



MENTAL HEALTH AND POLICING

A growing and demanding area of modern policing is responding to 999 and 101 calls to attend incidents which may involve a vulnerable person with mental health issues. These calls take a very substantial amount of police officer time. There are a number of sound and important policing reasons to attend such calls, such as:

1. Protecting public safety: When a person with mental health issues is in crisis, they may become a danger to themselves or others. In such situations, the police, as the first responder, can ensure public safety by intervening and providing assistance;
2. Supporting individuals in crisis: Police Officers are trained to de-escalate volatile situations and can provide immediate support to individuals experiencing mental health crises; often then connecting individuals with appropriate services and resources for longer term support; and
3. Reducing stigma: By responding to mental health related calls for service the police can help reduce stigma and promote a more equal, diverse and inclusive society; ultimately improving outcomes for individuals and communities as a whole.

Police Scotland are developing key strategies and approaches to ensure the most efficient use of police officer time and skills. This includes:

- Creating an effective cross service triage at the point calls are received;
- Developing protocols to directly transfer calls to an appropriate service on triage;
- Where officers are dispatched, creating agreed processes to allow a rapid handover to an appropriate service;
- Having access to appropriate health service support in custody suites; and
- Using police data and analysis to improve partnership working with civic and civil society to create a person focused response.

These are explained in more detail in this information note.

Overall, responding to calls for service for people with mental health issues is an important part of the police's role in promoting public safety and supporting the wellbeing of vulnerable individuals in Scotland.

INTRODUCTION

Police Scotland is increasingly providing support to people experiencing mental health distress; both by responding directly to calls for service and by safeguarding people in its care. In fact, of all the calls that the police receive, fewer than 20% result in a crime being recorded.

Meeting these growing societal needs is increasingly testing the capacity and capability of the police service, challenging the existing level of resourcing and skillsets within policing at a time of increasing and significant financial pressures.

These increasing demands add to the ongoing national discourse about how society better promotes positive mental health and wellbeing; helps people effectively in times of mental health distress; and how public services across the Whole System work together more seamlessly to deliver better outcomes for people.

SCOTLAND'S STRATEGY

In 2017 the Scottish Government published the [Mental Health Strategy 2017 – 2027](#), aiming to create a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.

Both this Strategy and the [Vision for Justice in Scotland](#) recognise that many people who come into contact with the criminal justice

system may suffer from poor mental health and that person-centred, trauma-informed approaches need to be at the heart of service provision as part of a broader, preventative public health approach.



1 in 4 people are impacted by mental health problems every year



Levels of mental wellbeing are lower among people in Scotland in 2021 compared with 2019



More than 40% of people arrested or in custody have mental health problems

WELLBEING DUTY

Unlike many other police services around the world, where tackling crime and promoting safety and public order are at the forefront of the policing mission, Police Scotland has a **statutory duty** to improve not just the safety of people, communities and localities, but also their **wellbeing**.

This means that the police service in Scotland has a part to play in proactively responding to, and safeguarding, people experiencing mental health distress, in terms of initial, immediate attendance.

Whilst the developing strategy around mental health and policing in Scotland may have many parallels with the recently published [strategy for policing in England and Wales](#), it will be important to recognise the statutory duty in place in Scotland and what this will mean in practice.

CALLS FOR SERVICE

The police are many peoples' first port of call during a crisis, whether this is happening to them directly or to somebody else. The police service has long been viewed as a service of both first and last resort for people, available 24/7 and with a broad remit to assist the public.

When incidents take place that might have a mental health element to them, the public understandably have concerns and call the police. It is important that people can continue to rely on the police to be the first agency to attend, and who can safely assess circumstances and risk.

We know from research that the public's clear view is that the police are not the right agency to deliver mental health care and support to individuals experiencing a mental health crisis. Once it has become clear to the police that there is a need for such support it is important that timely and safe handovers can take place, with health-sector agencies, so that the person gets the right care, and police time is freed up to deal with other policing business, including

being available to help other people experiencing distress.



20% more mental health related incidents between 2019 and 2021



More than half of incidents take place between 4pm and 2am



80% of people think that Community Mental Health Services should be the point of handover from the police

POLICING STRATEGY

In 2011, the [Christie Commission](#) highlighted a series of important principles for public services to make them sustainable and more effective.

One of these principles concerns the need to prioritise expenditure on public services which **prevent** negative outcomes from arising in the first place.

Police Scotland has been promoting a partnerships and prevention approach since its inception in 2013, but took the step to create a specialist national division -

Partnerships, Prevention and Community Wellbeing (PPCW) - in 2019.

PPCW is developing and promoting public health approaches to tackling a wide range of societal issues where the focus is on primary prevention and more seamless operational and strategic working between police and other relevant agencies.

PPCW are currently developing a Mental Health Strategy which, with partners, aims to protect those in crisis through ensuring they get the right service while also reducing demand.

In partnership with the Scottish Ambulance Service, PPCW have also created a 'call direct from scene' project which is to ensure officers are not called to or remain too long at medical and mental health crises where other services are best placed to attend.

There is also work underway with Public Health Scotland (PHS) and the Edinburgh Futures Institute (EFI) to develop an innovative prevention hub in winter 2023.

Additional partnership initiatives being delivered in relation to dealing effectively with mental health related incidents, which includes work on suicide prevention, include:

Distress Brief Interventions (DBI)

DBIs support those in distress and provide an inter-agency framework to allow appropriate referral of

individuals. After initial contact with a front-line responder, such as a police officer, an individual is asked if they would like further support. If the person agrees, they are then referred on to the DBI service who will contact them within 24 hours. This process allows Police Scotland to work more closely with partners to ultimately provide appropriate support to those that need it most.

Mental Health Pathways

Introduced in Police Scotland's Contact, Command and Control (C3) Division, Mental Health Pathway is a joint process run by Police Scotland and NHS 24. This process allows call handlers to refer callers who are in mental health crisis or distress directly to the NHS24 Mental Health Hub, based on a structured assessment. Once referred to the Hub, the individual will speak to a trained Mental Health Nurse who will be able to provide, or direct to, appropriate support.

Mental Health Dashboards

PPCW and the Demand and Productivity Unit (DPU) are working to better understand and describe the demand generated by mental health incidents on frontline resource, in relation to calls and attendance at incidents. Together they have developed a dashboard which uses a key word search approach to identify all mental health related calls and incidents. This provides an indication of the volume of incidents where mental

health has been indicated as relevant.

HMICS INSPECTIONS

His Majesty's Inspectorate of Constabulary in Scotland (HMICS) is currently reviewing how the police service in Scotland is [dealing with mental health demand](#), whether through effective response to calls for service via 999 and 101, or in providing safe and supportive environments in police custody as well as undertaking a [review](#) of police officer and staff wellbeing.

QUESTIONS AND ISSUES FOR POLICING

There are significant issues relating to the sustainability of the current policing approach around mental health distress, given the growing demand it is placing on resources, alongside other areas of growing demand for policing.

The Authority [formally started a conversation with police and partners back in 2022](#) to try to establish ways in which the individual agencies making up the response could work together more effectively on this issue of high public interest.

Opportunity Cost

The police service has many responsibilities and priorities beyond response and safeguarding activity. The public expects the police to prevent and reduce crime, carry out community policing and patrols, deal with road traffic

incidents, tackle serious and organised crime and terrorism,



Audrey Nicol MSP speaking at SPA's Conference on Mental Health and Policing in December 2022.

protect vulnerable adults and children in the context of violence and sexual offending and abuse, as well as protect the public from online cyber threats such as fraud and scams.

There is an ***opportunity cost*** at play: time spent carrying out x will be at the expense of time spent carrying out y. The statutory responsibilities of the police service in Scotland is purposefully broad, as are the strategic priorities for policing. Conversations that reach agreement and result in action are required.

Boundaries between services

Much of the discussion among the police and partners concerns the boundaries between organisations and the services they provide. Many questions are being generated. Can these boundaries between services be made clearer or better defined? Does the public understand where the duties and responsibilities between services begin and end, and what do they need to know? Do the agencies involved understand and honour these boundaries? Are there resource pressures at the boundaries that are impeding service delivery? Are the right resources in place, or are others standing in to fill gaps and cracks in provision and expertise and immediate assistance? Does resource availability align to demand, so that the right care and support is availability to the people who most need it at the right time and in the right place, and accessible in the right way? Can the answers to these questions be evidenced to support cases for change? What does the public think about the current set up?

Handovers

The police service is arguably the right point of initial contact for concerned members of the public at present. Initial contact in times of

emergency need to be kept simple and do not require complication.

The police will continue to provide that quick response on a 24-7-365 basis, based on initial triage, and assess circumstances and risk quickly and professionally at the scene where required. But at what point can the police safely handover a person's care and support to another agency with more expertise and specialist resources? So that that they are free to help somebody else, or continue investigations that they're working on, or be available to carry out patrols in communities. Right now the default line is that the police stay and wait for another agency to become available, but this availability is uncertain and can take many hours.