational data and monitor incidents which are reviewed alongside contextual considerations. They proactively identify patterns of behaviour to ensure wellbeing of members, for example, where officers are overusing force, being repeatedly exposed to traumatic incidents or are making repeat errors with administrative tasks. Sgt Sampson stated they aim to



Suicide prevention and Trauma support for Police Officers

reduce officer stress by engaging with them before they are in crisis. Sgt Sampson was passionate and experienced in her line of work and is currently working on a training package for sergeants centred on vicarious trauma in the workplace. The team has a focus on proactive and preventative measures to support member welfare, but EIT does cross over into performance-related matters, although Sgt Sampson stressed they are not a punitive unit. The marriage between performance and wellness is crucial for the organisation, and it was interesting how CPS had embedded this within the wellness unit, although this would need to be carefully managed to ensure that the performance function does not detract from an authentic wellbeing offer. However, I was particularly interested to hear about the tenure data the team collate on members, which is essentially a chronological log of incidents the member has been involved in throughout their career. This data/information can then trigger thresholds, similarly to other early intervention models, to ensure that those exposed to repeated and/or intense traumatic episodes at work can receive support. The system CPS use for this has an alert threshold that can be adapted to the needs of the organisation and/or personal needs. The EIT will then contact their supervision to debrief with the member. I see a huge opportunity to do this, where we already collate so much data regarding incidents within our information management systems.

I was informed that approximately 20% of the CPS workforce was currently absent from work with sickness. That depicts the scale of the issue at hand, given most are for psychological illnesses. I was, however, impressed with how CPS Wellness Unit was able to maintain its focus on preventative and early intervention work, when other forces have built programmes heavily around re-integration.

Surrey Police, Vancouver

Whilst with Surrey Police I learned about their Peer Connect online application (app) which is being explored through a two year pilot. Sgt Andrea Martens, who leads on the pilot, explained how the app is being designed to integrate with the police system Surrey utilise for command and control incidents and the peer support function of their wellness programme. The app will identify traumatic events the officer has attended and allow the officer to select a peer support worker suited to their needs and the experience/skills of the peer support worker. Andrea was really excited about this and hopeful it will be a successful tool for the wellness team. This mirrored the work Edmonton Police were doing and was also similar to Calgary Police with regards to early intervention.

The sergeants I worked with at Surrey were keen to impress on me that the culture within Surrey is centred on a drive to encourage members to take responsibility for their own wellness, with the organisation doing all it could to facilitate this with the programmes they offer and a trauma informed approach.



Suicide prevention and Trauma support for Police Officers

At Surrey Police HQ with Sgt Kayleigh Paddon and PD Ragnar.



Conclusion and recommendations

Nine key learning points have emerged from the Fellowship which identify areas where the UK police can learn from practices currently taking place within different Canadian law enforcement agencies.

To recap, the key learning points are as follows:

1	Chief's Wellbeing Programme	<i>Encourage the development of an overarching wellbeing programme, with visible and vocal senior leadership stressing the importance of officer welfare from the inception of training as a new recruit.</i>
2	Peer support	<i>Introduce a peer support programme, delivered by officers for all officers and staff.</i>
3	Operational Stress Injury (OSI) dogs	<i>Utilise Operational Stress Injury (OSI) dogs from the National Police Wellbeing Service 'Oscar Kilo' and work in partnership to develop a standalone OSI dog within the organisation.</i>
4	Reintegration programme	<i>Develop a reintegration programme aimed at all staff absent from operational duties as a result of sickness, suspension/maternity/paternity/adoption leave or secondment.</i>
5	Police officers to work more closely with the Occupational Health Department	<i>Utilise officer lived experience and marry this with the expertise of individuals working within the Occupational Health Unit to deliver an authentic wellbeing package with validity and credibility.</i>



Suicide prevention and Trauma support for Police Officers

6	Develop and deliver a specific suicide prevention package	<i>Devised for first line managers, both officer and civilian, to heighten awareness and recognise warning signs.</i>
7	Deliver preventative training to all officers and staff	<i>Based on the Before Operational Stress (BOS) model, equip officers with the skills to manage the trauma they are exposed to.</i>
8	Recognise and de-stigmatise suicide	<i>Officers and staff lost through suicide to be recognised.</i>
9	Early intervention	<i>Target those suffering in silence, harnessing technology to identify risk.</i>

It is important to stress that some elements of the themes above are already in practice within my own organisation and in forces across the UK, amongst other good work taking place in order to support those suffering trauma and to prevent the suicide of police officers. Peer support is a key example of this. Moreover, it would be unrealistic to suggest that organisations can and should adopt all nine learning points immediately. I would describe the Fellowship learning as offering a shopping list of ideas and opportunities that have been gleaned from some really positive experiences in Canada, that can be tailored to complement and develop an existing wellbeing offer, depending on the needs of each force.

Officer wellbeing matters. It matters not only from a human perspective, but also in terms of public safety. Fit, healthy and happy officers are much better placed to serve the public in the way the public deserve.

