

## Chief Constables' Council

Please select intended audience: **Chief Constables Council**

### Title: Police Personnel Suicide Data Collection

### Agenda Item: Session 1 - Regional

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<b>Force/Organisation:</b>	
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<b>Date Created:</b>	<b>28/01/2026</b>
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<b>Coordination Committee:</b>	Workforce Coordination Committee
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<b>Portfolio:</b>	Workforce Attrition
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<b>Attachments @ Para</b>	NA
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<https://www.gov.uk/government/publications/security-policy-framework/hmg-security-policy-framework#risk-management>



When completing the Chief Constables' Council submission template the below 3D model agreed at the December 23 meeting should be reviewed and the paper written against for completion and final submission to the respective Coordination Committee and then onward to the NPCC Business Support team managing Chiefs' Council via CCC [ccc@npcc.police.uk](mailto:ccc@npcc.police.uk)

Decision	Discussion	Dissemination
<ul style="list-style-type: none"> <li>• If the item is for decision, what is/are the decision(s) that are sought from council?</li> <li>• Has it been through the relevant Committee first? Is the decision appropriate for delegation?</li> <li>• Has it been through the Regional process?</li> </ul>	<ul style="list-style-type: none"> <li>• If the item is for discussion, is it for discussion with Chief Constables, all Chief Officers, Heads of Departments, a particular Committee?</li> <li>• If it is for a group other than Chief Constables, use the relevant forum. If it is for Chief Constables, be clear on the points for discussion.</li> </ul>	<ul style="list-style-type: none"> <li>• If the item is for information only, who is it for? Can it be disseminated via another route than CCC, such as ChiefsNet, email, or an All Chief Officers Day?</li> <li>• If it is purely for Chief Constables, be clear on why it needs to come to CCC for dissemination.</li> </ul>

Please indicate what the paper is requesting: **Decision**

## 1. INTRODUCTION/PURPOSE

- 1.1 British Transport Police (BTP) on behalf of the National Police Chiefs' Council (NPCC) collect National Suicide Data for England and Wales, a subset of which relates to serving police officers & staff and former police officers & staff. This data has been collected since 2022 and shows that the number of suspected deaths by suicide has remained relatively constant for the last 3.5 yrs with minimal variation. The data does not indicate that policing as a profession is an outlier in terms of the number of suicides, and it is not highlighted by the Office for National Statistics (ONS) as a high-risk profession. All forces in England and Wales contribute to this dataset.
- 1.2 However, there is a concern among several interested parties including the Police Federations that police suicide is increasing. This is most evident on social media, where there are multiple references to the incidence of suicide being on the increase. Hampshire Police Federation recently launched their [STEP campaign](#) which includes providing better trauma support to front line officers. The Police Federation of England and Wales have also started collecting their own data to explore perceived discrepancies with the national picture. It is therefore critical to establish a single and reliable national system of police suicide data collection to ensure that we understand the complex picture of police suicide, ensuring the focus is on prevention.
- 1.3 Any suicide is a tragic loss of life and rightly there is significant concern within the policing community when a suicide occurs. This is amplified when there are clusters of suicides or high-profile suicides which get significant amounts of publicity. Policing is a difficult job with trauma exposures often daily. This is very different from most occupations. Such experiences may be precipitating factors for the development of mental ill health, including suicide.
- 1.4 With this in mind, we need to ensure that the collection and reporting of police service suicides is robust. We need a system of data collection that will capture all suspected/confirmed suicides with confidence. In addition, we need to establish criteria for identifying and assessing death that might

have been a suicide. Where we are confident that suicide has occurred, we need to be able to undertake a root cause analysis, whilst respecting the sensitivities associated with such an endeavour. We need one national data set that will underpin future planning and the implementation of support measures that our people deserve.

1.5 The National Police Wellbeing Service Suicide Pre and Postvention Lead and the Chief Medical Officer (CMO) are ideally positioned to drive this data collection. They

- have launched the Suicide Prevention Toolkit, The National Suicide Action Plan for Policing and the Mental Health Crisis Line
- have undertaken a self -assessment of compliance with the Suicide Action Plan. NPWS have a detailed understanding of how forces are performing in their efforts to prevent suicide
- can ensure that no cause of suicide is overlooked
- are in a unique position to analyse data sets available to the National Police wellbeing Service (NPWS) and to join the dots regarding mental health crises and suicide. The NPWS has the capability to produce powerful, insightful reporting which will assist in preventing further suicides.

1.6 Please note that collecting former officer and staff data is more challenging. Whilst they do appear in the NPCC data set for the general population, if their occupation has changed since leaving the service, they may not get picked up as former police personnel. The NPWS will continue to work with NARPO to explore other ways for this data to be collected. In addition, the CMO is trying to make the case for using NHS coding systems to make the medical records of current and former police personnel searchable.

## **2. Data**

2.1 The data that is already collected by the NPCC will provide a starting point for this enhanced process of data collection – see appendix A.

2.2 The CMO will then issue a questionnaire to the force akin to a confidential enquiry. This will include an additional data request – see Appendix B.

2.3 Each suicide will be analysed and risk factors recorded.

2.4 As part of every enquiry a double check will be carried out with the force to ensure that no known suspected/confirmed suicides have been missed.

2.5 Data will be processed in accordance with all relevant legislation.

## **3. Reporting**

*This should also include which stakeholders internal/external have been consulted on and any possible impact assessment (i.e. officer / staff abstraction or local resource required) which may apply.*

3.1 A biannual review of data with an expert reference group chaired by the CMO and supported by the Samaritans which will result in a summary of findings report for stakeholders.

3.2 Findings will feed into NPWS continuous improvement to support forces in their suicide pre and postvention strategies.

#### 4. Decision

**Decision:** seeking chiefs support for the ongoing data collection and support thereafter with activity.

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<b>Title:</b>	Chief Constable
<b>Committee:</b>	Workforce
<b>Lead Area:</b>	Workforce

## **Appendix A – NPCC Suicide Data Collection**

- Unique/Incident Ref. Number
- Police Force Area
- Age
- Gender
- Ethnicity
- Nationality
- Country of Cultural Heritage
- Other Characteristics
- Sexual Orientation
- Marital Status
- Employment Status/ Occupation
- Living Circumstances
- Full Postcode of Home Address/ Place of Residence
- County of Home Address/ Place of Residence
- If Home Address/Place of Residence London, Select Borough
- Date of Death
- Time Period of Death
- Suicide Method
- Type of Poisoning/ Other Lethal substance Used
- Suicide Location Type
- Full Postcode of Incident Location
- County of Incident Location
- If Incident Location in London, Select Borough
- If Postcode Unknown, enter Geographical Coordinates or What3Words
- If Death subsequently in Hospital      Previous Self Harm or Suicidal Behaviour
- Message of Intention
- Alcohol and/or Drugs Involved at Time of Incident
- MISPER/ Concern for Welfare Raised with Police
- Known to Mental Health Services 6 months prior death
- Historical Risk Factor(s)
- Known to Police (Suspect/Victim/Witness)
- Domestic Related
- Police Contact (In Last 6 Months)
- Death following Police Contact/IOPC
- Firearms or Shotgun License Holder
- Bereavement Support Offered to NOK
- Referral made to Local Bereavement Services
- Additional Comments

## **Appendix B – NPWS Additional Data Collection- including but not limited to**

- Home Force (currently have force where death occurred)
- Role
- Rank
- Number of years' service
- Confirmed v suspected (currently suspected)
- Under investigation/recently under investigation
- Known risk factors (e.g. relationships, addictions, physical health, mental health, domestic abuse, work related)
- Known previous attempts/suicidal behaviour