

Meeting	Authority Meeting
Date	26 May 2022
Location	Video Conference
Title of Paper	Mental Health Calls for Service
Presented By	Emma Bond ACC Local Policing Command
Recommendation to Members	For Discussion
Appendix Attached	No

PURPOSE

To provide the Scottish Police Authority with an update in relation to the challenges for Police Scotland as we support members of communities across Scotland who are in mental health crisis/distress, and in particular, to highlight some of our ongoing activity which is designed to address these challenges.

Members are invited to discuss the contents of this paper.

1. BACKGROUND

In November 2020, Police Scotland presented a report to the Scottish Police Authority in respect of mental health demand. That report highlighted that mental health is said to affect 1 in 4 of us at some point in our lives, and at any one time approximately 1 in 6 are experiencing a mental health problem. It also highlighted the significant financial cost associated with mental illness in Scotland.

It is well recognised that the police deal with increasing numbers of mental health related incidents, which increases demand on both police and health services. Police officers are often the first point of contact for people in mental health related incidents, and this can especially be the case in out-of-hours periods when other support services may not be available.

There are around 3.4 million contacts to Police Scotland each year, and of the resulting 1.5 million police incidents which are generated, less than 20% result in a crime being recorded. Demand resulting from vulnerability is increasing year on year, and at this time, 40% of all persons coming into Police custody report to be suffering mental health issues.

2. FURTHER DETAIL ON THE REPORT TOPIC

2.1 Introduction

Within Police Scotland, primary responsibility for the Mental Health portfolio is held by Partnership, Prevention and Community Wellbeing (PPCW) Division, which contains a dedicated Suicide Prevention and Mental Health Team. In respect of mental health, there is also a significant amount of work ongoing in other divisions and departments, including Local Policing Divisions, C3 Division, and Criminal Justice Services Division (CJSD).

The effectiveness of Police Scotland's response to mental health is dependent on strong partnership working and collaboration, and this continues to be a key area of focus and priority. This report provides an overview summary of some of this work, including work in the collaborative space, which is being developed and managed through PPCW and CJSD.

2.2 **Police Scotland Mental Health Strategy**

Work continues to develop Police Scotland's Mental Health Strategy, and following extensive preparatory work, a draft has now been considered and approved by members of our Mental Health Governance Group. This Strategy has been circulated to external partners for consultation and comment.

2.3 **Mental Health Dashboard**

Police Scotland recognises the importance of a strong dataset to evidence policing demands, including the demands associated with mental health. Despite significant work undertaken by various business areas, previous attempts to evidence this demand have been anecdotal, unsystematic and ultimately inconclusive. These attempts have been thwarted by numerous obstacles including challenges associated with IT systems, recording systems, and a dependency upon interpretation in respect of incidents.

Our Demand and Productivity Unit (DPU) continue work to develop a Mental Health Dashboard, with the objective of providing a single source of useable information to illustrate various datasets around mental health. The dashboard is being designed to monitor and illustrate the extent of demand on operational frontline policing, and whether there are any shifts in demand. Technical and quality assurance work continues, in conjunction with ICT colleagues, to ensure that the dashboard will be robust, and contain all relevant information to support meaningful analysis.

2.4 **Mental Health Pathways**

As has previously been reported to the Scottish Police Authority, the Mental Health Pathway (MHP) involves collaboration between Police Scotland, NHS24, and the Scottish Ambulance Service, with the key objective to provide the correct response to a mental health incident at the first point of contact.

The first phase of the MHP was launched in 2020, which enabled C3 Division to effectively assess and refer members of the public who had phoned 101 or 999 while in mental health crisis, directly to the NHS24 Mental Health Hub, ensuring the appropriate support and response was provided.

In March 2022, phase two 'test of change' was launched within West Command area. This followed successful completion of joint agency training between NHS24 and Police Scotland, and means that five Mental Health Nurse Practitioners are now co-located with mental health trained police officers across the Resolution Teams situated within C3 Division in Glasgow.

As part of phase two, where mental health is believed to be a factor, calls are triaged to provide professional medical advice designed to improve outcomes and earlier access to the right care for those in mental health crisis. An outcomes based evaluation of this phase will be undertaken.

2.5 **Mental Health Pathways in Custody**

The Scottish Government Mental Health Strategy 2017 – 2027 set out 40 initial actions which are designed to better integrate mental health services, and ensure they are delivered to the right people at the right time in the right place. Action 15 of this Strategy has implications for police custody. This action states - *'Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.'*

To date, the provision of dedicated Mental Health professionals within police custody settings across Scotland is inconsistent. NHS Greater Glasgow and Clyde have employed four Mental Health nurses in this respect, while NHS Ayrshire and Arran have recently employed seven registered nurses with specialist training in mental health. In addition, NHS Grampian provide direct access to Crisis Intervention workers in Fraserburgh Custody Centre, while the WELL service which covers Aberdeen City and provides mental health and wellbeing practitioners, have started to take referrals direct from Custody Healthcare.

All Health Boards provide basic 'fitness to detain, interview, release and attend court' mental health assessments, which are carried out by nursing staff or on-call medical examiners. Many of the nurses employed in this capacity have enhanced mental health training,

however the requirement for full mental health assessments requires referral to local community mental healthcare services.

As part of their 2022-2025 Scrutiny Plan, HMICS have intimated they will be working in partnership with Healthcare Improvement Scotland on a baseline assessment of the provision of healthcare services to police custody centres in Scotland. One area of focus will be on the mental health pathways available across the custody estate.

2.6 **Distress Brief Intervention**

Distress Brief Intervention (DBI) is an innovative way of supporting people in distress which emerged from Scottish Government work on Suicide Prevention and Mental Health strategies. This has been strongly advocated by lived experience voice and frontline service providers.

DBI was established in four pilot sites of Aberdeen, Inverness, Lanarkshire and Scottish Borders. The overarching aim of the programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress. This makes it more likely that people in distress will stay connected with services over time.

Police Scotland is a level 1 provider of DBI which involves the delivery of a compassionate response, through signposting and the offer of referral to a DBI level 2 service.

DBI level 2 is provided by third sector staff, who make contact with the person within 24-hours of referral, providing compassionate community-based problem solving support.

By the end of March 2022, Police Scotland had made over 2,700 referrals to DBI level 2 services. DBI is subject to independent evaluation, and the intention is for it to be extended across Scotland and fully embedded by NHS Boards by 2024.

In addition to the formal pilot, a DBI Associate Programme has been established in a number of other areas of Scotland, which embeds the principles of DBI within local services. To support this Associate Programme, PPCW, in conjunction with Level 2 providers, have

created training plans for Police Scotland officers in Dumfries, Greenock, West Dunbartonshire, Moray and the Highlands and Islands. Implementation is also being considered in a number of other divisional and business areas.

2.7 **Suicide Prevention Action Plan and Support Mechanisms**

On a daily basis, Police Scotland officers and staff support people in crisis, including those who have intimated that they may take their own life, by providing a swift, professional and compassionate operational response. We recognise that every death by suicide is a tragedy which has a devastating and life-changing impact on families, friends, and all those who are left behind.

As part of Scotland's Suicide Prevention Action Plan (SSPAP), Police Scotland is involved in two year pilot programme relating to Families Bereaved by Suicide, in Ayrshire Division and Highland and Islands Division. This programme enables family's bereaved by suicide to be referred to 3rd sector support services for advice, support and counselling. To date, there have been 66 referrals as part of the pilot, which highlights the need. Through oversight by PPCW, officers from the pilot areas who have referred families to Suicide Bereavement Support services have been interviewed by an Academic Research Team to assist in the programme evaluation.

Also through the SSPAP, Police Scotland received funding for a Police Sergeant post within the Mental Health and Suicide Prevention Team. This has enabled focus on work with partners to develop and support the delivery of innovations in digital technology which are designed to improve suicide prevention.

To support one of the actions in the SSPAP which recognises the need for appropriate data to be shared, Police Scotland has shared monthly data with Public Health Scotland (PHS) in respect of 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 in this area.

Police Scotland is engaged with the Suicidal Crisis Support Action Group, which has been established by Scottish Government to support activity to implement recommendations from a 2021 report

by the National Suicide Prevention Leadership Group titled '*Time, Space, Compassion: Three simple words, one big difference for improvements in suicidal crisis response*'. The overall aim of this group is to reduce suicide deaths in Scotland through effective prevention and support, delivered by health, care, and all front line services, as well as in communities. Police Scotland will consider the ethos of 'Time, Space, Compassion' as part of a planned review of mental health and suicide prevention training for officers and staff.

2.8 **Community Triage**

There are numerous variations of community triage across Scotland, which is influenced by NHS Board and Local Authority priorities. Community triage is a cornerstone of a collaborative response to mental health, and when it operates effectively, police officers, who are dealing with a person in mental health crisis and/or distress, are afforded direct access to mental health practitioners, who can assess the person, potentially in their own home, and ensure they receive the appropriate support. As well as the provision of enhanced support for the individual, effective community triage ensures that the emotional and time demand placed on police officers is significantly reduced.

2.9 **Mental Health Assessment Units (MHAUs)**

During the COVID-19 Pandemic, MHAUs were created across all NHS Boards, designed to divert mental health presentations from emergency departments. As we know, individuals experiencing mental distress/crisis, and who are under the influence of alcohol and/or drugs are often not assessable by mental health professionals, which can create a significant demand on policing resources and other services. Many individuals who come to the attention of Police Scotland are vulnerable and often live alone with limited support networks.

The introduction of the MHAUs has proven to be beneficial for those experiencing distress, and for frontline officers, as the vulnerable person can be left in the care of nursing staff to receive appropriate support, while officers can more quickly return to other operational duties. While there have been inconsistencies in the provision of this

service, it has been seen to be effective, for example in Greater Glasgow Division.

2.10 **Public Health Scotland and Police Scotland Collaboration Framework**

As reported to the Scottish Police Authority, in July 2021, Police Scotland and Public Health Scotland formalised a Collaboration Framework, designed to help address public health and wellbeing in communities across Scotland. Mental health is one of the collaboration priorities, and in January, Deputy Chief Constable Will Kerr and Angela Leitch, Chief Executive of PHS, hosted a second collaborative event, where members of Police Scotland and PHS executive teams discussed various aspects of mental health, including a focus on moving from strategy to delivery, to put a public health approach into practice. A priority action arising from the event is to develop a Mental Health Action Plan, which will include development of a prevention toolkit to support interventions at officer, divisional, and corporate/national level.

2.11 **Scottish Ambulance Service Collaboration**

Since October 2021, PPCW have been working in partnership with the Scottish Ambulance Service (SAS) to improve the coordination of critical service issues, and introduce a governance and reporting mechanism to address Scottish Ambulance Service demands, and the consequential impact on Police Scotland.

In an effort to improve clinical triage and ambulance response times, there is ongoing collaborative work between PPCW and SAS to develop a new call handling medical despatch code question set for all police calls, which would be routed via the 999 system. This would enable officers to call 999 direct from scene for medical incidents where an ambulance is required.

2.12 **Healthcare Improvement Scotland (HiS) Engagement**

Along with representatives from Local Policing Divisions, PPCW is engaged with Healthcare Improvement Scotland (HiS) on the Mental Health and Substance Use Pathfinder Programme. The aim is to redesign care pathways to improve the quality of care and health outcomes for people with mental health and substance use support needs. Work is already underway within Dundee Health and Social

Care Partnership, and Dundee Alcohol and Drugs Partnership. The programme is to be expanded into four other localities, and Police Scotland will continue to engage with partners as part of this user research approach to service redesign and transformation.

2.13 **Cross-Portfolio Group – Criminal Justice Pathway**

In December 2021, the Scottish Government created a Cross-Portfolio Group to examine each area of the criminal justice pathway, including consideration of police custody. To date, two meetings have been held with representation from CJSD, the National Police Care Network, and Government Ministers from Health, Justice, Drugs and Mental Health. The remit of this group is to identify what works, how this could be developed and any barriers preventing further development. As part of this group, Police Scotland will highlight examples of good practice in relation to mental health provision for persons in custody, as well as the inconsistencies which exist across the country, and the resultant challenges in accessing specialist mental health care for those in custody.

2.14 **The Mental Health at Work Commitment**

Police Scotland is acutely aware that policing is both a rewarding and a relentless vocation that places significant demand on physical, emotional and mental wellbeing. The wellbeing of our officers and staff is a priority, and we have a number of support mechanisms in place in this respect. In addition to our ongoing wellbeing activity, along with other United Kingdom Emergency Responders, Police Scotland recently signed up to the Mental Health at Work Commitment. This provides a simple framework, with standards and actions which organisations can follow to improve and support the mental health of its people. The six basic standards outlined in the commitment relate to prioritising mental health in the workplace by developing and delivering a systematic programme of activity; proactively ensuring work design and organisational culture drive positive mental health outcomes; promoting an open culture around mental health; increasing organisational confidence and capability; providing mental health tools and support; and increasing transparency and accountability through internal and external reporting.

2.15 **Conclusion**

As outlined in previous reports and in the introductory section above, issues arising from mental health affect significant numbers of people across Scotland. These have a consequential impact for the majority of front line public services, including the provision of policing services. Issues in respect of mental health are myriad and complex, and in response, require a collective, focused and collaborative approach.

Police Scotland has a key role in the provision of frontline public services, and we are often seen as the service of both first and last resort. The demands associated with mental health continue to grow, and as demonstrated in the activities outlined in this report, we continue to work, both internally and in collaboration with other public services third sector partners, and stakeholders, to ensure that our response is professional, compassionate, and connected.

3. FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications associated with this report.

4. PERSONNEL IMPLICATIONS

4.1 There are no direct personnel implications associated with this report.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications associated with this report.

6. REPUTATIONAL IMPLICATIONS

6.1 There are no direct reputational implications associated with this report.

7. SOCIAL IMPLICATIONS

7.1 There are no direct social implications associated with this report.

8. COMMUNITY IMPACT

8.1 There are no direct community implications associated with this report.

9. EQUALITIES IMPLICATIONS

9.1 There are no direct equality implications associated with this report.

10. ENVIRONMENT IMPLICATIONS

10.1 There are no direct environmental implications associated with this report.

RECOMMENDATIONS

Members are invited to discuss the content of this report.