SCOTTISH POLICE AUTHORITY

Meeting	SPA Policing Performance Committee
Date	**11 October 2022**
Location	**Video Conference**
Title of Paper	**Mental Health Governance and Demand**
Presented By	**ACC Ritchie**
Recommendation to Members	**For Discussion**
Appendix Attached	**No**

PURPOSE

The purpose of this briefing paper is to provide SPA members with a progress update in respect of the work PPCW Mental Health and Suicide Prevention Department in conjunction with Demand and Productivity Unit have carried out to create a Mental Health Dashboard.

Members are invited to discuss the contents of this paper.

1.   BACKGROUND

1.1   The demand on Policing in terms of Mental Health and Suicide Prevention is at unprecedented levels. The Mental Health Governance Group has been created to provide strategic leadership and governance for matters relating to the policing response to incidents involving mental health and suicide prevention, enabling Police Scotland and partners to deliver a whole system response. The group has a wide remit and seeks to improve response by reducing demand and redirecting to the right service at the right time, meeting the needs of the community whilst also supporting officers and staff. It seeks to impact positively on levels of wellbeing within our communities using a wider public health approach.

Following an objective set by DCC Kerr, by working in close collaboration Public Health Scotland (PHS) and Police Scotland have created the 'Mental Health Toolkit' to identify gaps in service, provide solutions to assisting people in need and prevent further harm whilst offering support.

2.   FURTHER DETAIL ON THE REPORT TOPIC

2.1   The Distress Brief Intervention (DBI) roll out continues with C3 control rooms being the current focus for activity. The DBI programme provides a framework for inter-agency working, collaboration and co-operation across a wide range of care settings, interventions and community support mechanisms working towards the shared goal of providing a compassionate and effective response to people in distress. This makes it more likely that the individuals in distress will engage and stay connected to services or support that may benefit them over time. Incremental training plans are in place within C3 Division presently to ensure officers can offer DBI over the telephone to persons calling Police in times of high-stress or crisis.

2.2   Work continues to support the Families Bereaved by Suicide Pilot which is currently taking place in NHS Highland and NHS Ayrshire and Arran Health Board Areas in conjunction with Highland and Islands Division, Argyll and West Dunbartonshire Division and in Ayrshire Division, this work is undertaken by the National Suicide Prevention Leadership Group. To date there have been 66 referrals in the first 13 months of the pilot which will last two years and is due to conclude in August 2023. Officers from the pilot areas who have referred families to suicide bereavement support services have

been interviewed by an external academic research team to assist in the programme evaluation.

2.3   The National Suspected Suicide Data work is ongoing with Police Scotland sharing monthly data with PHS relative to suspected suicide numbers. PHS then share this early indication data with each of their local Suicide Prevention Leads, which is used to identify suicide trends and clusters, as well as allowing year on year comparisons to inform future actions.

2.4   Following an extensive preparatory period, Police Scotland's draft Mental Health Strategy has now been reviewed and approved by members of the Mental Health Governance Group. The draft Strategy has been circulated to The consultation for the Mental Health Strategy and was sent to External leads within PHS, Scottish Fire and Rescue Service, Scottish Ambulance Service, Convention of Scottish Local Authorities, Scottish Government, SAMH, Samaritans, Penumbra, Support in minds and internal PPCW and LPP partners for comment and is now under amendment prior to presentation at the Mental Health Governance Group.

Creation of a Mental Health Dashboard

2.5   Much has been said nationally around the level of need expressed by our communities in relation to Mental Health support and this is expected to increase in the coming years as the full impact of post-pandemic recovery combined with increased living costs unfold. Recognising that police officers are not best placed to support someone in crisis despite their best efforts to be compassionate and proportionate they are not trained mental health professionals. Whilst responding to the best of their ability it is suggested that this risks re-traumatisation and stigmas and that this displaced demand could result in poorer outcomes for individuals.

2.6   Whilst national structures such as the Enhanced Mental Health Pathway have a key role in redirecting initial contact by telephone to the correct service from the outset, it is recognised that this is the start of a journey. We need to better understand the fuller implications and demand placed on not only frontline services, but all areas of the organisation.

2.7   As a first step in trying to quantify the demand placed on the wider organisation, PPCW and the Demand and Productivity Unit (DPU) have worked together to establish the demand on frontline resource, in terms of call demand. It should be noted that this is

purely based on attendance at incidents and does not consider wider impact such as Custody, Public Protection and Multi-Agency meetings and interventions. The first stage was to establish a Power BI Dashboard to understand the initial attendance and response to mental health call demand.

Data Extraction

2.8 DPU data dashboards are populated with statistical information from various policing systems recorded by staff/officers every day; systems such as Missing Persons, Crime, iVPD and STORM. While the majority of these can be defined as having a very high level of accuracy, limitations do exist when it comes to the granular reporting of complex definitions such as Mental Health. These limitations require alternative methodologies to be developed in order to bridge the reporting gap and provide additional detail. The lack of reliability in the effective use of closure codes and incident tags for these types of incidents, meant that these could not be used alone for this purpose and DPU staff have had to take an alternative approach to facilitate the creation of this dashboard.

2.9 The DPU used academically proven key words, linked to mental health related incidents, to extract the relevant incidents containing key information in the free text section. Although this is the most advanced method currently available, it does impact on reliability. For example, 'hanging' is one of the key words identified and although it is predominantly used in the context of mental health, there is an example of an incident where a bumper is 'hanging' off.

2.10 Collectively PPCW/DPU have tested over 4000 STORM incidents (recorded from 2016-2021), to validate the selection of those academically proven key words. The outcome of testing was positive as the keyword selection resulted in a 90% link to mental health indication, there is scope for this to improve as the dashboard develops.

2.11 Due to the nature of the methodology applied to this dashboard, rather than defining the data as being 'mental health incidents', a more accurate description would be an incident where mental health has been indicated (through the key word). It also does not imply the strength or the extent of a mental health association. For example, one of the incidents related to a member of the public telephoning the police as youths kicking a ball off of her fence was impacting on her 'mental health'. It is unknown if the reporter would

have required to contact the police should she not be suffering from a mental health issue.

2.12 The dashboard has recently been updated to live time, which refreshes daily, to give an accurate account of present day demand or other specific timeframe required by the user.

Insights and Development

2.13 It is important to be clear from the outset that these data sets are in the early stages of development and as such it should not be used for external reporting purposes given the accuracy caveats. The dashboard is for management information purposes only, with a view to understanding our demand rather than reporting on it. PPCW will work with local policing divisions to gain insights and work to understand levels of demand for people, places and communities. This will allow greater clarity and understanding of the demand placed on police and assist in identifying the next steps on this journey and how we can expand the dashboard to increase our understanding of what could be considered hidden demand, which is not easily quantifiable.

2.14 The data available on the Dashboard covers incidents with a Mental Health element (as described 2.8) allowing the user to draw various conclusions about the Mental Health demand on time, date, location, and various other factors. The data can be viewed from National level, down to post code level. As an example of an overview that can be provided by the dashboard quick analysis of the financial years 2019 to 2021 show that Mental Health indicator calls to Police have increased by 20.02% (increase of 34,833 calls) and it can also be noted 53.71% of Mental Health indicator calls occur between 1600-0200 hours.

Next Steps

2.15 The next step is to take the Dashboard to a local policing division and work with them to use the live time data and understand how the information can be used to gain insight with regard to demand. It is intended to work with a local policing division to trial this for a four week period, to allow an understanding of what is possible and the insights that will be available.

2.16 It will be trialled in a division with urban and rural populations for maximum learning and understanding, allowing preparation communications and guidance to support local policing divisions as

the dashboard goes live nationally. PPCW will create a monthly report which will be available for all divisions and kept under review as we build our knowledge in this area. As the Dashboard embeds and divisions start to gain insights PPCW and DPU will review the dashboard.

2.17 Following the testing and launch of the dashboard, an informed decision will be taken on the next stage. This will be to review the areas of hidden demand beyond the initial area of response, such as custody and the public protection arena where mental health can be a significant impact factor in demand. Following this review the next area will be identified and In order to taken forward by PPCW, DPU and the relevant areas of business. It is estimated that this is likely to take between 6-12 months.

3. FINANCIAL IMPLICATIONS

3.1 N/A.

4. PERSONNEL IMPLICATIONS

4.1 N/A.

5. LEGAL IMPLICATIONS

5.1 N/A.

6. REPUTATIONAL IMPLICATIONS

6.1 N/A.

7. SOCIAL IMPLICATIONS

7.1 N/A.

8. COMMUNITY IMPACT

8.1 N/A.

9. EQUALITIES IMPLICATIONS

9.1 N/A.

10.   ENVIRONMENT IMPLICATIONS

10.1 N/A.

RECOMMENDATIONS

Members are invited to discuss the content of this report.