



**SCOTTISH POLICE
AUTHORITY**
ÙGH DARRAS POILIS NA H-ALBA

Agenda Item 4.4

Meeting	Policing Performance Committee
Date	16 September 2025
Location	Video Conference
Title of Paper	Mental Health Distress Framework for Collaboration – Progress Report
Presented By	Amanda Coulthard, Head of Strategy & Performance, SPA Kirstin McPhee, Head of Unit, Scottish Government
Recommendation to Members	For Discussion
Appendix Attached	No

PURPOSE

This paper provides the Committee with an overview of work underway across the policing system, and with partners, in relation to mental health distress, vulnerability and the response by policing. This follows publication of the Framework for Collaboration and linked Collaborative Commitments in February 2025.

1. Background and Context

- 1.1 In early 2022, following discussion at Authority Board and Committees on pressures being faced by Police Scotland in responding to mental health related demand, Martyn Evans, then Chair of the Authority, made a commitment that the Authority would place a greater focus on the appropriate police response to calls for service around mental health issues. Since then, there have been several related public Authority Board and Committee discussions and sessions at Members Seminars.
- 1.2 The Scottish Parliament's Criminal Justice Committee also expressed an interest in this area of policing and held an [evidence session](#) in May 2022, to which the Authority and Police Scotland contributed.
- 1.3 To take these discussions further, the Authority convened a conference on the society-wide impact of poor mental health in the community, with a focus on vulnerability and distress, in December 2022.

This [event](#) aimed to:

- Bring together partner agencies and other key stakeholders to establish a collective understanding of the challenge and the current approaches to addressing it.
 - Set the wicked issue in the context of a growing challenge not only to policing but to the public and third sector and communities across Scotland, the UK and wider.
 - Describe the proactive and prevention focused work being taken forward by policing in collaboration with key partners.
 - Recognise the interdependencies, partnership interfaces and opportunities in the system, identifying current best practice that could be adopted as common practice with a view to embedding nationally consistent approaches.
- 1.4 Following this event the Authority also published a briefing on [mental health and policing](#), which details the strategic position in relation to mental health related calls for service and the Police Scotland response to these.
 - 1.5 The Authority, Police Scotland and Scottish Government agreed that mental health distress related demand on policing and an optimised whole system response to that demand requires a multi-agency and multi-faceted approach including effective partnerships, training, community engagement, and support mechanisms for officers and other practitioners.

2. Partnership Delivery Group

- 2.1. To drive forward and coordinate the work underway a Partnership Delivery Group (PDG) was established in December 2023, chaired by the Authority and involving representatives from policing, NHS, Scottish Government, those with or advocating for lived experience, academia, voluntary and third sector, local government, and emergency service partners.
- 2.2. A key initial task for the PDG was understanding varying practice across Scotland in relation to existing approaches to transfer of care between policing and NHS boards. Following correspondence to NHS Territorial Board Chief Executives in December 2023, seeking support for a series of local workshops focused on understanding transfer of care practice and variation across Scotland, sessions took place in March and April 2024 focused on understanding the local relationship between policing, mental health services (NHS and Local Authority) and acute NHS services.
- 2.3. These workshops took place across NHS Forth Valley, Highland and Lanarkshire and were attended by colleagues from local policing divisions, mental health community teams, acute mental health services, adult social care services and public health.
- 2.4. The facilitated sessions were discussion based, with an introductory overview of current provision in each area. Attendees discussed what works in their current model, the processes that cause a challenge, and suggestions of what improvements could be made to current ways of working. A range of good practice examples were identified through the workshops, including a direct referral telephone-based triage, proactive multi-agency case planning and shared risk assessment tools.
- 2.5. Outputs from these workshops informed the thinking of the PDG about what an 'optimum' model or approach would contain. At the same time Police Scotland hosted a series of unscheduled care workshops with key partners and stakeholders, focused on understanding functions and responses currently delivered by Police Scotland but not within the core responsibility or specific expert skillset of policing, such as transporting individuals between locations.
- 2.6. The findings from the wider series of workshops were used by the PDG to inform the [Framework for Collaboration](#), designed to support and empower collaboration and consistent equitable practice across Scotland, and the [Collaborative Commitments](#), which detail key actions to be taken in the immediate, medium and longer term to

improve the system-wide response and associated outcomes for individuals in mental health distress.

- 2.7. The work described through the Framework and Commitments is aligned to and supports the Mental Health Unscheduled Care Network and the Mental Health and Wellbeing Strategy. It aims to complement and enhance by adding value to workstreams already in progress.
- 2.8. The Scottish Government is committed to delivering on mental health distress response, with Programme for Government 2023/24 and 2024/25 committing to responding to findings from the HMICS Thematic Review of Policing Mental Health in Scotland and ensuring that people in crisis or distress can connect with services that best meet their needs through strengthened collaboration between Police Scotland, mental health services and other partners.
- 2.9. The most recent Programme for Government, covering 2025/26, commits to reducing mental health demands on police officers and protecting people in crisis through improved frontline training and development of consistent national guidance on multi-agency response to psychiatric emergencies.

3. Delivering on the Framework and Commitments

- 3.1. Following publication of the Framework and Commitments in February 2025, the PDG took the opportunity to refresh and refocus. Five workstreams were created to align to the commitments and provide robust oversight of delivery. Scottish Government Police Division and the Authority co-chair the PDG, with NHS 24, Scottish Ambulance Service, SAMH and Voluntary Health Scotland leading workstreams.
- 3.2. Since the commitments were published in February 2025, commendable progress has been made across all five workstreams. Detail on progress within each workstream is summarised below.

Communications

- 3.3. The first task of the communications workstream was to support the initial publication, launch and cascade of the Framework and Commitments. Members of PDG have ensured that the documents have been cascaded through their own workforce and networks to raise awareness and to build connections into relevant wider interdependent policy areas such as public protection.
- 3.4. Following publication of the Framework and Commitments, Police Scotland undertook a series of internal communication actions to

enhance awareness of the products and promote their value to local policing in responding to mental health distress. This included an internal news article, specific briefings from line managers, and a briefing to all divisional commanders aligned to ongoing internal communications on the work of the Police Scotland Mental Health Taskforce.

- 3.5. Since publication, the PDG have taken all opportunities to present to stakeholders and partners on the importance of the Framework and Commitments to build multi-agency buy in and extend opportunities for cross sector collaboration. These sessions have also given a platform to explore opportunities for wider agencies, partners and services to collaboratively support delivery of our shared ambitions.
- 3.6. A multi-agency communications toolkit is being developed to support ongoing information cascade with a focus on consistency of communication around the commitments made. This will support further embedding of the Framework across a growing range of Local Authority and NHS services.

Improved Transfer of Mental Health Care

- 3.7. Building on the practice examples identified during NHS board workshops, Police Scotland have developed a test of change process with NHS Lothian to analyse and support the efficacy of handover processes in urgent and emergency clinical settings. The test focuses on a shared risk assessment and decision-making process based on multi-agency assessment. Learning and evidence from this test of change will then inform the promotion of consistent use of this good practice example across all local policing divisions. In addition to this, NHS 24, Scottish Ambulance Service and Police Scotland are exploring improvements to their shared pathways.
- 3.8. The mental health index (or community triage guide), developed to support direct local referrals to appropriate local and community-based support services, is being reviewed to confirm if an additional direct referral pathway into NHS 24 would enable direct interaction between ambulance crews, response officers and NHS 24 Mental Health Hub. The index is subject to continuous improvement through the Mental Health Unscheduled Care Network to ensure any evolution aligns to service delivery developments.
- 3.9. From a policing perspective local officers are reporting the positive impact that the index is having on their ability to respond to individuals in distress or crisis and ensure they access the right

support at the earliest opportunity. An officer in N division highlights the value of the index in providing timely access to appropriate support, saving time and giving consistent local information and guidance.

- 3.10. Similarly, an officer in G division reports the value of having the index on their digital device as it allows 24/7 information on all local support available for the person in crisis. They stated "having the index to hand provides me with quick and effective communication and provides those in emotional distress with the necessary help in a private and supported environment".
- 3.11. A review of Psychiatric Emergency Plans has been undertaken which has identified opportunities for increased consistency across areas through standardised templates for local plans. Work is now underway to draft guidance and a standardised template for the plans, which has been informed by recent learning and user experience. NHS boards have been involved and have committed to testing of the approach as it develops.
- 3.12. An emergency services partners high intensity usage group has been established to enable data sharing, focused on identifying individuals frequently seeking support from multiple services. This will aim to ensure that these individuals are better served by improved coordination and connection to the local services that can collectively best deliver the support they need.

Building Capacity and Capability

- 3.13. Police Scotland have put in place a Distress Brief Intervention (DBI) lead for every Health and Social Care Partnership (HSCP) across Scotland. This has supported an increase in training uptake across the mental health unscheduled care landscape.
- 3.14. Police Scotland now have DBI pathways live in 22 of the 31 HSCP areas of Scotland, with Scottish Ambulance Service live in 15.
- 3.15. Data at paragraph 4.5 below shows that Police Scotland have contributed 1,700 referrals through DBI to local services between July 2024 and June 2025, which accounts for some 9% of local referrals in comparison to 16% from NHS Mental Health Unscheduled Care and 4% from Acute Hospital Emergency Departments (A&E).
- 3.16. The DBI training provided to officers ensures that they have the insight and skills to identify individuals in crisis who would benefit from a timely intervention. For example, an officer trained in DBI

was able to identify that the individual they were engaging with on a different matter was in distress and offer access to appropriate support.

- 3.17. Testimony from the DBI trained officer describes that during the discussion the individual confirmed they were suffering from low mood and suicidal thoughts and needed someone to talk to. The individual had a referral made by the officer and reported that they felt better after their conversation with the officer.
- 3.18. Work continues on the Enhanced Mental Health Pathway with a collaborative strategic steering group in place and ongoing development of transfer capabilities between Police Scotland, Scottish Ambulance Service, and NHS 24.
- 3.19. Since 2018/19 over £18.5m has been invested in the pathway, with a further £1m allocated to NHS 24 to support resilience to meet increasing demand for the service. Funding has also been provided in this financial year to improve access to adult mental health treatment, expanding the NHS 24 Mental Health Hub by December 2025 to provide access to digitally enabled psychological interventions and therapies for people who may benefit from early treatment.
- 3.20. Police Scotland service advisors are trained to assess the suitability of an individual for support through the mental health pathway during their assessment of each initial call for service. For example, during a call about a neighbour dispute a caller disclosed suicidal and self-harm thoughts. The service advisor used their training to discuss a safety plan with the caller while making a referral through the pathway for support from NHS 24 for the individual. This individual received tailored support from a trained practitioner from the most appropriate service, giving a positive outcome and better care with no police attendance required.
- 3.21. Police Scotland have put in place a series of themed learning sessions to be delivered from August to December 2025. These sessions aim to improve mental health awareness internally and ensure consistency across all local divisions. These learning bytes are short videos available on the Police Scotland intranet, explaining the basics of mental ill health and distress and the roles of key partners in responding to this.
- 3.22. Additionally, Scottish Ambulance Service and Police Scotland are working to develop joint training initiatives and inputs to raise intra-organisational awareness. This will see Police Scotland provide input

on their approach to mental health distress for newly qualified paramedics.

Strengthening Community-Based Provisions

- 3.23. Following publication of the [Safe Spaces report](#) work is underway across partners on next steps. Funding has been secured to pursue a Safe Spaces social and economic case, and a tender is in development. This work will help identify the core elements of community-based provision necessary in a safe space model, and provide a template for a national roll out.
- 3.24. Third sector providers have presented to wider partners through the mental health reference group on their crisis response services, including Penumbra 365, the Neuk, Hope Point and the Beacon, in addition to services focused on preventing crisis such as 'the Nook' by SAMH. Inputs have also been provided by NHS Ayrshire and Arran on their local response and treatment model.
- 3.25. Hope Point, a community-based facility in Dundee, reported that in quarter one of 2025/26 they took 13 direct referrals from Police Scotland which resulted in direct one to one support being offered to people in distress or crisis.
- 3.26. Penumbra365, operating in Aberdeen, offers similar direct referral access to Police Scotland. In quarter one of this year 52 referrals were made by the local police team into the service for support services such as distress brief intervention or safeguarding support as well as mental health support.
- 3.27. SAMH intend to open a series of community-based walk in, mental health hubs over the coming year, known as 'nooks', with the first due to launch in Glasgow city centre in the Autumn. To complement this hub model community outreach posts will be established based on user need. This community-based hub model builds on the positive outcomes being delivered through existing community facilities such as the Neuk, Hope Point and others.
- 3.28. NHS Ayrshire and Arran have also presented on their Mental Health Unscheduled Care Assessment Hub, situated within Woodland View Hospital, which became fully operational in September 2024. It provides a unique service offering assessment and support for up to 72-hours to determine whether people can be best supported within their community environment or if acute admission is required. It is a nurse-led unit for the assessment of people thought to be presenting with mental illness and associated acute risk. This initiative supports

the Emergency Services Mental Health Pathway for unscheduled care partners including Police Scotland.

- 3.29. During 2024, there were 1,239 direct referrals from Police Scotland into this pathway. Through this rapid community response service, the majority of referrals were managed within the person's home or other community setting, utilising remote and home visit contacts, whilst 110 required to be conveyed for face-face assessment in the safe clinical environment of the Hub.

Data, Evidence, Benchmarking and Improvement

- 3.30. Work is progressing on the creation of an outcome focused performance framework to underpin the collaborative commitments and evidence the progress being made. The framework will provide an initial baseline for the work being progressed and will evolve over time, working to align data from the range of organisations involved in delivering the whole system response to mental health distress.
- 3.31. The performance framework will include key metrics from across NHS, Policing, public protection and third sector provision such as call demand, average time spent on mental health related and concern for person incidents, DBI usage, mental health pathway referrals, workforce insights and crucially user experience.
- 3.32. The Mental Health Unscheduled Care Network and Public Health Scotland are working jointly on the collation and reporting of consistent data to underpin improvements to the system. Professor Susan McVie is leading a project focused on linking individual level data across policing and health services.
- 3.33. Dr Martha Canfield was commissioned to lead a responsive research project on what 'good' looks like in the context of transfer of care. The first draft report from this project has been considered by the project advisory group and will be published following review. This research provides insights into models of transfer of care in other systems and jurisdictions to assist in identifying good practice models.

4. Measuring and evidencing progress

- 4.1. Alongside the development of the performance framework, a small suite of high-level policing metrics have been identified which help set the context for the work of the PDG. These will be enhanced over time as the wider performance framework is populated.
- Policing Incident data

- 4.2. The table below shows key policing incident data, with a focus on mental health related incidents. It is important to note that the wider figure for mental health related incidents includes all recorded incidents where specific mental health associated keywords or phrases are recorded with the captured commentary of the incident. This means that the definition of mental health related incidents for this purpose is broad and captures multiple incident types, such as domestic, missing person, neighbour disputes and disturbances, where mental health is an element within that incident but where an initial policing response is appropriate.
- 4.3. As can be seen from the data outlined below, overall incidents reduced slightly from 2023/24 to 2024/25. Within this overall incident demand on policing, the number of mental health related incidents also reduced while the percentage of overall incidents that are mental health related increased marginally.
- 4.4. Mental Health Pathway (MHP) referrals from Police Scotland have increased significantly in the year, up by 36% to 4,264 for the period 2024/25. This is positive progress in relation to the adoption of the pathway by policing, with more individuals in distress or crisis being directed to appropriate mental health support and assessment at the first point of contact. Additional data on referrals from Scottish Ambulance Service is being developed for inclusion.

Metric	2023/24	2024/25	Trend (23/24 vs 24/25)
Total number of incidents	1,401,251	1,359,251	↓ 3%
Total number of mental health related incidents	241,307	239,458	↓ 1%
Percentage of all incidents that were MH-related	17.2%	17.6%	↑ 2%
Total number of Mental Health Pathway referrals	3,132	4,264	↑ 36%

Distress Brief Intervention (DBI)

- 4.5. DBI referrals from Police Scotland are making a considerable contribution to the provision of mental health support to individuals at a local level. The table below outlines the number of referrals across the partners:

DBI Referrals (1 July 2024 – 30 June 2025)			
Service	Number of Referrals	% of Combined Total	% of Relevant Pathway
Police Scotland (local)	1,700	7%	9% of local pathways
Scottish Ambulance Service	979 total – 865 national – 114 local	4%	-
NHS 24	5,136	21%	86% of national pathways
Mental Health Unscheduled Care (psychiatric liaison or out of hours services)	2,995	12%	16% of local pathways
A&E Departments	802	3%	4% of local pathways

- 4.6. The table below breaks down the number of staff who have received DBI Level 1 Induction by unscheduled care setting:

Service	Number of Staff Inducted	% of Total Inducted
Police Scotland ¹	1,446	39%
Scottish Ambulance Service	330	9%
NHS 24	268	7%
Mental Health Unscheduled Care	152	4%
A&E Departments	354	10%

NHS 24 Care Outcomes

¹ The Police Scotland level 1 induction figures provided are up to March 2024 as provided directly by Police Scotland and are accurate up to this date.

- 4.7. NHS 24 have provided data ranging from July 2024 to July 2025 outlining the referral outcomes for all call contacts made to the Mental Health Hub as shown below:

Endpoint Grouping	Total	Police Scotland	SAS
999	8,663	279	47
Self-Care	42,089	1,970	144
A&E/MIU	1,238	13	4
GP Telephone Advice	25,331	620	124

- 4.8. Of the calls made from Police Scotland into the Mental Health Hub, self-care continues to be most frequent outcome, followed by GP telephone advice.

5. Workplan next steps and key areas of focus

- 5.1. The PDG will continue to focus on driving forward the collaborative commitments, with a focus on building opportunities for further collaboration. This includes continued focus on identifying appropriate referral and transfer of care routes for individuals in distress or crisis.
- 5.2. Work over the coming year will also focus on consistency of approach across the local policing divisions based on areas of identified good practice. An implementation guide for the Framework will also be developed to ensure that all partners and agencies are able to fully adopt and apply the principles described and deliver on the aspirations laid out.
- 5.3. Further work will be delivered on understanding data across the partnership to help understand where action is likely to make the biggest difference. This will include work on understanding mental health related and concern for person demand from Police Scotland data and further disaggregation of this in collaboration with partners.

6. FINANCIAL IMPLICATIONS

- 6.1. There are no direct financial implications in this report which summarises progress to date.

7. PERSONNEL IMPLICATIONS

- 7.1. There are no direct personnel implications in this report.

8. LEGAL IMPLICATIONS

- 8.1. There are no direct legal implications in this report.

9. REPUTATIONAL IMPLICATIONS

- 9.1. Mental health distress is a key area of public interest and an issue routinely discussed by this committee. It is important that the commitments, and progress made against these, are reported and discussed in public to support public understanding and awareness.

10. SOCIAL IMPLICATIONS

- 10.1. The commitments made through the Framework for Collaboration and Collaborative Commitments are intended to improve outcomes for vulnerable individuals across the community who come into contact with policing and other services at points of distress and/or crisis.

11. COMMUNITY IMPACT

- 11.1. The commitments made through the Framework for Collaboration and Collaborative Commitments are intended to improve outcomes for vulnerable individuals across the community who come into contact with policing and other services at points of distress and/or crisis.

12. EQUALITIES IMPLICATIONS

- 12.1. The commitments made through the Framework for Collaboration and Collaborative Commitments are intended to improve outcomes for vulnerable individuals across the community who come into contact with policing and other services at points of distress and/or crisis.

13. ENVIRONMENT IMPLICATIONS

13.1. There are no direct environment implications in this report.

RECOMMENDATION(S)

Members are invited to discuss the contents of this report.